Physical therapists and physical therapist assistants must adhere to jurisdictional law and other regulatory constraints which may supersede positions or policies of the APTA in certain environments. Therefore, members of the Association should be aware of these constraints in all practice settings.
BYLAWS OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION


ARTICLE I. NAME

The name of this organization is the American Physical Therapy Association, hereinafter referred to as the Association.

ARTICLE II. OBJECT

The object of this Association is to represent and promote the profession of physical therapy and to meet the needs and interests of its members in order to address the physical therapy needs of members of society and to develop and advance the art and science of physical therapy, including practice, education and research.

ARTICLE III. FUNCTIONS

The functions of the Association shall be to:
A. Address the needs of members of society and the demand for physical therapy services through the promotion of access to and availability of these services.
B. Maintain and promote ethical principles and standards of conduct for its members.
C. Maintain and promote standards for physical therapy practice, education, and research.
D. Promote and advance physical therapy practice, education, and research.
E. Further the profession of physical therapy in the enhancement of the health and well-being of members of society.
F. Promote the profession of physical therapy in prevention, evaluation, diagnosis, and intervention related to impairments in body functions and structures, activity limitations, participation restrictions, and environmental barriers.
G. Represent the profession of physical therapy.
H. Serve as the principal source of information on physical therapy.
I. Promote public recognition of the profession of physical therapy.
J. Influence public policy such as it will further the object of the Association.
K. Promote and protect the professional welfare of Association members.
L. Promote the professional development of Association members.
M. Promote affirmative action.
N. Provide such services as will further the object of the Association.

ARTICLE IV. MEMBERSHIP

Section 1: Categories and Qualifications of Members

All members in the various categories shall possess the following qualifications and, in addition, shall possess the qualifications prescribed and published by the Board of Directors:
A. Physical Therapist
   (1) Be a graduate physical therapist.
   (2) Physical Therapist – Post-professional Student: Be a Physical Therapist member who is enrolled in a post-professional masters or doctoral program, APTA credentialed post-professional residency or fellowship program, or a post-doctoral research fellowship, and meets the Membership Qualifications Prescribed by the Board of Directors.
B. Retired Physical Therapist
   (1) Be a graduate physical therapist.
   (2) Meet qualifications regarding age, disability, and practice status, as published in the Membership Qualifications Prescribed by the Board of Directors.
C. Life Physical Therapist
   (1) Be a graduate physical therapist.
   (2) Meet qualifications regarding age, disability, and practice status, as published in the Membership Qualifications Prescribed by the Board of Directors.
D. Student Physical Therapist
   Be enrolled in a physical therapist curriculum.
E. Physical Therapist Assistant  
   Be a graduate physical therapist assistant.

F. Retired Physical Therapist Assistant  
   (1) Be a graduate physical therapist assistant.  
   (2) Meet qualifications regarding age, disability, and work status, as published in the *Membership Qualifications Prescribed by the Board of Directors*.

G. Life Physical Therapist Assistant  
   (1) Be a graduate physical therapist assistant.  
   (2) Meet qualifications regarding age, disability, and work status, as published in the *Membership Qualifications Prescribed by the Board of Directors*.

H. Student Physical Therapist Assistant  
   Be enrolled in a physical therapist assistant curriculum.

I. Honorary  
   (1) Be an individual, other than a member of any other membership category of the Association, who has rendered outstanding service to the Association or made notable contribution to the health of humanity.  
   (2) Have been proposed by a chapter, nominated by the Board of Directors by a two-thirds vote, and elected by the House of Delegates by a two-thirds vote.

J. Catherine Worthingham Fellow of the American Physical Therapy Association  
   (1) A Physical Therapist or Life Physical Therapist member of the Association whose contributions to the profession through leadership, influence, and achievements demonstrate frequent and sustained efforts to advance the profession for a period of not less than 15 years preceding the nomination for election.  
   (2) Has been nominated by a member or a component and elected by a ballot vote of at least two-thirds of the entire membership of the Board of Directors.  
   (3) Continues in Physical Therapist membership or in another membership category after election.

**Section 2: Rights and Privileges of Members**

A. All members shall have the following rights:  
   (1) To attend all meetings (except section and assembly business meetings).  
   (2) To speak and debate.

B. Only members in certain categories have the following privileges (subject to restriction as otherwise provided in Association bylaws):  
   (1) To make and second motions.  
      a. At House of Delegates meetings: All registered delegates.  
      b. At chapter or section meetings by members of the chapter or section: Physical Therapist, Retired Physical Therapist, Life Physical Therapist, Physical Therapist Assistant, Retired Physical Therapist Assistant, and Life Physical Therapist Assistant, except when chapter or section bylaws provide for a representative body.  
      c. At assembly meetings: Members of the assembly.  
      d. At committee meetings: Any member serving on the committee.  
   (2) To vote.  
      a. At House of Delegates meetings: Chapter delegates, 1 vote.  
      b. At chapter or section meetings by members of the chapter or section: Physical Therapist, Retired Physical Therapist, and Life Physical Therapist, 1 vote; Physical Therapist Assistant, Retired Physical Therapist Assistant, and Life Physical Therapist Assistant, one-half vote unless the chapter or section bylaws allow such members 1 vote; except when chapter or section bylaws provide for a representative body.  
      c. At assembly meetings: Members of the assembly, 1 vote.  
      d. At committee meetings: Any member serving on the committee, 1 vote.  
   (3) To hold office.  
      a. For the Association: Physical Therapist.  
      b. For the chapter or section: Physical Therapist, Retired Physical Therapist, and Life Physical Therapist, subject to additional eligibility requirements in the chapter or section bylaws; when provided for in the chapter or section bylaws, Physical Therapist Assistant, Retired Physical Therapist Assistant, and Life Physical Therapist Assistant members may hold office, with the exception of the office of president, president elect, vice president, chief delegate, or any position that may succeed to the presidency, subject to additional eligibility requirements in the chapter or section bylaws.  
      c. For the assembly: Assembly member, subject to additional eligibility requirements in the assembly bylaws.  
   (4) To serve as a delegate to the House of Delegates.
a. As chapter delegate: Physical Therapist.
b. As section delegate: Physical Therapist and Physical Therapist Assistant.
c. As PTA Caucus delegate: Physical Therapist Assistant, subject to qualifications identified in Article VIII., Section 4., of these bylaws.
d. As assembly delegate: Assembly member, subject to additional eligibility requirements in the assembly bylaws.

(5) To serve on a Nominating Committee, which shall be elected.
   a. For the Association: Physical Therapist.
   b. For the chapter or section: Physical Therapist, Retired Physical Therapist, and Life Physical Therapist, subject to additional eligibility requirements in the chapter or section bylaws; when provided for in the chapter or section bylaws, Physical Therapist Assistant, Retired Physical Therapist Assistant, and Life Physical Therapist Assistant members may be elected to a chapter or section nominating committee, subject to additional eligibility requirements in the chapter or section bylaws.
   c. For the assembly: Assembly member, subject to additional eligibility requirements in the assembly bylaws.

(6) To serve on House of Delegates Reference Committee: Physical Therapist.

(7) To serve as chair of committees:
   a. In the Association, chapter, or section: Physical Therapist, Retired Physical Therapist, Life Physical Therapist, Physical Therapist Assistant, Retired Physical Therapist Assistant, and Life Physical Therapist Assistant, except as provided for elsewhere in the Association bylaws.
   b. In the assembly: Assembly member, subject to additional eligibility requirements in the assembly bylaws.

(8) To serve as a member of committees: Physical Therapist, Retired Physical Therapist, Life Physical Therapist, Student Physical Therapist, Physical Therapist Assistant, Retired Physical Therapist Assistant, Life Physical Therapist Assistant, and Student Physical Therapist Assistant, except as provided for elsewhere in the Association bylaws.

(9) To petition to form a chapter: Physical Therapist, Retired Physical Therapist, Life Physical Therapist, Physical Therapist Assistant, Retired Physical Therapist Assistant, and Life Physical Therapist Assistant.

(10) To petition to form a section: Physical Therapist, Retired Physical Therapist, Life Physical Therapist, Student Physical Therapist, Physical Therapist Assistant, Retired Physical Therapist Assistant, Life Physical Therapist Assistant, and Student Physical Therapist Assistant.

(11) To receive the official journal of the Association: All members except Retired Physical Therapist, Life Physical Therapist, Retired Physical Therapist Assistant, and Life Physical Therapist Assistant members, who may subscribe at a courtesy rate.

(12) To use the initials FAPTA after their name signifying a Catherine Worthingham Fellow of APTA: Catherine Worthingham Fellows.

Section 3: Admission to Membership

Applications for admission to membership in any category, proposals for honorary membership, and nominations for Catherine Worthingham Fellow of APTA must be submitted in writing to the Board of Directors. The Board of Directors shall admit to membership in the appropriate categories those who meet the prescribed qualifications and pay required dues.

Section 4: Chapter Assignment

All members, except those employed by the Association and those who reside for at least 1 year where a chapter does not exist, shall be assigned to a chapter having territorial jurisdiction of the area where the member practices, resides, or attends school or to an immediately adjacent chapter in which the member evinces the possibility of more active participation.

Section 5: Good Standing

An individual member is in good standing within the meaning of these bylaws if the member:
A. Complies with the ethical principles or standards of the Association applicable to the individual’s membership category.
B. Makes timely payments of all Association, chapter, and applicable assembly dues. A member whose dues have not been received by the due date shall be considered to be in arrears and shall have all membership privileges suspended. If the dues are not received within 30 calendar days after the due date, the membership shall be revoked.
C. Is not under current suspension or revocation of a license or certificate of registration to practice physical therapy or to act as a physical therapist assistant in any jurisdiction.
Section 6: Disciplinary Action

The Association shall expel from membership or otherwise discipline any member who is not in good standing. Complaints to the effect that a member has violated the ethical principles or standards of the Association shall be processed in accordance with the Association’s Disciplinary Action Procedural Document.

Section 7: Reinstatement

A. On approval of the Board of Directors, any former member may be reinstated to membership in accordance with the standing rules.
B. There shall be no reinstatement fee charged by the Association or its components, but persons seeking reinstatement shall pay the dues as provided in the standing rules.

ARTICLE V. COMPONENTS: CHAPTERS, SECTIONS, ASSEMBLIES, AND THE AMERICAN COUNCIL OF ACADEMIC PHYSICAL THERAPY

Section 1: Chapters

A. Definition
A chapter of the Association consists of a group of members of the Association in the United States or its possessions that is chartered by the Association as having territorial jurisdiction over a geographic area.
B. Formation
The Board of Directors may establish a chapter, as prescribed in the standing rules, by the issuance of a charter.
C. Charters
All charters issued by the Association shall continue in force and effect until revoked (as provided for in the Association bylaws) or until notification is received from the chapter of its dissolution.
D. Structure
(1) Every chapter shall enact bylaws that, in their original form and as amended, shall not be inconsistent with the Association bylaws and shall be approved in writing by the Board of Directors.
(2) If a chapter is to be incorporated it shall submit its proposed certificate of incorporation, and any subsequently proposed amendments to this certificate, to the Board of Directors for prior written approval.
(3) A chapter may create districts within its territorial jurisdiction. These districts shall:
   a. Operate under bylaws or rules of order that shall not be inconsistent with chapter or Association bylaws and that shall be approved by the chapter.
   b. Not establish dues.
(4) A chapter may create a representative body for the transaction of chapter business provided that the basis for establishing and apportioning the membership of the representative body shall be included in the chapter bylaws. A chapter’s method of apportioning representatives of Physical Therapist Assistant, Retired Physical Therapist Assistant, and Life Physical Therapist Assistant members of the representative body shall be proportional to one-half the number of Physical Therapist Assistant, Retired Physical Therapist Assistant, and Life Physical Therapist Assistant members in the chapter.
(5) A chapter may authorize the establishment of special interest groups within its territorial jurisdiction. These special interest groups shall be subject to rules and conditions set down by the chapter.
(6) Chapter dues for any category of membership shall not exceed Association dues for that membership category without specific approval of the Board of Directors. Such approval shall be granted when the chapter has complied with criteria established and published by the Board of Directors. Failure of the Board of Directors to grant approval under such circumstances shall be subject to appeal to the House of Delegates.
(7) Chapters shall maintain a single corresponding membership category in chapter bylaws for Physical Therapist, Retired Physical Therapist, Life Physical Therapist, Physical Therapist Assistant, Retired Physical Therapist Assistant, and Life Physical Therapist Assistant members who are not assigned to that chapter. Dues for corresponding members shall not exceed the chapter’s physical therapist dues. Corresponding members of a chapter shall have the following rights and privileges:
   • Attend chapter meetings
   • Speak and debate at chapter meetings
   • Receive all chapter publications and correspondence and have access to chapter information resources provided to chapter members.
(8) Chapters shall maintain a single corresponding student membership category in chapter bylaws for Student Physical Therapist and Student Physical Therapist Assistant members who are not assigned to that chapter.
Dues for corresponding student members shall not exceed the chapter’s student physical therapist or student physical therapist assistant dues. Corresponding student members of a chapter shall have the following rights and privileges:

- Attend chapter meetings
- Speak and debate at chapter meetings
- Receive all electronic chapter publications and correspondence and have access to chapter information resources provided to chapter members

E. Obligations

Each chapter shall do the following:

1. Further the object and the functions of the Association as set forth in the Association bylaws and in policy statements made by the House of Delegates in the area of the chapter’s authority and within its territorial jurisdiction.
2. Perform the duties and assume the responsibilities that Association bylaws place on chapters.
3. Conduct its affairs in accordance with its bylaws.
4. Maintain complete and accurate financial records that shall be audited annually.
5. Submit to the Board of Directors annual reports of its activities and such other reports as may be requested by the Board of Directors.
6. Hold an annual meeting of the general membership or representative body and, in chapters in which no meetings are held at district level, hold at least one additional general membership meeting a year.
7. Be represented in the House of Delegates at least every third year.
8. Investigate any complaints of violations of ethical principles or standards made against any member in its jurisdiction in accordance with the Association’s Disciplinary Action Procedural Document.
9. Limit attendance at chapter business meetings to Association members and invited guests approved by the chapter officers.

F. Trusteeship

The Board of Directors may, at its discretion, conduct the affairs and assume custody of the records, funds, and management of any chapter that it finds has failed to comply with its obligations. Such action shall be subject to ratification by the House of Delegates at its next session.

G. Dissolution

1. A chapter may dissolve pursuant to the provisions of its bylaws or pursuant to its articles of incorporation.
2. The Board of Directors may revoke the charter of any chapter if the chapter has failed to satisfy its obligations or to observe the limitations on chapters as set forth in the Association bylaws.
   a. The chapter must be given timely notice of the charges against it and the opportunity to be heard in its own defense, and the judgment of revocation must be supported by at least two-thirds of the members of the Board of Directors.
   b. A chapter whose charter has been revoked by the Board of Directors shall have the right to appeal to the House of Delegates at the next session of the House of Delegates following the decision of the Board of Directors. The decision of the House of Delegates in the matter shall be final. Pending the determination of the House of Delegates, the decision of the Board of Directors shall be given full force and effect.

H. Property and Records

If the charter of the chapter is revoked or if the chapter is dissolved or its existence otherwise terminated, all property and records of whatever nature in the possession of the chapter shall, after payment of its bona fide debts, be conveyed to the Association. The Association shall not be obligated for any debts incurred by a chapter unless the chapter has been specifically authorized in writing by the Board of Directors to act on behalf of the Association. In the case of 2 or more chapters merging, all property and records will be turned over to the continuing chapter without being returned through headquarters.

Section 2: Sections

A. Purpose

Sections may be organized to provide a means by which members having a common interest in special areas of physical therapy may meet, confer, and promote the interests of the respective sections.
B. Formation
A section may be established as prescribed in the standing rules.

C. Structure
(1) Each section shall operate under bylaws that in their original form and as amended shall not be inconsistent with Association bylaws and shall be approved in writing by the Board of Directors.
(2) If a section is to be incorporated, it shall submit its proposed certificate of incorporation, and any subsequently proposed amendments to this certificate, to the Board of Directors for prior approval in writing.
(3) A section may be organized regionally.
(4) A section may authorize the establishment of special interest groups within its area of authority. These special interest groups shall be subject to rules and conditions set down by the section.
(5) Section dues for any category of membership shall not exceed Association dues for that membership category without specific approval of the Board of Directors.

D. Obligations
Each section shall do the following:
(1) Further the object and the functions of the Association as set forth in Association bylaws and in policy statements made by the House of Delegates in the area of the section’s authority.
(2) Perform the duties and assume the responsibilities that Association bylaws place on sections.
(3) Conduct its affairs in accordance with its bylaws.
(4) Maintain complete and accurate financial records that shall be audited annually.
(5) Submit to the Association annual reports of its activities and such other reports as may be requested by the Board of Directors.
(6) Hold meetings in conformity with Association policy.
(7) Be represented in the House of Delegates at least every third year.
(8) Limit attendance at section business meetings to section members and invited guests approved by the section officers.

E. Trusteeship
The Board of Directors may, at its discretion, conduct the affairs and assume custody of the records, funds, and management of any section that it finds has failed to comply with its obligations. Such action shall be subject to ratification by the House of Delegates at its next session.

F. Dissolution
(1) A section may dissolve pursuant to the provisions of its bylaws.
(2) A section may be dissolved by a two-thirds vote of the Board of Directors if the membership of the section remains fewer than 200 members during any consecutive 12-month period.
(3) The House of Delegates may, by a two-thirds vote, dissolve a section if the section has failed to satisfy its obligations or has failed to observe the limitations on sections as set forth in these bylaws. The House of Delegates shall have the power so to act only on the recommendation of a majority of the Board of Directors that is made after the section has been given timely notice of charges against it and the opportunity to be heard in its own defense.

G. Property and Records
If a section is dissolved, all property and records of whatever nature in the possession of the section shall, after payment of its bona fide debts, be conveyed to the Association. The Association shall not be obligated for any debts incurred by a section unless the section has been specifically authorized in writing by the Board of Directors to act on behalf of the Association. In the case of 2 or more sections merging, all property and records shall be turned over to the continuing section without being returned through headquarters.

Section 3: Assemblies

A. Purpose
Assemblies may be organized to provide a means by which members of the same category, except Physical Therapist, Physical Therapist Assistant, and Honorary, having a common interest because of their membership category, may meet, confer, and promote the interests of the respective membership categories and assemblies. Exception: Student Physical Therapist and Student Physical Therapist Assistant categories may combine to form one assembly.

B. Formation
An assembly may be established in accordance with procedures prescribed by the Board of Directors, except that the decision to form shall not be effective unless made or approved by the House of Delegates.

C. Structure
(1) Each assembly shall operate under bylaws that in their original form and as amended shall not be inconsistent with Association bylaws and shall be approved in writing by the Board of Directors.
(2) An assembly shall not establish a representative body.
(3) An assembly shall not be incorporated.
(4) An assembly may be organized regionally.
(5) An assembly may request that a chapter or section authorize the establishment of a chapter or section special interest group within the chapter or section. The special interest group shall be subject to rules and conditions set down by the chapter or section.
(6) An assembly shall not charge dues.

D. Obligations
Each assembly shall do the following:
(1) Further the object and the functions of the Association as set forth in Association bylaws and in policy statements made by the House of Delegates in the area of the assembly’s authority.
(2) Perform the duties and assume the responsibilities that Association bylaws place on assemblies.
(3) Conduct its affairs in accordance with its bylaws.
(4) Hold meetings in conformity with Association policy.
(5) Be represented in the House of Delegates at least every third year.

E. Dissolution
An assembly may be dissolved in accordance with procedures prescribed by the Board of Directors, except that the decision to dissolve shall not be effective unless made or approved by the House of Delegates.

F. Property and Records
If an assembly is dissolved, all property and records of whatever nature in the possession of the assembly shall, after payment of its bona fide debts, be conveyed to the Association. The Association shall not be obligated for any debts incurred by an assembly unless the assembly has been specifically authorized in writing by the Board of Directors to act on behalf of the Association.

Section 4: The American Council of Academic Physical Therapy

A. Formation and Purpose
The American Council of Academic Physical Therapy (ACAPT) shall be a component, established by the Association’s Board of Directors, whose purpose shall be to take a leadership role in setting direction for physical therapist academic and clinical education.

B. Structure
(1) ACAPT shall have articles of incorporation and bylaws that, in their original form and as amended, shall not be inconsistent with the Association bylaws and shall be approved in writing by the Board of Directors.
(2) The members of ACAPT with authority to elect its Board of Directors shall be educational institutions that operate Commission on Accreditation of Physical Therapy Education (CAPTE) accredited physical therapist programs in the United States. If an institution operates 2 or more accredited programs or has 2 or more locations covered by the same accreditation, then it may be entitled to as many representatives as permitted by ACAPT. In addition to its members that are institutions, ACAPT may have members who are individuals and who are members of the Association. The individual members, if any, shall not have authority to elect ACAPT’s Board of Directors.
(3) Member institutions shall be represented by individuals, each of whom shall be the director of an accredited program operated by the institution or a person designated by such a director. Representatives must be members of a program’s core faculty, as defined by the accrediting body. Representatives must be members of the Association.
(4) Member institutions of ACAPT shall not be members of the Association and shall not be required to pay dues to the Association.
(5) ACAPT may establish dues, which may be for any amount.

C. Obligations
ACAPT shall:
(1) Further the object and the functions of the Association as set forth in the Association bylaws and in policy statements made by the House of Delegates.
(2) Make such policies concerning education as it deems advisable, subject to Section 5, Limitations, of Article V.
(3) Conduct its affairs in accordance with its bylaws.
(4) Maintain complete and accurate financial records that shall be audited annually.
(5) Submit to the Board of Directors annual reports of its activities and such other reports as may be requested by the Board of Directors.
(6) Hold an annual meeting of the general membership.
(7) Serve as a consultant in the House of Delegates annually.
D. Trusteeship
   The Board of Directors may, at its discretion, conduct the affairs and assume custody of the records, funds, and
management of ACAPT if it finds that ACAPT has failed to comply with its obligations. Such action shall be
subject to ratification by the House of Delegates at its next session.

E. Dissolution
   (1) ACAPT may dissolve pursuant to the provisions of its bylaws and its articles of incorporation.
   (2) The House of Delegates may, by a two-thirds vote, dissolve ACAPT if ACAPT has failed to satisfy its
   obligations or has failed to observe the limitations on it as set forth in these bylaws. The House of Delegates
   shall have the power to do so only on the recommendation of a majority of the Board of Directors that is made
   after ACAPT has been given timely notice of charges against it and the opportunity to be heard in its own
defense.

F. Property and Records
   If ACAPT is dissolved, all property and records of whatever nature in its possession shall, after payment of its bona
fide debts, be conveyed to the Association. The Association shall not be obligated for any debts incurred by ACAPT
unless ACAPT has been specifically authorized in writing by the Board of Directors to act on behalf of the
Association.

Section 5: Limitations

Components are subject to the following limitations:
A. The bylaws of the Association. If the component bylaws, rules, or resolutions are inconsistent with the bylaws of the
   Association, the part or parts of the component bylaws, rules, or resolutions that are inconsistent are void and of no
   effect.
B. Policies adopted by the House of Delegates or by the Board of Directors.
C. Membership categories and the rights and privileges for each category only as established in Association bylaws, except
   that this limitation shall not apply to ACAPT. Chapter and section bylaws shall provide for all categories of members
   established in Association bylaws, except they need not provide for the Honorary and the Catherine Worthingham
   Fellow of APTA membership categories. Assembly bylaws shall provide for only the category or categories of members
   appropriate to the respective assembly. Chapters and sections retain the right to provide for the privilege of Physical
   Therapist Assistant, Retired Physical Therapist Assistant, and Life Physical Therapist Assistant members to hold office,
   with the exception of the office of president, president elect, vice president and chief delegate, or any position that may
   succeed to the presidency.
D. No component shall profess or imply that it speaks for or represents the Association or members other than those
   currently holding membership in the component unless authorized to do so in writing by the Board of Directors.

ARTICLE VI: PHYSICAL THERAPIST ASSISTANT CAUCUS

Section 1: Composition

A Physical Therapist Assistant Caucus, hereinafter referred to as the PTA Caucus, shall be organized for such purposes as the
Board of Directors may prescribe and publish, including the election of PTA Caucus delegates to the House of Delegates.
The PTA Caucus shall consist of representatives who must be Physical Therapist Assistant, Life Physical Therapist Assistant,
or Retired Physical Therapist Assistant members and who shall be elected or selected at the chapter level.

Section 2: Limitations

The PTA Caucus shall be subject to the following limitations:
A. The bylaws of the Association.
B. Policies adopted by the House of Delegates.
C. Rules prescribed and published by the Board of Directors.
D. The PTA Caucus shall not profess or imply that it speaks for or represents the Association or members other than those
   currently holding membership in the PTA Caucus unless authorized to do so in writing by the Board of Directors.

ARTICLE VII. MEETINGS

Section 1: Annual Session

The annual session of the Association shall consist of one or more meetings of the House of Delegates, held at a time and
place specified by the Board of Directors.
Section 2: Special Sessions

A special session of the House of Delegates may be called between annual sessions by a two-thirds vote of the Board of Directors and shall be called in response to a written request from chapters representing a majority of the delegate votes in the previous annual session of the House of Delegates.

Section 3: Notice of Sessions

A. Annual Session
   The time and place of the annual session shall be announced in the official journal of the Association, and notice shall be sent to each component president or chair and to each chapter chief delegate at least six weeks before the session is scheduled to convene. This notice may be made by mail or any telecommunications method including, but not limited to, fax and e-mail transmissions which must ensure the timely receipt of the notice and may ensure verifiable receipt of the notice by the intended recipients.

B. Special Sessions
   (1) At least 30 days before a special session, official notice of that session shall be sent to each component president or chair, to each component delegate registered at the immediately preceding House of Delegates, and to members of the Board of Directors. This notice may be made by mail or any telecommunications method including, but not limited to, fax and e-mail transmissions which must ensure the timely receipt of the notice and may ensure verifiable receipt of the notice by the intended recipients.
   (2) The time, place, and purpose of the session shall be stated in the notice.

Section 4: Annual Conference

An annual conference of members shall be scheduled by the Board of Directors unless there is a state of national emergency.

ARTICLE VIII. HOUSE OF DELEGATES

Section 1: General Powers

The House of Delegates has authority to determine directives and policies of the Association, to elect the Board of Directors and Nominating Committee; and to:
   A. Amend and repeal these bylaws;
   B. Amend, suspend, or rescind the standing rules;
   C. Adopt ethical principles and standards to govern the conduct of members of the Association in their roles as physical therapists or physical therapist assistants; and
   D. Modify or reverse a decision of the Board of Directors.

All of the general powers of the House of Delegates are subject to the Board of Directors’ fiduciary duty to manage the affairs of the Association.

Section 2: Composition

A. Registered Delegates
   The House of Delegates shall consist of all registered delegates. Registered delegates shall include:
   (1) All those who have filed delegate credentials approved by the Officers of the House of Delegates.
   (2) Members of the Board of Directors.

B. Consultants
   Consultants shall include all members of the Reference Committee, a member of the Ethics and Judicial Committee, a member of the American Board of Physical Therapy Specialties, a representative designated by ACAPT, and Association staff designated by the Chief Executive Officer in consultation with the Board of Directors. All consultants shall be available in the House of Delegates to reply to inquiries as directed by the Speaker of the House of Delegates.
Section 3: Voting Delegates

The voting delegates of the House of Delegates shall be the chapter delegates.

A. Qualifications of Voting Delegates
   (1) Chapter delegates: Only Physical Therapist members may serve as chapter delegates. Only Physical Therapist members who have been Association members in good standing in any category of membership for no fewer than the 2 years immediately preceding the start of the House session may serve as chapter delegates.
   (2) Members of the Board of Directors may not serve as chapter delegates.
   (3) A delegate of any one component may not serve concurrently as a delegate of another component.

B. Number of Voting Delegates
   The number of chapter delegates shall be based on, but not limited to, 400, which shall be apportioned among the chapters on the basis of the number of Physical Therapist, Retired Physical Therapist, Life Physical Therapist, Physical Therapist Assistant, Retired Physical Therapist Assistant, and Life Physical Therapist Assistant members in each chapter according to membership records in the Association headquarters and as described in the standing rules. No chapter shall have fewer than 2 delegates.

C. Selection of Voting Delegates
   Each chapter shall select the delegates who will represent it at the annual session. Each chapter shall designate 1 delegate as its chief delegate.

D. Credentials
   Credentials shall be issued by the Association. Delegates shall register and file credentials before the first meeting of the House of Delegates and at such other times as designated by the Officers of the House of Delegates.

E. Voting Body
   Each chapter delegate shall have 1 vote, except that if any of the delegates to which a chapter is entitled does not attend a meeting of the House of Delegates, the vote(s) may be transferred to the remaining member(s) of the delegation who are present.

Section 4: Nonvoting Delegates

The nonvoting delegates of the House of Delegates shall be the section delegates, PTA Caucus delegates, Student Assembly delegates, and the members of the Board of Directors.

A. Qualifications of Nonvoting Delegates
   (1) Section delegates: Only Physical Therapist and Physical Therapist Assistant members may serve as section delegates. Only Physical Therapist and Physical Therapist Assistant members who have been Association members in good standing in any category of membership for no fewer than the 2 years immediately preceding the start of the House session may serve as section delegates.
   (2) PTA Caucus delegates: Only Physical Therapist Assistant members who have been Association members in good standing for no fewer than 2 years immediately preceding the start of the House session may serve as PTA Caucus delegates.
   (3) Student Assembly delegates: Only Student Physical Therapist and Student Physical Therapist Assistant members who have been Association members in good standing for the 4 months immediately preceding the start of the House session may serve as Student Assembly delegates.
      For the purposes of this subparagraph (3), members who have converted under Article XI, Section 3, from Student Physical Therapist to Physical Therapist or from Student Physical Therapist Assistant to Physical Therapist Assistant shall be deemed members of the Student Assembly until the close of the House of Delegates meeting immediately following the date of graduation and shall be eligible to serve as Student Assembly delegates during that period.
   (4) Members of the Board of Directors may not serve as section or assembly delegates.
   (5) A section delegate or Student Assembly delegate may not serve concurrently as a delegate of another component. A PTA Caucus delegate may not serve concurrently as a section delegate.

B. Number of Nonvoting Delegates
   (1) Section delegates: Each section shall be entitled to 1 delegate.
   (2) PTA Caucus delegates: The PTA Caucus shall be entitled to 5 delegates.
   (3) Student Assembly delegates: The Student Assembly shall be entitled to 2 delegates.
C. Selection of Nonvoting Delegates
   Each section, the PTA Caucus, and the Student Assembly shall select the delegate(s) who will represent it at the House session.

D. Credentials
   Credentials shall be issued by the Association. Delegates shall register and file credentials before the first meeting of the House of Delegates and at such other times as designated by the Officers of the House of Delegates.

E. Rights and privileges of nonvoting delegates
   Section delegates, PTA Caucus delegates, Student Assembly delegates, and members of the Board of Directors may speak, debate, and make and second motions.

Section 5: Conduct of Business

A. Officers of the House of Delegates
   (1) The officers shall be the Speaker of the House of Delegates, the Vice Speaker of the House of Delegates, and the Secretary.
   (2) The officers shall be responsible for registering delegates, transferring voting privileges, preparing rules of order and an agenda for the consideration of the House of Delegates, recording and reporting the proceedings, appointing the Committee to Approve the Minutes, making appointments to the Reference Committee, conducting elections, making editorial changes to the bylaws and standing rules, and performing other duties as determined by these bylaws or the standing rules.

B. Quorum
   Delegates representing one-third of the chapters and numbering one-third of the total number of chapter votes that could be cast if all delegates from all chapters were present shall constitute a quorum.

C. Voting
   (1) Voting on motions and resolutions in the House may be by voice, show of hands, standing, roll call, or use of electronic equipment.
   (2) If a decision must be made during the interval between annual sessions, a majority vote of the Board of Directors may determine that the chapter delegates be polled by mail. These delegates shall be those registered at the immediately preceding session of the House of Delegates. If the delegate is no longer a member of the chapter or holds membership in a category other than that held when the delegate registered at the immediately preceding session of the House of Delegates or for any other reason no longer meets the qualifications for delegate, an alternate delegate shall be named by that chapter. At least 50 percent of the ballots of the eligible delegates must be returned to validate the vote.
   (3) Election of officers, directors, and members of the Nominating Committee shall be by ballot or use of electronic equipment. Officers shall be elected by a majority of the votes cast. Directors and members of the Nominating Committee shall be elected by a plurality of the votes cast. If the vote fails to determine election, reballoting shall be conducted under procedures determined by the Officers of the House of Delegates.

D. Memorials and Resolutions
   Only memorials or resolutions adopted by the House of Delegates can be issued validly in the name of the Association.

ARTICLE IX. BOARD OF DIRECTORS

Section 1: Composition

A. Board of Directors of the American Physical Therapy Association
   The 6 officers of the Association together with 9 directors shall constitute the Board of Directors.

B. Executive Committee
   The Executive Committee shall consist of the President, Vice President, Secretary, Treasurer, and 1 of the 9 directors. This fifth member shall be elected to the Executive Committee annually by members of the Board of Directors who are not members of the Executive Committee.

Section 2: Qualifications

Only Physical Therapist members of the Association can serve, and they are eligible to serve if they have:
A. Been Physical Therapist members in good standing for at least 5 years immediately preceding their election or appointment, and
B. Consented to serve.
Section 3: Officers

The officers of the Association shall be the President, Vice President, Secretary, Treasurer, Speaker of the House of Delegates, and Vice Speaker of the House of Delegates.

A. President

The President shall preside at all meetings of the Board of Directors and of the Executive Committee and shall be an ex-officio member of all committees appointed by the Board of Directors except the Ethics and Judicial Committee. Only the President or his designee shall serve as the official spokesman of the Association.

B. Vice President

The Vice President shall assume the duties of the President in the absence or incapacitation of the President. In the event of a vacancy in the office of President, the Vice President shall succeed to the Presidency for the unexpired portion of the term, and the office of Vice President shall be declared vacant.

C. Secretary

The Secretary shall be responsible for keeping the minutes of the proceedings of the House of Delegates, of the Board of Directors, and of the Executive Committee; for making a report in writing to the House of Delegates at each annual session and to the Board of Directors on request; and for preparing a summary of the proceedings of the House of Delegates for publication as soon as practical after the session. The Secretary shall also serve as an officer of the House of Delegates.

D. Treasurer

The Treasurer shall be responsible for reporting in writing on the financial status of the Association to the House of Delegates and to the Board of Directors on request. The Treasurer shall also serve as chair of the Finance and Audit Committee.

E. Speaker of the House of Delegates

The Speaker of the House of Delegates shall preside at sessions of the House of Delegates, be an ex-officio member of the Reference Committee, and serve as an officer of the House of Delegates.

F. Vice Speaker of the House of Delegates

The Vice Speaker of the House of Delegates shall act as an officer of the House of Delegates and shall assume the duties of the Speaker of the House of Delegates in the absence or incapacitation of the Speaker. In the event of a vacancy in the office of Speaker of the House of Delegates, the Vice Speaker shall succeed to the office of Speaker for the unexpired portion of the term, and the office of the Vice Speaker of the House of Delegates shall be declared vacant.

Section 4: Tenure

A. The members of the Board of Directors shall be divided into 3 classes, which shall be equal in size or as nearly equal as possible. Each class will include one-third or approximately one-third of the members who are not officers, plus two officers. The Secretary and the Vice Speaker of the House of Delegates shall belong to the first class, which shall be elected in years that are multiples of 3. The Treasurer and the Speaker of the House of Delegates shall belong to the second class, which shall be elected the year after the first class. The President and the Vice President shall belong to the third class, which shall be elected the year after the second class.

B. Members of the Board of Directors shall assume office at the close of the annual session of the House of Delegates at which they were elected.

C. The term of office of each member of the Board of Directors shall be 3 years or until their successors are elected.

D. No member shall serve more than 3 complete consecutive terms on the Board of Directors or more than 2 complete consecutive terms in the same office.

E. A complete term for a member of the Board of Directors shall be defined as 3 years.

F. Vacancies

In the event that a position on the Board of Directors becomes vacant, the vacancy shall be filled in the manner prescribed in the standing rules. (Exceptions: President and Speaker of the House of Delegates.)

Section 5: Duties

In addition to the duties conferred or imposed upon the Board of Directors by law, including the fiduciary duty to manage the affairs of the Association, and by these bylaws, the Board of Directors shall have the following duties:

A. Carry out the directives and policies of the Association as determined by the House of Delegates. In doing so, if the Board of Directors determines that implementation of a specific directive or policy is inadvisable, the Board of Directors shall report to the House of Delegates the reasons for its determination.

B. Between sessions of the House of Delegates, the Board of Directors shall determine the Association’s policy, taking into account directives and policies previously passed by the House of Delegates.
C. The Board of Directors shall act as a planning body. It shall exercise decision-making authority over developing the Association’s strategy and establishing priorities for the utilization of its resources. In exercising this authority the Board of Directors shall take into account the directives and policies passed by the House of Delegates.

D. The Board of Directors shall:

1. Direct all business and financial affairs for and on behalf of the Association, be responsible for all of its property and funds, and provide for an annual audit by a certified public accountant.
2. Foster the growth and development of the Association.
3. Appoint and employ a chief executive officer who shall be the administrator of the headquarters and who shall be responsible to the Board of Directors.
4. Prescribe and publish with these bylaws the qualifications for each category of membership.
5. Fill vacancies on the Board of Directors and on committees, except as otherwise provided in these bylaws and in the standing rules.
6. Be responsible for creation, appointment, purposes, and activities of such committees as it deems necessary.
7. Provide oversight for development and maintenance of procedural documents related to these bylaws.
8. Adopt procedures for processing charges that a member has violated the ethical principles and standards of the Association.
9. Provide oversight for the review and revision of existing Association policies, except in these bylaws, for consistency of intent and language with such new policies as may be adopted by the House of Delegates.

Section 6: Conduct of Business

A. Board of Directors
The Board of Directors shall meet not less than once a year. Ten members shall constitute a quorum. The President may call a special meeting of the Board of Directors and must call a special meeting on written request of 10 members of the Board. Notice of all meetings shall be sent to all members of the Board of Directors not later than 10 days before the date fixed for the meeting. This notice may be made by mail or any telecommunications method including, but not limited to, fax and e-mail transmissions which must ensure the timely receipt of the notice and may ensure verifiable receipt of the notice by the intended recipients. When a decision is needed between meetings of the Board of Directors, voting may be conducted by mail or fax.

B. Executive Committee
The Executive Committee shall meet not less than twice a year and shall exercise the power of the Board of Directors between its meetings. Three members shall constitute a quorum. The President may call a special meeting of the Executive Committee and must call a special meeting on request of 3 members of the Committee. Notice of all meetings shall be given to all members of the Executive Committee not later than 5 days before the date fixed for the meeting.

ARTICLE X. COMMITTEES AND COUNCILS

Section 1: Committees of the Association

Besides such other committees as shall be created by the Board of Directors, the Board shall appoint the following:

A. Finance and Audit Committee
This committee shall consist of at least 5 members, 1 of whom shall be the Treasurer, and each member other than the Treasurer shall serve a term of 4 years. At least 1 member shall be appointed annually. This committee shall advise the Board of Directors on matters pertaining to the Association’s financial needs, growth, and stability based on periodic review of income, expenditure, and investments. The committee shall present an annual budget to the Board of Directors. The committee shall be the point of contact and meet at least annually with the Association’s independent auditors to discuss the annual audit. The committee shall advise the Board of Directors of any irregularities or material findings that arise from the independent audit or other sources.

B. Ethics and Judicial Committee
This committee shall consist of at least 5 members, and each member shall serve a term of 5 years. At least 1 member shall be appointed annually. No member shall be appointed to successive complete terms. This committee shall:
1. Interpret the ethical principles and standards of the Association.
3. Make revisions, as necessary, to the documents that interpret the ethical principles and standards of the Association and disseminate these documents for the management of judicial affairs.
4. Promote activities for the dissemination of information on ethics.
(5) Process reported violations of ethical principles and standards in accordance with approved procedures.
(6) Make final decisions in disciplinary proceedings against a member, subject only to appeal to the Board of Directors by the member.
(7) Carry out other duties as may be requested by the Board of Directors.

Section 2: Committees of the House of Delegates

A. Nominating Committee
   (1) This committee, elected by the House of Delegates, shall consist of 5 Physical Therapist members of the Association who have:
   a. Been physical therapist members in good standing for at least 5 years immediately preceding their election or appointment, and
   b. Consented to serve.
   (2) Members shall serve 3-year terms or until their successors are elected. The terms of 2 members shall expire each year except that every third year the term of only 1 member shall expire. No member shall be elected to successive complete terms.
   (3) The chair shall be elected by the committee and shall serve until the successor assumes office.
   (4) Vacancies on this committee shall be filled by appointment by the Nominating Committee until the next session of the House of Delegates, when an election shall be held to fill the unexpired portion of the term.
   (5) This committee shall, in addition to the duties otherwise directed by the House of Delegates:
      a. Prepare a slate of at least 2 candidates, if possible, for each position from those consenting to serve, if elected, for officers and directors and for members of the Nominating Committee. This slate of candidates shall be published and distributed to the members as soon as available, but no later than 3 months before the annual session.
      b. Foster activities that maintain and promote a pool of nominees.
   (6) On petition of 5 chapters, a qualified consenting member shall be placed in nomination for a position as an officer or director or as a member of the Nominating Committee. Such a petition must be filed with the officers of the House of Delegates no later than 45 days after the slate of candidates prepared by the Nominating Committee has been published and distributed to members. A candidate nominated by petition shall be afforded similar opportunities for publication of candidacy to the membership as those afforded a candidate nominated by the Nominating Committee, except that this individual shall be identified as nominated by petition.
   (7) When nominations are presented to the House of Delegates, nominations from the floor for any position shall be in order.

B. Reference Committee
   (1) This committee shall consist of at least 3 Physical Therapist members appointed by the officers of the House of Delegates. The Speaker of the House of Delegates shall serve as an ex officio member.
   (2) Members shall serve 3-year terms with at least one member being appointed each year.

C. Special Committees
   The House may create and appoint such special committees as it deems necessary.

Section 3: Councils

The Board of Directors may establish a council as prescribed in the standing rules.

ARTICLE XI. FINANCE

Section 1: Fiscal Year

The fiscal year of the Association is from January 1 through December 31. The fiscal year of components may be either January 1 through December 31 or July 1 through June 30.

Section 2: Limitation on Expenditures

No officer, employee, or committee shall expend any money not provided in the budget as adopted or spend any money in excess of the budget allotment except by order of the Board of Directors. The Board shall not commit the Association to any financial obligation in excess of its current financial resources.
Section 3: Dues

A. The dues for each membership category shall be:
   (2) Retired Physical Therapist and Retired Physical Therapist Assistant members: $120.
   (3) Life Physical Therapist and Life Physical Therapist Assistant members: $60.
       Proviso: Current Life Physical Therapist and Life Physical Therapist Assistant members (as of June 4, 2002) may opt to continue as non-dues paying Life Physical Therapist or Life Physical Therapist Assistant members with benefits as before.
   (4) Student Physical Therapist and Student Physical Therapist Assistant member: $75 in 2003 and 2004, $80 in 2005 and thereafter.
   (6) Honorary member: no dues.
   (7) Catherine Worthingham Fellow of the APTA: no dues other than those payable for continuing membership in another category.
   (8) Student Physical Therapist and Student Physical Therapist Assistant member dues are for 12 months from the time of renewal or join date. As of the last day of the graduation month, the Student Physical Therapist or Student Physical Therapist Assistant member automatically converts to the Physical Therapist or Physical Therapist Assistant member category for the remainder of the 12 months of membership. Once the membership remainder expires, these new Physical Therapist or Physical Therapist Assistant members are eligible for 1 year of membership at 50% of the Association and chapter dues rate for a Physical Therapist or Physical Therapist Assistant member.

B. All dues shall be for 12 months of membership.
C. On a 1-time-only basis, a member may pay for less than 12 months of membership in order to change the due date for all future dues payments. The member must simultaneously pay component dues for the same number of months.
D. Dues Changes
   All dues changes passed by the House of Delegates shall become effective on the first of the Association’s fiscal year following the House of Delegates’ action, and the new dues shall apply to the members at the time of individual renewal.
E. The Board of Directors may waive in whole or in part in extreme circumstances the annual national dues and annual component dues of an eligible member.
F. The Board of Directors may offer reduced rates for Association dues as an incentive to promote membership.

ARTICLE XII. OFFICIAL PUBLICATION

Physical Therapy shall be the official Journal of the Association.

ARTICLE XIII. PARLIAMENTARY AUTHORITY

The rules contained in the current edition of Robert’s Rules of Order Newly Revised shall govern the Association and all components in all cases to which they are applicable and in which they are not inconsistent with these bylaws, the standing rules of the Association, and any special rules of order adopted by the Association or its components.

ARTICLE XIV. AMENDMENTS

These bylaws may be amended at the Annual Session of the House of Delegates in years ending in 0 and 5 by the affirmative vote of at least two-thirds of the chapter delegates present and voting, or at any special session of the House of Delegates or the Annual Session of the House of Delegates during years not ending in 0 or 5 by the consent to consider, without debate, of two-thirds of the chapter delegates present and voting and by the affirmative vote of at least two-thirds of the chapter delegates present and voting, providing the following:
A. Any proposed amendment has been submitted in writing to the Association’s headquarters by a date set by the Speaker of the House of Delegates, which shall be at least 2 months but no more than 3 months before the session of the House of Delegates.
B. Copies of all proposed amendments have been printed in an Association publication or distributed to all Association members at least 2 months before the session of the House of Delegates. This distribution may be made by mail or any telecommunications method including, but not limited to, fax and e-mail transmissions, which must ensure the timely receipt of the notice and may ensure verifiable receipt of the notice by the intended recipients.
Bylaw amendments pertaining to Article XI: Finance, Section 3: Dues, may be amended at any Annual Session or special session of the House of Delegates by the affirmative vote of at least two-thirds of the chapter delegates present and voting, provided that the conditions of subparagraphs A and B above are satisfied.
STANDING RULES OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION


Standing Rules of the American Physical Therapy Association have been ordered by theme and where possible, in order of related Association bylaw.

1. **CHAPTER ASSIGNMENT**

A member may request specific chapter assignment or reassignment when:

A. Applying for membership.
B. Renewing membership.
C. Submitting change-of-address notification.

2. **GOOD STANDING**

A. Ethical principles and standards shall be:
   (1) As described for the physical therapist in Code of Ethics for the Physical Therapist.
   (2) As described for the physical therapist assistant in Standards of Ethical Conduct for the Physical Therapist Assistant.

B. Documents that interpret the ethical principles and standards shall be:
   (1) For the physical therapist: APTA Guide for Professional Conduct.
   (2) For the physical therapist assistant: APTA Guide for Conduct of the Physical Therapist Assistant.

3. **PROCEDURE FOR REINSTATEMENT**

A member:

A. Whose membership has been revoked for nonpayment of dues or who has resigned, provided that no complaint or charge of violation of the ethical principles or standards of the Association was pending at the time of resignation, may be reinstated to membership by payment of all dues for the current year.

B. Who resigned while a complaint or charge of violation of ethical principles or standards of the Association was pending may be reinstated to membership by payment of all dues for the current year and reinstatement of the previously pending complaint or charge.

C. Whose membership was revoked for any cause other than resignation or nonpayment of dues may be reinstated to membership by payment of all dues and if the Board of Directors finds that circumstances occurring after membership revocation warrant reinstatement and that the reinstatement would not be prejudicial to the Association's object and functions or ethical principles or standards.

4. **FORMATION OF A CHAPTER**

The Board of Directors may issue a charter establishing a chapter provided that:

A. For the formation of a new chapter, a petition is submitted to the Board of Directors signed by at least three-fourths of the Physical Therapist, Retired Physical Therapist, and Life Physical Therapist members within the area of the proposed chapter.

B. For the merger of chapters, a petition is submitted to the Board of Directors signed by at least three-fourths of the members of the Board of Directors of each existing chapter.

C. No charter shall be issued that would establish a chapter within the territorial jurisdiction of an existing chapter unless, in the opinion of the Board of Directors and after consultation with the existing chapter, a compelling reason for the formation of a new chapter is found.

5. **CHAPTER ChARTERS**

All charters issued by the Association shall include the following:

A. The name of the chapter, which shall include the name of the geographic area over which the chapter shall have territorial jurisdiction.

B. The territorial jurisdiction of the chapter, which must coincide with or be confined within the legally constituted boundaries of a state, territory, or commonwealth of the United States or the District of Columbia.

C. A statement that the chapter is governed in all respects by the association bylaws.
6.  PROCEDURES FOR SECTION FORMATION

A. Petition
   A petition shall be received, before January 1 of the year in which it is to be considered, by the Board of Directors for review and recommendation for approval/disapproval. The petition shall include:
   (1) A detailed statement of purpose and rationale showing that the proposed section is unique, pertains to physical therapy, and cannot have its members' interests served through an existing section.
   (2) Evidence that all existing APTA sections have been notified and have verified that the interests of individuals represented by the proposed section cannot be served through existing sections and that it has been recommended by the Committee on Chapters and Sections.
   (3) Legible signatures, chapter assignments, membership numbers, and addresses of at least 200 members in good standing, representing no fewer than 27 chapters.
   (4) Evidence that each petitioner intends to join the proposed section.
   (5) A detailed first-year budget, a preliminary program for the Combined Sections Meeting, and evidence of dialogue between the petitioning group and a majority of existing sections.

B. Approval
   (1) If approval has been recommended by a majority vote of the Board of Directors, a motion for approval of the section shall be presented to the House of Delegates.
   (2) A majority vote of the House of Delegates is required for final approval of the section.

C. Merging of Sections
   Sections may petition to merge when the following is provided:
   (1) Evidence of approval by a two-thirds vote of the sections' members voting in a referendum on the question to merge.
   (2) A petition signed by at least three-fourths of the members of the governing bodies of the merging sections.
   (3) A support statement accompanies the petition.

These materials must be received by the Board of Directors for review before January 1 of the year in which the merger is considered. The petition, with the Board of Directors recommendations, shall be presented to the House of Delegates for approval.

7.  PROCEDURES FOR ASSEMBLY FORMATION

A. Petition
   A petition shall be received, before January 1 of the year in which it is to be considered, by the Board of Directors for review and recommendation for approval/disapproval. The petition shall include:
   (1) A detailed statement of purpose and rationale showing that the proposed assembly is unique, pertains to physical therapy, and cannot have its members' interests served through an existing means.
   (2) Proposed bylaws and a statement showing that they have been reviewed by the Association's component parliamentarian and that they are not in conflict with association bylaws.
   (3) Legible signatures, chapter assignments, membership numbers, and addresses of at least 3% of members in good standing in that category, representing no fewer than 27 chapters. Exception: Student Physical Therapist and Student Physical Therapist Assistant members may combine to form 1 assembly.
   (4) Evidence that each petitioner intends to join the proposed Assembly.

B. Approval
   (1) If approval has been recommended by a majority vote of the Board of Directors, a motion for approval of the Assembly shall be presented to the House of Delegates.
   (2) A majority vote of the House of Delegates is required for final approval of the Assembly.

8.  PROCEDURES FOR COUNCIL FORMATION

A petition shall be submitted to the Board of Directors. The petition shall include:
   (1) A detailed statement of purpose and rationale showing that the proposed council is unique and provides a unique service to the Association and/or the physical therapy profession.
   (2) Legible signatures, membership numbers, when applicable, and addresses representing three-fourths of the membership of the group proposing to form a council.
   (3) Evidence that each petitioner intends to join the proposed council.
9. **DELEGATE ROSTER**

All components and the PTA Caucus shall provide Association headquarters with the names, postal addresses, telephone numbers, all addresses for electronic telecommunications, and terms of its delegates, chief delegate, and alternate delegates no later than August 30 of each year, with additions and changes sent no later than 30 days prior to the start of the House of Delegates. Those components whose delegates have terms of office greater than 1 year shall confirm the information on file at Association headquarters no later than August 30 each year.

Proviso: These amendments to the standing rules shall take effect August 2014 in preparation for the 2015 House of Delegates.

10. **DELEGATE CREDENTIALS**

Component Delegates: Chapter delegate credentials shall be signed by the chapter president or the chapter chief delegate. The designation of chief delegate shall be indicated on the appropriate chapter credential. Section or assembly delegate credentials shall be signed by the section or assembly president.

11. **FORMULA FOR DETERMINING THE SIZE OF THE HOUSE OF DELEGATES**

   1. Add the number of Physical Therapist, Retired Physical Therapist, and Life Physical Therapist members and one-half of the number of Physical Therapist Assistant, Retired Physical Therapist Assistant, and Life Physical Therapist Assistant members of the Association who are assigned to chapters as of June 30 of the year preceding the House of Delegates in which they will serve.

   2. Divide the total found in Step 1 by 400. This shall be the apportionment number.

   3. Divide the total number of Physical Therapist, Retired Physical Therapist, and Life Physical Therapist members and one-half of the number of Physical Therapist Assistant, Retired Physical Therapist Assistant, and Life Physical Therapist Assistant members for each chapter by the apportionment number.

   4. Chapters shall be allowed one delegate for each whole number and one additional delegate for any remainder equaling or exceeding 50 percent of the apportionment number.

   5. Any chapter that would be entitled to fewer than 2 delegates according to the above shall be allowed 2 delegates.

12. **MAIL BALLOT**

When the Board of Directors determines to conduct a mail ballot, according to Article VIII, Section 5., C., (2) of the bylaws, a ballot shall be prepared and distributed as follows:
   
   A. The question to be decided and appropriate supporting information shall be provided with the ballot.
   
   B. Instructions for completing and returning the ballot shall be printed on the ballot.
   
   C. The deadline for receipt of ballots at the Association's headquarters shall be printed on the ballot, and this deadline shall be no fewer than 30 days after the date mailed to the delegates.
   
   D. An addressed envelope (to the Association's headquarters) and a plain envelope shall be included in the mailing.
   
   E. The ballots shall be mailed by first class mail to each chapter delegate.
   
   F. The delegate shall place the completed ballot in the plain envelope, place the plain envelope in the envelope addressed to the Association's headquarters, sign the outside envelope, and mail it to Association headquarters.
   
   G. The Officers of the House of Delegates shall be responsible for opening and counting the returned ballots and preparing a report of the results of the vote.

13. **ELECTIONS: TELLER’S REPORTS**

   A. The teller’s report to the House of Delegates shall include for each position to be filled:
      
      1. The number eligible to vote.
      
      2. The number of votes cast.
      
      3. The number of votes necessary for election (for officers).
      
      4. The number of votes cast for each eligible candidate.
      
      5. The number of illegal votes, and the reason therefore.
14. VACANCIES: OFFICERS AND DIRECTORS

A. If a vacancy occurs within the first year of a 3-year term, the Nominating Committee shall select a candidate(s) for election at the next annual session of the House of Delegates; the elected person shall serve for the remaining 2 years of the term.

B. If a vacancy occurs after the first year of a 3-year term, the vacancy shall be filled by appointment by the Board of Directors.

C. Notwithstanding Standing Rule 13(B), if a vacancy occurs on the Board of Directors as a result of an election, a second election shall be required. The Nominating Committee shall prepare the slate for the second election and additional nominations from the floor shall be in order.

All candidates who were slated for any position on the Board of Directors and were not elected in the first election will be slated in the second election unless they have indicated otherwise. Candidates who were not elected for the Nominating Committee shall not be automatically slated but may be nominated from the floor.

15. REFERENCE COMMITTEE

A. The committee shall receive and correlate motions and resolutions to be presented to the House of Delegates and shall identify motions which fall outside the object or functions of the Association. The committee shall provide advice and counsel regarding form, wording, and method of presentation of matters to be presented to the House.

B. All main motions and resolutions, except for procedural motions presented for action by the House of Delegates, shall be referred to the Reference Committee unless this rule is suspended in any particular case by a majority vote of the House of Delegates.

C. The committee will review main motions that are submitted by the established deadline and in the manner prescribed in the standing rule titled Main Motion Criteria.

D. Appointed members of the committee shall be seated in the House of Delegates and shall reply to inquiries directed to the committee by the Speaker of the House.

E. On a regular basis the committee will review the Association bylaws and standing rules and, as it deems appropriate, propose to the Board of Directors that it bring amendments to the House of Delegates for consideration.

16. DEADLINE FOR MAIN MOTIONS

All main motions to be considered by the House of Delegates shall be submitted in writing to APTA headquarters by a date set by the Speaker of the House of Delegates, which shall be at least 2 months and no more than 3 months prior to the date of the House of Delegates meeting. Any main motion which has not been so submitted shall require a majority vote, without debate, to be considered by the House.

17. MAIN MOTION CRITERIA

All main motions submitted by the established deadline shall meet the following criteria.

It is the responsibility of the maker of the motion to:

(1) Provide a statement of the intended outcome of the motion.

(2) Demonstrate that the motion’s subject is national in scope or importance.

(3) Provide pertinent background information, in collaboration with the APTA Board of Directors or staff including (a) a description of previous House, Board, or staff activity relating to the subject and (b) an identification of the stakeholders affected by the motion.

(4) When possible, demonstrate that the motion concept has been disseminated to delegates of other delegations prior to the deadline for submission of main motions.

(5) Provide a description of the potential fiscal impact of adopting and implementing the motion.
The Reference Committee determines how criteria have been met. If it is determined that the criteria are not adequately met, the motion shall be placed at the end of the agenda of the House of Delegates and shall not be considered unless a majority of the delegates vote, without debate, to consider the motion. The Reference Committee shall develop and make available to the delegates guidance designed to help delegates satisfy the foregoing criteria.

18. BACKGROUND PAPER DEVELOPMENT

A. The Reference Committee shall review proposed main motions submitted by the established deadline and make recommendations to the Board of Directors as to which motions require background papers to assist the delegates with their deliberations and decisions.
B. In response to proposed motions to the House of Delegates, Background Papers shall be written by staff when charged to do so by the Board of Directors, or when the Chief Executive Officer in consultation with staff, determines that a Background Paper is warranted.
C. As Background Papers are developed, authors of the Background Papers shall consult the maker of the motion in order to gather necessary information to ensure a comprehensive approach to the Background Papers.
D. Background papers shall be released at least 1 month prior to the House of Delegates.

19. REPORTS TO THE HOUSE OF DELEGATES

When the House of Delegates requires annual or periodic reports of Association or Board of Directors activities, such reports may be integrated into standard Association reporting mechanisms, which include but are not limited to the Year-End Report on Goals and Objectives and the Chief Executive Officer’s Report.

20. CONSENT CALENDAR

A. The officers of the House of Delegates shall prepare a list of recommended motions that are routine, standard, non-controversial, or self-explanatory and where general approval is anticipated, for placement on a consent calendar.
B. The preliminary consent calendar will be distributed 3 weeks prior to the start of the first meeting of the House of Delegates.
C. Prior to the first meeting of the House of Delegates motions may be removed from the consent calendar by the officers of the House of Delegates or at the request of 5 chief delegates.
D. The revised consent calendar will be prepared by the officers of the House of Delegates for presentation to chief, section, and assembly delegates prior to the first meeting of the House of Delegates.
E. Following the opening of the House of Delegates motions may be removed from the consent calendar by an affirmative vote of one-third of the voting body of the House of Delegates.
F. If a motion is removed from the consent calendar, it shall be placed appropriately in the order of business previously assigned by the Speaker of the House and the chair of the Reference Committee.
G. The consent calendar shall be presented for adoption in a single motion.

21. DEFINITION OF ASSOCIATION VIEWPOINTS AND ADMINISTRATIVE DIRECTIVES

A. Association Viewpoints
   (1) Standard: A binding statement used to judge quality of action or activity. The use of “ethical standard” refers to right and wrong conduct, as articulated in the Code of Ethics for the Physical Therapist.
   (2) Position: A firmly held Association stance or point of view. Positions of the Association direct subsequent decisions on similar matters of both the Association and its members.
   (3) Guideline: A statement of advice.
B. Association Administrative Directives
   (1) Policy: Association directives defining operational and administrative activities.
   (2) Procedure: Steps required to achieve a result.
MEMBERSHIP RIGHTS AND PRIVILEGES AT ASSOCIATION, COMPONENT, AND COMMITTEE LEVELS
(A - Association, C - Chapter, S - Section, AS - Assembly, CM – Committee, PTAC – PTA Caucus Delegate)

<table>
<thead>
<tr>
<th>Physical Therapist (PT)</th>
<th>Retired PT</th>
<th>Life PT</th>
<th>Student PT</th>
<th>Physical Therapist Assistant (PTA)</th>
<th>Retired PTA</th>
<th>Life PTA</th>
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**RIGHTS**

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<tr>
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<th>Attend meetings (except S/AS business meetings)</th>
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| Speak and debate | yes | yes | yes | yes | yes | yes | yes | yes | yes |

**PRIVILEGES**

| Make and second motions | A - all registered delegates | no | no | assembly delegate only | section or PTA Caucus delegates only | no | no | assembly delegate only | no | … |
| | C/S - yes5 | yes5 | yes5 | no | yes5 | yes5 | yes5 | no | no | … |
| | AS – no | no | no | yes | no | no | no | yes | no | … |
| | CM – yes | yes | yes | yes | yes | yes | yes | no | yes | … |

<p>| Vote | A - chptr delegates (1 vote) | no | no | no | no | no | no | no | no | … |
| | C/S - yes5 (1 vote) | yes5 (1 vote) | yes5 (1 vote) | no | yes5 (1/2 vote) | yes5 (1/2 vote) | yes5 (1/2 vote) | no | no | … |
| | AS – no | no | no | yes (1 vote) | no | no | no | yes (1 vote) | no | … |
| | CM – yes (1 vote) | yes (1 vote) | yes (1 vote) | yes (1 vote) | yes (1 vote) | yes (1 vote) | yes (1 vote) | no | … |</p>
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<sup>a</sup>Catherine Worthingham Fellow.

<sup>b</sup>The granting of membership rights is dependent on the other membership class concurrently held.

<sup>c</sup>Except when component bylaws provide for a representative body.

<sup>d</sup>Subject to additional eligibility requirements in component bylaws.

<sup>e</sup>Except the office of president, president elect, vice president and chief delegate, or any position that may succeed to the presidency.

<sup>f</sup>Except as provided for elsewhere in the Association bylaws.
Standards, Policies, Positions, and Guidelines of the American Physical Therapy Association

House of Delegates and Board of Directors

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

ACCREDITATION
ACCREDITATION AGENCY RECOGNITION (CAPTE/APTA) HOD P06-97-12-07

[Amended HOD 06-94-27-04; HOD 06-91-07-09; HOD 06-90-13-24; HOD 06-77-05-04; HOD 06-76-14-39; HOD 06-75-14-24; HOD 06-74-11-16; 1955] [Position]

There should be but one agency, the Commission on Accreditation in Physical Therapy Education (CAPTE) of the American Physical Therapy Association (APTA), recognized to accredit physical therapy education programs, which reaffirms the Association’s philosophy of opposition to duplication and fragmentation of physical therapy education.

APTA supports the maintenance of the recognition of CAPTE by the US Department of Education and the Council for Higher Education Accreditation as the accrediting agency for physical therapist and physical therapist assistant education programs.

APTA seeks to collaborate with other recognized organizational and accrediting agencies for the purpose of advancing the quality, improving the efficiency, and enhancing the coordination of the accrediting process.

APTA membership, collectively and individually, will render appropriate support to insure accomplishment of the purpose of the accreditation program.

Relationship to Vision 2020: Operational; (Accreditation Department, ext 3245)

Explanation of Reference Numbers:

BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

ACCREDITING AGENCY AGREEMENTS HOD Y06-82-11-35 [Initial HOD 06-77-05-04] [Policy]

No agreements concerning accreditation of physical therapy education shall be entered into with any accrediting agency(ies) without the consent of the House of Delegates.

Relationship to Vision 2020: Operational; (Accreditation Department, ext 3245)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

CAPTE ON-SITE EVALUATORS TRAVEL AND PER DIEM HOD Y06-83-14-53  [Initial HOD 06-82-20-68]
[Policy]

The per diem and travel costs of on-site evaluators in the accreditation process shall be borne by the American Physical Therapy Association (APTA) and not by the educational institution.

Relationship to Vision 2020: Operational; (Accreditation Department, ext 3245)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

CAPTE RESPONSIBILITIES HOD Y06-89-33-73 [Policy]

The Commission on Accreditation in Physical Therapy Education (CAPTE) shall be responsible for formulating, revising, adopting, and implementing the evaluative criteria for the accreditation of physical therapist assistant and physical therapist professional education programs.

Relationship to Vision 2020: Operational; (Accreditation Department, ext 3245)

Explanation of Reference Numbers:
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The American Physical Therapy Association (APTA) shall exercise its voting rights to ensure that the members of APTA's Executive Committee are elected to the Board of Directors of American Physical Therapy Properties, Inc. (Properties).

(National Governance and Leadership Department, ext 3252)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

APTA CEO PERFORMANCE ASSESSMENT BOD Y04-15-01-01 [Initial BOD Y03-12-02-01 [Policy]

The APTA Board of Directors will conduct an annual review of the performance of the Chief Executive Officer (CEO). This annual review will be accomplished through a blended approach of both an Organizational Scorecard and Performance Assessment. This approach will provide:
- Alignment with, and support of, the strategic plan;
- Alignment with critical foundational and core functional needs and annual planning;
- Recognition of leadership effectiveness in meeting the needs of the organization and the membership; and,
- Recognition that a very engaged member base has high expectations for the CEO.

The Organizational Scorecard (OS):
- The OS will be set annually with objectives and/or observable metrics;
- The process for the development of the OS will include the Senior Staff Team (SST) and the Executive Committee;
- The process for the development of the OS will be coordinated by the Vice President and Treasurer;
- The objectives in the OS will be updated annually to address APTA’s most critical strategic and operational needs;
- Strategic outcomes from the APTA strategic plan will be considered in the setting of the OS; and,
- The goals in the OS may be weighted based on importance and emphasis.

The Performance Assessment:
- The Performance Assessment (PA) should address:
  - Major achievements during the year;
  - Opportunities presented during the year and how the CEO sought to capitalize on them;
  - Challenges faced during the year;
  - Performance areas that were not successful; and,
  - The CEO’s judgments on how effective he/she was as a leader.
- The full Board and SST will receive the PA and confidentially respond to a written questionnaire.
- The full Board will meet to review results of the questionnaire and develop an evaluative document and feedback for the CEO.
- The success of the prior year’s OS and PA will be used to determine appropriate annual increases to the CEO’s salary.

(Office of the CEO, Ext. 3253)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.
APTAS NAME AND "MARK"/LOGO USAGE BOD Y03-00-05-32 [Re-titled – Use of APTA’s Insignia, Name, and Address, BOD 11-86-06-23; Amended BOD 03-84-06-22; Initial BOD 03-81-14-56] [Policy]

The Association’s “mark”/logo is the property of the American Physical Therapy Association (APTA). The “mark”/logo may be used only as designated and approved by the Association.

APTA’s components shall incorporate the Association’s “mark”/logo into all printed and electronic communications, including those directed to the general public. All components shall clearly reflect in printed and electronic communications that they are a component of the Association, using the guidelines set forth in APTA’s Graphic Standards Manual.

Individual members may display the Association “mark”/logo in advertisements of their professional services and in material promoting the physical therapy profession, provided that:

1. Use of the “mark”/logo complies with the guidelines set forth in APTA’s Graphic Standards Manual; and
2. The “mark”/logo is imprinted or affixed adjacent to a statement of the member’s relationship to the Association (eg, “A Member of the American Physical Therapy Association”); and
3. Any such use of the “mark”/logo is limited to office stationery, note pads, business cards, promotional fliers and brochures, Web pages of the individual member or the member’s company, print ads, and telephone book listings.

Any advertisement or promotional material bearing APTA’s “mark”/logo, produced by or for APTA components or individual members, must be in accordance with the provisions set forth in APTA’s Code of Ethics and Guide for Professional Conduct.

Components, individual members, and any other parties having questions about the use of the Association name and “mark”/logo not covered in this policy should direct their inquiries to the Chief Executive Officer of the American Physical Therapy Association.

(Public Relations/Marketing Department, ext 3218)

Explanation of Reference Numbers:
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The Chief Executive Officer shall be responsible for the management of the Association’s headquarters and the approval of all staff job descriptions and all staff personnel qualifications other than the job description and personnel qualifications for the Chief Executive Officer. The Chief Executive Officer will have full authority to hire and dismiss staff.

The Board of Directors shall be responsible for the job description and personnel qualifications for the Chief Executive Officer and for his/her annual evaluation.

The Chief Executive Officer is an officer of the Board of Directors and in that capacity is authorized to execute or to authorize his/her designee to execute, on behalf of the Association, certain binding agreements and other acts including, but not limited to:

a. lease agreements;
b. financial arrangements with banks, savings and loan associations, investment firms, and like institution for the purpose of mortgage/loan refinancing, deposit and/or investment and withdrawal;
c. insurance or other member or headquarters personnel benefits program agreements;
d. agreements with hotels, convention centers, or like facilities;
e. federal, state, and local tax returns or reports; and
f. other contracts and/or agreements for goods or services that are inherent in the ordinary activity of APTA.

Explanation of Reference Numbers:

BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

CEO SUCCESSION PLANNING BOD Y03-12-03-03 [Policy]

The purpose of the policy on CEO Succession Planning is to provide for an orderly executive transition in the case of the departure or dismissal of the Chief Executive Officer of the American Physical Therapy Association. The policy may also be applicable in the case of an unexpected short-term or long-term absence of the CEO.

In the event of departure or dismissal of the CEO the following shall occur:

- The President of the American Physical Therapy Association (APTA) shall take responsibility for ensuring that all elements of the policy on CEO Succession Planning are executed.

- The CEO Succession Planning documentation file shall be shared with the Executive Committee. The Director of Human Resources will be responsible for keeping the documentation file up-to-date. The CEO Succession Planning documentation file shall include:
  - A copy of the most current job description for the CEO;
  - A copy of the current contract with the CEO (a copy of the contract shall be held by the Director of Human Resources as well as by APTA external legal counsel);
  - Names of all financial institutions with which APTA conducts business;
  - Contact information for accountants and auditors with whom APTA conducts business;
  - Contact information for external legal counsel;
  - Contact information for all members of the Senior Staff Team; and,
  - A key contacts list (list of staff by issue).

- The Senior Staff Team and the Director of Human Resources shall immediately organize and provide to the Executive Committee the following information:
  - A calendar of events and anticipated activities for the upcoming 12 to 18 months, including, for example, performance and salary reviews, staff hiring plans, and lease negotiations; and
  - A communication plan that includes who should be notified of an executive departure and when, including both internal and external stakeholders (e.g., staff, leadership, membership, legal and financial advisors, media, and affiliated organizations), as well as a template press release or letter in which the specifics of the departure can be quickly added.

- The Treasurer shall work with the Chief Financial Officer to ensure that all appropriate financial institutions are notified and that instructions are given regarding the changing of check-signing authority.

- The President, working with the Director of Human Resources and the Executive Committee, will develop an interim management proposal, including the pros and cons of using internal and external interim management, who makes the selection, and the process for selection. The Board of Directors should consider the essential functions of the executive that will need to be filled during the transition period.

- The President, working with the Director of Human Resources and the Executive Committee, shall develop an executive search process and a charter for the CEO Search Task Force. The plan should include the pros and cons of doing the search in house or engaging an executive search consultant.

- The Treasurer, working with the Chief Financial Officer and the Director of Human Resources, shall develop a financial plan. Expenses may include severance pay, outplacement, executive search consultants, and external interim executives.

Explanation of Reference Numbers:
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CHARITABLE CONTRIBUTIONS  BOD Y03-06-03-01 [Amended BOD Y11-05-04-04; BOD Y03-05-07-18; BOD 06-90-07-19; BOD 03-90-07-11; Initial BOD 06-87-01-01] [Policy]

In an effort to support the community in which APTA Headquarters is located and in which its employees reside and, recognizing APTA’s community obligation, APTA may make charitable contribution(s) up to a total amount of $5,000 per year. Funds are to be designated by the Chief Executive Officer.

In other situations when the Association is asked to donate to a not-for-profit organization, when APTA’s goal for considering the offer is to further the goals and objectives of the profession, the Board of Directors may approve the request as an exception to Guidelines: Contributing to Non-Profit Organizations. The dollar donation shall not exceed $10,000.

(Executive Department, ext 3145)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

GUIDELINES: CONTRIBUTING TO NON-PROFIT ORGANIZATIONS  BOD G03-06-14-31 [Amended BOD G03-03-12-26; Initial BOD 03-98-02-01] [Guideline]

1. That APTA contributions made to non-profit organizations, other than APTA and its subsidiary corporations, be limited to:
   
   (1) Those cases where a natural disaster catastrophe or other events have impacted on a community or jurisdiction, in such a way and magnitude that contributions are needed and expected of a national association.
   
   (2) Non-profit organizations and foundations whose purposes are to assist persons with disabilities or to contribute to the prevention or treatment of specific disabilities.

2. The purpose of the solicitation must be one that is materially related to physical therapy practice, research, or education;

3. In determining contributions, priority ranking should be given to those efforts that relate directly to enhancing the well-being of individuals who are treated by physical therapists and those that increase the public awareness of physical therapy;

4. No organization should receive more than one (1) contribution in any one (1) calendar year;

5. Requests for contributions should be submitted in writing to APTA Headquarters and must contain the following information:
   
   • the nature, purpose, and activities of the organization to which the contribution would be made;
   • verification of the 501(c)(3) tax status of the organization;
   • the location of the organization's headquarters (including contact person, phone, fax, and e-mail numbers);
   • the nature and purpose of the event, activities, etc., that the contribution would support;
   • the outcome of the supported event, activity, etc.; and
   • statement from the requesting party identifying how the purpose of the solicitation relates to physical therapists and/or the physical therapy profession.

6. The Board of Directors shall approve all financial contributions to non-profit organizations (excluding those made under the provisions of Charitable Contributions).

(Finance Department, ext 3133)

Explanation of Reference Numbers:

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CORE DOCUMENTS DEFINITION BOD Y11-06-24-69 [Policy]

Core Document: Defines the fundamental tenets of the association; an indispensable document with which all Association positions, standards, guidelines, policies, procedures and publications must comply.

Criteria:
- The document serves as the basis for other association documents.
- The document is essential to the function of the association.
- The document is essential to the areas of practice, research, or education.
- Other association documents must comply with this document.

(Governance Department, ext 3252)

Explanation of Reference Numbers:
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CORE DOCUMENTS IDENTIFICATION BOD R11-06-25-70 [Policy]

That those documents that shall be considered Core Documents of the association be identified and approved by a majority vote of the Board of Directors.

(Governance Department, ext 3252)

Explanation of Reference Numbers:
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CROSS-REFERENCE IN MINUTES BOD R11-94-10-27 [Procedure]

When appropriate, minutes of the Board of Directors and House of Delegates will include reference to previous Board of Directors’ or House of Delegates’ actions upon which the new action is based.

(Governance Department, ext 3252)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

EDITORIAL CORRECTIONS OF ASSOCIATION ACTIONS  BOD Y03-00-10-17  [Initial BOD 03-89-18-48] [Policy]

When House of Delegates' or Board of Directors' actions warrant editorial corrections in association programs or policies adopted by the Board of Directors, staff shall be authorized to make such editorial corrections and shall be charged to notify the Board of Directors of corrections made. Prior to making any changes to House documents, staff shall refer proposed editorial changes to the House Officers for their determination that the changes are not substantive and do not require House of Delegates approval.

(Governance Department, ext 3252)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

GENDER DATA REPORT  BOD Y03-97-29-76 [Policy]

The American Physical Therapy Association (APTA) routinely keeps and reports data sorted by gender. These data may include membership categories, annual conference attendees, and award recipients.

(Minority and Women’s Initiatives Department, ext 8560)

Explanation of Reference Numbers:
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GOAL OF APTA GOVERNANCE BOD Y11-05-23-60 [Policy]

The goal of APTA governance is to engage members in an accessible and inclusive process that instills pride, trust, and value in the Association and the profession. The governance process shall utilize the most efficient and effective human and financial resources to enhance communication, delegate preparedness, and leadership development to achieve timely and meaningful changes in practice, education, and research that will advance the profession and association toward Vision 2020 and beyond.

(Governance Department, ext 3252)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

APTA ADOPTED PLANS
STRATEGIC PLAN TO ADDRESS REFERRAL FOR PROFIT, INCLUDING PHYSICIAN OWNERSHIP OF PHYSICAL THERAPY SERVICES BOD 03-06-11-22 [Retitled: Strategic Plan to Address Physician Owned Physical Therapy Services (POPTS); Amended BOD 09-05-01-01; BOD 11-03-06-15]

GOAL I: Gather Evidence of the Harmful Effects of Referral for Profit, including POPTS Arrangements

Objective 1: Identify the impact of referral for profit, including physician owned physical therapy services (POPTS) on various physical therapy practice settings with a follow-up survey on other APTA members.

Objective 2: Design and distribute instruments to chapters for improved data collection on referral for profit, including POPTS related experiences of patients and physical therapists.

GOAL II: Educate and Increase the Awareness of Physical Therapists Regarding the Importance of the Autonomy of the Profession Across All Practice Settings

Objective 1: Develop and distribute educational material to physical therapists on the potentially harmful effects of referral for profit, including POPTS in all practice settings.

Objective 2: Develop activities and projects that convey the message that POPTS is an unnecessary hindrance to the attainment of APTA’s Vision 2020.

Objective 3: Create and promote educational resources related to referral for profit, including POPTS for PT program administrators, educators, and students.

Objective 4: Develop and make available to chapters outreach materials for physical therapists currently employed in POPTS settings.

GOAL III: Identify and Implement Opportunities for Joint Activities with Other Health Care Providers

Objective 1: Initiate outreach to and discussion with other health care providers who are experiencing similar concerns with referral for profit, including physician ownership.

Objective 2: Coordinate with state Chapters on local outreach activities with other health care providers.

GOAL IV: Educate the Public and Key Opinion Shapers on the Impact of Referral for Profit, including POPTS Specific to the Cost to the Health Care System and the Limitation of Consumer Choice

Objective 1: Develop resources and initiate focused activities to inform the public, the press, and other key opinion shapers about and referral for profit, including POPTS arrangements.

GOAL V: Promote and Implement Statutory Changes to Prevent Referral for Profit, including Physician Ownership of Physical Therapy Services

Objective 1: Coordinate with APTA Chapters in a focused review of state corporate and professional acts.

Objective 2: Seek opportunities to increase federal requirements that apply to physician owned physical therapy services.

Objective 3: Promote and implement state statutory and regulatory model language and options to prevent referral for profit, including physician ownership of physical therapy services.
Objective 4: Develop guidelines and resource materials for efficient and effective operation of component leadership and task forces related to referral for profit, including POPTS prohibitions.

(Payment Policy and Advocacy Department, ext 8511)

Explanation of Reference Numbers:
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POLICY AND PROCEDURES FOR THE DOROTHY E BAETHKE-ELEANOR J CARLIN AWARD FOR EXCELLENCE IN ACADEMIC TEACHING BOD Y08-14-04-04 [Amended BOD Y12-13-06-12; BOD Y06-08-02-02; BOD Y06-06-02-04 BOD Y03-05-03-03; BOD 05-02-02-04; BOD 11-98-29-102; BOD 03-97-06-14; BOD 06-96-09-21; BOD 11-92-11-46; BOD 03-87-38-121; BOD 03-86-29-120; BOD 03-85-47-164; BOD 11-82-12-51; BOD 06-82-02-06; Initial BOD 03-81-17-68] [Policy]

History

In 1981, the Dorothy E. Baethke-Eleanor J. Carlin Award was established to recognize excellence in academic teaching in physical therapy.

Dorothy Baethke (deceased 1984) was a pioneer in physical therapy. Ms Baethke received her physical therapy education at the Mayo Clinic and attended the University of Minnesota and Northwestern University. In 1972, after 25 years of exceptional service, Dorothy Baethke retired as Chair of the Department of Physical Therapy at the University of Pennsylvania School of Allied Medical Professions. Through the creation of the Baethke-Carlin Award, Dorothy Baethke is recognized by the profession for her leadership role in the growth of APTA and for her service on various national committees.

Eleanor J. Carlin, (deceased 1997) was known as a leader in quality physical therapy education. Dr Carlin received her physical therapy education at Beaver College and Walter Reed Hospital. Dr Carlin joined the faculty of the University of Pennsylvania in 1947 and is fondly remembered by the students she taught and mentored as an outstanding, "one-of-a-kind" teacher. Dr Carlin's professional accomplishments and exceptional contributions to APTA include serving as President of APTA from 1956 to 1958, as an unforgettable Speaker of the House of Delegates from 1952 to 1956, and as a writer of considerable ability and Editor of Physical Therapy for six years. Dr Carlin was elected as a Catherine Worthingham Fellow of the APTA in 1994.

Purpose

To acknowledge an individual who has made significant contributions to physical therapy education through excellence in academic teaching as exemplified in the professional and teaching careers of Dorothy E. Baethke and Eleanor J. Carlin.

In addition to the information provided in the APTA Board of Directors' Policy and Procedures Regarding APTA Honors and Awards, the following criteria apply to this award:

Criteria for Eligibility
1. Nominees must be physical therapists or individuals not eligible for APTA membership who have been actively engaged in teaching physical therapist students (entry or advanced level) or physical therapist assistant students in formal education for at least 5 years.

2. Nominees must be either clinical or academic educators. Nominees must have a faculty appointment of any rank (part-time or full-time) or receive compensation for their teaching responsibilities.

3. Teaching must occur in an academic setting within one or more accredited physical therapist or physical therapist assistant education programs, or advanced level programs for physical therapists, from which students earn an academic qualification.
4. Teaching solely as a component of continuing education does not constitute eligibility for this award.

5. Current members of the APTA Board of Directors and members of the APTA Awards Committee - Education Awards Subcommittee are not eligible to be nominated for this award and shall not nominate, write letters of support, or endorse an individual for this award.

Criteria for Selection

The nominee has demonstrated:

1. Exceptional teaching effectiveness in the academic setting.

2. A distinct expertise in at least one subject area to which the academic teaching has been directed.

3. Excellence as a role model for academic teaching for students, faculty and clinicians.

Procedure for Nomination

1. Nominations must be submitted electronically via APTA’s website (www.apta.org). All materials completed and submitted for each nomination must be received by the APTA Honors and Awards Program by 5:00 pm Eastern time on December 1, for consideration for the award.

2. The nominator is responsible for reviewing and ensuring the completion of all steps and compliance with eligibility criteria within the online nomination submission process before its final submission. During the online process, the following documents will be required for upload:

   A. Current curriculum vitae or resume of the nominee.

   B. A letter of nomination (from the nominator) that specifically focuses on the strengths of the nominee in relation to the criteria for selection for the award, not to exceed 3 pages.

   C. Two (2) letters of support not to exceed 2 pages each, 1 from each of the following:

      • A physical therapist colleague from the nominee's institution, and

      • A current or former student who is representative of an academic level of teaching in which the nominee has been engaged. The academic experience of the student should include attendance through at least one entire course taught by the nominee.

Notification of Award

1. The award recipient and nominator will be notified promptly after selection by APTA’s Board of Directors.

2. The nominators of individuals not selected will receive a letter thanking them for their participation.

Nature of Award

A plaque will be presented to the awardee by APTA’s Board of Directors at the NEXT Conference and Exposition and an official announcement of the award will appear in an Association publication.

(Member Services Department, ext. 8082)
Explanation of Reference Numbers:

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POLICY AND PROCEDURES FOR THE CHATTANOOGA RESEARCH AWARD  BOD Y08-13-05-10 [Amended BOD Y06-08-02-02; BOD Y03-07-08-15; BOD Y03-04-07-12; BOD 03-03-28-78; BOD 05-02-02-04; BOD 04-98-04-08; BOD 03-97-12-21; BOD 06-96-14-41; BOD 11-94-09-21; BOD 11-92-11-46; BOD 03-85-45-155; Initial BOD 11-81-17-65] [Policy]

History

In 1981, representatives of the Chattanooga Group, Inc. established an annual award for the best clinical research article published in Physical Therapy.

Purpose

To encourage the publication of outstanding physical therapy research articles, including both basic and clinical research.

In addition to the information provided in the APTA Board of Directors’ Policy and Procedures Regarding APTA Honors and Awards, the following criteria apply to this award:

Criteria for Eligibility

1. The first author of eligible papers must have been an APTA member at the time of the manuscript's publication and at the time of nomination. The first author need not have been an APTA member at the time of data collection and manuscript preparation.

2. If a paper has multiple authors, each author who is eligible for the award will be considered a co-winner of the award.

3. All reports of scientific studies authored and published in Physical Therapy during the current year are eligible, provided that the studies were not undertaken for obligatory academic requirements when the authors were students.

4. Candidates for this award will designate on the nomination form that their articles be considered for the Chattanooga Research Award rather than the Jack Walker Award. Candidates can be eligible for only one award for a given article.

5. Case studies and case reports do not meet the purpose and intent of the award.

6. Current members of the APTA Board of Directors and members of the APTA Awards Committee – Publications Subcommittee are not eligible to be nominated or considered for this award and shall not nominate or endorse an individual for this award.

Criteria for Selection

The article must:
1. Demonstrate a significant contribution to physical therapy.

2. Present a novel and innovative research study or theoretical model that addresses an important area of physical therapy.

3. Have a clearly stated purpose with supportive rationale and appropriate methodology.

4. Clearly present the results and/or theoretical framework with appropriate discussion of application and impact on clinical practice or future physical therapy research.

5. Be well organized, and clearly and concisely written.

Procedure for Nomination

1. Nominations must be submitted electronically via APTA's website (www.apta.org). All materials completed and submitted for each nomination must be received by the APTA Honors and Awards Program by 5:00 pm Eastern time on December 1, for consideration for the award.

2. The nominator is responsible for reviewing and ensuring the completion of all steps within the online nomination submission process before its final submission. During the online process you will need to upload the journal awards eligibility form.

Notification of Award

1. All eligible authors of the paper and the Chattanooga Group will be notified promptly after selection by APTA’s Board of Directors.

Nature of Award

A plaque and a monetary award of $1,000 will be presented to the awardee(s) by a representative of the Chattanooga Corporation or APTA’s Board of Directors at the NEXT (formerly titled the Annual Conference and Exposition) and an official announcement of the award will appear in an Association publication. (Note: In the case of multiple eligible authors, the monetary award will be divided equally.)

(Member Services Department, ext. 8082)

Explanation of Reference Numbers:
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POLICY AND PROCEDURES FOR THE DOROTHY BRIGGS MEMORIAL SCIENTIFIC INQUIRY AWARD  BOD Y06-08-02-02 [Amended BOD Y03-05-05-11; BOD 03-04-06-09; BOD 05-02-02-04; BOD 11-98-29-102; BOD 03-97-12-21; BOD 06-96-14-40; BOD 11-94-08-20; BOD 11-92-11-46; BOD 03-89-38-124; BOD 11-79-17-65; BOD 04-79-04-10; BOD 04-78-04-07] [Policy]

History

In 1969, the Dorothy Briggs Memorial Scientific Inquiry Award was established. The award now recognizes student members who have demonstrated the ability to prepare a well conceived, suitably designed, and clearly expressed article published in Physical Therapy.

The award is named in honor of Dorothy Briggs (deceased 1967), who was an outstanding educator and an active investigator at the University of Wisconsin, where she received a doctoral degree in physiology. Dr. Briggs' exceptional contributions to the Association include service as Chairman of the Editorial Board of Physical Therapy, a charter member of the Committee on Research, and a diligent member of the Section on Research. Her professional dedication was unstintingly directed toward the improvement of physical therapy. Through her efforts, a significant number of physical therapists have learned the methods of scientific inquiry. It is fitting to bestow this prestigious award upon physical therapists who have been authors of the most outstanding reports on research in physical therapy undertaken when they were students.

Purpose

To give recognition to a physical therapist member of APTA for an outstanding article in Physical Therapy prepared while a student.

In addition to the information provided in the APTA Board of Directors' Policy and Procedures Regarding APTA Honors and Awards, the following criteria apply to this award:

Criteria for Eligibility

1. Authors of eligible manuscripts must have been APTA members at the time of the manuscript's publication and at the time of nomination. Authors need not have been APTA members at the time of data collection and manuscript preparation.

2. All articles authored and published in Physical Therapy during the current year are eligible, except Literature Reviews, Professional Perspectives, and Clinical Perspectives, provided that the studies were undertaken when the principal author was a student in an educational institution and that the articles to be judged are part of the requirements of the educational program in which the student is enrolled. If the paper has more than one student author, each will be considered a co-winner of the award, if otherwise eligible. If more than one article has been written for a study and these articles were published in the same year, then the primary author can designate that the articles be judged as one article for the purpose of this award. If the
additional articles have different principal authors then these articles may be considered as separate candidates for the award.

3. Any manuscript meeting the criteria will be considered if the primary author is eligible for the award, even when co-authors are not members of the Association.

4. Current members of the APTA Board of Directors and members of the APTA Awards Committee – Publications Awards Subcommittee are not eligible to be nominated or considered for this award and shall not nominate or endorse an individual for this award.

Criteria for Selection

The following criteria will apply in judging each eligible article:

1. The article is written clearly and concisely.

2. There is a clear theoretical basis for the paper.

3. The review of literature and other introductory statements provide evidence for the importance of the paper to physical therapy.

4. Elements in the paper are described with sufficient clarity to permit replication by others.

5. The discussion includes:
   A. conclusions that are confined to the design, methods, and findings of the study;
   B. reference to the research hypothesis and/or question posed and the basis for that hypothesis/question;
   C. the logical and practical relationships of the conclusions to the work of others;
   D. implications of the conclusions for knowledge, decisions, and application in physical therapy;
   E. implications for further research.

4. The paper represents a useful contribution to the knowledge base of physical therapy.

Procedure for Nomination

1. Nominations must be submitted electronically via APTA's website (www.apta.org). All materials completed and submitted for each nomination must be received by the APTA Honors and Awards Program by 5:00 pm Eastern time on December 1, for consideration for the award.

2. The nominator is responsible for reviewing and ensuring the completion of all steps and compliance with the eligibility criteria within the online nomination submission process before its final submission. During the online process the nominator will need to upload the journal awards eligibility form.

Notification of Award
The recipient(s) of the award will be notified promptly after selection by APTA’s Board of Directors.

**Nature of Award**

A framed certificate will be presented to the awardee(s) by APTA’s Board of Directors at the NEXT Conference and Exposition and an official announcement will appear in an Association publication. (With the recommendation of the Awards Committee - Publications Awards Subcommittee, and at the discretion of the Board of Directors, if a selected article has 2 or more eligible authors, each will be presented with the award.)

(Member Services Department, ext. 8082)

**Explanation of Reference Numbers:**

*BOD P00-00-00-00* stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

POLICY AND PROCEDURES FOR THE EMERGING LEADER AWARD BOD Y11-04-22-70 [Policy]

Purpose

To identify and honor one physical therapist or physical therapist assistant “emerging leader” from each APTA chapter or section, who has demonstrated extraordinary service early in his or her physical therapy career. The individual should have made exceptional overall accomplishments and contributions to the American Physical Therapy Association (APTA), the component, and the physical therapy profession to advance APTA’s vision.

Eligibility

1. The nominee must be a current member of APTA for at least 5 years and no more than 10 years from formal graduation.
2. The nominee must have current or prior service on one or more appointed or elected groups at the component or national level.

Criteria for Selection

One “emerging leader” from each chapter and section will be recognized annually, provided the component has submitted a nomination using the procedures outlined below. The following information must be provided in the submission letter:
1. A description of the nominee’s contributions.
2. Examples of demonstrated service to the Association, component, or physical therapy profession.
3. Explanation of the potential for future contributions to APTA and the physical therapy profession.
4. Examples of how the nominee has advanced activities at the component level.

The nomination should include a description of the outcome of the contributions and how the contributions align with the component or APTA goals, objectives, and vision.

Procedure for Nomination

1. The chapter and section president or their respective awards committee chair is responsible for submitting the name of the nominee and supporting information to APTA’s Component Services Department.
2. Nominations must be received by May 15 for recognition in the fall of the same year.
3. The materials submitted for the nomination shall include the following:
   • A detailed nomination letter addressing the criteria for selection.
   • A copy of the nominee’s Curriculum Vitae.
4. Send all materials to: APTA Emerging Leader Award, Component Services Department, 1111 N Fairfax Street, Alexandria, VA 22314-1488.

Notification of Award

1. APTA’s Component Services Department will notify those selected as emerging leaders in July. Recognized individuals will receive a congratulatory letter from APTA’s President and a certificate of recognition.
2. Emerging leaders will be recognized in the September issue of PT Magazine as part of a short overall descriptive article about the Emerging Leader Award that will include the name, affiliation, city, state, and nominating component of each emerging leader selected.

Explanation of Reference Numbers:

BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

POLICY AND PROCEDURES FOR THE EUGENE MICHELS NEW INVESTIGATOR AWARD  BOD Y08-13-06-11
[Amended BOD Y03-09-03-07; BOD Y03-09-02-06; Y06-08-02-02; BOD Y03-06-05-07; BOD Y03-05-06-15; BOD 05-02-02-04; BOD 03-99-26-87; BOD 11-98-29-102; BOD 03-97-08-16; BOD 06-96-14-38; BOD 03-93-07-12; BOD 11-92-11-46; Initial BOD 03-89-38-125] [Policy]

History

In 1989, the Eugene Michels New Investigator Award was established to recognize physical therapists engaged in independent research.

The award is named in honor of Eugene Michels (deceased 1996) who, as APTA's Associate Executive Vice President for Research and Education provided the major impetus in the Association's plans to foster research in physical therapy. Michels received his physical therapy education and completed his graduate work at the University of Pennsylvania, where he then taught for twelve years. He was known by all as an excellent teacher and mentor. For many years, through his famous road shows, Michels generously gave his time to teach students and clinicians the basics for conducting clinical research, and to advise developing researchers on numerous aspects of designing, conducting, and reporting results of research in physical therapy. His sustained and outstanding contributions to the Association at the component, national and international levels are well known. He served as APTA President for two terms (from 1967 to 1973), as APTA Treasurer (from 1964 to 1967), as President of the World Confederation for Physical Therapy (from 1974 to 1982), and was an active member of the Section on Research. The Annual Eugene Michels Researcher's Forum was established in his honor in 1982, and the Foundation for Physical Therapy established the Eugene Michels Fund for Educational Research in his honor in 1984. Eugene Michels received the Mary McMillan Lecture Award and was selected as a Catherine Worthingham Fellow of the APTA in 1986. His record of leadership and vision will continue to guide efforts to develop and improve physical therapy.

Purpose

To acknowledge outstanding new investigators who have demonstrated a commitment to research relevant to physical therapy as exemplified in the professional and research career of Eugene Michels.

In addition to the information provided in the APTA Board of Directors' Policy and Procedures Regarding APTA Honors and Awards, the following criteria apply to this award:

Criteria for Eligibility

1. Nominees must be physical therapists who, at the time of nomination, have been engaged in independent research activities for not more than 10 years after completion of their first physical therapy professional degree, post-professional doctoral degree (other than a transition DPT degree), or post-professional doctoral fellowship, whichever was completed last (i.e., from the year the degree is granted until the year the nomination for this award is submitted on December 1).
Eligibility Examples:

a. A physical therapist professional degree is awarded in 1994, a post-professional doctoral degree in 2008, therefore the 10-year window for eligibility begins in 2008, making the individual eligible for this award through the 2019 Honors and Awards Program. (December 1, 2018 deadline)

b. A physical therapist professional degree is awarded in 1994, a post-professional doctoral degree in 2006, a post-professional doctoral fellowship is from 2006-2009, therefore the 10-year window for eligibility beings in 2009, making the individual eligible for this award through the 2020 Honors and Awards Program. (December 1, 2019 deadline)

c. A post-professional doctoral degree is awarded in 1994, the first physical therapist professional degree in 2008, therefore the 10-year window for eligibility begins in 2008, making the individual eligible for this award through the 2019 Honors and Awards Program. (December 1, 2018 deadline)

2. Nominees may be employed in any aspect of physical therapy including, but not limited to, research, education, clinical practice, consultation, etc.

3. Research activities for which the therapists are being nominated must have been undertaken after completion of all formal education (i.e., completion of the first physical therapy professional degree, post-professional doctoral degree [other than a transition DPT degree], or post-professional doctoral fellowship, whichever was completed last).

4. There must be a demonstrated relationship between the nominee’s research focus and the field of physical therapy.

5. Nominees must have demonstrated their accomplishments through authorships in peer reviewed (refereed) journals. Dissemination of knowledge and advancement of the field is also demonstrated by presentations (posters, platforms, workshops) in appropriate scientific forums.

6. Current members of the APTA Board of Directors and members of the APTA Awards Committee - Research Awards Subcommittee are not eligible to be nominated for this award and shall not nominate, write letters of support, or endorse an individual for this award.

Criteria for Selection

1. Nominees must have been engaged in independent or collaborative research activities for not more than 10 years after completion of formal education (i.e., completion of the first physical therapy professional degree, post-professional doctoral degree [other than a transition DPT degree], or post-professional doctoral fellowship, whichever was completed last) and have demonstrated a relationship between the research activities and the field of physical therapy.

2. Research activities that have taken place after completion of all formal education (i.e., completion of first physical therapy professional degree, post-professional doctoral degree [other than a transition DPT degree], or post-professional doctoral fellowship, whichever was completed last) will receive the most weight. Grant funding and extramural funding will be considered.

3. Accomplishment(s) must be demonstrated to be outstanding by the nominator. Evidence must be presented to indicate why it is believed that this contribution will have a present or future impact upon the profession to include, if possible, ways in which the accomplishment has impacted and will impact upon specific members, components (chapters, sections or assemblies), or the practice or teaching of some content related to the field.
Procedure for Nomination

1. Nominations must be submitted electronically via APTA’s website (www.apta.org). All materials completed and submitted for each nomination must be received by the APTA Honors and Awards Program by 5:00 pm Eastern time on December 1, for consideration for the award.

2. The nominator is responsible for reviewing and ensuring the completion of all steps and compliance with the eligibility criteria within the online nomination submission process before its final submission. During the online process, the following documents will be required for upload:

   A. Current curriculum vitae or resume of the nominee.

   B. A letter of nomination (from the nominator) highlighting the productivity and focus of the nominee’s investigations and that specifically focuses on the strengths of the nominee in relation to the award criteria, not to exceed 3 pages.

   C. Two (2) letters of support, not to exceed 2 pages each, obtained from individuals who can specifically address the criteria for selection in relation to the nominee.

   Letters of support should:

   • Explicitly state how the nominee is qualified under the criteria for selection by providing details on what the nominee has accomplished during his/her professional career, from the time the nominee earned his/her physical therapy professional degree or post-professional doctoral degree, whichever was last, to the time of nomination (not to exceed five years), that augments the information contained in the nominee’s vita, and how it has demonstrated a commitment to a defined research theme.

   • Reflect genuine knowledge and consideration of the nominee’s qualifications for this award.

   • Indicate in what capacity the author works or worked with, or otherwise knows personally, the nominee.

   D. Electronic reprints of one or two scholarly works published or accepted for publication by refereed journals. Copied portions of reprints, drafts of books, or other large publications, may be submitted.

   E. List of scholarly presentations presented at professional meetings (if not included in curriculum vitae or resume).

Notification of Award

1. The award recipient and nominator will be notified promptly after selection by APTA’s Board of Directors.

2. The nominators of individuals not selected will receive a letter thanking them for their participation.

Nature of Award

A crystal etch award and a monetary award will be presented to the awardee(s) by APTA’s Board of Directors at NEXT (formerly titled the Annual Conference and Exposition) and an official announcement of the award will appear in an Association publication.
Explanation of Reference Numbers:

BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

POLICY AND PROCEDURES FOR THE F A DAVIS AWARD FOR OUTSTANDING PHYSICAL THERAPIST ASSISTANT EDUCATOR  BOD Y08-14-04-07 [Amended BOD Y08-14-04-06; BOD Y06-08-02-02; BOD Y06-06-02-06; BOD Y05-02-02-04; BOD 11-98-29-102; BOD 03-97-13-25; BOD 06-96-15-43] [Policy]

History

FA Davis's commitment to the profession of physical therapy dates back at least to its 1962 publication of Signe Brunnstrom's *Clinical Kinesiology*. The company's involvement with the physical therapy profession has kept pace with the profession's growth, as has the number of books published by FA Davis aimed at helping develop the physical therapy profession. In 1988, FA Davis extended its commitment to the physical therapy profession by supporting an annual grant for post-doctoral research. The FA Davis Award for Outstanding Physical Therapist Assistant Educator, established in 1996, recognizes excellence in physical therapist assistant education.

Purpose

To recognize the importance of the role of physical therapist assistant educators in ensuring the continued provision of graduates who participate in the provision of high-quality physical therapy services. The award is intended to encourage physical therapist assistant educators to provide their students with the best foundation possible to serve as productive members of the health care team.

In addition to the information provided in the *APTA Board of Directors' Policy and Procedures Regarding APTA Honors and Awards*, the following criteria apply to this award:

Criteria for Eligibility

All nominees for the award must teach, or have taught, in an accredited physical therapist assistant education program from which students earn an academic degree, or in a developing physical therapist assistant education program that has established a formal liaison with the Commission on Accreditation in Physical Therapy Education (CAPTE).

Current members of the APTA Board of Directors and members of the APTA Awards Committee - Education Awards Subcommittee are not eligible to be nominated for this award and shall not nominate, write letters of support, or endorse an individual for this award.

Criteria for Selection

1. The nominee must exhibit a strong commitment to physical therapist assistant education and to her/his students.

2. The nominee must demonstrate her/his commitment to the advancement of physical therapy education through participation in activities occurring at the state and national level.

3. The nominee must participate (or have participated) in activities that serve to advance, promote, and define physical therapist assistant education.

4. The nominee must demonstrate her/his commitment to service and to the profession.
Procedure for Nomination

1. Nominations must be submitted electronically via APTA’s website (www.apta.org). All materials completed and submitted for each nomination must be received by the APTA Honors and Awards Program by 5:00 pm Eastern time on December 1, for consideration for the award.

2. The nominator is responsible for reviewing and ensuring the completion of all steps and compliance with the eligibility criteria within the online nomination submission process before its final submission. During the online process, the following documents will be required for upload:
   
   A. Current curriculum vitae or resume of the nominee.
   
   B. A letter of nomination (from the nominator) that specifically focuses on the strengths of the nominee in relation to the award criteria, not to exceed 3 pages.
   
   C. Two (2) letters of support, not to exceed 2 pages each, obtained from the following:
      - A faculty member from the nominee’s institution; and
      - A current or former student.

Procedure for Review

1. As an Association corporate-sponsored award, this award need not be given annually if the criteria for selection has not been achieved in nomination.

2. No more than 1 award may be given annually.

3. The American Physical Therapy Association will maintain complete autonomy in the award review process, i.e., in the publication, review, recommendation and selection of the award recipient.

Notification of Award

1. The award recipient, nominator, and sponsoring corporation will be notified promptly after selection by APTA’s Board of Directors.

2. The nominators of individuals not selected will receive a letter of thanks for their participation.

3. The sponsor corporation will send a personal notification of congratulations to the award recipient in addition to the notification sent by APTA’s Honors and Awards Program.

Nature of Award

A certificate and monetary award of $1,500 will be presented to the award recipient by a representative of FA Davis or APTA’s Board of Directors at the NEXT Conference and Exposition and an official announcement of the award will appear in an Association publication.

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the
"P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

POLICY AND PROCEDURES FOR THE FEDERAL GOVERNMENT AFFAIRS LEADERSHIP AWARD BOD Y03-05-08-20 [Initial BOD 01-03-01-01] [Policy]

Purpose

1. To recognize outstanding achievements by APTA members in advancing the Association’s Federal Government Affairs objectives and activities.

2. To increase awareness among APTA members of the objectives and importance of the Association’s efforts to advocate policies and priorities at the federal government level to preserve and promote the profession of physical therapy.

3. To increase participation among APTA members in the Association’s Federal Government Affairs activities by recognizing the involvement and contributions of their colleagues.

4. To demonstrate by practical example how physical therapists can play a significant role in influencing federal health care policy.

Criteria for Eligibility

1. Must be an active APTA member in good standing.

2. Must be a licensed physical therapist, physical therapist assistant, or physical therapist/physical therapist assistant student.

3. Must have made significant individual contributions and shown exemplary leadership in furthering the Association’s Federal Government Affairs activities including:
   A. Developing a professional relationship with a Member of Congress
   B. Hosting clinic/facility tours and briefings for Members of Congress and their staff
   C. Actively participating in congressional election campaigns
   D. Recruiting, organizing, and assisting other APTA members in becoming more effective advocates and increasing the overall effectiveness the Association’s grassroots advocacy efforts
   E. Providing information and promoting APTA advocacy efforts to other physical therapists as a benefit of Association membership
   F. Educating patients/clients and the general public about physical therapy and its role in health care through press and media activities

4. Must be a role model for other physical therapists, physical therapist assistants, and physical therapist/physical therapist assistant students in advocating the profession to patients/clients, federal policy makers, and the public.

5. Current members of the APTA Board of Directors and members of the APTA Awards Committee - Advocacy Awards Subcommittee are not eligible to be nominated for this award and shall not nominate, write letters of support, or endorse an individual for this award.
Criteria for Selection

The following areas will be utilized in reviewing nominations:

1. Demonstrated success in establishing relationships with Members of Congress measured by support for legislation, ability to communicate directly with the Member.

2. Active involvement in and contributions to APTA Federal Government Affairs activities.

3. Leadership in grassroots recruiting, organizing, and coordination.

4. Leadership in local press and media education and activities.

5. Support from APTA and Component leadership.

6. Years of service to APTA and Component government affairs activities.

Procedure for Nomination

1. Nominations may be submitted via fax or e-mail to APTA’s Member Services Department by individuals or components including:
   A. Component President/Executive
   B. Federal Affairs Liaison
   C. Public Policy and Advocacy Committee Member
   D. PT-PAC Board Trustee

2. Documentation required to accompany each nomination includes:
   A. Nomination form
   B. Letter from nominator
   C. Supporting documentation and/or additional endorsements

Procedure for Review

All nominees will be reviewed by APTA’s Member Services Department. Recommendations will be developed in consultation with APTA’s Grassroots and Political Affairs Department and the Awards Committee - Advocacy Awards Subcommittee and sent to the Board of Directors for selection.

Selection Process

The award recipient will be selected by APTA’s Board of Directors.

Nature of Award

The Federal Government Affairs Leadership Award will be presented annually at the Federal Advocacy Forum in Washington, DC. The winner of the award will be recognized with the following:

1. Airfare, hotel, and expenses to attend the Federal Advocacy Forum. (If the winner is already registered to attend the Forum, his or her chapter would be able to send an additional person.)

2. An individual plaque for the recipient.

3. Inscription of the recipient’s name on a plaque to be displayed in APTA’s Government Affairs Department.

4. Recognition in PT in Motion.
5. An article in the quarterly PTeam newsletter.

(Member Services, ext. 8082)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

POLICY AND PROCEDURES FOR THE HELEN J HISLOP AWARD FOR OUTSTANDING CONTRIBUTIONS TO PROFESSIONAL LITERATURE BOD Y03-09-04-08  [Amended BOD Y06-08-02-02; BOD Y03-07-08-16; BOD Y06-06-05-14; BOD Y05-02-02-04; BOD 11-98-29-102; BOD 03-98-19-68; BOD 03-97-08-16; BOD 06-96-11-28; BOD 11-92-11-46; Initial BOD 03-91-05-09] [Policy]

History

In 1991, the Helen J. Hislop Award for Outstanding Contributions to Professional Literature was established to recognize a life-long commitment to writing and publishing professional literature. The award is named to honor Helen J. Hislop, PT, PhD, FAPTA, who retired in June 1998 after serving thirty years as the Professor and Chair of the Department of Biokinesiology and Physical Therapy at the University of Southern California. Dr. Hislop received her undergraduate education at Central College and her certificate in physical therapy and master's degree, and doctoral degrees in Physiology from The University of Iowa. Dr. Hislop is widely recognized for her superb thinking and writing skills; her exceptional contributions to many professional journals and monographs in the health and science areas; and her skills in communication which provide a model for other physical therapists in their professional writing endeavors.

Dr. Hislop has made sustained and outstanding contributions to APTA, serving as Editor of Physical Therapy from 1961 to 1968, on the Board of Directors from 1976 to 1982, and playing a leading role in the development of the post-professional education program. Dr. Hislop has consistently worked to uphold the standards and quality of education and is well known as a mentor of both faculty and students.

Purpose

To acknowledge an individual physical therapist who has made significant contributions to the literature in physical therapy or in other health care disciplines in the areas of theory, practice, basic or clinical research, education and administration as exemplified by the professional career of Helen J. Hislop.

In addition to the information provided in the APTA Board of Directors' Policy and Procedures Regarding APTA Honors and Awards, the following criteria apply to this award:

Criteria for Eligibility

Nominees must have been actively engaged in writing and publishing professional literature for a sustained period of not less than 10 years.

Criteria for Selection

1. The nominee must be a physical therapist who has made a significant contribution to health care by writing in the areas of theory, practice, basic or clinical research, education or administration.

2. The nominee must have published in at least 2 different health care professional journals, or contributed to at least 2 books or monographs or proceedings from scientific meetings.

3. The scientific writings must reflect expertise of subject matter, innovation of ideas and clarity of expression.
4. Electronic examples of the nominee's published writings must be provided. These examples should be from health profession's publications, both within and outside the discipline of physical therapy. Publications can include scientific journals, books, monographs or proceedings from scientific meetings, podcasts, webinars, online courses and other publications.

5. Current members of the APTA Board of Directors and members of the APTA Awards Committee – Publication Awards Subcommittee are not eligible to be nominated for this award and shall not nominate, write letters of support, or endorse an individual for this award.

Procedure for Nomination

1. Nominations must be submitted electronically via APTA’s website (www.apta.org). All materials completed and submitted for each nomination must be received by the APTA Honors and Awards Program by 5:00 pm Eastern time on December 1, for consideration for the award.

2. The nominator is responsible for reviewing and ensuring the completion of all steps and compliance with eligibility criteria within the online nomination submission process before its final submission. During the online process, the following documents will be required for upload:

   A. Current curriculum vitae or resume of the nominee.

   B. A letter of nomination (from the nominator) that specifically focuses on the strengths of the nominee in relation to the award criteria, not to exceed 3 pages.

   C. Two (2) letters of support, not to exceed 2 pages each, obtained from individuals who can demonstrate the relationship of the nominee's published work to the purpose of the award. Letters of support may be from physical therapists or from health care professionals in other disciplines.

   Letters of support should:

   • Explicitly state how the nominee is qualified under the criteria for selection by providing details on what significant contributions have been made by the nominee to the literature in physical therapy or in other health care disciplines in the areas of theory, practice, basic or clinical research, education and administration.

   • Reflect genuine knowledge and consideration of the nominee’s qualifications for this award.

   • Indicate in what capacity the author works or worked with, or otherwise knows personally, the nominee.

   D. Electronic copies of book reviews or abstracts of the material, or copies of portions of publications that are most illustrative of the nominee’s work.

Notification of Award

1. The award recipient and nominator will be notified promptly after selection by APTA’s Board of Directors.

2. The nominators of individuals not selected will receive a letter thanking them for their participation.

Nature of Award
An engraved pewter goblet will be presented to the awardee by APTA’s Board of Directors at the NEXT Conference and Exposition and an official announcement of the award will appear in an Association publication.

(Member Services Department, ext. 8082)

**Explanation of Reference Numbers:**
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

POLICY AND PROCEDURES FOR THE JACK WALKER AWARD  BOD Y06-08-02-02 [Amended BOD Y03-04-07-14; BOD 03-03-29-79; BOD 05-02-02-04; BOD 03-99-27-88; BOD 04-98-03-06; BOD 03-98-20-71; BOD 03-97-12-21; BOD 06-96-14-42; BOD 11-94-09-22; BOD 11-92-11-46; BOD 03-86-25-99; BOD 03-85-43-146; BOD 04-80-17-71; BOD 04-79-04-08; Initial BOD 04-78-05-11] [Policy]

History

In 1978, representatives of the Chattanooga Group, Inc. established an annual award for the best article on clinical practice published in Physical Therapy. The award is named in honor of Jack Walker (deceased 1987) for his many contributions to the profession of physical therapy. Jack Walker graduated from the University of Michigan with a degree in Business Administration and went on to serve in the U. S. Navy from 1940 to 1945, attaining the rank of Lieutenant Commander. When World War II ended, Mr Walker and his family moved to Chattanooga, Tennessee, where, shortly thereafter, he acquired the Chattanooga Pharmacal Company (now known as the Chattanooga Group, Inc.) and became its President. With Chattanooga, Mr Walker was responsible for establishing the Hydrocollator Steam Pack, one of the most common forms of treatment used in physical therapy. Mr Walker established the Hydrocollator Steam Pack and the Chattanooga Group not only in the United States, but also internationally. Although Mr Walker retired from Chattanooga in 1976, he remained Director Emeritus for the corporation until his death in 1987.

Purpose

To encourage the publication of outstanding articles on physical therapy in Physical Therapy, the official Journal of the American Physical Therapy Association.

In addition to the information provided in the APTA Board of Directors' Policy and Procedures Regarding APTA Honors and Awards, the following criteria apply to this award:

Criteria for Eligibility

1. All reports relating to clinical practice authored and published in Physical Therapy during the current year are eligible. Primary authors of reports who were students at the time of publication are eligible, provided that the studies were not undertaken for any obligatory academic or degree requirements. All types of journal reports related to clinical practice are eligible, including case reports, clinical perspectives, technical reports, updates and research reports which have meaningful impact on clinical practice. Special series reports and invited literature reviews are also eligible.

2. First authors of eligible papers must have been an APTA member at the time of the manuscript's publication and at the time of nomination. First authors need not have been an APTA member at the time of data collection and manuscript preparation.

3. If a paper has multiple authors, each author who is eligible for the award will be considered a co-winner of the award.
4. Candidates for this award will designate on the nomination form that their articles be considered for the Jack Walker Award rather than for the Chattanooga Research Award. Candidates can be eligible for only one award for a given article.

5. Current members of the APTA Board of Directors and members of the APTA Awards Committee - Publication Awards Subcommittee are not eligible to be nominated or considered for this award and shall not nominate or endorse an individual for this award.

Criteria for Selection

The article:

1. Makes an important contribution to the understanding of clinical practice and patient care, or illuminates issues related to patient care and advances the clinical science underlying physical therapy practice and can be judged primarily on the basis of its impact on clinical practice.

2. Provides information that can assist others in delivering physical therapy services.

3. Contains clear descriptions of clinical procedures or approaches that can be understood by others, and contains supportive rationales for, and experiences with, the procedure or approaches used.

Procedure for Nomination

1. Nominations must be submitted electronically via APTA’s website (www.apta.org). All materials completed and submitted for each nomination must be received by the APTA Honors and Awards Program by 5:00 pm Eastern time on December 1, for consideration for the award.

2. The nominator is responsible for reviewing and ensuring the completion of all steps and compliance with the eligibility criteria within the online nomination submission process before its final submission. During the online process the nominator will need to upload the journal awards eligibility form.

Notification of Award

The recipient(s) of the award will be notified promptly after selection by APTA’s Board of Directors.

Nature of Award

A plaque and a monetary award of $1,000 with be presented to the author(s) by a representative of the Chattanooga Corporation or APTA’s Board of Directors at the NEXT Conference and Exposition and an official announcement of the award will appear in an Association publication. (Note: In the case of multiple eligible authors, the monetary award will be divided equally.)

(Member Services Dept., ext 8082)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

POLICY AND PROCEDURES FOR THE JOHN H P MALEY LECTURESHIP AWARD  BOD Y11-02-24-80 [Policy]

History

The Maley Lectureship was established to honor John H.P. Maley, former president of the Chattanooga Corporation, and to recognize the close relationship of the Chattanooga Corporation with APTA over the years. Each year, the lecture’s content is designed to address innovations in clinical practice.

Purpose

To acknowledge and honor a physical therapist member of the American Physical Therapy Association who has made a significant contribution to the profession in the area of clinical practice.

Eligibility

1. Candidates must be physical therapists who are members of the American Physical Therapy Association.

2. Candidates must have made a distinguished contribution to the profession of physical therapy in an area of clinical practice.

3. Members of the Board of Directors and Awards Committee – Lecture Awards Subcommittee, are not eligible for consideration as candidates for this award and shall not nominate, write letters of support, or endorse an individual for this award.

Criteria for Selection

1. The candidate has made a recognized and significant contribution to physical therapy in the area of clinical practice.

2. The candidate has acknowledged skills in the organization and presentation of written or oral communications and the ability to present a worthy lecture.

Procedure for Selection

1. The Lecture Awards Subcommittee shall report to the APTA Board of Directors the name(s) of the individual(s) nominated for the award and its recommendation with a supporting statement for the selection of John H.P. Maley Lectureship Award recipient.

2. Candidates shall not be notified in advance or in any way made aware of their eligibility for this honor.

3. The decision of APTA’s Board of Directors pertaining to the selection of the lecturer will be final and reasons for the decision shall not be disclosed.

Notification of Selection
1. The President of the Association shall notify the selected recipient and will obtain written confirmation of acceptance from the lecturer.

2. David Maley, son of John H.P. Maley, will be notified promptly by the Association after receipt of the confirmation of acceptance from the selected lecturer.

3. An appropriate announcement of the honor will appear in an official publication of the Association.

Maley Lecture

1. The lecture will be presented at a general session during the NEXT Conference and Exposition of the American Physical Therapy Association and will not be scheduled as an unopposed event.

2. The lecture shall not be more than 50 minutes in length.

3. The content of the lecture shall be related to any aspect of clinical practice and shall address ideas that promote physical therapy. The lecture shall not promote a lecturer's personal products, services, or personal beliefs on topics outside of those related to the practice of physical therapy.

4. The introduction of the lecturer and conclusion of the program will be presented, when possible, by David Maley.

5. APTA's Conference Programming Manager shall serve as staff liaison to the lecturer, provide information on the context of the lecture, and manage pre-conference arrangements and onsite production of the event.

Nature of Award

1. On the occasion of the presentation of the lecture, the recipient will receive a small gift of appreciation.

2. The lecturer will receive an honorarium of $2,000, reimbursement of expenses for travel to and from the site of the NEXT Conference and Exposition at which the lecture is presented, complimentary conference registration, and hotel and per diem expenses for up to two days during conference consistent with current Association reimbursement policy.

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

POLICY AND PROCEDURES FOR THE HENRY O AND FLORENCE P KENDALL PRACTICE AWARD BOD Y06-08-02-02

[Amended BOD Y06-06-04-10 BOD Y05-02-02-04; BOD 02-02-15-16; BOD 11-98-29-102; BOD 03-97-08-16; BOD 06-96-10-25; BOD 03-96-06-14; Initial BOD 11-92-10-45] [Policy]

History

In 1976, the Henry O. Kendall and Florence P. Kendall Award for Outstanding Achievement in Clinical Practice were established by the Maryland Chapter to recognize excellence in clinical practice. In 1980, the award gained national recognition through Anna Kendall Nading's gift to the Foundation for Physical Therapy in honor of her brother Henry and his wife Florence. In 1981, the first national award recipient was recognized during the Association's annual awards Recognition Luncheon. Between 1980 and 1992, the award was administered by the Maryland Chapter and the Foundation for Physical Therapy, which provided for the continued recognition of an award recipient at the national level. In November 1992, APTA’s Board of Directors adopted the Kendall Award criteria as the Association's first award dedicated to clinical practice, and named it the Henry O. and Florence P. Kendall Practice Award.

The award is named in honor of Henry O. Kendall (deceased 1979) and Florence P. Kendall (deceased 2006). The Kendalls were outstanding physical therapist clinicians in Maryland for more than 50 years. They shared their expertise with their colleagues and the public through their many publications, films, and workshops on muscle testing and posture, and through their advocacy of proper measurements and exercise regimens for physical fitness. Both Kendalls served the Maryland Chapter of APTA as President and in other offices and/or committee chairmanships, and each has served as a member of the Board of Physical Therapy Examiners. The Kendalls' example of clinical excellence and service to their profession has truly been an inspiration to their colleagues.

Purpose

To acknowledge an individual who has made outstanding and enduring contributions to the practice of physical therapy as exemplified in the professional careers of Henry O. and Florence P. Kendall.

In addition to the information provided in the APTA Board of Directors’ Policy and Procedures Regarding APTA Honors and Awards, the following criteria apply to this award:

Criteria for Eligibility

Nominees must have:

1. Engaged in extensive clinical practice for at least 15 years.

2. Positively and substantially affected the shape, scope, and quality of physical therapy practice.

3. Had an impact on other physical therapists in a manner that has significantly increased their abilities to practice physical therapy.

4. Contributed to the overall and widespread development of physical therapy as a caring profession.

5. Demonstrated contributions to the Association.
6. Current members of the APTA Board of Directors and members of the APTA Awards Committee - Practice and Service Awards Subcommittee are not eligible to be nominated for this award and shall not nominate, write letters of support, or endorse an individual for this award.

Criteria for Selection

1. Duration of clinical practice.
2. Effect on shape, scope, and quality of physical therapy practice.
3. Effect on other physical therapists' ability to practice.
4. Effect on the development of physical therapy as a caring profession.
5. Quality and quantity of contributions to the Association.

Procedure for Nomination

1. Nominations must be submitted electronically via APTA’s website (www.apta.org). All materials completed and submitted for each nomination must be received by the APTA Honors and Awards Program by 5:00 pm Eastern time on December 1, for consideration for the award.

2. The nominator is responsible for reviewing and ensuring the completion of all steps and compliance with the eligibility criteria within the online nomination submission process before its final submission. During the online process, the following documents will be required for upload:
   A. Current curriculum vitae or resume of the nominee.
   B. A letter of nomination (from the nominator) that specifically focuses on the strengths of the nominee in relation to the award criteria, not to exceed 3 pages. Two (2) letters of support, not to exceed 2 pages each, obtained from individuals upon whom the nominee has had an impact, which specifically address one or more of the criterion for selection.

Notification of Award

1. The award recipient and nominator will be notified promptly after selection by APTA’s Board of Directors.
2. The nominators of individuals not selected will receive a letter thanking them for their participation.

Nature of Award

A plaque will be presented to the awardee and a $500 contribution in honor of the recipient will be sent to a charitable or educational institution or an established scientific or literary project selected by the recipient. The award will be presented by APTA’s Board of Directors at the NEXT Conference and Exposition and an official announcement will appear in an Association publication.

(Member Services Dept., ext 8082)
Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

POLICY AND PROCEDURES FOR THE LUCY BLAIR SERVICE AWARD BOD Y09-09-19-17 [Amended BOD Y06-08-02-02 BOD Y03-07-09-21; BOD Y03-07-09-20; BOD Y06-06-03-09; BOD Y05-02-02-04; BOD 11-98-29-102; BOD 03-97-07-15; BOD 06-96-13-33; BOD 08-95-02-02; BOD 11-92-11-46; BOD 03-88-24-96; BOD 03-87-19-73; BOD 03-85-23-84; (Consolidated BOD 03-84-19-69 and BOD 06-78-02-04); BOD 03-83-03-05; BOD 06-76-13-37; BOD 06-78-02-04; BOD 06-76-13-36] [Policy]

History

In 1969, the Lucy Blair Service Award was established to honor the contributions of Lucy Blair, who served the American Physical Therapy Association from 1950-1969 as Poliomyelitis Consultant, Chief of Professional Services, Associate Director, and Executive Director. She was also a recipient of the Mary McMillan Lecture Award. In 1969, the first Lucy Blair Service Award was presented to Ms. Blair at APTA’s Annual Conference in San Francisco, California.

Lucy Blair (deceased 1985) received her physical therapy education at Harvard Medical School and joined the Association in 1930. Before joining the staff of APTA, Ms. Blair served as a physical therapist with the Visiting Nurse Associations of Boston and Milwaukee, with the Wisconsin Bureau of Handicapped Children, the U.S. Navy (during World War II), and the Joint Orthopedic Nursing Advisory Service in New York City.

During the poliomyelitis epidemic in the early 1950s, Ms. Blair personally directed the role of the Association and the profession in evaluating the efficacy of gamma globulin and, later, the poliomyelitis vaccine. Ms. Blair had personal contact with several hundred physical therapists in forty states and three Canadian provinces, which strengthened the quality of physical therapy services nationwide. What endeared Lucy Blair most to so many people were her personal qualities: "unswerving dedication, self-sacrifice without limit, an infectious enthusiasm, strong personal and professional values, a sharp wit and sense of humor, and a genuine interest and concern for every individual she met." Based on these enduring qualities of Lucy Blair, each recipient of this award will be given a pin with three stones that represent her dedication, devotion, and outstanding service to the American Physical Therapy Association.

Purpose

To acknowledge and honor physical therapist members of the Association whose contributions to the Association as a whole, at both the Association level and the component level, like those of Lucy Blair, have been of exceptional value.

In addition to the information provided in the APTA Board of Directors' Policy and Procedures Regarding APTA Honors and Awards, the following criteria apply to this award:

Criteria for Eligibility

1. Nominees must be physical therapists who are Physical Therapist or Physical Therapist Life Members of the Association.

2. Current members of the APTA Board of Directors and members of the APTA Awards Committee - Practice and Service Awards Subcommittee are not eligible to be nominated for this award and shall not nominate, write letters of support, or endorse an individual for this award.

Criteria for Selection
1. Contributions should be of exceptional value to the Association:

   A. May be in the realm of any area(s) of concern to the Association as a whole, or to the Association's components.

   B. May be those made through an individual's service on one or more elected or appointed groups, or in one or more elected or appointed positions, and/or in one or more other capacities at the Association level and component level.

   C. Will be judged on the basis of the results of an individual's service, and not merely the duration or continuity of that service.

Procedure for Nomination

1. Nominations must be submitted electronically via APTA’s website (www.apta.org). All materials completed and submitted for each nomination must be received by the APTA Honors and Awards Program by 5:00 pm Eastern time on December 1, for consideration for the award.

2. The nominator is responsible for reviewing and ensuring the completion of all steps and compliance with the eligibility criteria within the online nomination submission process before its final submission. During the online process, the following documents will be required for upload:

   A. Current curriculum vitae or resume of the nominee.

   B. A letter of nomination (from the nominator) that specifically focuses on the strengths of the nominee in relation to the award criteria, not to exceed 3 pages.

   C. Four (4) letters of support, not to exceed 2 pages each, obtained from individuals who can specifically address one or more of the criterion(a) for selection.

Procedure for Review and Selection

1. The Practice/Service Subcommittee of the Awards Committee shall utilize a standard review measurement tool for ranking each nominee during the review process and shall report to APTA’s Board of Directors its recommendation(s), if any, with brief support statements, for the selection of one or more of the nominees to receive the Lucy Blair Service Award.

2. APTA’s Board of Directors shall review and discuss recommendations and select Lucy Blair Service Award recipients. The selection of each Lucy Blair Service Award recipient shall be by a confidential ballot vote of the APTA Board of Directors with a majority of APTA’s Board of Directors voting in the affirmative for selection.

Notification of Award

1. The award recipient(s) and nominator(s) will be notified promptly after selection by APTA’s Board of Directors.

2. The nominators of individuals not selected will receive a letter thanking them for their participation.

Nature of Award

A framed certificate of recognition and the Lucy Blair Service Award pin will be presented to the awardee(s) by APTA’s Board of Directors at the NEXT Conference and Exposition and an official announcement will appear in an Association publication.
Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

POLICY AND PROCEDURES FOR THE MARGARET L MOORE AWARD FOR OUTSTANDING NEW ACADEMIC FACULTY

MEMBER BOD Y08-14-04-05 [Amended BOD Y12-13-06-12; BOD Y06-08-02-02; BOD Y03-07-06-11; BOD Y03-07-05-10; BOD Y06-06-03-07; BOD Y03-05-03-04; BOD 05-02-02-04; BOD 11-98-29-102; BOD 03-97-06-14; BOD 06-96-13-35; BOD 03-95-07-15; BOD 03-93-07-13; BOD 11-92-11-46; Initial BOD 03-89-43-146] [Policy]

History

In 1989, the Margaret L. Moore Award for Outstanding New Academic Faculty Member was established to recognize excellence in research and teaching by a new faculty member.

The award is named in honor of Margaret L. Moore, who, during her many years as Director of the Division of Physical Therapy at the University of North Carolina at Chapel Hill, fostered the development and potential of many faculty members. Dr Moore mentored young faculty and taught them the true meaning of becoming a "member of the academy" and a productive member of the physical therapy profession.

Dr Moore received her education at James Madison University with a major in History, her physical therapy education at Walter Reed Hospital, a master's degree from the Medical College of Virginia, and a doctorate degree in Education from Duke University. Dr Moore made sustained and exceptional contributions to APTA, serving early in her career as an Educational Consultant on APTA’s staff. She was elected First Vice President (Speaker of the House) and Secretary of APTA. Dr Moore was a driving force behind promoting and fostering legislative contacts and involvement for physical therapy, and her grant-supported study of clinical education improved the quality of education in physical therapy. Margaret Moore has been honored as a recipient of the Mary McMillan Lecture Award and the Lucy Blair Service Award.

Purpose

To acknowledge an outstanding new faculty member who is pursuing a career as an academician and has demonstrated excellence in research and teaching as exemplified by the professional career of Margaret L. Moore.

In addition to the information provided in the APTA Board of Directors' Policy and Procedures Regarding APTA Honors and Awards, the following criteria apply to this award:

Criteria for Eligibility

1. Nominees must be physical therapists or individuals not eligible for APTA membership who, from the starting date of their first academic appointment as core faculty until the time of nomination (December 1), have been actively engaged in teaching physical therapist (professional or post-professional) or physical therapist assistant students for at least 2, but not more than 5 years.

2. Nominees must have a full-time academic faculty appointment of any rank.

3. Nominees must be employed in an academic setting within one or more accredited physical therapy education programs or an advanced level program for physical therapists, from which students earn an academic degree.

4. Nominees must possess distinct expertise in at least one subject area to which research and teaching efforts have been directed.
5. Teaching solely as a component of continuing education does not constitute eligibility for this award.

6. Current members of the APTA Board of Directors and members of the Awards Committee - Education Awards Subcommittee are not eligible to be nominated for this award and shall not nominate, write letters of support, or endorse an individual for this award.

Criteria for Selection

The nominee's:

1. Distinct expertise in at least 1 subject area to which research and teaching efforts have been directed.
2. Past, current, and potential contributions to scholarly activities.
3. Teaching excellence in the academic setting.
4. Commitment to service to the institution and to the profession.

Procedure for Nomination

1. Nominations must be submitted electronically via APTA's website (www.apta.org). All materials completed and submitted for each nomination must be received by the APTA Honors and Awards Program by 5:00 pm Eastern time on December 1, for consideration for the award.

2. The nominator is responsible for reviewing and ensuring the completion of all steps and compliance with the eligibility criteria within the online nomination submission process before its final submission. During the online process, the following documents will be required for upload:

   A. Current curriculum vitae or resume of the nominee.

   B. A letter of nomination (from the nominator) that specifically focuses on the strengths of the nominee in relation to the award criteria and includes descriptions of any previous academic appointments held by the nominee, not to exceed 3 pages.

   C. Two (2) letters of support, not to exceed 2 pages each, obtained from the following:

      - A physical therapist colleague from the nominee's institution and
      - A current or former student who is representative of an academic level of teaching in which the nominee has been engaged.

Notification of Award

1. The award recipient and nominator will be notified promptly after selection by APTA’s Board of Directors.

2. The nominators of individuals not selected will receive a letter thanking them for their participation.

Nature of Award

A crystal etch award and a monetary award of $1,500 will be presented to the awardee by APTA’s Board of Directors at
the NEXT Conference and Exposition and an official announcement of the award will appear in an Association publication.

(Member Services Department, ext. 8082)

**Explanation of Reference Numbers:**
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

History

In 1963, the Marian Williams Award for Research in Physical Therapy was established to recognize individuals who have performed sustained and outstanding basic, clinical, and/or educational research pertaining to physical therapy.

The award is named in honor of Marian Williams (deceased 1964), whose life was dedicated to promoting the profession of physical therapy through teaching, writing, and research. Dr Williams received her doctorate degree from Stanford University and was an Associate Professor of Physical Therapy and Anatomy at Stanford for many years. Dr Williams' research interests and scholarly publications covered the areas of kinesiology and electromyography, and she co-authored books on biomechanics, muscle testing, and therapeutic exercises. Dr Williams also initiated one of the first post baccalaureate master's degree programs in physical therapy. Dr Williams' superb teaching skills enabled students to understand very complex concepts, and her skills as a mentor fostered analytical thinking in her students.

Purpose

To acknowledge an individual who has made significant contributions to physical therapy through excellence in research as exemplified by the professional and research career of Marian Williams.

In addition to the information provided in the APTA Board of Directors' Policy and Procedures Regarding APTA Honors and Awards, the following criteria apply to this award:

Criteria for Eligibility/Criteria for Selection

The nominee has:

1. Outstanding basic clinical and/or educational research that pertains to physical therapy, is sustained for at least 10 years, and makes a meaningful contribution to the scientific basis of physical therapy. Grant funding and extramural funding will also be considered.

2. Published scientific studies with sufficient frequency in appropriate scientific and/or professional publications.

3. Presented his/her scientific studies orally with sufficient frequency to the appropriate audiences.

4. Demonstrated continuity of professional commitment to physical therapy.

5. Current members of the APTA Board of Directors and members of the APTA Awards Committee - Research Awards Subcommittee are not eligible to be nominated for this award and shall not nominate, write letters of support, or endorse an individual for this award.

Procedure for Nomination
1. Nominations must be submitted electronically via APTA’s website (www.apta.org). All materials completed and submitted for each nomination must be received by the APTA Honors and Awards Program by 5:00 pm Eastern time on December 1, for consideration for the award.

2. The nominator is responsible for reviewing and ensuring the completion of all steps and compliance with the eligibility criteria within the online nomination submission process before its final submission. During the online process, the following documents will be required for upload:

   A. Current curriculum vitae or resume of the nominee.

   B. A letter of nomination (from the nominator) that specifically focuses on the strengths of the nominee in relation to the award criteria, not to exceed 3 pages.

   C. Two (2) letters of support, not to exceed 2 pages each obtained from individuals who can specifically address the criteria for selection in relation to the nominee.

      Letters of support should:

      • Explicitly state how the nominee is qualified under the criteria for selection by providing details on what the nominee has accomplished during his/her professional career that augments the information contained in the nominee’s vita, and how it has specifically impacted physical therapy research and/or practice.

      • Reflect genuine knowledge and consideration of the nominee’s qualifications for this award.

      • Indicate in what capacity the author works or worked with, or otherwise knows personally, the nominee.

   D. Electronic reprints of 4 scholarly works published by refereed journals that present clear evidence of sustained and outstanding research.

Notification of Award

1. The award recipient and nominator will be notified promptly after selection by APTA’s Board of Directors.

2. The nominators of individuals not selected will receive a letter thanking them for their participation.

Nature of Award

A plaque will be presented to the awardee by APTA’s Board of Directors at the NEXT Conference and Exposition and an official announcement of the award will appear in an Association publication.

(Member Services Department, ext. 8082)

Explanation of Reference Numbers:

BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

POLICY AND PROCEDURES FOR THE MARILYN MOFFAT LEadership Award  BOD Y06-08-02-02 [Amended Y06-06-04-11; Y03-04-08-15] [Policy]

History

In 2003, the Marilyn Moffat Leadership Award was established to recognize and honor Dr Marilyn Moffat, a member of the American Physical Therapy Association who has made outstanding leadership contributions to both the Association and to the physical therapy profession as a leader, educator, practitioner, and administrator.

Dr Moffat has demonstrated exemplary leadership throughout her career. It was only five years after she received her certificate in physical therapy, that she assumed the position of editor of Physical Therapy and later served as editor of various newsletters and journals. She served on boards of directors at the district, section, chapter, and national levels, including two terms as APTA President (1991-1997), the Board of Trustees of the Foundation for Physical Therapy, and on numerous boards outside of the physical therapy community. Her talent for raising moneys for various causes in the profession, including state and national political action committees, the Foundation, Diversity 2000, and minority scholarships, earned her the reputation as an outstanding fundraiser.

During Dr Moffat’s tenure as President of APTA, she spearheaded the development of the Association’s Guide to Physical Therapist Practice, both in its first and subsequent editions.

Dr Moffat served as APTA delegate to the WCPT General Meeting, on the Executive Committee of WCPT as the NACR regional representative, and as a member of the Task Force on the International Definition of Physical Therapy. Dr Moffat currently serves as President of WCPT.

This award acknowledges Dr Moffat’s leadership contributions to the Association and to the physical therapy profession.

Purpose

To acknowledge and honor a physical therapist who has made sustained and outstanding leadership contributions at the component, national, international or community levels, that have had an impact upon the advancement of the physical therapy profession.

In addition to the information provided in the APTA Board of Directors’ Policy and Procedures Regarding APTA Honors and Awards, the following criteria apply to this award:

Criteria for Eligibility

Nominees must have:

1. Sustained and continuous positive leadership contributions over a period of 15 years or more.

2. Leadership contributions of an exceptional value to the Association and to the physical therapy profession.
3. Current members of the APTA Board of Directors and members of the APTA Awards Committee - Practice and Service Awards Subcommittee are not eligible to be nominated for this award and shall not nominate, write letters of support, or endorse an individual for this award.

Criteria for Selection

Nominees must have:

1. Demonstrated significant leadership that has had a lasting impact on the development and progression of the physical therapy profession.

2. Exhibited leadership contributions that were sustained and continuous over a 15 year period or more.

3. Through their leadership, demonstrated contributions leading to a measurable change, revitalization of an idea resulting in change, or creation of an opportunity for change within the physical therapy profession.

4. Demonstrated exceptional leadership ability within the physical therapy profession through service to their local community, to APTA and its components, or to international physical therapy associations, through elected or appointed groups, appointed or elected positions, or other volunteer capacities.

5. Recognition by peers for their service and contributions to the physical therapy profession and Association.

Procedure for Nomination

1. Nominations must be submitted electronically via APTA’s website (www.apta.org). All materials completed and submitted for each nomination must be received by the APTA Honors and Awards Program by 5:00 pm Eastern time on December 1, for consideration for the award.

2. The nominator is responsible for reviewing and ensuring the completion of all steps and compliance with the eligibility criteria within the online nomination submission process before its final submission. During the online process, the following documents will be required for upload:

   A. Current curriculum vitae or resume of the nominee.

   B. A letter of nomination (from the nominator) that specifically focuses on the strengths of the nominee in relation to the award criteria, not to exceed 3 pages.

   C. Two (2) letters of support, not to exceed 2 pages each, obtained from individuals who can specifically address 1 or more of the criterion for selection.

Notification of Award

1. The award recipient and nominator will be notified promptly after selection by APTA’s Board of Directors.

2. The nominators of individuals not selected will receive a letter thanking them for their participation.

Nature of Award

An engraved crystal vase will be presented to the awardee(s) by APTA’s Board of Directors at the NEXT Conference and Exposition and an official announcement will appear in an Association publication.
Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

POLICY AND PROCEDURES FOR THE MARY MCMILLAN LECTURE AWARD BOD Y06-08-02-02 [Amended BOD Y06-06-07-17; BOD Y03-06-06-09; BOD Y03-05-06-16; BOD 05-02-02-04; BOD 11-98-29-102; BOD 03-97-07-15; BOD 06-96-12-30; BOD 03-96-07-20; BOD 08-95-02-03; BOD 06-95-11-15; BOD 11-92-11-46; BOD 03-85-23-85; Consolidated BOD 06-78-02-04 and BOD 11-76-04-13; BOD 06-76-13-34; BOD 06-70-28-67] [Policy]

History

In 1963, the Mary McMillan Lecture Award was established to pay tribute to Mary McMillan (deceased 1959), dedicated pioneer of physical therapy in the United States and abroad, the founding President of the American Physical Therapy Association, and an esteemed teacher.

Mary McMillan was born in Hyde Park, Massachusetts, but grew up in England, where she received her education from the College of Physical Culture in Liverpool and worked with children, under the tutelage of Sir Robert Jones. In 1918, Ms McMillan was assigned to Walter Reed Hospital as the head reconstruction aide and there helped to found the first organized physical therapy department in the US Army. Ms McMillan also taught at Reed College in Oregon, where the graduates of this and other emergency programs helped to handle the peak load of patients in 1919, immediately following World War I. In 1921, Ms McMillan established and became the founding President (serving two terms) of the American Physiotherapy Association. At this time, Ms McMillan wrote the first American textbook on physical therapy, entitled Massage and Therapeutic Exercise.

In 1941, as soon as Ms McMillan heard of the bombing of Pearl Harbor she volunteered her services at the Army Hospital in Manila and entered into her second World War. Ms McMillan was later interned by the Japanese at the Santo Tomás Camp outside of Manila and was eventually moved to the Chaipai Prison near Shanghai. In 1943, Mary McMillan was repatriated.

It would be hard to overestimate the contributions of this remarkable woman to physical therapy and to the American Physical Therapy Association. As the guiding spirit of the profession, Mary McMillan led the way toward higher standards in treatment and started physical therapists on the road toward greater professional service to their patients.

Purpose

To acknowledge and honor a member of the American Physical Therapy Association who has made a distinguished contribution to the profession, and to provide the recipient with an opportunity to share his or her achievements and ideas with members through a lecture presented at the NEXT Conference and Exposition.

In addition to the information provided in the APTA Board of Directors’ Policy and Procedures Regarding APTA Honors and Awards, the following criteria apply to this award:

Criteria for Eligibility

1. Nominees must be physical therapists who are active or Life Members of the Association.

2. Current members of the APTA Board of Directors and members of the APTA Awards Committee - Lecture Awards Subcommittee are not eligible to be nominated for this award and shall not nominate an individual, write letters of support, or endorse an individual for this award.
3. Nominees must have made distinguished contributions to the profession of physical therapy in the areas of administration, education, patient care, or research.

Administration – is the skilled process of planning, directing, organizing, and managing human, technical, environmental, and financial resources effectively and efficiently. Administration includes the management, by individual physical therapists, of resources for patient/client management and for organizational operations.

Education – is the process of imparting information or skills and instructing by precept, example, and experience so that individuals acquire knowledge, master skills, or develop competence. In addition to instructing patients/clients as an element of intervention, physical therapists may engage in education activities such as the following: planning and conducting academic education programs for physical therapists, other providers, and students; planning and conducting education programs for local, state, and federal agencies; and planning and conducting programs for the public to increase awareness of issues in which physical therapists have expertise.

Patient Care (Patient Client Management) – providing services to patients/clients who are at risk for, or who have impairments, functional limitations, disabilities, or changes in physical function and health status relating to injury, disease, or other causes. The physical therapist integrates the five elements of patient/client management – examination, evaluation, diagnosis, prognosis, and intervention – in a manner designed to optimize outcomes and promote health, wellness, and fitness.

Research – (Critical Inquiry) is the process of applying the principles of scientific methods to read and interpret professional literature; participate in, plan, and conduct research; evaluate outcomes data; and assess new concepts and technologies. Examples of critical inquiry activities include: analyzing and applying research findings to physical therapy practice and education; disseminating the results of research; evaluating the efficacy and effectiveness of both new and established interventions and technologies; and participating in, planning, and conducting clinical, basic or applied research.


The distinction of a nominee's contributions to the profession of physical therapy in administration, education, patient care, or research will be judged on the basis of:

1. **Depth, Scope, and Quality of Contributions:**

   A. Wide-reaching effects of contributions, as evidenced in the quality and diversity of the letters of support received.

   B. Previous recognition of contributions, as demonstrated by other awards and honors documented in the nominee's curriculum vitae.

   C. Professional public visibility of contributions, as demonstrated by publications, presentations, invited lectures, appointed and elected positions held, and other information in the nominee's curriculum vitae.

   D. Sustained and continuous contributions in more than one of the areas of administration, education, patient care, and research, as documented in the letters of support and in the nominee's curriculum vitae.
E. Qualitative effects of contributions on one or more areas of administration, education, patient care, and research, and on the image of the profession, as documented in the letters of support.

F. Enduring quality of contributions, or potential for continuing effects of contributions on the physical therapy profession.

2. General Esteem in Which Nominee is Held by Peers:

Favorable comments made in the letters of support and sources of the comments.

3. Ability to Present a Noteworthy Lecture:

Acknowledged skills in the organization and presentation of written or oral communications, as documented in the letters of support and the nominee's curriculum vitae.

Procedure for Nomination

1. Nominations must be submitted electronically via APTA’s website (www.apta.org). All materials completed and submitted for each nomination must be received by the APTA Honors and Awards Program by 5:00 pm Eastern time on December 1, for consideration for the award.

2. The nominator is responsible for reviewing and ensuring the completion of all steps and compliance with the eligibility criteria within the online nomination submission process before its final submission. During the online process, the following documents will be required for upload:

   A. Current and complete curriculum vitae or resume that covers the entire career of the nominee up to the nomination for this award.

   B. Letter of nomination (from the nominator) that specifically focuses on the strengths of the nominee in relation to the award criteria, not to exceed 4 pages.

   • Six (6) letters of support from individuals who can specifically address one or more of the criterion(a) for selection, not to exceed 2 pages each.

Procedure for Review and Selection

1. The Awards Committee – Lecture Awards Subcommittee shall utilize a standard review measurement tool for ranking each nominee during the review process. The Lecture Awards Subcommittee shall report to the APTA Board of Directors the name(s) of the individual(s) nominated for the award and its recommendation with a supporting statement for the selection of the Mary McMillan Lecture Award recipient.

2. The APTA Board of Directors shall review and discuss recommendation and select the Mary McMillan Lecture Award recipient. The Lecturer shall be designated by a confidential ballot vote of the APTA Board of Directors with at least two-thirds of the entire membership of APTA’s Board of Directors voting in the affirmative for the award.

Notification of Award

1. The President of the Association will notify the awardee and will obtain written confirmation of acceptance from the awardee.
2. The name of the awardee will be kept confidential until announced at the NEXT Conference and Exposition following the selection.

**McMillan Lecture**

1. The lecture will be presented at a general session of the NEXT Conference and Exposition and should not be more than 45 minutes in length.

2. The title of the lecture, if the awardee chooses to have a title in addition to the ______ (-st/-nd/-rd/-th) Mary McMillan Lecture, will be left to the discretion of the awardee.

3. The content of the lecture should be related to the contributions that the awardee has made to the profession of physical therapy.

4. A written copy of the lecture will be submitted for publication in Physical Therapy following the lecture.

5. The awardee may request editorial assistance from Association staff for preparation of the lecture, as well as for publication of the lecture.

**Nature of Award**

On the occasion of the presentation of the lecture, the awardee will be presented a commemorative medallion and a framed certificate of recognition by APTA’s President. The awardee will receive an honorarium of $4,000, reimbursement of expenses for travel to and from the site of the NEXT Conference and Exposition at which the lecture is presented, complimentary conference registration, plus maintenance for each of the four days consistent with current Association reimbursement policy.

(Member Services Department, ext. 8082)

**Explanation of Reference Numbers:**

*BOD P00-00-00-00* stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

POLICY AND PROCEDURES FOR THE MARY MCMILLAN SCHOLARSHIP AWARD BOD Y06-08-02-02 [Amended BOD Y03-07-03-04; BOD Y03-07-03-03; BOD 03-06-03-02; BOD 03-05-07-17; BOD 03-04-05-05; BOD 03-03-28-76; BOD 05-02-02-04; BOD 03-01-05-12; BOD 11-98-29-102; BOD 03-98-17-60; BOD 03-97-10-18; BOD 06-96-13-34; BOD 03-96-06-16; BOD 03-93-07-11; BOD 11-92-11-46; BOD 03-89-42-143; BOD 03-88-47-164; BOD 03-86-30-121; BOD 03-83-19-69; BOD 03-82-29-100; BOD 03-81-17-71; BOD 11-79-17-69] [Policy]

History

Mary McMillan (deceased 1959) was a dedicated pioneer of physical therapy in the United States and abroad, the founding President of the American Physical Therapy Association, and an esteemed teacher. Ms McMillan was born in Hyde Park, Massachusetts, but grew up in England where she received her education from the College of Physical Culture in Liverpool and worked with children under the tutelage of Sir Robert Jones. In 1918, Ms McMillan was assigned to Walter Reed Hospital as the head reconstruction aide and there founded the first organized physical therapy department in the U. S. Army. Ms McMillan also taught at Reed College in Oregon, where the graduates of this and other emergency programs helped to handle the peak load of patients in 1919, immediately following World War I. In 1921, Ms McMillan established and became the founding President (serving two terms) of the American Physiotherapy Association. At this time, Ms McMillan wrote the first American textbook on physical therapy entitled *Massage and Therapeutic Exercises*.

In 1941, as soon as Ms McMillan heard of the bombing of Pearl Harbor, she volunteered her services at the Army Hospital in Manila and entered into her second World War. Ms McMillan was later interned by the Japanese at the Santo Tomas Camp outside of Manila and was eventually moved to the Chapai Camp near Shanghai. In 1943, Mary McMillan was repatriated.

It would be hard to overestimate the contributions of this remarkable woman to physical therapy and to the American Physical Therapy Association. As the guiding spirit of the profession, Mary McMillan led the way toward higher standards in treatment and started physical therapists on the road toward greater professional service to their patients. As a testament of her devotion to the profession and belief in its future development, Mary McMillan made provision in her will for a trust fund "to provide scholarships for worthy students in the field of physical therapy."

Purpose

To acknowledge and honor outstanding physical therapy students who are nearing the completion of their respective program of study. The scholarship program contributes to the growth of physical therapy as a profession by recognizing individuals with superior capabilities.

In addition to the information provided in the *APTA Board of Directors' Policy and Procedures Regarding APTA Honors and Awards*, the following criteria apply to this award:

Criteria for Eligibility

1. Students must be nominated from physical therapist assistant education programs and physical therapist professional education programs accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE) of the Association. Students are not eligible to nominate themselves.
2. Student nominees should be in one of the following phases of their educational program:

- Physical therapist professional education program students must be within 12 months of completing all requirements for graduation from the entry-level program, by the start of the September 1 Honors and Awards nomination process.

- Physical therapist assistant education program students must be enrolled in the final year of study. For physical therapist assistant education programs that have a part-time curriculum, all nominees must be in the final year of the curriculum of that institution. Each institution must determine the minimum number of credit hours required for final year status. Based on this, all nominees must be in the final year of the curriculum to be nominated.

3. Nominations of students from an educational institution will be limited to 1 physical therapist professional education student and 1 physical therapist assistant student.

Criteria for Selection

The intent of the award is to recognize those students who exhibit superior scholastic ability and potential for future professional contribution. Awards are made on a competitive basis. Recipients will be selected on the basis of the following criteria:


2. Past productivity.

3. Evidence of potential contribution to physical therapy.


Procedure for Nomination

1. Nominees for the Award will be selected by the faculty and the student body of the program in which the nominee is enrolled.

2. Nomination packages must be submitted with the current enrollment verification and application forms appropriate to the category of the educational program in which the student nominee is enrolled. The current enrollment verification and application forms indicate the year in which the award nomination will be considered and must be submitted electronically via APTA’s website (www.apta.org). All materials completed and submitted for each nomination must be received by the APTA Honors and Awards Program by 5:00 pm Eastern time on December 1, for consideration for the award.

3. Nomination packages for the Mary McMillan Scholarship Award considered by the Awards Committee – Scholarship Subcommittee will not be returned or retained and may not be resubmitted the next year for reconsideration.

4. The faculty nominator shall be responsible for reviewing and ensuring the completion of all steps and compliance with the eligibility criteria within the online nomination submission process before its final submission. During the online process, the following documents will be required for upload:

   A. Completed nomination form appropriate to the student nominee’s program level. If the nominee’s cumulative grade point average is not based on a grading scale of 1-4, a written explanation of that scale’s equivalence to a 1-4 grading scale must be provided.
B. Completed student application form appropriate to the student nominee’s program, with the required appended statement.

C. Two (2) letters in support of the nomination, one from a representative of the student body and one from a representative of the faculty, that specifically focuses on a nominee’s worthiness for this award, each not to exceed 2 pages.

Procedure for Review

1. Awards Committee – Scholarship Subcommittee will make every effort to recommend at least 1 physical therapist student and 1 physical therapist assistant student recipient. If the Awards Committee – Scholarship Subcommittee determines there is not a worthy nominee from one education program level, the award may be allocated to the other level.

2. The number of awards granted in any year will be determined by the Awards Committee – Scholarship Subcommittee, and will be based on the available funds and the number of nominees who meet the criteria.

Notification of Awards

1. The recipients of the awards and the directors of the programs in which they are enrolled will be notified promptly after selection by APTA’s Board of Directors.

2. Nominees who are not selected and the directors of the program in which they are enrolled will be notified of their non-selection and will be thanked for their participation.

Nature of Awards

An award of $5,000 to each physical therapist professional education student recipient selected and $3,000 will be granted to each physical therapist assistant education student recipient.

Student recipients will receive their monetary awards when notified of selection and will receive certificates presented by APTA’s Board of Directors at the NEXT Conference and Exposition. If the student is unable to attend conference, a representative of the student’s education program may accept the certificate on the student’s behalf. An official announcement of the award will also appear in an Association publication.

(Member Services Department, ext. 8082)
POLICY AND PROCEDURES FOR THE MINORITY INITIATIVES AWARD BOD Y06-08-02-02 [Amended BOD Y06-06-03-08; BOD Y06-05-01-02; BOD 06-04-01-01; BOD 05-02-02-04; BOD 11-98-29-102; BOD 03-98-19-66; BOD 03-97-09-17; BOD 06-96-13-37; BOD 11-92-09-42; Initial BOD 03-84-03-05] [Policy]

History

In 1984, the Minority Achievement Award was established to recognize achievements in the recruitment and retention of minority students and faculty in an accredited physical therapy education program and the Minority Initiatives Award was established to recognize the efforts made by an accredited physical therapy education program in the initiation of a program for the recruitment, admission, retention, and graduation of minority students and the provision of services for students from racial and ethnic minority groups. In 2004, APTA’s Board of Directors requested that the purpose and intent of these two awards be combined into a single award that serves to recognize the developed plans, initiatives, and services of accredited physical therapist professional education and physical therapist assistant education programs in the areas of recruitment, admission, retention, and graduation of minority students, the recruitment and retention of minority faculty, and the provision of services that can assist students from racial and ethnic minority groups.

Purpose

To recognize the plans, initiatives and services developed by accredited physical therapist professional education programs or physical therapist assistant education programs in the areas of recruitment, admission, retention, and graduation of minority students, the recruitment and retention of minority faculty, and the provision of services that can assist students of racial and ethnic minority groups.

In addition to the information provided in the APTA Board of Directors’ Policy and Procedures Regarding APTA Honors and Awards, the following criteria apply to this award:

Criteria for Eligibility

1. Applicant programs must be accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE) of the American Physical Therapy Association. Initiatives that can assist minority students must have been ongoing for at least 3 years.

2. Physical therapist professional education or physical therapist assistant education programs that have program directors or program chairs as current members of the Board of Directors, or members of the Awards Committee – Education Subcommittee, are not eligible for nomination or consideration for this award.

Criteria for Selection

1. Planned, comprehensive initiatives have been developed by the program that can assist in the recruitment, admission, retention, and graduation of minority students that demonstrate effectiveness, achievement, and a sustained level or increase in the number of minority students, over a period of at least 3 years; and/or planned, comprehensive initiatives have been developed by the program that can sustain or increase the number of minority faculty recruited, employed, and retained, over a period of at least 3 years.
2. Initiatives have been developed that provide services that can assist students and/or faculty from racial and ethnic minority groups.

3. Institutional support is demonstrated for the initiatives and efforts put forth by the physical therapist professional education program or physical therapist assistant education program.

Procedure for Application

1. Applications must be submitted electronically via APTA’s website (www.apta.org). All materials completed and submitted for each application must be received by the APTA Honors and Awards Program by 5:00 pm Eastern time on December 1, for consideration for the award.

2. The program applying for the award is responsible for reviewing and ensuring the completion of all steps and compliance with the eligibility criteria within the online nomination submission process before its final submission. During the online process, the following documents will be required for upload:
   
   A. A letter of nomination that provides a narrative description of program, to include, but not be limited to:
      1) Name and address of the physical therapist professional education or physical therapist assistant education program and its program director.
      2) Name(s) and qualification(s) of individual(s) involved in minority recruitment and service initiatives.
      3) Total number of students enrolled in each class of program and total number of minority students enrolled in each class of program.
      4) Current number and academic level of students and faculty affected by the minority recruitment and service initiatives.
      5) Summary Statement
      6) Rationale for Program Initiatives
      7) Initiatives for Minority Students
         a. Recruitment
         b. Admissions
         c. Retention
         d. Graduation
         and/or
         Initiatives for Minority Faculty (Role Models)
         a. Recruitment
         b. Employment
         c. Retention
      8) Services/Resources Available
      9) Institutional Support of Initiatives
      10) Evaluation of the Program
   
   B. Two (2) letters in support of the nomination from representatives of the student body and/or faculty members who have benefited from the program, not to exceed 2 pages each.

Notification of Award

1. The director(s) of the physical therapist professional education or physical therapist assistant education program(s) receiving the award(s) will be notified promptly after selection by APTA’s Board of Directors. More than 1 education program may be selected as an award recipient in a given Honors and Awards Program.

2. Directors of physical therapist professional education or physical therapist assistant education programs not selected will receive a letter thanking them for their participation.
Nature of Award

An award and a monetary award of $2,500 will be presented to the selected program(s) by APTA’s Board of Directors at the NEXT Conference and Exposition and an official announcement will appear in an Association publication.

(Member Services Department, ext. 8082)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

POLICY AND PROCEDURES FOR THE OUTSTANDING PHYSICAL THERAPIST ASSISTANT AWARD

BOD Y06-08-02-02 [Amended; BOD 03-08-02-02; BOD Y03-07-06-13; BOD Y06-06-07-19; BOD 08-03-02-02] [Policy]

History

The Executive Committee of the Affiliate Assembly, a voluntary membership group for physical therapist assistants within APTA, established the Outstanding Physical Therapist Assistant Award in 1991, with the first award recipient recognized in 1992. When the Affiliate Assembly became the National Assembly through the adoption of RC 1-98 APTA Bylaws Revision, the award was re-established within the National Assembly and first presented in 2002.

During the 2005 House of Delegates, bylaw amendments were adopted that dissolved the National Assembly of Physical Therapist Assistants to allow for inclusion of physical therapist assistant leaders within the current, viable and effective governance structure of the Association. As a result of the dissolution of the National Assembly, the newly created Advisory Panel on Physical Therapist Assistants recommended that the award be adopted as a national Association award. In March 2006, APTA’s Board of Directors approved the transition of this award to APTA’s Honors and Awards Program (B of D 3/06, V-12).

Purpose

To acknowledge and honor a physical therapist assistant member of the Association who has demonstrated outstanding achievement in clinical practice, contributions to his/her community and a commitment to the physical therapy profession and Association.

In addition to the information provided in the APTA Board of Directors’ Policy and Procedures Regarding APTA Honors and Awards, the following criteria apply to this award:

Criteria for Eligibility

A nominee must have:

1. Been engaged in providing clinical services for at least 5 years under the direction and supervision of a physical therapist.

2. Been licensed or regulated if required by the jurisdiction where the individual is working.

3. Experience working in more than 1 practice or educational setting.

4. Current members of the APTA Board of Directors and members of the APTA Awards Committee - Practice and Service Awards Subcommittee are not eligible to be nominated for this award and shall not nominate an individual, write letters of support, or endorse an individual for this award.

Criteria for Selection

Outstanding achievements in delivery of patient/client care, service to her/his community, and a commitment to the physical therapy profession and Association have been demonstrated by:
1. Contributions to the former Affiliate or National Assemblies, PTA Advisory Panel, PTA Caucus, and the American Physical Therapy Association, at the national, component, and/or district levels;

2. Service to the community through activities that enhance quality of life and function;

3. Representation and promotion of the role of the physical therapist assistant through education, practice, and/or research as a part of the PT/PTA team;

4. Promotion of ethical standards and professional conduct among peers, students, and patients/clients;

5. Pursuit of career development through continuing education (courses, workshops, in-services, etc); and

6. Service as a role model and inspiration to patients/clients, peers, and students to perform at, or strive to achieve their optimal potential.

Procedure for Nomination

1. Nominations must be submitted electronically via APTA’s website (www.apta.org). All materials completed and submitted for each nomination must be received by the APTA Honors and Awards Program by 5:00 pm Eastern time on December 1, for consideration for the award.

2. The nominator is responsible for reviewing and ensuring the completion of all steps and compliance with the eligibility criteria within the online nomination submission process before its final submission. During the online process, the following documents will be required for upload:
   
   A. Current curriculum vitae or resume of the nominee.
   
   B. A letter of nomination (from the nominator) that specifically focuses on the strengths of the nominee in relation to the award criteria, not to exceed 3 pages.
   
   C. Two (2) letters of support, not to exceed 2 pages each, obtained from individuals who can specifically address one or more of the criterion(a) for selection.

Notification of Award

1. The award recipient and nominator will be notified promptly after selection by APTA’s Board of Directors.

2. The nominators of individuals not selected will receive a letter thanking them for their participation.

Nature of Award

An engraved crystal award will be presented to the awardee by APTA’s Board of Directors at the NEXT Conference and Exposition and an official announcement of the award will appear in an Association publication.

(Member Services Department, ext. 8082)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P"

indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.
POLICY AND PROCEDURES REGARDING APTA HONORS AND AWARDS  BOD Y04-13-03-09 [Amended BOD Y06-08-01-01; BOD Y03-07-02-02; BOD Y03-07-02-01; BOD 11-06-05-05; BOD Y03-05-04-06; BOD 05-02-02-02; BOD 04-98-01-01; BOD 08-95-01-01; BOD 11-92-09-40; BOD 03-85-24-87; Initial BOD 11-84-11-51 (consolidated BOD 03-84-19-70 and BOD 04-79-03-05); BOD 11-78-02-03] [Policy]

The American Physical Therapy Association, through its Honors and Awards Program, formally recognizes individuals, institutions, and APTA components (chapters, sections and assemblies) whose contributions to the profession or to the Association are outstanding and substantial, and satisfy the approved criteria for the honor or award.

The Association’s honors and awards provide national attention and recognition for the contributions of the recipients and serve to enhance the reputation and public awareness of the entire profession. For individual members so recognized, Association honors and awards represent the highest level of peer recognition.

Purposes of Honors and Awards

The purposes of Association honors and awards shall be to:

1. Recognize only the most outstanding contributions of individuals within particular categories representing the profession or the Association as a whole, or representing specific areas in or related to practice, education, research, or to the literature in physical therapy.

2. Serve as an incentive for the Association’s members and components (chapters, sections and assemblies) in their achievement of outstanding and substantial contributions to the profession or to the Association.

3. Recognize formally the outstanding and substantial contributions to the profession of institutions that are independent of the Association.

Guiding Principles for Honors and Awards

1. The purpose, eligibility requirements, criteria, and procedures for each Association honor or award shall be approved by the Board of Directors.

   a. The purpose of each Association honor or award, including the specified nature of the contribution to be recognized, shall be stated clearly and shall not duplicate the purpose of any other Association honor or award.

   b. The eligibility requirements for each Association honor and award:

      (1) Shall require membership in the Association if the honor or award is made to individuals who should be expected to satisfy the Membership Qualifications Prescribed by the Board of Directors for any membership category other than Honorary, and

      (2) Shall exclude from eligibility, during their respective terms or periods of service:

         • Association employees (Exception: an Association employee shall not be excluded if the services that constitute the basis for the award nomination were performed at a time when the individual was not an Association employee);
• Members of the Awards Committee Subcommittees having review or recommendation functions with respect to the awards under its purview;

• Members of the Catherine Worthingham Fellows Subcommittee with respect to nominations for the Catherine Worthingham Fellow membership category; and

• Members of the Board of Directors

c. The criteria for each Association honor or award shall be clear, precise, measurable, related to the purpose of the honor or award, and useful in identifying the highest level of attainment of the contribution to be recognized.

The following honors and awards have been established by APTA’s Board of Directors:

**HONORS**
The membership class, Catherine Worthingham Fellows of APTA

**EDUCATION AWARDS**
Policy and Procedures for the Dorothy E. Baethke-Eleanor J. Carlin Award for Excellence in Academic Teaching
Policy and Procedures for the Signe Brunnström Award for Excellence in Clinical Teaching
Policy and Procedures for the F.A. Davis Award for Outstanding Physical Therapist Assistant Educator
Policy and Procedures for the Margaret L. Moore Award for Outstanding New Academic Faculty Member
Policy and Procedures for the Minority Initiatives Award

**LECTURE AWARDS**
Policy and Procedures for the John H.P. Maley Lectureship Award
Policy and Procedures for the Mary McMillan Lecture Award

**PRACTICE/SERVICE AWARDS**
Policy and Procedures for the Lucy Blair Service Award
Policy and Procedures for the Henry O. and Florence P. Kendall Practice Award
Policy and Procedures for the Marilyn Moffat Leadership Award
Policy and Procedures for the Outstanding Physical Therapist/Physical Therapist Assistant Team Award
Policy and Procedures for the Outstanding Physical Therapist Assistant Award

**PUBLICATIONS AWARDS**
Policy and Procedures for the Dorothy Briggs Memorial Scientific Inquiry Award
Policy and Procedures for the Chattanooga Research Award
Policy and Procedures for the Jules M. Rothstein Golden Pen Award for Scientific Writing
Policy and Procedures for the Helen J. Hislop Award for Outstanding Contributions to Professional Literature
Policy and Procedures for the Jack Walker Award

**RESEARCH AWARDS**
Policy and Procedures for the Eugene Michels New Investigator Award
Policy and Procedures for the Marian Williams Award for Research in Physical Therapy

**SCHOLARSHIP AWARDS**
Policy and Procedures for the Mary McMillan Scholarship Award
Policy and Procedures for the Minority Initiatives Scholarship Award
d. The procedures for each Association honor and award shall be appropriate for the purpose, eligibility requirements, and criteria of the honor and award, except that the following procedures shall apply to all honors and awards:

(1) All Association honors and awards requiring the submission and receipt of nominations or applications shall have a single, common date for the receipt of such nominations and applications, as well as a single, common, and identified program, unit, or individual within the Association's headquarters to which or to whom to direct the nominations and applications.

(2) Nominations for an honor or award may be submitted by individual Association members, chapters, sections, assemblies or others.

(3) Nominations for each award and for the membership class, Catherine Worthingham Fellow, will be considered by Awards Committee Subcommittees appointed by the Board of Directors.

(4) A. The members of each Awards Committee Subcommittees will review its assigned award nominations and recommend potential recipient(s) to the Board of Directors for final approval. For all awards all of the names of those individuals nominated for the honors and awards, as well as the names of those individuals recommended by the Awards Committee Subcommittees, will be presented to the Board of Directors for consideration.

B. The members of the Catherine Worthingham Fellows Subcommittee will review the nominations received for this membership category, and submit all names nominated for the membership category and the recommended potential recipient(s) to the Board of Directors for final election.

(5) Current members of the Board of Directors:
- shall not nominate, write letters of support, or endorse members for awards or the membership category, Catherine Worthingham Fellow.
- who are closely associated with a nominee in either a personal or professional manner in which a conflict of interest may exist, will be required to recuse themselves during discussion and voting concerning that nominee.

(6) Current members of each Awards Committee Subcommittee with respect to the honor or awards under its purview:
- shall not nominate, write letters of support, or endorse members for awards or the membership category, Catherine Worthingham Fellow.
- who are closely associated with a nominee in either a personal or professional manner in which a conflict of interest may exist, will be required to recuse themselves during discussion and voting concerning that nominee.

(7) Current Association staff members shall not nominate, write letters of support, or endorse members for awards or the membership category, Catherine Worthingham Fellow.

(8) The final election or selection of recipients for all Association honors and awards shall be as set forth in the individual honors or awards policy adopted by the Board of Directors.
(9) Due to the sensitive nature of the review and election or selection process for national honors and awards, members who serve on the Awards Committee Subcommittees shall maintain confidentiality regarding their deliberations at all times. The recommendations presented by the Awards Committee Subcommittees to the APTA Board of Directors and the decisions of the Board pertaining to the election or selection of honorees or awardees will be final, and the reasons for those recommendations and decisions shall not be disclosed.

(10) The confidentiality of Association honors and awards recipients, except for the Mary McMillan Lecture Award, shall be maintained until the recipients have received official notification from the APTA Board of Directors. The confidentiality of the Mary McMillan Lecture Award shall be maintained until the announcement is made at the NEXT (formerly titled the Annual Conference and Exposition).

2. An Association honor or award, need not be given annually.

3. No more honors or awards will be given than the number identified for each honor or award.

4. The purposes and criteria of Association honors and awards shall be reviewed and evaluated periodically to determine if the criteria are accomplishing the stated purposes and if they conform to this Policy on Honors and Awards.

5. a. The funding of honors and awards shall be through the general funds and subsidiaries of the Association.

   b. The funding of a corporate-sponsored award originating from an organization external to the Association shall be borne fully by that organization.

6. Association honors and awards given to individuals shall be subject to the following guiding principles:

   a. The granting of an Association honor or award to an individual shall not preclude that individual from being considered for, or being given, any other Association honor or award at the same time or at another time.

   b. Recipients will be recognized at an official function at the NEXT Conference and Exposition.

   c. Other than the Mary McMillan Lecture Award and John H.P. Maley Lectureship Award, selection is not contingent upon the recipient's attendance at the NEXT Conference and Exposition.

7. Nominations for awards considered by the Awards Committee Subcommittees and not selected for an award during the first year of submission will be resubmitted for the next year’s Honors and Awards Program (i.e., one year after the original nomination submission), if the nominee continues to meet the eligibility and criteria for selection for the award. Staff will review nominations for continued eligibility. Resubmission of nominations for an award in subsequent years (after the second year of consideration) will require that the nominee continue to meet the eligibility and criteria for selection for the award, the consent of the nominator, and an update of the nomination package. (Exceptions: Mary McMillan Scholarship Award, Minority Scholarship Award, Dorothy Briggs Memorial Scientific Inquiry Award, Chattanooga Research Award, and Jack Walker Award.)

8. Honors and awards presented at the annual Honors and Awards Ceremony shall be the newly selected Catherine Worthingham Fellows, recipients of the Mary McMillan Scholarship Award and Minority Scholarship Award, Recognition of Advanced Proficiency for the Physical Therapist Assistant recipients, and recipients of the Association’s Honors and Awards Program. Whenever possible, individuals for whom APTA awards are named shall be invited to attend APTA’s NEXT to present the award at the Honors and Awards Ceremony and will receive complimentary travel to that ceremony.
Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

POLICY AND PROCEDURES FOR CORPORATE-SPONSORED AWARDS  BOD Y04-13-03-06 [Amended BOD Y03-03-31-87; BOD 03-97-12-23; BOD 11-95-06-18] [Policy]

The American Physical Therapy Association, through its Honors and Awards Program, recognizes individuals, institutions, and APTA components (chapters, sections and assemblies) whose contributions to the profession or to the Association are outstanding and substantial and satisfy the approved criteria for the honor or awards.

Corporate-sponsored awards within the Association’s Honors and Awards Program provide national attention and recognition for the contributions of both the recipients of these awards and those of the sponsoring corporation. Corporations sponsoring an Association award provide a commitment to furthering physical therapy practice, education and research, and to the advancement of the profession through the honor of an annual award given to an outstanding individual and shall require membership in the Association if the award is made to an individual(s) who should be expected to satisfy the Membership Qualifications Prescribed by the Board of Directors.

To propose the establishment of a new Association corporate-sponsored award, corporations shall submit to APTA’s Board of Directors for consideration and approval, a letter of commitment for sponsorship of an Association award for a minimum of 5 years. At the conclusion of the third year of the 5 year commitment, the corporation will receive notification from APTA to confirm the sponsoring corporation’s willingness to renew their award commitment for another 5 year period, at which time a new letter of commitment shall be submitted to APTA’s Board of Directors for approval.

A corporation’s letter of commitment to propose the establishment of a corporate-sponsored award of the American Physical Therapy Association (APTA) shall include the following:

1. Presentation of the purpose and criteria of the proposed award as outlined below.

2. The corporation’s commitment of a monetary award sum (dollar amount to be provided) to be given to a specific number of recipients (number of recipients to be provided) on an annual basis.

3. The corporation’s commitment to the payment of annual administrative costs in the processing of the award equal to $500 or 20% of the monetary award given annually to the recipient(s) of the award, whichever is greater.

4. The corporation’s written understanding and agreement that the Association will maintain complete autonomy in the Honors and Awards Program process, i.e., the publication, review, recommendation and selection of the corporate-sponsored award recipient.

5. The corporation’s written delineation of the responsibility for the creation of an award on an annual basis, i.e., production of a certificate, plaque, or other award form, if there is to be an award given beyond a monetary award. If the Association is to be responsible for the creation of the award, the corporation shall also provide a written commitment for payment of expenses incurred in the initial establishment of the award.

OUTLINE FOR AWARD PROPOSAL

Name of the Corporate-Sponsored Award
Provide the proposed name for the new corporate-sponsored award. The award may be named in recognition of the sponsor corporation, in honor of an individual of the sponsor corporation, and may include reference to a specific area of expertise or achievement that will be recognized by the award.

History

Provide a summary paragraph(s) of the history of the creation of the corporate-sponsored award, which should include, but not be limited to the history of the sponsor corporation’s commitment to the profession of physical therapy and to the Association; the history of the naming of the award should it be named in honor of an individual within the corporation, named in recognition of the corporation and named to recognize a specific area of expertise or achievement; and the outcome(s) to be achieved by the establishment of the award.

Purpose

Provide a brief statement of the purpose of the corporate-sponsored award, at least one sentence but no more than four sentences in length.

In addition to the information provided in the APTA Board of Directors' Policy and Procedures Regarding APTA Honors and Awards, the following criteria apply to this award:

Criteria for Eligibility

Provide a numerical listing of the eligibility requirements as directed by the purpose of the corporate-sponsored award.

Criteria for Selection

Provide a numerical list of the specific criteria that must be met as a recipient of the corporate-sponsored award. This list may be comprised of 3 to 5 criteria which shall demonstrate the recipient’s exceptional and outstanding contributions and achievements in the physical therapy profession and/or in the Association.

Procedure for Nomination

Procedure for nomination for a corporate-sponsored award shall include:

1. Nomination packages must be submitted electronically via APTA’s website (www.apta.org). All materials completed and submitted for each nomination must be received by the APTA Honors and Awards Program by 5:00 pm Eastern time on December 1, for consideration for the award.

2. The nominator is responsible for reviewing and ensuring the completion of all steps and compliance with the eligibility criteria within the online nomination submission process before its final submission. During the online process the following documents will be required for upload:
   
   A. Current curriculum vitae or resume of the nominee.

   B. A letter of support from the nominator, not to exceed 3 pages.

   Continue with an alphabetical list of documents to be required (if any) for review in consideration of the Association corporate-sponsored award.

3. The materials to be submitted for each nomination must document, where appropriate:
[Continue with an alphabetical list of materials to be required (if any) for review in consideration of the Association corporate-sponsored award.]

4. Nomination packages for this award considered by the Awards Committee - [Appropriate Subcommittee to be assigned] Subcommittee and not selected for an award may be resubmitted for the next year’s Honors and Awards Program (i.e., one year after the original nomination submission). Resubmission of nominations for this award in subsequent years will require the consent of the nominator and update of the nomination package.

Procedure for Review

[A sponsor corporation shall not have a role in the corporate-sponsored award review process. The Association has the right to maintain complete autonomy in the Honors and Awards Program process, i.e., in the publication, review, recommendation and selection of the corporate-sponsored award recipient. The procedure for review of a corporate-sponsored award shall include:]

1. As an Association corporate-sponsored award, this award need not be given annually if the criteria for selection has not been achieved in nomination.

2. No more than X (X) award(s) may be given annually.

3. The American Physical Therapy Association will maintain complete autonomy in the award review process, i.e., in the publication, review, recommendation and selection of the award recipient.

Notification of Award

[The procedure for notification of a corporate-sponsored award shall include:]

1. The award recipient, nominator and sponsor corporation will be notified promptly after selection by APTA’s Board of Directors.

2. The nominators of individuals not selected will receive a letter thanking them for their participation.

3. The sponsor corporation will send a personal notification of congratulations to the award recipient in addition to the notification sent by APTA’s Honors and Awards Program.

Nature of Award

[Describe the nature of the award to be given, i.e., monetary, certificate, plaque, other award form, etc. In addition, indicate the expected responsibility for the creation of the award by the sponsor corporation or if the creation of the award will be contracted through the Association.]

A [Type of Award to be Determined] will be presented to the award recipient by a representative of the [Name of Sponsor Corporation] or APTA’s Board of Directors at the NEXT Conference and Exposition and an official announcement of the award will appear in an Association publication.

(Member Services Dept., ext 8082)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

POLICY AND PROCEDURES FOR ESTABLISHMENT OF AN AWARD TO RECOGNIZE THE CONTRIBUTIONS OF A MEMBER
BOD Y03-07-05-07 [Initial BOD Y01-03-03-05] [Policy]

The American Physical Therapy Association, through its Honors and Awards Program, formally recognizes individuals, institutions, and APTA components (chapters, sections and assemblies) whose contributions to the profession or to the Association are outstanding and substantial, and satisfy the approved criteria for the honor or award.

The Association’s honors and awards provide national attention and recognition for the contributions of the recipients and serve to enhance the reputation and public awareness of the entire profession. For individual members so recognized, Association honors and awards represent the highest level of peer recognition.

To propose the establishment of a new Association award to recognize the substantial contributions of a member, a member or component shall submit to APTA’s Board of Directors for consideration and approval, a letter of proposal. The letter of proposal shall include the following (See Outline for Award Proposal below):

1. A presentation of the purpose, history and criteria of the proposed award as outlined below
2. A statement of how this award is different from existing named awards
3. Documentation of how this award will be supported
4. A suggestion of the nature of the award (a plaque, a contribution, a monetary award)
5. A suggestion of the criteria for selection

Upon receipt of the nomination package, the Board of Directors will review the submission based on the Guidelines for Establishment of an Award to Recognize the Contributions of a Member and make a decision to:

a. Request additional information from the maker of the proposal
b. Approve the award and establish a subcommittee of 5 individuals to be chosen by the Board of Directors to draft the description of the award
c. Reject the proposal based on the existing Board of Directors’ Policy on Honors and Awards and the Guidelines for Establishment of an Award to Recognize the Contributions of a Member

Decisions to develop a new award to recognize the contributions of a member will be based on the following 4 criteria:

a. The award has a unique purpose not presently identified in an existing award
b. The award serves the mission of the Association
c. The named person of the award exemplifies the purpose of the award
d. The award may or may not be self-supporting

OUTLINE FOR AWARD PROPOSAL

Award Purpose, History and Criteria

1. Name of the Award

[Provide the proposed name for the new award. The award may be named in recognition of the member and may include reference to a specific area of expertise or achievement that will be recognized by the award.]

2. History
[Provide a summary paragraph(s) of the history of the creation of the award, which should include, but not be limited to the history of the member’s commitment to the profession of physical therapy and to the Association; the history of the naming of the award should it be named to recognize a specific area of expertise or achievement; and the outcome(s) to be achieved by the establishment of the award.]

3. Purpose

[Provide a brief statement of the purpose of the award, at least 1 sentence but no more than 4 sentences in length.]

In addition to the information provided in the APTA Board of Directors' Policy and Procedures Regarding APTA Honors and Awards, the following criteria apply to this award:

4. Criteria for Eligibility

[Eligibility requirements for an award to recognize the contributions of a member shall include a numerical list of requirements as directed by the purpose of the award.]

Current members of the APTA Board of Directors and members of the APTA Awards Committee – [appropriate subcommittee] Subcommittee are not eligible to be nominated for this award and shall not nominate, write letters of support, or endorse an individual for this award.

5. Criteria for Selection

[Provide a numerical list of the specific criteria that must be met as a recipient of the award. This list may be comprised of 3 to 5 criteria which shall demonstrate the recipient’s exceptional and outstanding contributions and achievements in the physical therapy profession and/or in the Association.]

Procedure for Nomination

[Procedure for nomination for an award shall include:]

1. Nomination packages must be submitted electronically via APTA’s web site (www.apta.org). All materials completed and submitted for each nomination must be received by the APTA Honors and Awards Program by 5:00 pm Eastern time on December 1, for consideration for the award.

2. The nominator is responsible for reviewing and ensuring the completion of all steps and compliance with the eligibility criteria within the online nomination submission process before its final submission. During the online process the following documents will be required for upload:
   
   - A. Current curriculum vitae or resume of the nominee.
   - B. A letter of proposal from the nominator, not to exceed X pages.

[Continue with an alphabetical list of documents to be required (if any) for review in consideration of the Association award.]

3. Nomination packages for this award considered by the Awards Committee - [Appropriate Subcommittee to be Assigned] Subcommittee and not selected for an award will be resubmitted for the next year’s Honors and Awards Program (i.e., 1 year after the original nomination submission) if the nominee continues to meet the eligibility criteria. Resubmission of nominations for this award in subsequent years will require the consent of the nominator and update of the nomination package.
Procedure for Review

[A sponsor or nominator shall not have a role in the award review process. The Association has the right to maintain complete autonomy in the Honors and Awards Program process, i.e., in the publication, review, recommendation and selection of the award recipient. The procedure for review of an award shall include:]

1. Except where stated explicitly in the title or purpose of an Association award, this award need not be given annually if the criteria for selection has not been achieved in nomination.

2. The number of awards to be given annually will be determined by the Board of Directors when developing the description of the award.

3. The APTA will maintain complete autonomy in the award review process, i.e., in the publication, review, recommendation and selection of the award recipient.

Notification of Award

[The procedure for notification of an award shall include:]

1. The award recipient and nominator will be notified promptly after selection by APTA’s Board of directors.

2. The sponsor of the award, if externally funded, will be notified promptly by APTA’s Honors and Awards Program after selection of a recipient by APTA’s Board of Directors.

3. The nominators of individuals not selected will receive a letter of thanks for their participation.

[Continue with a numerical list of additional procedures for notification of the award (if any) including whether a representative of the sponsor will present the award during the Association’s Honors and Awards Ceremony during the NEXT Conference and Exposition.]

Nature of Award

[Describe the nature of the award to be given, i.e., monetary, certificate, plaque, other award form, etc. and the mechanism for assuring fiscal responsibility.]

1. A __________ will be presented to the award recipient by the sponsor or APTA’s Board of Directors at the NEXT Conference and Exposition and an official announcement of the award will appear in an Association publication.

(Member Services Department, ext. 8082)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.
POLICY AND PROCEDURES FOR THE OUTSTANDING PHYSICAL THERAPIST/PHYSICAL THERAPIST ASSISTANT TEAM

AWARD  BOD Y06-08-02-02 [Amended BOD Y03-08-03-03; BOD Y03-07-07-14; BOD Y06-06-05-12; BOD Y07-04-01-01]

[Policy]

History
In June 1999, APTA’s House of Delegates adopted “Vision 2020” – an intentional expression of the preferred state of the physical therapy profession by 2020. The vision statement identifies the primary preferred expectations for the physical therapy profession that are designed to benefit patients/clients, physical therapists and physical therapist assistants, and the delivery of high-quality physical therapy services in a complex and uncertain health care environment.

Because “Vision 2020” has profound implications for the physical therapist and for the physical therapist assistant, in June 2001, the House of Delegates charged the Board of Directors (RC 40-01), in collaboration with the National Assembly, to undertake a study to determine the future/preferred role of the PTA. In November 2001, the Board appointed a 7-person Task Force to fulfill the charge, and subsequently the group began its study of the future role of the PTA in light of four key elements: scope of work, education level, post entry-level education and employment/market factors. An interim report was presented to the 2002 House and a final report in 2003. One item that came from the study, under scope of work, was the identified need to educate PTs and PTAs about the appropriate utilization of the PTA and PT/PTA Team.

In addition, in 2002, the National Assembly proposed a motion (RC 64-02) to the House of Delegates, requesting that APTA establish an annual award to recognize a physical therapist and physical therapist assistant team that exemplifies the preferred relationship between the PT and PTA in physical therapy. Unfortunately, due to time constraints, the House did not take action on this motion. In November 2002, the Board approved a motion (B of D 11/02, V-78) to establish an Outstanding PT/PTA Team Award that would allow for recognition of outstanding teamwork between physical therapists and physical therapist assistants.

Purpose
To recognize outstanding clinical practice interaction between physical therapists and physical therapist assistants who are a part of a highly functional PT/PTA Team.

In addition to the information provided in the APTA Board of Directors’ Policy and Procedures Regarding APTA Honors and Awards, the following criteria apply to this award:

Criteria for Eligibility

1. Each physical therapist or physical therapist assistant nominee must have been engaged in providing clinical services for at least 5 years.

2. Been licensed or regulated if required by the jurisdiction where the individual is working.

3. The composition of the team may include one or more physical therapists and one or more physical therapist assistants.
4. Current members of the APTA Board of Directors and members of the APTA Awards Committee - Practice and Service Awards Subcommittee are not eligible to be nominated for this award and shall not nominate, write letters of support, or endorse an individual for this award.

Physical therapist and physical therapist assistant teams must have:

4. Worked together (existed) in a clinical practice of any setting for at least 3 years.

5. Positively affected the quality of physical therapy care provided to patients/clients in their practice setting as a result of their ability to work as a team.

6. Contributed to the enhancement of the overall delivery of physical therapy services in their practice setting as a result of their teamwork.

7. A formal (written) or informal (communicated) team protocol that includes team structure, method of communication, determination of assignments to patients/clients, and method of supervision related to patient/client needs.

Criteria for Selection

The PT/PTA team relationship:

1. Is characterized by trust, mutual respect, adaptability, cooperation, and an appreciation of individual and cultural differences.

2. Involves direction, supervision and effective communication.

3. Has been enhanced through mentoring, continuing education and professional development.

4. Has had an effect on the delivery of high quality physical therapy services to patients/clients within their practice setting.

Procedure for Nomination

1. Nominations must be submitted electronically via APTA’s website (www.apta.org). All materials completed and submitted for each nomination must be received by the APTA Honors and Awards Program by 5:00 pm Eastern time on December 1, for consideration for the award.

2. The nominator is responsible for reviewing and ensuring the completion of all steps and compliance with the eligibility criteria within the online nomination submission process before its final submission. During the online process, the following documents will be required for upload:

   A. Current curriculum vitae or resume of the nominees (both PT and PTA).

   B. A letter of nomination (from the nominator) that specifically focuses on the strengths of the nominated PT/PTA Team in relation to the award criteria, not to exceed 3 pages.

   C. Two (2) letters of support, not to exceed 2 pages each, obtained from individuals (patients, peers, colleagues, employees, etc.) upon whom the team has had an impact, which specifically address one or more of the criterion(a) for selection.
D. Description of the team’s formal (written) or informal (communicated) protocol: team structure, method of communication, determination of assignments to patients/clients, method of supervision related to patient/client needs.

Notification of Award

1. Members of the PT/PTA team selected as recipients and the nominator will be notified promptly after selection by APTA’s Board of Directors.

2. The nominators of PT/PTA teams not selected will receive a letter thanking them for their participation.

Nature of Award

An engraved crystal award will be presented to each physical therapist and physical therapist assistant member of the PT/PTA team. The award will be presented by APTA’s Board of Directors at the NEXT Conference and Exposition and an official announcement will appear in an Association publication.

(Member Services Department, ext. 8082)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

POLICY AND PROCEDURES FOR THE APTA PUBLIC SERVICE AWARD  BOD Y03-03-06-11 [Amended BOD 03-96-16-48; Initial BOD 11-90-22-77] [Policy]

On an annual basis, the Board of Directors will recognize public servants who have enhanced the profession of physical therapy.

Criteria

Be given annually to an individual/individuals in any of the following categories who has/have supported the physical therapy profession in a unique manner:

1. Members of Congress/Congressional Staff
2. Members of a State Legislature/Executive Branch
3. Federal Agency Official
4. Health/Legislative Association Staff
5. Celebrities/Public Figures

Procedures

December/January...Solicit recommendations from components presidents and executives, APTA Board of Directors, Public Policy and Advocacy Committee members, and APTA staff.
January/February...Recommendations reviewed by APTA staff and the Awards Committee – Advocacy Awards Subcommittee will recommend nominee(s) to the Board of Directors.
February/March ...Board of Directors selects recipient(s).
Spring ................ Award(s) presented at an appropriate event such as the Federal Advocacy Forum.

(Member Services Department, ext. 8082)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

POLICY AND PROCEDURES FOR THE JULES M ROTHSTEIN GOLDEN PEN AWARD FOR SCIENTIFIC WRITING  BOD 06-08-02-02 [Amended BOD 06-06-05-13; BOD Y03-06-04-05 Retitled – Policy and Procedures for the Golden Pen Award; BOD Y03-05-04-09; BOD 05-02-02-04; BOD 11-98-29-102; BOD 03-97-11-20; BOD 11-94-08-18; BOD 11-92-11-46; BOD 03-86-24-98; BOD 03-85-44-147; BOD 11-79-15-60; BOD 02-74-13-24] [Policy]

History

In 1964, the Golden Pen Award was established to recognize individuals who have made significant contributions to the advancement of Physical Therapy. In 2006, APTA’s Board of Directors renamed the award to honor the memory and accomplishments of the late Jules M Rothstein, PT, PhD, FAPTA. Dr. Rothstein was one of the most influential scholars in the history of the physical therapy profession, and his impact on the science, practice and peer-reviewed publication was extraordinary. Although Dr Rothstein made innumerable contributions to the physical therapy profession, his work on behalf of Physical Therapy was his most important work.

Dr Rothstein served as Editor and Editor in Chief for 15 years and worked tirelessly to improve the quality and relevance of the articles that the Journal published. As Editor in Chief, he took great pride and joy in presenting the Golden Pen Award each year at Annual Conference. In addition, through his Editor’s Notes and presentations at professional meetings worldwide, Dr Rothstein addressed timely and essential issues related to professional writing, and by doing so, he inspired an entire generation of clinicians and scientists to become better writers.

Purpose

To recognize a member, or an individual not otherwise eligible for membership, who has demonstrated superior writing skills in one or more articles published in Physical Therapy, and who has collaborated with or encouraged others to make similar contributions to Physical Therapy.

In addition to the information provided in the APTA Board of Directors’ Policy and Procedures Regarding APTA Honors and Awards, the following criteria apply to this award:

Criteria for Eligibility

1. Nominees for this award do not need to be physical therapists.

2. Nominees must have demonstrated superior writing skill in one or more articles published in Physical Therapy. The writing excellence may be reflected in one particularly unique, classical contribution or in a series of articles designed to develop further knowledge within a content area or conceptualization.

3. Nominees must have collaborated with or encouraged others to make similar contributions or contributed outstanding leadership and effort in initiating activities to improve Physical Therapy.

4. Current members of the APTA Board of Directors and members of the APTA Awards Committee - Publication Awards Subcommittee are not eligible to be nominated for this award and shall not nominate, write letters of support, or endorse an individual for this award.
Criteria for Selection

1. Superior writing skills as demonstrated by style and clarity of presentation and creativity or timeliness of content.

2. Collaboration with and encouragement of others to improve Physical Therapy.

3. A continuing record of scholarly contributions to Physical Therapy.

Procedure for Nomination

1. Nominations must be submitted electronically via APTA’s website (www.apta.org). All materials completed and submitted for each nomination must be received by the APTA Honors and Awards Program by 5:00 pm Eastern time on December 1, for consideration for the award.

2. The nominator is responsible for reviewing and ensuring the completion of all steps and compliance with the eligibility criteria within the online nomination submission process before its final submission. During the online process, the following documents will be required for upload:
   
   A. Current curriculum vitae or resume of the nominee.
   
   B. A letter of nomination (from the nominator) that specifically focuses on the strengths of the nominee in relation to the award criteria, not to exceed 3 pages.
   
   C. Electronic samples of materials that have been published in Physical Therapy.

Notification of Award

1. The award recipient and nominator will be notified promptly after selection by APTA’s Board of Directors.

2. The nominators of individuals not selected will receive a letter thanking them for their participation.

Nature of Award

A framed certificate will be presented to the awardee by APTA’s Board of Directors at the NEXT Conference and Exposition and an official announcement of the award will appear in an Association publication.

(Member Services Department, ext. 8082)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

POLICY AND PROCEDURES FOR THE SIGNE BRUNNSTRÖM AWARD FOR EXCELLENCE IN CLINICAL TEACHING
BOD Y06-08-02-02 [Amended BOD Y03-07-05-09; BOD Y06-06-02-05; BOD Y05-02-02-04; BOD 11-98-29-102; BOD 03-97-06-14; BOD 06-96-10-22; BOD 11-92-11-46; BOD 11-87-27-107; Initial BOD 03-86-30-122] [Policy]

History

In 1986, the Signe Brunnström Award for Excellence in Clinical Teaching was established to recognize excellence in teaching effectiveness in the physical therapy clinical setting.

Signe Brunnström (deceased 1988) was a pioneer researcher, author, and clinician in physical therapy. Ms Brunnström received her physical therapy education at the Royal Gymnastics Central Institute in Stockholm, Sweden, and received a master’s degree in Special Education from New York University. Ms Brunnström held teaching appointments at Columbia, New York, and Stanford Universities, and was a Fulbright lecturer in Athens, Greece. While in Athens, she also reestablished a physical therapy school and started an amputee instructor program.

Signe Brunnström dedicated her life to clinical excellence. Her careful observations of motor behavior of patients recovering from stroke have continued to serve as a model for evaluation and treatment. Her observations of motor behavior resulted in the text Movement Therapy in Hemiplegia. Ms Brunnström was also author of a kinesiology text and numerous scholarly writings, and presented many outstanding seminars on the evaluation and treatment of patients needing physical therapy.

Purpose

To acknowledge an individual who has made significant contributions to physical therapy clinical education through excellence in clinical teaching, has served as a role model in clinical teaching, and has demonstrated expertise in at least one area of practice to which the clinical teaching has been directed as exemplified in the professional and teaching career of Signe Brunnström.

In addition to the information provided in the APTA Board of Directors’ Policy and Procedures Regarding APTA Honors and Awards, the following criteria apply to this award:

Criteria for Eligibility

1. Nominees must be physical therapists who have been actively engaged in clinical teaching of physical therapist students (entry or advanced level) or physical therapist assistant students for at least five years.

2. Nominees must be either a center coordinator of clinical education (CCCE) or a clinical instructor (CI), and must be employed or self-employed in a clinical setting. Individuals holding full-time faculty appointments within an academic setting are not eligible for the award.

3. Clinical teaching must occur in a clinical setting, under an arrangement or contract with one or more accredited physical therapist or physical therapist assistant education programs, or advanced level programs for physical therapists, and must occur with students earning academic qualifications.
4. Nominees must possess distinct expertise in at least one area of practice to which the clinical teaching has been directed.

5. Teaching solely as a component of continuing education does not constitute eligibility for this award.

6. Current members of the APTA Board of Directors and members of the APTA Awards Committee – Education Awards Subcommittee are not eligible to be nominated for this award and shall not nominate, write letters of support, or endorse an individual for this award.

Criteria for Selection

The nominee has demonstrated:

1. An exceptional teaching effectiveness in the clinical setting.

2. Excellence as a role model in clinical teaching.

3. A distinct expertise in at least one area of practice to which the clinical teaching has been directed.

Procedure for Nomination

1. Nominations must be submitted electronically via APTA’s website (www.apta.org). All materials completed and submitted for each nomination must be received by the APTA Honors and Awards Program by 5:00 pm Eastern time on December 1, for consideration for the award.

2. The nominator is responsible for reviewing and ensuring the completion of all steps and compliance with eligibility criteria within the online nomination submission process before its final submission. During the online process, the following documents will be required for upload:

   A. Current curriculum vitae or resume of the nominee.

   B. A letter of nomination (from the nominator) that specifically focuses on the strengths of the nominee in relation to the award criteria, not to exceed 3 pages.

   C. Two (2) letters of support, not to exceed 2 pages each, obtained from the following:

      • A physical therapist colleague from the nominee’s clinical center or from an affiliating physical therapy education program; and

      • A current or former student who is representative of an academic level of clinical teaching in which the nominee has been engaged and whose clinical education experience with the nominee has been full-time for a period of at least 3 weeks.

Notification of Award

1. The award recipient and nominator will be notified promptly after selection by APTA’s Board of Directors.

2. The nominators of individuals not selected will receive a letter thanking them for their participation.

Nature of Award

A framed certificate will be presented to the awardee by APTA’s Board of Directors at the NEXT
Conference and Exposition and an official announcement of the award will appear in an Association publication.

(Member Services Department, ext. 8082)

**Explanation of Reference Numbers:**
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

POLICY AND PROCEDURES FOR THE STATE LEGISLATIVE LEADERSHIP AWARD  EC Y01-15-01-01 [Amended BOD Y07-07-02-04; Initial BOD Y03-00-18-42] [Policy]

Goals of the State Legislative Leadership Award

A. To recognize and reward component leaders in the area of state legislative leadership.
B. To bring increased awareness and involvement to state legislative issues.
C. To achieve success in state legislative issues that strengthen the practice of physical therapy.
D. To be fair and equitable in the application of the selection process.

Nomination Process

A. A call for nominations will go out to component presidents, component executives, and APTA Board of Directors each March with a description of the State Legislative Leadership Award, past winners, and selection considerations.

B. Nominations may be submitted to APTA’s Member Services Department by a component president or component executive. The following documents are required to accompany the nomination:
   1. An original nomination form, or a letter, signed by the component president.
   2. A statement describing the nominee’s accomplishments and leadership on state legislative issues.

C. Nominations must be received by May 1 of the respective year.

Nomination Criteria

A. Must be an active APTA member in good standing.
B. Must be a licensed physical therapist or physical therapist assistant in the state they serve.
C. Must have made a significant contribution and shown leadership in the area of state legislation.
D. Must be a role model to members in the area of state legislative leadership.
E. Current members of the APTA Board of Directors and members of the APTA Awards Committee - Advocacy Awards Subcommittee are not eligible to be nominated for this award and shall not nominate, write letters of support, or endorse an individual for this award.

Selection Process

A. Nominations will be reviewed using the following measures:
   1. Legislative accomplishments and leadership abilities.
   2. Contribution to APTA’s state government affairs efforts and those of other components.
3. Chapter support and years of service to component legislative efforts.
4. Grassroots and member involvement.
5. Organizational and communication skills.

B. All nominations will be reviewed by staff and the Awards Committee – Advocacy Awards Subcommittee.

C. Recommendations will be sent to APTA’s Board of Directors.

D. Selection of the State Legislative Leadership Awardee(s) will be made by APTA’s Board of Directors prior to the State Policy and Payment Forum in the fall of the year.

E. From among those nominees for the State Legislative Leadership Award who are not selected as a recipient of the award, the Advocacy Awards Subcommittee, at its discretion, may recommend to the Board a nominee(s) for a Recognition of Legislative Commitment who has, in the judgment of the subcommittee, demonstrated substantial commitment to protecting and advancing physical therapy through state legislative efforts throughout his or her career.

Recogntion

The recipient(s) will receive:

A. Travel and per diem to the State Policy and Payment Forum where the award will be presented.

B. A personal plaque.

C. The presentation of the award and the recipient(s) will be publicized in PT in Motion, PT News Now, and on APTA’s website.

(Member Services Department, ext. 8082)

**Explanation of Reference Numbers:**

*BOD P00-00-00-00* stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

COMPONENTS
ASSOCIATION “MARK”/LOGO: USE BY COMPONENTS HOD Y05-07-14-05 [Initial: HOD Y06-97-17-25] [Policy]

All components shall incorporate the American Physical Therapy Association, “mark”/logo into all printed and electronic communications, including web sites and media presentations. All components shall clearly reflect that they are a component of the Association on printed and electronic communications.

Proviso: Compliance with this policy shall occur no later than December 31, 2007.

Relationship to Vision 2020: Professionalism; (PR/Marketing Department, ext 3218)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the “P” indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

BOARD OF DIRECTORS' TRAVEL TO COMPONENTS  BOD Y03-08-03-04 [Amended BOD Y11-95-20-68
BOD 11-91-09-30; BOD 03-90-16-47; BOD 06-89-04-08; Initial BOD 11-83-05-20] [Policy]

The component Board liaison or an APTA staff member will be funded to attend a conference or leadership
meeting of each component annually.

(Finance Department, ext 3133)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates
that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997
Board of Directors minutes on Page 6 and that it was Vote 18.

COLLECTION OF COMPONENT DUES  BOD Y03-85-12-49 [Policy]

Component dues shall be collected at association headquarters.

(Component Services Department, ext 3232)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the “P” indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

COMPONENT COMMUNITY AWARENESS GRANT BOD Y03-07-11-28 [Policy]

The American Physical Therapy Association (APTA) is committed to assisting its components, when determined appropriate by APTA’s Board of Directors, in its efforts to facilitate public relations and advertising efforts at the local level.

In situations in which a component seeks grant funding for financial support of community awareness efforts, APTA will use the following criteria, procedures, and priorities to determine the need for assistance.

Criteria
1. The component has developed a public relations and/or advertising plan. The plan should include the following:
   • Goals and Objective(s)
   • Target Audience(s)
   • Message
   • Implementation Schedule
   • Targeted Media (print, electronic, or outdoor)
   • Budget
2. The component must demonstrate a commitment to funding its public relations and/or advertising efforts.
3. If the component is granted funds, describe specifically how the funds would be used.
4. The component should be prepared to provide a written report on the results of their public relations and/or advertising effort within one month following the event. The component should also provide one sample of the campaign materials. Results measurement may include any of the following:
   • Questionnaires
   • Analysis of media coverage
   • Surveys
   • Web hits
   • Event attendance
   • Feedback from volunteers

Procedures
1. The president of the component, with proof of authorization for the request by the component’s Board of Directors, shall forward the request to APTA’s Executive Committee, through the Director of Public Relations and Marketing Services.
2. The Executive Committee shall receive grant requests by December 31 for consideration.
3. Grant monies will be approved by the Executive Committee in early January.
4. Executive Committee will review the grant application and fund grants contingent upon each year’s budget.

(Public Relations/Marketing Department, ext 3218)

Explanation of Reference Numbers:
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COMPONENT DOCUMENT REVIEW  BOD Y06-13-03-03 [Amended BOD Y03-05-26-70; BOD 03-00-14-30; BOD 03-98-24-88; BOD 03-96-10-30; BOD 03-85-41-139; BOD 03-84-28-99; Initial BOD 11-78-09-25] [Policy]

Component policies, position statements or “white papers,” practice guidelines, and mission and vision statements should be forwarded to APTA headquarters for review prior to distribution to the membership or to the public. These documents will be reviewed by the officers of the House of Delegates to ensure that component documents are consistent with APTA documents. The component and the Board Liaison shall be notified of any document inconsistencies and recommendations.

(Component Governance and Leadership Department, ext 3232)

Explanation of Reference Numbers:
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COMPONENT FINANCIAL REPORTING BOD Y02-02-11-11 [Amended BOD 02-02-11-11; BOD 11-99-12-32; BOD 06-94-10-91; Initial BOD 11-90-15-57] [Policy]

Components shall be required to submit annually within five months after the end of their fiscal year, copies of the following:

1. the year-end financial statement to include income and expense statement and balance sheet,
2. an audit report done by a professional audit firm or peer review,
3. the federal tax return (when filed) and,
4. other items or documentation, as requested.

Components shall be required to submit annually by July 15th the IRS Lobbying Report required by the Omnibus Budget Reconciliation Act of 1993. Staff will provide instructions annually in June to component treasurers/executive personnel.

A component failing to comply with the reporting requirements 60 days after having been formally notified by APTA that a report is late will have monthly dues transfers withheld until a report is filed.

(Finance Department, ext 3133)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

COMPONENT FUNDING TO PURCHASE TECHNOLOGY  BOD Y11-97-09-24 [Initial EC 08-95-03-08] [Policy]

Upon the written request of components, the American Physical Therapy Association (APTA) shall make available funds (non-interest-bearing loans) to assist components with the purchase of computers and fax machines. These loans are to be used to purchase equipment to enhance communications between components and national. Technology loans should be limited to a maximum of two (2) per component in a five (5)-year period.

(See also BOD policy Loans from APTA to Components)

Finance Department, ext 3133

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

1. **Formation**
   - See APTA Standing Rules.

2. **Bylaws**
   - See Section II, Board of Directors Operational and Administrative Policies and Positions, Policy on Component Bylaws, and Model Bylaws.

3. **Charters**
   - APTA Bylaws, Article V, Section 1C, (Chapters).

4. **Certificates of Incorporation**
   - Chapters: See Article V, Section 1D(2) in APTA’s Bylaws
   - Sections: See Article V, Section 2C(2) in APTA’s Bylaws
   - Assemblies: See Article V, Section 3C(2) in APTA’s Bylaws

5. **Reporting to APTA**
   - Names and contact information for chapter delegates to the House of Delegates. (January 1)
   - Names and contact information for chapter representatives to the RBNA. (January 1)
   - Annual component activity report survey (February 15)
   - Annual year-end financial statements to include income and expense statements and balance sheet, an audit report done by a professional auditing firm or peer review, the federal tax return (when filed), and other items or documentation, as requested. A component failing to comply with the reporting requirements 60 days after having been formally notified by APTA that a report is late will have monthly dues transfers withheld until the report is filed. (May 31)
   - Dues schedule (active, affiliate, student) for the following year (July 15)
   - Estimate of component lobbying expenses for the following year (September 1)
   - Business meeting minutes and election results (within 45 days after the meeting and 30 days after the election)

6. **Finances**
   - Fiscal year of January 1 through December 31. A component may also select a July 1 through June 30 fiscal year.
   - All dues approved by the component membership shall become effective on the first of the fiscal year following the Board of Directors approval. Board approval must be obtained by July 15 prior to the fiscal year in which the dues change is to be implemented.
   - Dues in excess of APTA’s. The Board of Directors will consider a request, following the Finance and Audit Committee’s review and recommendation, from a component to establish dues in excess of APTA’s, provided that:
     1. The component develops a budget (both income and expenses) which demonstrate the need for the dues amount specified in the proposed bylaw amendments.
     2. Both budget and proposed bylaw amendments are to be submitted to the component membership under separate First Class mail in accordance with previous notice requirements in the respective component bylaws. This notice shall be in addition to normal procedures for notification of bylaw amendments. A copy of the First Class notice will be sent to APTA.
     3. The component submits both the budget and bylaws adopted to the Board of Directors for approval of the bylaw dues amendments. The component must submit a financial summary and balance sheet from the
previous year showing justification of change by line item and a copy of the component bylaws must also be submitted.

4. Bylaw amendments, approved by the component, must include a provision for annual budget review by the component membership or representative body.

7. Liaisons
   - APTA's President may assign Board members as liaisons to components.
   - The Committee on Chapters and Sections and staff are also liaisons to Sections and Chapters.

8. Honorary Member Proposals
   - The deadline for submission of proposals is December 1.
     (See Section II, Board of Directors Operational and Administrative Policies and Positions)

9. Combined Sections Meeting
   - Sections: See Affirmation Agreement.
   - The host chapter may hold on-site business meetings and pre- or post-instructional courses.
   - A time and place shall be made available for a Council of Chapter Presidents Meeting and a Council of Section Presidents Meeting at the Combined Sections Meeting. These meetings may be conducted concurrently with the pre/post instructional programs.

10. Annual Conference
   - Chapters may submit specific programs, topics and speakers for the Annual Conference Program. This information must be submitted to APTA's Annual Conference Program Committee by December 1, 18 months prior to the Annual Conference.
   - The host chapter may hold on-site business meetings and pre- or post-instructional courses.
   - Sections and Assemblies:
     1. Sections and Assemblies shall be responsible for organizing and planning their business meetings, and coordinating these events with other activities of the Annual Conference.
     2. Section and Assembly requests for business or executive committee meetings or social functions should be submitted to the Director of Conference and Exposition Services for scheduling. These meetings will not interfere with the Mary McMillan Lecture, Opening Ceremonies, Opening Reception, Foundation Dinner, unopposed exhibit breaks or the closing conference event.
     3. The Director of Conference and Exposition Services will receive event sheets from the program chairmen, which will provide the Director of Professional Development with all requests for audiovisual setups, food, etc.
     4. All arrangements for facilities and services at the conference hotel will be made only by the Section/Assembly chairman working through the Director of Conference and Exposition Services.

11. House of Delegates
   - Submission of APTA Bylaw amendments: See Article XIII of APTA Bylaws.
   - Submission of main motions: See Standing Rule 15.
   - Provide APTA with information on delegates:
     1. Sections and Assemblies: Annually, prior to the deadline issued by APTA, Sections and Assemblies shall notify APTA of its delegates.
       - Components shall be represented in the House of Delegates at least every three years.

12. Councils
   - APTA Bylaws, Article IX, Section 3: Councils.

(Component Services Department, ext 3232)

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COMPONENT OFFICERS AT COMBINED SECTIONS MEETING HOD Y06-85-17-36 [Initial HOD 06-79-27-77] [Policy]

A time and a place shall be made available for a Council of Chapter Presidents’ Meeting and a Council of Section Presidents’ Meeting at the Combined Sections Meeting (CSM). These meetings may be conducted concurrently with the pre/post-instructional programs. One year’s advance notice will be given by the American Physical Therapy Association of the scheduled date and time of these meetings by: 1) announcing scheduled date and time at CSM and 2) publishing notification in the Component Bulletin.

Relationship to Vision 2020: Operational; (Meeting Services Department, ext 3225)

Explanation of Reference Numbers:
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The officers of the House of Delegates, on behalf of the Board of Directors (Board), may exercise the Board’s authority under the Bylaws of the American Physical Therapy Association to approve component bylaws and subsequent amendments to component bylaws, before the bylaw can take effect.

Explanation of Reference Numbers:
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DISTRIBUTION OF INCOME - COMBINED SECTIONS MEETING  BOD Y03-87-33-99 [Initial BOD 11-85-12-50; EC 11-82-01-01] [Policy]

The net income from Program 22 - Combined Sections Meeting and Exposition shall be split 50/50 with the sections participating in the Combined Sections Meeting. General and Administrative (G & A) costs of Program 22 - Combined Sections Meeting and Exposition will be borne by APTA and shall not be included in determining the net income.

(Meeting Services Department, ext 3225)

Explanation of Reference Numbers:
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EXTERNAL LIAISONS FOR APTA AND ITS COMPONENTS BOD Y03-05-26-72 [Amended BOD 03-98-23-85; Initial 11-93-14-49] [Policy]

When APTA appoints a liaison to an external organization, the appropriate component will be consulted before the relationship is established. The component will have the opportunity to provide input concerning qualifications, rationale, and the criteria for the appointment. The appointee shall follow the Procedures Governing Member Representative to External Organizations. Components will be notified of appointment as appropriate.

When a component appoints an external liaison, the component shall submit the external organization’s name and address, the name of the contact person at the organization, the purpose and function of the relationship, and the name and the term of the member who is serving as liaison to this group. This information shall be submitted to the Component Services Department before formalizing the relationship. The Board Committee to Review Component Documents will review these materials to ensure that materials are not in conflict with APTA policies and positions. The component will be notified of any conflicts.

(Component Services Department, ext 3232)

Explanation of Reference Numbers:
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GUIDELINES: FORMATION AND STRUCTURE OF COMPONENT DISTRICTS  BOD G03-99-28-94 [Amended BOD 03-90-29-102; Initial BOD 04-80-16-63] [Guideline]

APTA bylaws make provision for district formation within a chapter's territorial jurisdiction (Article V, Section 1.D. (3).

Districts are designed to provide opportunities for improved communication and for members to participate directly in chapter/Association planning and activities.

Districts function throughout the year as representative groups of the chapters in their particular areas, and are under the jurisdiction of the board of directors of the chapters.

A. Formation

A number of eligible chapter members specified by the chapter should file a petition to form a district with the chapter's board of directors. The board of directors should act on the petition in a timely manner (e.g., at the next scheduled board meeting).

A member of the chapter's board of directors should be assigned to review the petition and make a recommendation to the board concerning formation of the district. If the petition is approved, the district's territorial boundaries should be outlined and its bylaws or rules of order should be developed either as part of the chapter bylaws or as a separate document.

B. District Assignment and Dues

Assignment to a district should be made by the chapter according to the member's residence and/or practice address on record in the chapter files. A member who wishes to be assigned to a district other than the one in which he or she resides or practices may petition the chapter board of directors for reassignment.

Districts may not charge dues and may not levy special assessments that carry punitive action or loss of good standing at the national or chapter level.

C. Bylaws or Rules of Order

Districts may use the Guidelines: Model Bylaws for Chapters as a guide in preparing their bylaws or rules of order. Proposed district bylaws or rules of order and amendments thereto should be reviewed by a parliamentarian for consistency with the chapter's bylaws. District bylaws or rules of order, in their original form and when they are amended, must be presented to the chapter's board of directors for approval after approval by the district's membership.

Chapters may wish to include the provisions for districts in the body of their bylaws rather than having a separate document for each district. In this event chapter bylaws should include a statement to the effect that the chapter's bylaws and a procedure manual (see below) that has been approved by the chapter's board of directors govern its districts.

District bylaws or rules of order, as a separate document or as part of the chapter bylaws, should include (but not be restricted to) the following areas:

- District name and geographic boundaries; name of governing chapter
- Object
- Functions
- Membership/district assignment
- Meetings
- Officers, Board of Directors, Executive Committee
- Committees
- Elections
- Fiscal year
- Dissolution - voluntary or by chapter with right of appeal
- Parliamentary authority
D. **District Procedure Manuals**

After its formation, a district may wish to develop and adopt a procedure manual for the conduct of its business and activities. Such a manual should be updated annually by the district officers. The procedure manual should include, but not be restricted to, the following items:

1. District name and geographic boundaries; name of governing chapter
2. Statement of district object and functions
3. District obligations to the chapter
   - To provide opportunities for improved communications and for the membership to participate directly in chapter/Association planning and activities.
   - To coordinate all district activities within the chapter's calendar and time frames.
   - To inform the chapter of district activities.
   - To maintain complete and accurate financial records, and report on its financial status annually.
   - To cooperate in carrying out chapter activities and supporting chapter projects.
   - To further the object and functions of the chapter as set forth in the chapter bylaws.
4. A list of district officers, terms of office, and description of duties and responsibilities.
5. A list of district committees, including their authorization, constituencies, terms of appointment, functions and responsibilities.
6. A description of district assignment/membership requirements.
7. A description of the number(s) and type(s) of meetings and programs, including responsibility for planning and organization.
8. A description of the method used to select delegates to the Association's House of Delegates and to the chapter representative body (if any), including amount of remuneration (if any), obligations, duties, and method of reporting back to the chapter/district.
9. Financial information, including a description of regular sources of district income (including any allocations from the chapter), procedures and responsibilities for collecting monies, financial accounting, authorization for expenditures, budget preparation, and annual financial reports. Any forms and documents pertaining to the district's financial activities and obligations should be included.
10. Information regarding the district's communication with the chapter (e.g., through regular reports, representation on the chapter board, newsletters, etc.) Any reporting forms and documents pertaining to officers, committees and representatives should be included.
11. Other duties and responsibilities assigned by the chapter, including the individuals and/or groups responsible, method of executing and reporting, etc.

*(Component Services Department, ext 3232)*

**Explanation of Reference Numbers:**

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GUIDELINES: FORMATION AND STRUCTURE OF COMPONENT SPECIAL INTEREST GROUPS BOD G03-99-30-95
[Amended BOD 11-90-42-166; BOD 03-90-28-100; Initial BOD 11-89-41-162] [Guideline]

APTA Bylaws make provision for chapters and sections to authorize the establishment of special interest groups which shall be subject to rules and conditions set down by the component [Article V, Section 1.D. (5); Article V, Section 2.C, (4)].

Component special interest groups (SIG) are designed to provide opportunities for members who share a special professional interest that cannot be served through existing means to meet and participate in activities related to that special interest within a component's structure.

Special interest groups are under the jurisdiction of the board of directors of the components.

A. Formation
   A number of eligible component members specified by the component should file a petition to form a component special interest group (SIG) with the component's board of directors. The petition should include a brief explanation of the reason(s) for forming the SIG and indicate why the interests of individuals represented by the proposed group cannot be served through existing means. The component board should act on the petition in a timely manner (e.g., at the next scheduled board meeting).

   A member of the component's board of directors should be assigned to review the petition and make a recommendation to the component board concerning formation of the special interest group (SIG). If the petition is approved, the SIG's bylaws or rules of order should be developed either as part of the component bylaws or as a separate document.

B. Membership and Dues
   Membership in a special interest group (SIG) is voluntary. All SIG members continue to belong, pay dues to, and receive benefits from APTA and the component. SIGs may charge dues; nonpayment shall not carry punitive action or loss of good standing at the national or component level.

C. Bylaws or Rules of Order
   Special interest groups (SIG) may use the Guidelines: Model Bylaws for Chapters and the Guidelines: Model Bylaws for Sections as a guide in preparing their bylaws or rules of order. Proposed special interest group (SIG) bylaws or rules of order and amendments thereto should be reviewed by a parliamentarian for consistency with the component's bylaws. These bylaws or rules of order, in their original form, and when they are amended, must be presented to the component's board of directors for approval after approval by the SIG's membership.

   Components may wish to include the provisions for special interest groups (SIG) in the body of their bylaws rather than having a separate document for each SIG. In this event component bylaws should include a statement to the effect that the component's bylaws and a procedure manual (see below) that has been approved by the component's board of directors govern its special interest group(s).

   Special interest group bylaws or rules of order, as a separate document or as part of the component bylaws, should include (but not be restricted to) the following areas:

   Special interest group name/area of special interest and name of governing component
   • Object or Purpose
   • Functions or Objectives
   • Membership
   • Meetings
   • Officers, Board of Directors, Executive Committee
   • Committees
   • Elections
   • Fiscal year
   • Dissolution - voluntary or by component with right of appeal
D. Special Interest Group Procedure Manual

After its formation, a special interest group (SIG) may wish to develop and adopt a procedure manual for the conduct of its business and activities. Such a manual should be updated annually by the SIG's officers. The procedure manual should include, but not be restricted to, the following items:

1. SIG name; name of governing component
2. Statement of SIG object/purpose and functions/objectives
3. SIG obligations to the component
   - To provide opportunities for members to meet and participate in activities related to the special interest of the group.
   - To coordinate all SIG activities within the component's calendar and time frames.
   - To inform the component of SIG activities.
   - To maintain complete and accurate financial records, and report on its financial status annually.
   - To cooperate in carrying out component activities and supporting component projects.
   - To further the object and functions of the component as set forth in the component bylaws.
4. A list of the SIG officers, terms of office, and description of duties and responsibilities.
5. A list of SIG committees, including their authorization, constituencies, terms of appointment, functions and responsibilities.
6. A description of membership requirements and dues payments, if any.
7. A description of the number(s) and type(s) of meetings and programs, including responsibility for planning and organization.
8. Financial information, including a description of regular sources of SIG income (including any allocations from the component), procedures and responsibilities for collecting dues, financial accounting, authorization for expenditures, budget preparation, and annual financial reports. Any forms and documents pertaining to the SIG's financial activities and obligations should be included.
9. Information regarding the SIG's communication with the component (e.g., through regular reports, representation on the component board, newsletters, etc.) Any reporting forms and documents pertaining to officers, committees and representatives should be included.
10. Other duties and responsibilities assigned by the component, including the individuals and/or groups responsible, method of executing and reporting, etc.

(Component Services Department, ext 3232)

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LOANS FROM APTA TO COMPONENTS  BOD Y11-03-14-47 [Amended BOD 01-03-02-03; BOD 06-88-05-09; BOD 11-86-15-49] [Policy]

The American Physical Therapy Association (APTA) is committed to assisting its components, when determined appropriate by APTA’s Board of Directors, to address financial circumstances that would limit the ability of the component to meet its operating expenses or provide basic services to members. This assistance shall include advice and recommendations on financial and operational management and loans to the component. The Board will use the following criteria and procedures to determine the need for assistance, the amount of which will not exceed $100,000 in total loans per component.

Criteria
The assistance requested by a component must:
1. be necessary to maintain the fiscal integrity of the component
2. allow the component to provide basic membership services
3. enable the component to further the object, functions and policies of APTA

Procedures
The president or treasurer of the component, with proof of authorization for the request by the component’s Board of Directors, must forward to the APTA Board of Directors, through APTA’s Treasurer, a written request for loan assistance. This request shall include copies of the complete financial reports for the component covering the past two (2) fiscal years to include the current year budget and financial reports for the most current month. APTA reserves the right to request an independent audit as part of the application process.

The request must describe a business operations plan that outlines the actions taken to assure timely payment of loan payments and that identifies those factors that have caused the component to seek APTA support, with remedies to be implemented to resolve those factors.

The request must include a fiscal impact statement addressing the estimated costs and plans for generating revenue or reducing expenses to return the component to a positive Net Revenue within the payback period.

APTA’s Finance Department staff, working in consent with the Finance and Audit Committee, will review the completed request and make a recommendation to APTA’s Board of Directors. The review shall include consideration of the component’s history fulfilling its obligation to provide annual financial reports, as outlined in APTA’s Bylaws.

The Board of Directors shall determine loan approval, the specific amount of funding and the repayment schedule. The complete review and Board of Directors determination, including notification to the component, will occur within 45 days of receipt of the completed application.

Specifics
Component loans shall:
1. not exceed 5 years
2. be issued at the prime rate plus 3%
3. for a maximum of $100,000 per component
4. other forms of financial assistance may be considered by the Board of Directors, on an individual basis
5. be repaid on a quarterly basis amortized over the term of the loan.
6. payments not received within 30 days of the due date will be withheld from the monthly dues transmittal earned by that component.

(See also Component Funding to Purchase Computers/Fax)

(Finance Department, ext 3133)

Explanation of Reference Numbers:
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indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

MAILING LABELS TO COMPONENTS  BOD Y06-90-13-44 [Policy]

Mailing labels shall be provided free to components for the purpose of communicating with their members. Orders for labels shall be placed by a component officer or component executive personnel.

(Component Services Department, ext 3232)

Explanation of Reference Numbers:
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PHYSICAL THERAPIST ASSISTANT CAUCUS DELEGATES BOD Y07-15-03-07 [BOD Y09-09-09-10; Initial BOD Y06-05-06-20] [Policy]

Members
The PTA Caucus Delegates shall consist of 5 PTA members elected by the PTA Caucus Representatives – 1 PTA Caucus Chief Delegate and 4 PTA Caucus Delegates. The PTA Caucus will also elect an Alternate Delegate from the Representatives who will be available to fulfill the responsibilities of a delegate should a vacancy arise. This position will be non-funded and the alternate delegate will continue with their responsibilities as the representative for their chapter.

Qualifications, Term, and Election of PTA Caucus Delegates:
1. PTA members who have been Association members in good standing for no fewer than 2 years immediately preceding the start of the House of Delegates (House) session in which they take office and who are able to attend the entire meeting of the House shall be eligible to serve as a PTA Caucus Delegate. The delegates may not serve as PTA Caucus Representatives concurrently. The delegates should have working knowledge of parliamentary procedures and construction of motions to the House.
2. PTA Caucus Delegates serve 3-year terms. PTA Caucus Representatives shall elect the PTA Caucus Delegates. The PTA Caucus Delegates may serve no more than 2 complete consecutive terms. The terms of the elected delegates and the Chief Delegate begin at the close of the House.
3. The alternate delegate shall be elected annually. The alternate delegate must be a PTA Caucus Representative who has been elected or selected to serve as a PTA Caucus Representative for the entire Alternate Delegate term.

Meetings and Activities

PTA Caucus Chief Delegate
1. Develop meeting agendas and lead PTA Caucus meetings and PTA Town Hall meeting at CSM.
2. Attend House and all chief delegate events.
3. Represent and articulate PTA Caucus interests and positions in the House.
4. Attend delegate activities at CSM.
5. Submit an annual report of activities to the APTA Board of Directors.
6. Represent or select a designee to represent the PTA Caucus at meetings as requested by the APTA Board of Directors.
7. Attend and participate in candidate interviews for APTA national elections.
8. Schedule, organize and lead in conference calls with PTA Caucus delegates and/or representatives.
9. Attend the APTA Board of Directors meeting when a PTA Caucus report is on the agenda.

PTA Caucus delegates (4 members)
1. Attend PTA Caucus meetings, House and related activities.
2. Represent and articulate PTA Caucus interests and positions in the House.
3. Attend PTA Town Hall meeting at CSM, when possible.
4. Represent the PTA Caucus at national and chapter meetings as requested by the APTA Board of Directors.
5. Attend and participate in candidate interviews for APTA national elections.
6. Participate in conference calls with PTA Caucus delegates and or representatives.
Funding
The APTA Board of Directors will determine funding for the PTA Caucus through the annual APTA budget process.

(Component Services, Ext 3232)

Explanation of Reference Numbers:
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PHYSICAL THERAPIST ASSISTANT CAUCUS: PURPOSE, COMPOSITION, AND OPERATIONS BOD Y07-15-03-06
[BOD Y09-09-08-09; Initial BOD Y06-05-05-19] [Policy]

Purpose
1. To represent the interests of Physical Therapist Assistant (PTA) members.
2. To provide recommendations and input related to PTA issues to the PTA Caucus delegates to APTA’s House of Delegates (House) and APTA Board of Directors (Board).
3. To elect 5 PTA Caucus delegates and 1 alternate delegate (unfunded) to APTA’s House.

Composition
1. The PTA Caucus shall consist of 1 PTA member representative (Representative) from each chapter. These Representatives are the voting members of the PTA Caucus.
2. The PTA Caucus delegates to the House shall be non-voting members of the PTA Caucus and may speak and make motions.

Meetings
The PTA Caucus shall meet immediately prior to the House. The format of the meeting will be a business-meeting format. The Chief Delegate of the PTA Caucus delegation shall develop the agenda and lead the PTA Caucus meeting. APTA shall provide support for this meeting, including but not limited to, a staff liaison, appropriate meeting space, and a location to facilitate communication during House events. Minutes of the PTA Caucus meeting shall be recorded and will be maintained with other association records. Recommendations from the PTA Caucus will be provided through the annual report and other times as needed to the APTA Board.

Activities
1. Elect PTA Caucus delegates.
2. Advise and make recommendations to the PTA Caucus delegates on issues related to the interests of the PTA, Association, and profession, including motions to APTA’s House.
3. Inform the APTA Board on issues pertinent to PTAs through the annual report and other times as needed.
4. Elect 3 PTA Caucus Nominating Committee members who will:
   • Develop a slate of candidates to fill vacating positions annually.
   • Conduct annual PTA Caucus elections.
   • Identify and encourage individuals to participate in volunteer opportunities.

Duties and Responsibilities of PTA Caucus Representatives
1. Propose business items to PTA Caucus Chief Delegate.
2. Participate in scheduled PTA Caucus conference calls.
3. Participate with chapter delegation in all chapter delegation functions throughout the year.
4. Collaborate with chapter chief delegate concerning issues raised in regional caucuses.
5. Attend House and related meetings and events.
6. Support chapter and section PTA Special Interest Groups.
7. Report business and actions of the PTA Caucus to components, Chapter Delegates, and PTA members.
9. Other duties as determined by the APTA Board.

(Component Services, Ext 3232)
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PUBLISHING AGREEMENTS WITH COMPONENTS  BOD Y03-03-27-75 [Amended BOD 06-89-15-36; BOD 03-89-40-134] [Policy]

PTA may enter into agreements for publishing projects with its components.

APTA’s Publications Department staff is responsible for reviewing and approving proposed projects and for negotiating contractual arrangements for projects other than periodicals covered under contracts with APTA’s Component Services Department. APTA reserves the right to reject a proposal.

Publications Department staff, in consultation with appropriate content or technical experts, is responsible for ensuring the accuracy of content. APTA retains the copyright on all publications produced under publishing agreements.

(Publications Department, ext 3194)

Explanation of Reference Numbers:
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REGISTRATION FOR CHAPTER AND SECTION PRESIDENTS, CHAPTER AND SECTION EXECUTIVES, AND SECTION PROGRAM CHAIRS TO CSM AND ANNUAL CONFERENCE BOD Y03-07-28-73 [Amended BOD Y03-06-34-88; BOD Y03-05-27-74; BOD 03-03-34-101; BOD 03-99-28-92; Consolidated BOD 11-92-21-93; BOD 11-92-20-91; BOD 11-92-20-91; BOD 11-94-17-50] [Policy]

Combined Sections Meeting (CSM):
- Each section shall be given one (1) complimentary CSM registration to be used by either the section president or another section officer.
- Each Section Program Chair shall be given one (1) complimentary CSM registration.
- Component Executives (paid staff) shall be offered complimentary registration.

Annual Conference:
- When the House of Delegates is held in conjunction with Annual Conference, Chapter Presidents shall receive a 50% reduction on the Annual Conference registration fee.
- Component Executives (paid staff) shall be offered complimentary registration.

(Components Services Department, ext 3232)

Explanation of Reference Numbers:
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SECTION AND ASSEMBLY ANNUAL MEETINGS  BOD Y03-92-30-102 [Policy]

Each section and assembly shall hold an annual meeting of its members.

[See also: Waiver of Fee for Delegates Attending Exhibits (HOD Y06-83-10-34) and House Session and Annual Conference Scheduling (HOD Y06-94-28-43)]

(Component Services Department, ext 3232)

Explanation of Reference Numbers:
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SECTION NAME, PURPOSE, OR OBJECT CHANGES BOD Y09-15-03-05 [Initial: BOD Y03-97-16-37] [Policy]

Changes to a section's name, purpose, or object involve amendments to the section’s articles of incorporation or bylaws. Therefore, these changes must be reviewed in accordance with Component Bylaws Approval Process. In addition to this approval process, proposed changes to a section’s name, purpose, or object will be sent to all current section presidents for review.

The review by current section presidents conducted as an electronic ballot by APTA will occur after the proposed amendments are received by APTA headquarters, at the same time that the parliamentarian conducts a review, and before the officers of the House of Delegates conduct their review.

APTA’s Board of Directors, or the House Officers acting on behalf of the Board of Directors, ordinarily will not approve a proposed change if one-sixth or more of the current section presidents object within 21 days of the ballot being distributed. However, in the event of such objection, the section which has proposed a change to its section name, purpose, or object may appeal to APTA’s Board of Directors by transmitting an appeal to the officers of the House of Delegates for their review and recommendation. The officers of the House of Delegates will make a recommendation to APTA’s Board of Directors who shall make a final decision.

(Component Services, ext. 3232)

Explanation of Reference Numbers:
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APTA STATE ADVOCACY GRANTS TO CHAPTERS BOD Y11-14-02-02

The American Physical Therapy Association (APTA) is committed to helping its chapters address proposed state legislative or legal issues related to such areas as the physical therapist (PT) scope of practice, patient access, and state legislation related to payment for physical therapist services.

When a chapter seeks grant funding in support of a state legislative or legal issue that has an impact on the profession, the APTA Board of Directors (Board) will use the following criteria and procedures to approve or deny an award. The amount of each award will not exceed $20,000 per request.

An annual allocation for state advocacy grants for the upcoming fiscal year shall be approved by the Board per the budget process and allocated to the grant line item under State Affairs.

Criteria

The state legislative or legal issue must have a significant impact on physical therapist practice and the patients and clients served. To make this determination the Board will assess the request in the context of the association's purpose and priorities as stated in:

- House of Delegates positions, standards, guidelines, policies, procedures, and priorities
- Board of Directors positions, standards, guidelines, policies, procedures, and priorities
- Current APTA Strategic Plan
- Association goals and objectives
- Association Public Policy priorities

Legislative and legal issues with nationwide impact will be given priority, but consideration will be given to single-state issues that could in time have a broader effect, even if the immediate direct result might involve only a limited number of APTA members.

The requesting chapter must consult and cooperate with APTA staff and legal counsel on the legislative or legal issue for which funds are requested.

Acceptable Uses of Grant Funds

A chapter shall use grant funds only for efforts related to the state legislative or legal issue. Acceptable uses of grant funds include, but are not limited to, the following:

- Lobbyist expenses (increased fees over typical annual expenditures or addition of lobbyist(s))
- Attorney expenses
- Consultant expenses (contracted specifically for the issue or legislation)
- Expenses related to a major event or activity
A chapter shall not use grant funds to offset shortfalls in its general operating budget, political donations to legislators, or to the chapter’s Political Action Committee.

**Deadline for submission**

Chapters shall submit requests for grant funding for legislative or legal issues to APTA State Government Affairs staff by July 31 for the upcoming calendar year. Grant funds shall be issued following the APTA Board of Directors’ approval of the FY budget.

When a state legislative or legal situation or challenge unexpectedly arises outside of the submission deadline, a decision will be made on a case by case basis using the same criteria and approval process.

**Process of Approval**

1. The president of the chapter, with proof of authorization for the request by the chapter's board of directors, must forward to APTA State Government Affairs staff a written request for grant assistance using the State Advocacy Grant Application. This request must include a complete, detailed explanation of the state legislative or legal issue involved and its national and/or statewide impact.

2. Wherever possible, the request is to be made *prior* to any expenditures of funds in connection with the request.

3. The request must describe a plan and timeframe for addressing the issue.

4. The request must include a fiscal impact statement addressing the estimated costs and plans by the chapter for generating revenue beyond grant assistance from APTA.

5. The request must explain the impact on the chapter's current financial status, an operational year-end projection, identification of the chapter's share of the project costs, and revenues solicited and/or received from other sources.

6. Staff will submit the grant request to the APTA Public Policy and Advocacy Committee for review. The Public Policy and Advocacy Committee will make a recommendation to APTA’s Executive Committee.

7. The APTA Executive Committee shall review each grant recommendation and specific dollar amount of funding and determine if the grant request is approved.

**Process of Administration**

1. Once a grant request is approved by the APTA Executive Committee, notice of the grant approval shall be provided to the APTA Board of Directors, the APTA Public Policy and Advocacy Committee, the APTA chief financial officer, and the president of the requesting chapter. APTA State Government Affairs staff are responsible for submitting the required paperwork for the transfer of approved funds to the requesting chapter, and for providing notice to the required parties outlined above.

2. The chapter will ensure that state legal counsel and chapter lobbyists consult with association counsel and staff regarding the management, strategies, and plan of action for the legislative or legal issue.
Process of Reporting

1. The chapter agrees to provide a report to the Board in writing using the State Advocacy Grant Reporting Form, accounting for the expenditures of the grant and the outcome of the state legislative or legal issue. The chapter must provide the report no later than 120 days after receiving notification of the grant award.

2. The chapter agrees to return any unused grant funds to APTA at the conclusion of the legislative or legal effort.

3. APTA’s Board shall submit an annual report to the House of Delegates that summarizes all requests for funding, amounts funded, rationale for denials, and outcome of activities funded during the previous year.

4. A process for review and measurement of effectiveness will be an ongoing part of APTA’s Public Policy and Advocacy Committee’s role in evaluating APTA’s State Advocacy Grants to Chapters program.

(State Government Affairs, ext. 3161)

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EDUCATION
Physical therapists and physical therapist assistants conducting clinical continuing education courses are obligated to identify target audiences and indicate in the printed, lecture, and advertising materials that course content is not intended for use by participants outside the scope of their license or regulation.

Furthermore, they should make it clear when teaching elements of physical therapist patient/client management that subsequent use of those elements is physical therapy only when performed by a physical therapist or by a physical therapist assistant under the direction and supervision of a physical therapist, in accordance with Association policies, positions, guidelines, standards, and the Code of Ethics.

In the interest of public safety, physical therapists and physical therapist assistants should not conduct clinical continuing education courses that teach elements of physical therapist patient/client management to individuals who are not licensed or otherwise regulated, except as they are involved in a specific plan of care, and in accordance with Association policies, positions, guidelines, standards, and the Code of Ethics.

Relationship to Vision 2020: Professionalism; (Professional Development Department, ext 3206)

Explanation of Reference Numbers:
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CONTINUING EDUCATION FOR THE PHYSICAL THERAPIST ASSISTANT  HOD P06-01-22-23 [Position]

Physical therapist assistants may participate in continuing education that includes and teaches subject matter and interventions that differ from the description of entry-level skills as described in the Normative Model of Physical Therapist Assistant Education. Physical therapist assistants may use the interventions taught in continuing education only as consistent with the American Physical Therapy Association [policies, positions, guidelines, standards, and the Code of Ethics] and under the direction and supervision of the physical therapist.

Relationship to Vision 2020: Professionalism; (Professional Development Department, ext 3206)

Explanation of Reference Numbers:
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DEFINITION OF UNDERREPRESENTED MINORITY POPULATIONS IN PHYSICAL THERAPY EDUCATION
HOD P06-14-13-08 [Position]

The American Physical Therapy Association defines "Underrepresented" in physical therapy education as the racial and ethnic populations that are underrepresented in physical therapy education relative to their numbers in the general population, as well as individuals from geographically underrepresented areas, lower economic strata, and educationally disadvantaged backgrounds.

(Academic Services, ext. 3326)

Explanation of Reference Numbers:
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EDUCATIONAL DEGREE QUALIFICATION FOR PHYSICAL THERAPISTS HOD P06-12-15-04 [Amended HOD P06-03-22-18; Initial HOD 06-60-00-03] [Position]

Consistent with current Commission on Accreditation in Physical Therapy Education (CAPTE) criteria, the American Physical Therapy Association shall consider attainment of a postbaccalaureate degree as the minimum professional education qualification for physical therapists who graduate from a program accredited by CAPTE from 2003 to December 31, 2017. Effective January 1, 2018, the American Physical Therapy Association shall consider attainment of a Doctor of Physical Therapy degree as the minimum professional education qualification for physical therapists who graduate from a program accredited by the CAPTE in 2018 or thereafter.

Relationship to Vision 2020: Doctor of Physical Therapy; (Academic/Clinical Education Affairs Department, ext 3203)

Explanation of Reference Numbers:
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EDUCATIONAL DEGREE QUALIFICATION FOR PHYSICAL THERAPIST ASSISTANTS HOD P06-03-25-22 [Position]

The American Physical Therapy Association shall consider attainment of an associate’s degree from a program accredited by the Commission on Accreditation in Physical Therapy Education, the minimum educational qualification for a physical therapist assistant.

Relationship to Vision 2020: Operational; (Academic/Clinical Education Affairs Department, ext 3203)

Explanation of Reference Numbers:
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The American Physical Therapy Association (APTA) encourages team-based interprofessional education and collaborative practice by endorsing the 4 Interprofessional Education Collaborative (IPEC)* Core Competency domains and their respective general competency statement. APTA and its members will endeavor to integrate these IPEC core competencies into practice and education initiatives, where feasible**:

- **Competency 1: Values/Ethics for Interprofessional Practice:** Work with individuals of other professions to maintain a climate of mutual respect and shared values.
- **Competency 2: Roles/Responsibilities:** Use the knowledge of one’s own role and those of other professions to appropriately assess and address the health care needs of the patients and populations served.
- **Competency 3: Interprofessional Communication:** Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease.
- **Competency 4: Teams and Teamwork:** Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient-/population-centered care that is safe, timely, efficient, effective, and equitable.

*As of the date of this position’s adoption, IPEC consists of the American Association of Colleges of Nursing (AACN), the American Association of Colleges of Osteopathic Medicine (AACOM), the American Association of Colleges of Pharmacy (AACP), the American Dental Education Association (ADEA), the Association of American Medical Colleges (AAMC), and the Association of Schools of Public Health (ASPH).

**The endorsed language can only be amended by the IPEC

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1.0 The philosophy of the clinical education site and provider of physical therapy for patient/client care and clinical education is compatible with that of the academic program.

2.0 Clinical education experiences for students are planned to meet specific objectives of the academic program, the provider of physical therapy, and the individual student.

3.0 Physical therapy personnel provide services in an ethical and legal manner.

4.0 The clinical education site is committed to the principle of equal opportunity and affirmative action as required by federal legislation.

5.0 The clinical education site demonstrates administrative support of physical therapy clinical education.

6.0 The clinical education site has a variety of learning experiences available to students.

7.0 The clinical education site provides an active, stimulating environment appropriate to the learning needs of students.

8.0 Selected support services are available to students.

9.0 Roles and responsibilities of physical therapy personnel are clearly defined.

10.0 The physical therapy personnel are adequate in number to provide an educational program for students.

11.0 A center coordinator of clinical education is selected based on specific criteria.

12.0 Physical therapy clinical instructors are selected based on specific criteria.

13.0 Special expertise of the clinical education site personnel is available to students.

14.0 The clinical education site encourages clinical educator (CI and CCCE) training and development.

15.0 The clinical education site supports active career development for personnel.

16.0 Physical therapy personnel are active in professional activities.

17.0 The provider of physical therapy has an active and viable process of internal evaluation of its affairs and is receptive to procedures of review and audit approved by appropriate external agencies and consumers.

(See also Board of Directors Guidelines: Clinical Education Sites)

Relationship to Vision 2020: Doctor of Physical Therapy; (Academic/Clinical Education Affairs Department, ext 3203)

Explanation of Reference Numbers:

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GUIDELINES: CENTER COORDINATORS OF CLINICAL EDUCATION HOD G06-93-29-52 [Guideline]

1.0 The center coordinator of clinical education (CCCE) has specific qualifications and is responsible for coordinating the assignments and activities of students at the clinical education site.

2.0 The center coordinator of clinical education demonstrates effective communication and interpersonal skills.

3.0 The center coordinator of clinical education demonstrates effective instructional skills.

4.0 The center coordinator of clinical education demonstrates effective supervisory skills.

5.0 The center coordinator of clinical education demonstrates effective performance evaluation skills.

6.0 The center coordinator of clinical education demonstrates effective administrative and managerial skills.

(See also Board of Directors Guidelines: Center Coordinators of Clinical Education)

Relationship to Vision 2020: Doctor of Physical Therapy; (Academic/Clinical Education Affairs Department, ext 3203)

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GUIDELINES: CLINICAL INSTRUCTORS HOD G06-93-28-52 [Guideline]

1.0 The clinical instructor (CI) demonstrates clinical competence, and legal and ethical behavior that meets or exceeds the expectations of members of the profession of physical therapy.

2.0 The clinical instructor demonstrates effective communication skills.

3.0 The clinical instructor demonstrates effective behavior, conduct, and skill in interpersonal relationships.

4.0 The clinical instructor demonstrates effective instructional skills.

5.0 The clinical instructor demonstrates effective supervisory skills.

6.0 The clinical instructor demonstrates performance evaluation skills.

(See also Board of Directors Guidelines: Clinical Instructors)

Relationship to Vision 2020: Doctor of Physical Therapy; (Academic/Clinical Education Affairs Department, ext 3203)

Explanation of Reference Numbers:
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GUIDELINES: PROFESSIONAL OATH FOR PHYSICAL THERAPISTS HOD G06-04-23-19 [Initial HOD 06-00-32-12] [Previously titled: Oath for Physical Therapists] [Guideline]


Whereas, The profession has defined core values of accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility;

Whereas, It is the responsibility of all academic and clinical faculty, clinical instructors, and professional mentors to actively promote to physical therapist students the importance of professionalism; and,

Whereas, An oath serves to enhance the commitment of the physical therapist professional to the patient, client, and themselves;

Resolved, That the American Physical Therapy Association supports the use of a professional oath for students in accredited physical therapist education programs and for licensed physical therapists.

Relationship to Vision 2020: Professionalism; (Academic/Clinical Education Affairs Department, ext 3203)

Explanation of Reference Numbers:
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MINIMUM REQUIRED SKILLS OF PHYSICAL THERAPIST GRADUATES AT ENTRY-LEVEL BOD G11-05-20-49 [Guideline]

Background
In August 2004, 28 member consultants convened in Alexandria, VA for a consensus conference on “Clinical Education in a Doctoring Profession.” One of the specific purposes of this conference was to achieve consensus on minimum skills for every graduate from a physical therapist professional program that include, but are not limited to, the skill set required by the physical therapist licensure examination. Assumptions that framed the boundaries for the discussion during this conference included:

(1) A minimum set of required skills will be identified that every graduate from a professional physical therapist program can competently perform in clinical practice.
(2) Physical therapist programs can prepare graduates to be competent in the performance of skills that exceed the minimum skills based on institutional and program prerogatives.
(3) Development of the minimum required skills will include, but not be limited to, the content blueprint for the physical therapist licensure examination; put differently, no skills on the physical therapist licensure blueprint will be excluded from the minimum skill set.
(4) To achieve consensus on minimum skills, 90% or more of the member consultants must be in agreement.

Minimum skills were defined as foundational skills that are indispensable for a new graduate physical therapist to perform on patients/clients in a competent and coordinated manner. Skills considered essential for any physical therapist graduate include those addressing all systems (ie, musculoskeletal, neurological, cardiovascular pulmonary, integumentary, GI, and GU) and the continuum of patient/client care throughout the lifespan. Definitions for terms used in this document are based on the Guide to Physical Therapist Practice. An asterisk (*) denotes a skill identified on the Physical Therapist Licensure Examination Content Outline. Given that consensus on this document was achieved by a small group of member consultants, it was agreed that the conference outcome document would be disseminated to a wider audience comprised of stakeholder groups that would be invested in and affected by this document.

The consensus-based draft document of Essential Skills of the Physical Therapist (previous title) was placed on APTA’s website and stakeholder groups, including APTA Board of Directors, all physical therapist academic program directors, Academic Coordinators/Directors of Clinical Education, and their faculties, physical therapists on CAPTE, component leaders, and a selected list of clinical educators, were invited to vote on whether or not to include/exclude specific essential skills that every physical therapist graduate should be competent in performing on patients. A total of 624 invitations to vote e-mails were sent out and 212 responses (34%) were received. Given the length of this document and the time required to complete the process, a 34% return rate was deemed acceptable for the purpose of this investigation. The “yes” and “no” votes were tabulated and analyzed.

The final “vote” was provided in a report to the Board of Directors in November 2005 for their review, deliberation, and action. The Board of Directors adopted the document Minimum Required Skills of Physical Therapist Graduates at Entry-level (revised title) as a core document to be made available to stakeholders including the Commission on Accreditation in Physical Therapy Education, physical therapist academic programs and their faculties, clinical education sites, students, and employers. The final document that follows defines Minimum Required Skills of Physical Therapist Graduates At Entry-level.
<table>
<thead>
<tr>
<th>Skill Category</th>
<th>Description of Minimum Skills</th>
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<tbody>
<tr>
<td><strong>Screening</strong></td>
<td>1. Perform review of systems to determine the need for referral or for physical therapy services.</td>
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<td>2. Systems review screening includes the following:</td>
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<td>A. General Health Condition (GHC)</td>
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<td>(1) Fatigue</td>
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<td>(2) Malaise</td>
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<td>(3) Fever/chills/sweats</td>
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<td>(5) Dizziness/lightheadedness</td>
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<td>(6) Unexplained weight change</td>
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<td>(7) Numbness/Paresthesia</td>
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<td>(8) Weakness</td>
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<td>(9) Mentation/cognition</td>
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<td>B. Cardiovascular System (CVS)*</td>
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<td>(1) Dyspnea</td>
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<td>(2) Orthopnea</td>
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<td>(3) Palpitations</td>
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<td>(4) Pain/sweats</td>
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<td>(5) Syncope</td>
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<td>(6) Peripheral edema</td>
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<td>(7) Cough</td>
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<td>C. Pulmonary System (PS)*</td>
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<td>(1) Dyspnea</td>
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<td>(2) Onset of cough</td>
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<td>(3) Change in cough</td>
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<td>(4) Sputum</td>
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<td>(5) Hemoptysis</td>
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<td>(6) Clubbing of nails</td>
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<td>(7) Stridor</td>
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<td>(8) Wheezing</td>
</tr>
<tr>
<td></td>
<td>D. Gastrointestinal System (GIS)</td>
</tr>
<tr>
<td></td>
<td>(1) Difficulty with swallowing</td>
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<tr>
<td></td>
<td>(2) Heartburn, indigestion</td>
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<td></td>
<td>(3) Change in appetite</td>
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<td>(4) Change in bowel function</td>
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<td></td>
<td>E. Urinary System (US)</td>
</tr>
<tr>
<td></td>
<td>(1) Frequency</td>
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<tr>
<td></td>
<td>(2) Urgency</td>
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<tr>
<td></td>
<td>(3) Incontinence</td>
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<tr>
<td></td>
<td>F. Genital Reproductive System (GRS)</td>
</tr>
<tr>
<td></td>
<td>Male</td>
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<tr>
<td></td>
<td>(1) Describe any sexual dysfunction, difficulties, or concerns</td>
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<tr>
<td></td>
<td>Female</td>
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<tr>
<td></td>
<td>(1) Describe any sexual or menstrual dysfunction, difficulties, or problems</td>
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<tr>
<td>Skill Category</td>
<td>Description of Minimum Skills</td>
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<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
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<tr>
<td>Screening (cont.)</td>
<td>3. Initiate referral when positive signs and symptoms identified in the review of systems are beyond the specific skills or expertise of the physical therapist or beyond the scope of physical therapist practice.</td>
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<tr>
<td></td>
<td>4. Consult additional resources, as needed, including other physical therapists, evidence-based literature, other health care professionals, and community resources.</td>
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<tr>
<td></td>
<td>5. Screen for physical, sexual, and psychological abuse.</td>
</tr>
<tr>
<td>Cardiovascular and Pulmonary Systems*</td>
<td>1. Conduct a systems review for screening of the cardiovascular and pulmonary system (heart rate and rhythm, respiratory rate, blood pressure, edema).</td>
</tr>
<tr>
<td></td>
<td>2. Read a single lead EKG.</td>
</tr>
<tr>
<td>Integumentary System*</td>
<td>1. Conduct a systems review for screening of the integumentary system, the assessment of pliability (texture), presence of scar formation, skin color, and skin integrity.</td>
</tr>
<tr>
<td>Musculoskeletal System*</td>
<td>1. Conduct a systems review for screening of musculoskeletal system, the assessment of gross symmetry, gross range of motion, gross strength, height and weight.</td>
</tr>
<tr>
<td>Neurological System*</td>
<td>1. Conduct a systems review for screening of the neuromuscular system, a general assessment of gross coordinated movement (eg, balance, gait, locomotion, transfers, and transitions) and motor function (motor control and motor learning).</td>
</tr>
<tr>
<td>Examination/Reexamination</td>
<td>1. Review pertinent medical records and conduct an interview which collects the following data:</td>
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<tr>
<td></td>
<td>A. Past and current patient/client history</td>
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<td>B. Demographics</td>
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<td></td>
<td>C. General health status</td>
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<td>D. Chief complaint</td>
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<td>E. Medications</td>
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<td></td>
<td>F. Medical/surgical history</td>
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<td>G. Social history</td>
</tr>
<tr>
<td></td>
<td>H. Present and premorbid functional status/activity</td>
</tr>
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<td></td>
<td>I. Social/health habits</td>
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<td></td>
<td>J. Living environment</td>
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<td>K. Employment</td>
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<td></td>
<td>L. Growth and development</td>
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<tr>
<td></td>
<td>M. Lab values</td>
</tr>
<tr>
<td></td>
<td>N. Imaging</td>
</tr>
<tr>
<td></td>
<td>O. Consultations</td>
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<tr>
<td></td>
<td>2. Based on best available evidence select examination tests and measures that are appropriate for the patient/client.</td>
</tr>
<tr>
<td></td>
<td>3. Perform posture tests and measures of postural alignment and positioning.*</td>
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<tr>
<td>Skill Category</td>
<td>Description of Minimum Skills</td>
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<td>-------------------------------</td>
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</tbody>
</table>
| Examination/Reexamination     | 4. Perform gait, locomotion and balance tests including quantitative and qualitative measures such as*:  
A. Balance during functional activities with or without the use of assistive, adaptive, orthotic, protective, supportive, or prosthetic devices or equipment  
B. Balance (dynamic and static) with or without the use of assistive, adaptive, orthotic, protective, supportive, or prosthetic devices or equipment  
C. Gait and locomotion during functional activities with or without the use of assistive, adaptive, orthotic, protective, supportive, or prosthetic devices or equipment to include:  
(1) Bed mobility  
(2) Transfers (level surfaces and floor)*  
(3) Wheelchair management  
(4) Uneven surfaces  
(5) Safety during gait, locomotion, and balance  
D. Perform gait assessment including step length, speed, characteristics of gait, and abnormal gait patterns.  

5. Characterize or quantify body mechanics during self-care, home management, work, community, tasks, or leisure activities.  

6. Characterize or quantify ergonomic performance during work (job/school/play)*:  
A. Dexterity and coordination during work  
B. Safety in work environment  
C. Specific work conditions or activities  
D. Tools, devices, equipment, and workstations related to work actions, tasks, or activities  

7. Characterize or quantify environmental home and work (job/school/play) barriers:  
A. Current and potential barriers  
B. Physical space and environment  
C. Community access  

8. Observe self-care and home management (including ADL and IADL)*  

9. Measure and characterize pain* to include:  
A. Pain, soreness, and nocioception  
B. Specific body parts  

10. Recognize and characterize signs and symptoms of inflammation.  

Cardiovascular and Pulmonary Systems  
1. Perform cardiovascular/pulmonary tests and measures including:  
A. Heart rate  
B. Respiratory rate, pattern and quality*  
C. Blood pressure  
D. Aerobic capacity test* (functional or standardized) such as the 6-minute walk test  
E. Pulse Oximetry  
F. Breath sounds – normal/abnormal  
G. Response to exercise (RPE)  

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<table>
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<tr>
<th>Skill Category</th>
<th>Description of Minimum Skills</th>
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<tbody>
<tr>
<td>Examination/Reexamination</td>
<td>H. Signs and symptoms of hypoxia</td>
</tr>
<tr>
<td>(cont.)</td>
<td>I. Peripheral circulation (deep vein thrombosis, pulse, venous stasis, lymphedema)*</td>
</tr>
<tr>
<td>Integumentary System</td>
<td>1. Perform integumentary integrity tests and measures including*:</td>
</tr>
<tr>
<td></td>
<td>A. Activities, positioning, and postures that produce or relieve trauma to the skin.</td>
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<tr>
<td></td>
<td>B. Assistive, adaptive, orthotic, protective, supportive, or prosthetic devices and equipment that may produce or</td>
</tr>
<tr>
<td></td>
<td>relieve trauma to the skin.</td>
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<td></td>
<td>C. Skin characteristics, including blistering, continuity of skin color, dermatitis, hair growth, mobility, nail</td>
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<td>growth, sensation, temperature, texture and turgor.</td>
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<tr>
<td></td>
<td>D. Activities, positioning, and postures that aggravate the wound or scar or that produce or relieve trauma.</td>
</tr>
<tr>
<td></td>
<td>E. Signs of infection.</td>
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<tr>
<td></td>
<td>F. Wound characteristics: bleeding, depth, drainage, location, odor, size, and color.</td>
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<tr>
<td></td>
<td>G. Wound scar tissue characteristics including banding, pliability, sensation, and texture.</td>
</tr>
<tr>
<td>Musculoskeletal System</td>
<td>1. Perform musculoskeletal system tests and measures including:</td>
</tr>
<tr>
<td></td>
<td>A. Accessory movement tests</td>
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<tr>
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<td>B. Anthropometrics</td>
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<tr>
<td></td>
<td>(1) Limb length</td>
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<td>(2) Limb girth</td>
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<td>(3) Body composition</td>
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<td></td>
<td>C. Functional strength testing</td>
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<tr>
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<td>D. Joint integrity*</td>
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<td></td>
<td>E. Joint mobility*</td>
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<td></td>
<td>F. Ligament laxity tests</td>
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<td>G. Muscle length*</td>
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<td></td>
<td>H. Muscle strength* including manual muscle testing, dynamometry, one repetition max</td>
</tr>
<tr>
<td></td>
<td>I. Palpation</td>
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<tr>
<td></td>
<td>J. Range of motion* including goniometric measurements</td>
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<td></td>
<td>2. Perform orthotic tests and measures including*:</td>
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<tr>
<td></td>
<td>A. Components, alignment, fit, and ability to care for orthotic, protective, and supportive devices and equipment.</td>
</tr>
<tr>
<td></td>
<td>B. Evaluate the need for orthotic, protective, and supportive devices used during functional activities.</td>
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<tr>
<td></td>
<td>C. Remediation of impairments in body function and structure, activity limitations, and participation restrictions</td>
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<tr>
<td></td>
<td>with use of orthotic, protective, and supportive device.</td>
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<td></td>
<td>D. Residual limb or adjacent segment, including edema, range of motion, skin integrity and strength.</td>
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<tr>
<td></td>
<td>E. Safety during use of orthotic, protective, and supportive device.</td>
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<tr>
<td></td>
<td>3. Perform prosthetic tests and measures including*:</td>
</tr>
<tr>
<td></td>
<td>A. Alignment, fit, and ability to care for prosthetic device.</td>
</tr>
<tr>
<td></td>
<td>B. Prosthetic device use during functional activities.</td>
</tr>
<tr>
<td>Skill Category</td>
<td>Description of Minimum Skills</td>
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<tr>
<td><strong>Examination/Reexamination</strong> (cont.)</td>
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<tr>
<td>C.</td>
<td>Remediation of impairments in body function and structure, activity limitations, and participation restrictions, with use of prosthetic device.</td>
</tr>
<tr>
<td>D.</td>
<td>Evaluation of residual limb or adjacent segment, including edema, range of motion, skin integrity, and strength.</td>
</tr>
<tr>
<td>E.</td>
<td>Safety during use of the prosthetic device.</td>
</tr>
</tbody>
</table>

4. Perform tests and measures for assistive and adaptive devices including*:  
   A. Assistive or adaptive devices and equipment use during functional activities.  
   B. Components, alignment, fit, and ability to care for the assistive or adaptive devices and equipment.  
   C. Remediation of impairments in body function and structure, activity limitations, and participation restrictions with use of assistive or adaptive devices and equipment.  
   D. Safety during use of assistive or adaptive equipment.  

**Neurological System**  
1. Perform arousal, attention and cognition tests and measures to characterize or quantify (including standardized tests and measures)*:  
   A. Arousal  
   B. Attention  
   C. Orientation  
   D. Processing and registration of information  
   E. Retention and recall  
   F. Communication/language  

2. Perform cranial and peripheral nerve integrity tests and measures*:  
   A. Motor distribution of the cranial nerves (eg, muscle tests, observations)  
   B. Motor distribution of the peripheral nerves (eg, dynamometry, muscle tests, observations, thoracic outlet tests)  
   C. Response to neural provocation (e.g. tension test, vertebral artery compression tests)  
   D. Response to stimuli, including auditory, gustatory, olfactory, pharyngeal, vestibular, and visual (eg, observations, provocation tests)  

3. Perform motor function tests and measures to include*:  
   A. Dexterity, coordination, and agility  
   B. Initiation, execution, modulation and termination of movement patterns and voluntary postures  

4. Perform neuromotor development and sensory integration tests and measures to characterize or quantify*:  
   A. Acquisition and evolution of motor skills, including age-appropriate development  
   B. Sensorimotor integration, including postural responses, equilibrium, and righting reactions  

5. Perform tests and measures for reflex integrity including*:  
   A. Deep reflexes (eg, myotatic reflex scale, observations, reflex tests)  
   B. Postural reflexes and reactions, including righting, equilibrium and protective reactions  
   C. Primitive reflexes and reactions, including developmental  
   D. Resistance to passive stretch  
   E. Superficial reflexes and reactions
<table>
<thead>
<tr>
<th>Skill Category</th>
<th>Description of Minimum Skills</th>
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<tbody>
<tr>
<td>Examination/Reexamination</td>
<td>F. Resistance to velocity dependent movement</td>
</tr>
<tr>
<td>(cont.)</td>
<td>6. Perform sensory integrity tests and measures that characterize or quantify including*:</td>
</tr>
<tr>
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<td>A. Light touch</td>
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<td>B. Sharp/dull</td>
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<td>C. Temperature</td>
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<td>D. Deep pressure</td>
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<td>E. Localization</td>
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<td>F. Vibration</td>
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<td>G. Deep sensation</td>
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<td>H. Stereognosis</td>
</tr>
<tr>
<td></td>
<td>I. Graphesthesia</td>
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<tr>
<td>Evaluation</td>
<td>1. Synthesize available data on a patient/client expressed in terms of the International</td>
</tr>
<tr>
<td></td>
<td>Classification of Function, Disability and Health (ICF) model to include body functions</td>
</tr>
<tr>
<td></td>
<td>and structures, activities, and participation.</td>
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<tr>
<td></td>
<td>2. Use available evidence in interpreting the examination findings.</td>
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<td>3. Verbalize possible alternatives when interpreting the examination findings.</td>
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<td>4. Cite the evidence (patient/client history, lab diagnostics, tests and measures and</td>
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<td>scientific literature) to support a clinical decision.</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>1. Integrate the examination findings to classify the patient/client problem in terms of body</td>
</tr>
<tr>
<td></td>
<td>functions and structures, and activities and participation (ie, practice patterns in the</td>
</tr>
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<td>Guide)</td>
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<td></td>
<td>2. Identify and prioritize impairments in body functions and structures, and activity</td>
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<td>limitations and participation restrictions to determine specific body function and structure,</td>
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<td>and activities and participation towards which the intervention will be directed.*</td>
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<tr>
<td>Prognosis</td>
<td>1. Determine the predicted level of optimal functioning and the amount of time required to</td>
</tr>
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<td>achieve that level.*</td>
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<td>2. Recognize barriers that may impact the achievement of optimal functioning within a</td>
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<td>predicted time frame including*:</td>
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<tr>
<td></td>
<td>A. Age</td>
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<td>B. Medication(s)</td>
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<td></td>
<td>C. Socioeconomic status</td>
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<td>D. Co-morbidities</td>
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<td>E. Cognitive status</td>
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<td>F. Nutrition</td>
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<td></td>
<td>G. Social Support</td>
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<td></td>
<td>H. Environment</td>
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<tr>
<td>Plan of Care</td>
<td>Design a Plan of Care</td>
</tr>
<tr>
<td></td>
<td>1. Write measurable functional goals (short-term and long-term) that are time referenced</td>
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<td>with expected outcomes.</td>
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<td>2. Consult patient/client and/or caregivers to develop a mutually agreed to plan of care.*</td>
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<td>3. Identify patient/client goals and expectations.*</td>
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<td>4. Identify indications for consultation with other professionals.*</td>
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<td>5. Make referral to resources needed by the patient/client (assumes knowledge of referral</td>
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<td>sources).*</td>
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<tr>
<td>Skill Category</td>
<td>Description of Minimum Skills</td>
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</table>
| Plan of care (cont.)  | 6. Select and prioritize the essential interventions that are safe and meet the specified functional goals and outcomes in the plan of care* (ie, (a) identify precautions and contraindications, (b) provide evidence for patient-centered interventions that are identified and selected, (c) define the specificity of the intervention (time, intensity, duration, and frequency), and (d) set realistic priorities that consider relative time duration in conjunction with family, caregivers, and other health care professionals).  
7. Establish criteria for discharge based on patient goals and current functioning and disability.*                                                                                                                                 |
| **Coordination of Care** | 1. Identify who needs to collaborate in the plan of care.  
2. Identify additional patient/client needs that are beyond the scope of physical therapist practice, level of experience and expertise, and warrant referral.*  
3. Refer and discuss coordination of care with other health care professionals.*  
4. Articulate a specific rational for a referral.  
5. Advocate for patient/client access to services.                                                                                                                                 |
| **Progression of Care** | 1. Identify outcome measures of progress relative to when to progress the patient further.*  
2. Measure patient/client response to intervention.*  
4. Modify elements of the plan of care and goals in response to changing patient/client status, as needed.*  
5. Make on-going adjustments to interventions according to outcomes including environmental factors and personal factors and, medical therapeutic interventions.  
6. Make accurate decisions regarding intensity and frequency when adjusting interventions in the plan of care.                                                                                                                                 |
| **Discharge Plan**     | 1. Re-examine patient/client if not meeting established criteria for discharge based on the plan of care.  
2. Differentiate between discharge of the patient/client, discontinuation of service, and transfer of care with re-evaluation.*  
3. Prepare needed resources for patient/client to ensure timely discharge, including follow-up care.  
4. Include patient/client and family/caregiver as a partner in discharge.*  
5. Discontinue care when services are no longer indicated.  
6. When services are still needed, seek resources and/or consult with others to identify alternative resources that may be available.  
7. Determine the need for equipment and initiate requests to obtain.                                                                                                                                 |

*Indicates skills that require supervision or consultation.
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<tr>
<th>Skill Category</th>
<th>Description of Minimum Skills</th>
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<tbody>
<tr>
<td>Interventions</td>
<td><strong>Safety, Cardiopulmonary Resuscitation Emergency Care, First Aid</strong></td>
</tr>
</tbody>
</table>
|                | 1. Ensure patient safety and safe application of patient/client care.*  
|                | 2. Perform first aid.*  
|                | 3. Perform emergency procedures.*  
|                | 4. Perform Cardiopulmonary Resuscitation (CPR).*  
|                | **Precautions**  
|                | 1. Demonstrate appropriate sequencing of events related to universal precautions.*  
|                | 2. Use Universal Precautions.  
|                | 3. Determine equipment to be used and assemble all sterile and non-sterile materials.*  
|                | 4. Use transmission-based precautions.  
|                | 5. Demonstrate aseptic techniques.*  
|                | 6. Apply sterile procedures.*  
|                | 7. Properly discard soiled items.*  
|                | **Body Mechanics and Positioning**  
|                | 1. Apply proper body mechanics (utilize, teach, reinforce, and observe).*  
|                | 2. Properly position, drape, and stabilize a patient/client when providing physical therapy.*  
|                | **Interventions**  
|                | 1. Coordination, communication, and documentation may include:  
|                | A. Addressing required functions:  
|                | (1) Establish and maintain an ongoing collaborative process of decision-making with patients/clients, families, or caregivers prior to initiating care and throughout the provision of services.*  
|                | (2) Discern the need to perform mandatory communication and reporting (eg, incident reports, patient advocacy and abuse reporting).  
|                | (3) Follow advance directives.  
|                | B. Admission and discharge planning.  
|                | C. Case management.  
|                | D. Collaboration and coordination with agencies, including:  
|                | (1) Home care agencies  
|                | (2) Equipment suppliers  
|                | (3) Schools  
|                | (4) Transportation agencies  
|                | (5) Payer groups  
|                | E. Communication across settings, including:  
|                | (1) Case conferences  
|                | (2) Documentation  
|                | (3) Education plans  
|                | F. Cost-effective resource utilization.  
|                | G. Data collection, analysis, and reporting of:  
|                | (1) Outcome data  
|                | (2) Peer review findings  
|                | (3) Record reviews  
|                | H. Documentation across settings, following APTA’s Guidelines for Physical Therapy Documentation, including:  
|                | (1) Elements of examination, evaluation, diagnosis, prognosis, and intervention |
## Interventions (cont.)

(2) Changes in body structure and function, activities and participation.
(3) Changes in interventions
(4) Outcomes of intervention

### I. Interdisciplinary teamwork:
1. Patient/client family meetings
2. Patient care rounds
3. Case conferences

### J. Referrals to other professionals or resources.*

2. Patient/client-related instruction may include:
   A. Instruction, education, and training of patients/clients and caregivers regarding:
      1. Current condition, health condition, impairments in body structure and function, and activity limitations, and participation restrictions)*
      2. Enhancement of performance
      3. Plan of care:
         a. Risk factors for health condition, impairments in body structure and function, and activity limitations, and participation restrictions.
         b. Preferred interventions, alternative interventions, and alternative modes of delivery
         c. Expected outcomes
      4. Health, wellness, and fitness programs (management of risk factors)
      5. Transitions across settings

3. Therapeutic exercise may include performing:
   A. Aerobic capacity/endurance conditioning or reconditioning*:
      1. Gait and locomotor training*
      2. Increased workload over time (modify workload progression)
      3. Movement efficiency and energy conservation training
      4. Walking and wheelchair propulsion programs
      5. Cardiovascular conditioning programs
   
   B. Balance*, coordination*, and agility training:
      1. Developmental activities training*
      2. Motor function (motor control and motor learning) training or retraining
      3. Neuromuscular education or reeducation*
      4. Perceptual training
      5. Posture awareness training*
      6. Sensory training or retraining
      7. Standardized, programmatic approaches
      8. Task-specific performance training

   C. Body mechanics and postural stabilization:
      1. Body mechanics training*
      2. Postural control training*
      3. Postural stabilization activities*
      4. Posture awareness training*
<table>
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<tr>
<th>Skill Category</th>
<th>Description of Minimum Skills</th>
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</table>
| Interventions (continued) | D. Flexibility exercises:  
(1) Muscle lengthening*  
(2) Range of motion*  
(3) Stretching*  
| | E. Gait and locomotion training*:  
(1) Developmental activities training*  
(2) Gait training*  
(3) Device training*  
(4) Perceptual training*  
(5) Basic wheelchair training*  
| | F. Neuromotor development training:  
(1) Developmental activities training*  
(2) Motor training  
(3) Movement pattern training  
(4) Neuromuscular education or reeducation*  
| | G. Relaxation:  
(1) Breathing strategies*  
(2) Movement strategies  
(3) Relaxation techniques  
| | H. Strength, power, and endurance training for head, neck, limb, and trunk*:  
(1) Active assistive, active, and resistive exercises (including concentric, dynamic/isotonic, eccentric, isokinetic, isometric, and plyometric exercises)  
(2) Aquatic programs*  
(3) Task-specific performance training  
| | I. Strength, power, and endurance training for pelvic floor:  
(1) Active (Kegel)  
| | J. Strength, power, and endurance training for ventilatory muscles:  
(1) Active and resistive  
| | 4. Functional training in self-care and home management may include*:  
| | A. Activities of daily living (ADL) training:  
(1) Bed mobility and transfer training*  
(2) Age appropriate functional skills  
| | B. Barrier accommodations or modifications*  
| | C. Device and equipment use and training:  
(1) Assistive and adaptive device or equipment training during ADL (specifically for bed mobility and transfer training, gait and locomotion, and dressing)*  
(2) Orthotic, protective, or supportive device or equipment training during self-care and home management*  
(3) Prosthetic device or equipment training during ADL (specifically for bed mobility and transfer training, gait and locomotion, and dressing)*  

<table>
<thead>
<tr>
<th>Skill Category</th>
<th>Description of Minimum Skills</th>
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</thead>
</table>
| **Interventions** (cont.) | D. Functional training programs*:  
|  | (1) Simulated environments and tasks*  
|  | (2) Task adaptation  
| E. | Injury prevention or reduction:  
|  | (1) Safety awareness training during self-care and home management*  
|  | (2) Injury prevention education during self-care and home management  
|  | (3) Injury prevention or reduction with use of devices and equipment  
| 5. | Functional training in work (job/school/play), community, and leisure integration or reintegration may include*:  
| A. | Barrier accommodations or modifications*  
| B. | Device and equipment use and training*:  
|  | (1) Assistive and adaptive device or equipment training during instrumental activities of daily living (IADL)*  
|  | (2) Orthotic, protective, or supportive device or equipment training during IADL for work*  
|  | (3) Prosthetic device or equipment training during IADL*  
| C. | Functional training programs:  
|  | (1) Simulated environments and tasks  
|  | (2) Task adaptation  
|  | (3) Task training  
| D. | Injury prevention or reduction:  
|  | (1) Injury prevention education during work (job/school/play), community, and leisure integration or reintegration  
|  | (2) Injury prevention education with use of devices and equipment  
|  | (3) Safety awareness training during work (job/school/play), community, and leisure integration or reintegration  
|  | (4) Training for leisure and play activities  
| 6. | Manual therapy techniques may include:  
| A. | Passive range of motion  
| B. | Massage:  
|  | (1) Connective tissue massage  
|  | (2) Therapeutic massage  
| C. | Manual traction*  
| D. | Mobilization/manipulation:  
|  | (1) Soft tissue* (thrust and nonthrust*)  
|  | (2) Spinal and peripheral joints* (thrust and nonthrust*)  
| 7. | Prescription, application, and, as appropriate, fabrication of devices and equipment may include*:  
| A. | Adaptive devices*:
<table>
<thead>
<tr>
<th>Skill Category</th>
<th>Description of Minimum Skills</th>
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<tbody>
<tr>
<td>Interventions (cont.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1) Hospital beds</td>
</tr>
<tr>
<td></td>
<td>(2) Raised toilet seats</td>
</tr>
<tr>
<td></td>
<td>(3) Seating systems – prefabricated</td>
</tr>
<tr>
<td>B. Assistive devices*</td>
<td>(1) Canes</td>
</tr>
<tr>
<td></td>
<td>(2) Crutches</td>
</tr>
<tr>
<td></td>
<td>(3) Long-handled reachers</td>
</tr>
<tr>
<td></td>
<td>(4) Static and dynamic splints – prefabricated</td>
</tr>
<tr>
<td></td>
<td>(5) Walkers</td>
</tr>
<tr>
<td></td>
<td>(6) Wheelchairs</td>
</tr>
<tr>
<td>C. Orthotic devices*</td>
<td>(1) Prefabricated braces</td>
</tr>
<tr>
<td></td>
<td>(2) Prefabricated shoe inserts</td>
</tr>
<tr>
<td></td>
<td>(3) Prefabricated splints</td>
</tr>
<tr>
<td>D. Prosthetic devices (lower-extremity)*</td>
<td></td>
</tr>
<tr>
<td>E. Protective devices*</td>
<td>(1) Braces</td>
</tr>
<tr>
<td></td>
<td>(2) Cushions</td>
</tr>
<tr>
<td></td>
<td>(3) Helmets</td>
</tr>
<tr>
<td></td>
<td>(4) Protective taping</td>
</tr>
<tr>
<td>F. Supportive devices*</td>
<td>(1) Prefabricated compression garments</td>
</tr>
<tr>
<td></td>
<td>(2) Corsets</td>
</tr>
<tr>
<td></td>
<td>(3) Elastic wraps</td>
</tr>
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<td></td>
<td>(4) Neck collars</td>
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<td></td>
<td>(5) Slings</td>
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<td></td>
<td>(6) Supplemental oxygen - apply and adjust</td>
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<td></td>
<td>(7) Supportive taping</td>
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<tr>
<td>8. Airway clearance techniques may include*:</td>
<td></td>
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<tr>
<td>A. Breathing strategies*</td>
<td>(1) Active cycle of breathing or forced expiratory techniques*</td>
</tr>
<tr>
<td></td>
<td>(2) Assisted cough/huff techniques*</td>
</tr>
<tr>
<td></td>
<td>(3) Paced breathing*</td>
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<tr>
<td></td>
<td>(4) Pursed lip breathing</td>
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<tr>
<td></td>
<td>(5) Techniques to maximize ventilation (eg, maximum inspiratory hold, breath stacking, manual hyperinflation)</td>
</tr>
<tr>
<td>B. Manual/mechanical techniques*:</td>
<td>(1) Assistive devices</td>
</tr>
<tr>
<td>C. Positioning*:</td>
<td>(1) Positioning to alter work of breathing</td>
</tr>
<tr>
<td></td>
<td>(2) Positioning to maximize ventilation and perfusion</td>
</tr>
<tr>
<td>9. Integumentary repair and protection techniques may include*:</td>
<td></td>
</tr>
<tr>
<td>A. Debridement*—nonselective:</td>
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<tr>
<td>Skill Category</td>
<td>Description of Minimum Skills</td>
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</tbody>
</table>
| Interventions (continued)              | (1) Enzymatic debridement  
(2) Wet dressings  
(3) Wet-to-dry dressings  
(4) Wet-to-moist dressings  

B. Dressings*:  
(1) Hydrogels  
(2) Wound coverings  

C. Topical agents*:  
(1) Cleansers  
(2) Creams  
(3) Moisturizers  
(4) Ointments  
(5) Sealants  

10. Electrotherapeutic modalities may include:  

A. Biofeedback*  

B. Electrotherapeutic delivery of medications (eg, iontophoresis)*  

C. Electrical stimulation*:  
(1) Electrical muscle stimulation (EMS)*  
(2) Functional electrical stimulation (FES)  
(3) High voltage pulsed current (HVPC)  
(4) Neuromuscular electrical stimulation (NMES)  
(5) Transcutaneous electrical nerve stimulation (TENS)  

11. Physical agents and mechanical modalities may include:  

Physical agents:  

A. Cryotherapy*:  
(1) Cold packs  
(2) Ice massage  
(3) Vapocoolant spray  

B. Hydrotherapy*:  
(1) Contrast bath  
(2) Pools  
(3) Whirlpool tanks*  

C. Sound agents*:  
(1) Phonophoresis*  
(2) Ultrasound*  

D. Thermotherapy*:  
(1) Dry heat  
(2) Hot packs*  
(3) Paraffin baths*  

Mechanical modalities:  

A. Compression therapies (prefabricated)*  
(1) Compression garments
<table>
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<tr>
<th>Skill Category</th>
<th>Description of Minimum Skills</th>
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<tbody>
<tr>
<td>Interventions (continued)</td>
<td>(2) Vasopneumatic compression devices*</td>
</tr>
<tr>
<td></td>
<td>(3) Taping</td>
</tr>
<tr>
<td></td>
<td>(4) Compression bandaging (excluding lymphedema)</td>
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<tr>
<td></td>
<td><strong>B. Gravity-assisted compression devices:</strong></td>
</tr>
<tr>
<td></td>
<td>(1) Standing frame*</td>
</tr>
<tr>
<td></td>
<td>(2) Tilt table*</td>
</tr>
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<td></td>
<td><strong>C. Mechanical motion devices</strong>:</td>
</tr>
<tr>
<td></td>
<td>(1) Continuous passive motion (CPM)*</td>
</tr>
<tr>
<td></td>
<td><strong>D. Traction devices</strong>:</td>
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<tr>
<td></td>
<td>(1) Intermittent</td>
</tr>
<tr>
<td></td>
<td>(2) Positional</td>
</tr>
<tr>
<td></td>
<td>(3) Sustained</td>
</tr>
<tr>
<td>Outcomes Assessment</td>
<td>1. Perform chart review/audit with respect to documenting components of patient/client management and facility procedures and regulatory requirements.</td>
</tr>
<tr>
<td></td>
<td>2. Collect relevant evidence-based outcome measures that relate to patient/client goals and/or prior level of functioning.*</td>
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<tr>
<td></td>
<td>3. Select outcome measures for levels of impairments in body function and structure, activity limitations, and participation restrictions with respect for psychometric properties of the outcomes.</td>
</tr>
<tr>
<td></td>
<td>4. Aggregate data across patients/clients and analyze results as it relates to the effectiveness of clinical performance (intervention).*</td>
</tr>
<tr>
<td>Education</td>
<td><strong>Patient/Client</strong></td>
</tr>
<tr>
<td></td>
<td>1. Determine patient/client variables that affect learning.*</td>
</tr>
<tr>
<td></td>
<td>2. Educate the patient/client and caregiver about the patient's/client's current health condition/examination findings, plan of care and expected outcomes, utilizing their feedback to modify the plan of care and expected outcomes as needed.*</td>
</tr>
<tr>
<td></td>
<td>3. Assess prior levels of learning for patient/client and family/caregiver to ensure clarity of education.</td>
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<td></td>
<td>4. Educate patients/clients and caregivers to recognize normal and abnormal response to interventions that warrant follow-up.*</td>
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<td></td>
<td>5. Provide patient/client and caregiver clear and concise home/independent program instruction at their levels of learning and ensure the patient/s/ client’s understanding of home/independent program.*</td>
</tr>
<tr>
<td></td>
<td>6. Educate patient/client and caregiver to enable them to articulate and demonstrate the nature of the impairments in body function and structure, activity limitations, and participation restrictions and how to safely and effectively manage the impairments in body function and structure, activity limitations, and participation restrictions (eg, identify symptoms, alter the program, and contact the therapist).*</td>
</tr>
<tr>
<td></td>
<td><strong>Colleagues</strong></td>
</tr>
<tr>
<td></td>
<td>1. Identify patient/client related questions and systematically locate and critically appraise evidence that addresses the question.</td>
</tr>
<tr>
<td></td>
<td>2. Educate colleagues and other health care professionals about the role, responsibilities, and academic preparation of the physical therapist and scope</td>
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<tr>
<td>Skill Category</td>
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<tr>
<td><strong>Ski</strong>ll Category</td>
<td>of physical therapist practice.</td>
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<tr>
<td></td>
<td>3. Address relevant learning needs, convey information, and assess outcomes of learning.</td>
</tr>
<tr>
<td></td>
<td>4. Present contemporary topics/issues using current evidence and sound teaching principles (ie, case studies, in-service, journal article review, etc.).</td>
</tr>
<tr>
<td><strong>Practice Management</strong></td>
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<tr>
<td>• Billing/Reimbursement</td>
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<tr>
<td>• Documentation</td>
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<td>• Quality Improvement</td>
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<tr>
<td>• Direction and Supervision</td>
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<tr>
<td>• Marketing and Public Relations</td>
<td></td>
</tr>
<tr>
<td>• Patient Rights, Patient Consent, Confidentiality, and HIPPA</td>
<td></td>
</tr>
<tr>
<td><strong>Billing/Reimbursement</strong></td>
<td></td>
</tr>
<tr>
<td>1. Describe the legal/ethical ramifications of billing and act accordingly.</td>
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<tr>
<td>2. Correlate/distinguish between billing and reimbursement.</td>
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<tr>
<td>3. Include consideration of billing/ reimbursement in the plan of care.</td>
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<tr>
<td>4. Choose correct and accurate ICD-9 and CPT codes.</td>
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<tr>
<td>5. Contact insurance company to follow-up on a denial or ask for additional services including Durable Medical Equipment (DME).</td>
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</tr>
<tr>
<td><strong>Documentation of Care</strong></td>
<td></td>
</tr>
<tr>
<td>1. Document patient/client care in writing that is accurate and complete using institutional processes.*</td>
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</tr>
<tr>
<td>2. Use appropriate grammar, syntax, spelling, and punctuation in written communication.</td>
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<tr>
<td>3. Use appropriate terminology and institutionally approved abbreviations.</td>
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<tr>
<td>4. Use an organized and logical framework to document care (eg, refer to the Guide to Physical Therapist Practice, Appendix 5).*</td>
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</tr>
<tr>
<td>5. Conform to documentation requirements of the practice setting and the reimbursement system.</td>
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<tr>
<td>6. Accurately interpret documentation from other health care professionals.</td>
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<tr>
<td><strong>Quality Improvement</strong></td>
<td></td>
</tr>
<tr>
<td>1. Participate in quality improvement program of self, peers, and setting/institution.</td>
<td></td>
</tr>
<tr>
<td>2. Describe the relevance and impact of institutional accreditation (eg, Joint Commission or CARF) on the delivery of physical therapy services.</td>
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<tr>
<td><strong>Direction and Supervision of Physical Therapist Assistants (PTAs) and Other Support Personnel</strong></td>
<td></td>
</tr>
<tr>
<td>1. Follow legal and ethical requirements for direction and supervision.</td>
<td></td>
</tr>
<tr>
<td>2. Supervise the physical therapist assistant and/or other support personnel.</td>
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</tr>
<tr>
<td>3. Select appropriate patients/clients for whom care can be directed to physical therapist assistants based on patient complexity and acuity, reimbursement, PTA knowledge/skill, jurisdictional law, etc.</td>
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</tr>
<tr>
<td>4. In any practice setting, maintain responsibility for patient/client care by regularly monitoring care and patient progression throughout care provided by PTAs and services provided by other support personnel.</td>
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</tr>
<tr>
<td><strong>Marketing and Public Relations</strong></td>
<td></td>
</tr>
<tr>
<td>1. Present self in a professional manner.</td>
<td></td>
</tr>
<tr>
<td>2. Promote the profession by discussing the benefits of physical therapy in all interactions, including presentations to the community about physical therapy.</td>
<td></td>
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<tr>
<td><strong>Patient Rights, Patient Consent, Confidentiality, and Health Insurance Portability and Accountability Act (HIPAA)</strong></td>
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<tr>
<td>Skill Category</td>
<td>Description of Minimum Skills</td>
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<tr>
<td><strong>Ski</strong>ll Category</td>
<td><strong>Description of Minimum Skills</strong></td>
</tr>
<tr>
<td>1. Obtain consent from patients/clients and/or caregiver for the provision of all components of physical therapy including*:</td>
<td></td>
</tr>
<tr>
<td>A. treatment-related*</td>
<td></td>
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<tr>
<td>B. research*</td>
<td></td>
</tr>
<tr>
<td>C. fiscal</td>
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<tr>
<td>2. Comply with HIPAA/FERPA regulations.*</td>
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<tr>
<td>3. Act in concert with institutional &quot;Patient Rights&quot; statements and advanced directives (eg, Living wills, Do Not Resuscitate (DNR) requests, etc.).</td>
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</tr>
<tr>
<td><strong>Informatics</strong></td>
<td>1. Use current information technology, including word-processing, spreadsheets, and basic statistical packages.</td>
</tr>
<tr>
<td><strong>Risk Management</strong></td>
<td>1. Follow institutional/setting procedures regarding risk management.</td>
</tr>
<tr>
<td>2. Identify the need to improve risk management practices.</td>
<td></td>
</tr>
<tr>
<td><strong>Productivity</strong></td>
<td>1. Analyze personal productivity using the clinical facility's system and implement strategies to improve when necessary.</td>
</tr>
<tr>
<td><strong>Professionalism: Core Values</strong></td>
<td><strong>Core Values</strong></td>
</tr>
<tr>
<td>Accountability</td>
<td>1. Demonstrate all APTA core values associated with professionalism.</td>
</tr>
<tr>
<td>Altruism</td>
<td>2. Identify resources to develop core values.</td>
</tr>
<tr>
<td>Compassion/Caring</td>
<td>3. Seek mentors and learning opportunities to develop and enhance the degree to which core values are demonstrated.</td>
</tr>
<tr>
<td>Excellence</td>
<td>4. Promote core values within a practice setting.</td>
</tr>
<tr>
<td>Integrity</td>
<td>2. Professional Duty</td>
</tr>
<tr>
<td>Social Responsibility</td>
<td>3. Consultation</td>
</tr>
<tr>
<td>1. Provide consultation within the context of patient/client care with physicians, family and caregivers, insurers, and other health care providers, etc.</td>
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</tr>
<tr>
<td>2. Accurately self-assess the boundaries within which consultation outside of the patient/client care context can be provided.</td>
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<tr>
<td>3. Render advice within the identified boundaries or refer to others.</td>
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</tr>
<tr>
<td><strong>Evidence-Based Practice</strong></td>
<td>1. Discriminate among the levels of evidence (eg, Sackett).</td>
</tr>
<tr>
<td>Impact of Research on Practice</td>
<td>2. Access current literature using databases and other resources to answer clinical/practice questions.</td>
</tr>
<tr>
<td>3. Read and critically analyze current literature.</td>
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<tr>
<td>4. Use current evidence, patient values, and personal experiences in making clinical decisions.*</td>
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<tr>
<td>5. Prepare a written or verbal case report.</td>
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<tr>
<td>6. Share expertise related to accessing evidence with colleagues.</td>
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<tr>
<td>Skill Category</td>
<td>Description of Minimum Skills</td>
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<tr>
<td>Communication</td>
<td><strong>Interpersonal (including verbal, non-verbal, electronic)</strong></td>
</tr>
<tr>
<td>Interpersonal</td>
<td>1. Develop rapport with patients/clients and others.</td>
</tr>
<tr>
<td>Verbal</td>
<td>2. Display sensitivity to the needs of others.</td>
</tr>
<tr>
<td>Written</td>
<td>3. Actively listen to others.</td>
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<tr>
<td></td>
<td>4. Engender confidence of others.</td>
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<td></td>
<td>5. Ask questions in a manner that elicits needed responses.</td>
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<td></td>
<td>6. Modify communication to meet the needs of the audience.</td>
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<td></td>
<td>7. Demonstrate congruence between verbal and non-verbal messages.</td>
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<td></td>
<td>8. Use appropriate grammar, syntax, spelling, and punctuation in written communication.</td>
</tr>
<tr>
<td></td>
<td>9. Use appropriate, and where available, standard terminology and abbreviations.</td>
</tr>
<tr>
<td></td>
<td>10. Maintain professional relationships with all persons.</td>
</tr>
<tr>
<td></td>
<td>11. Adapt communication in ways that recognize and respect the knowledge and experiences of colleagues and others.</td>
</tr>
<tr>
<td>Conflict Management/Negotiation</td>
<td>1. Recognize potential for conflict.</td>
</tr>
<tr>
<td></td>
<td>2. Implement strategies to prevent and/or resolve conflict.</td>
</tr>
<tr>
<td></td>
<td>3. Seek resources to resolve conflict when necessary.</td>
</tr>
<tr>
<td>Cultural Competence</td>
<td>1. Elicit the “patient’s story” to avoid stereotypical assumptions.</td>
</tr>
<tr>
<td></td>
<td>2. Utilize information about health disparities during patient/client care.</td>
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<tr>
<td></td>
<td>3. Provide care in a non-judgmental manner.</td>
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<td></td>
<td>4. Acknowledge personal biases, via self-assessment or critical assessment of feedback from others.</td>
</tr>
<tr>
<td></td>
<td>5. Recognize individual and cultural differences and adapt behavior accordingly in all aspects of physical therapy care.*</td>
</tr>
<tr>
<td>Promotion of Health,</td>
<td>1. Identify patient/client health risks during the history and physical via the systems review.</td>
</tr>
<tr>
<td>Wellness, and Prevention</td>
<td>2. Take vital signs of every patient/client during each visit.</td>
</tr>
<tr>
<td></td>
<td>3. Collaborate with the patient/client to develop and implement a plan to address health risks.*</td>
</tr>
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<td></td>
<td>4. Determine readiness for behavioral change.</td>
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<td></td>
<td>5. Identify available resources in the community to assist in the achievement of the plan.</td>
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<tr>
<td></td>
<td>6. Identify secondary and tertiary effects of disability.</td>
</tr>
<tr>
<td></td>
<td>7. Demonstrate healthy behaviors.</td>
</tr>
<tr>
<td></td>
<td>8. Promote health/wellness in the community.</td>
</tr>
</tbody>
</table>

Relationship to Vision 2020: Doctor of Physical Therapy; (Academic/Clinical Education Affairs Department, ext 3203)

**Explanation of Reference Numbers:**

BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the “P” indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

MINIMUM REQUIRED SKILLS OF PHYSICAL THERAPIST ASSISTANT GRADUATES AT ENTRY-LEVEL
BOD G11-08-09-18 [Guideline]

Background
In August 2007, 30 member consultants convened in Alexandria, VA for a consensus conference. The primary purpose of the conference was to achieve agreement on the minimum required skills for every graduate from a physical therapist assistant program to be able to perform on patients/clients that include, but are not limited to, the skill set required by the National Physical Therapy Examination (NPTE) for physical therapist assistants (PTAs).

Assumptions that framed the boundaries for the discussion during this conference included:

1. A minimum set of required skills will be identified that every graduate from a physical therapist assistant program can competently perform in the clinical environment.
2. Development of the minimum required skills will include, but not be limited to, the content blueprint for the physical therapist assistant licensure examination; put differently, no skills on the physical therapist assistant licensure blueprint will be excluded from the minimum required skills.
3. To achieve consensus on the minimum required skills, 90% or more of the member consultants must be in agreement.
4. The minimum required skill of the physical therapist assistant will not exceed that described for the physical therapist.
5. Those aspects of patient/client management that are not part of the scope of work of the physical therapist assistant are not addressed in this conference, i.e. examination, evaluation, diagnosis, prognosis, development of plan of care, re-examination, development of discharge plan.

Minimum skills were defined as foundational skills that are indispensable for a new graduate physical therapist assistant to perform on patients/clients in a competent and coordinated manner under the direction and supervision of the physical therapist. Skills considered essential for any physical therapist assistant graduate include those addressing all systems (ie, musculoskeletal, neurological, cardiovascular pulmonary, integumentary) and the continuum of patient/client care throughout the lifespan. Definitions for terms used in this document are based on the Guide to Physical Therapist Practice. An asterisk (*) denotes a skill identified on the Physical Therapist Assistant (NPTE) Test Content Outline.

Given that agreement on this document was achieved by a small group of member consultants, the conference document was then disseminated to a wider audience comprised of stakeholder groups that would be invested in and affected by this document. The consensus-based draft document of Minimum Required Skills of Physical Therapist Assistant Graduates at Entry-Level was placed on APTA's website and stakeholder groups, including APTA Board of Directors, all physical therapist assistant academic program directors, PTA Academic Coordinators/Directors of Clinical Education, and PTA faculties, physical therapists and PTAs serving on CAPTE panels, component leaders, the PTA Caucus, Advisory Panel of PTAs, and a sampling of clinical educators were invited to vote. A modified Delphi was used on whether or not to include/exclude specific essential skills that every PTA graduate should be competent in performing on patients/clients under the direction and supervision of the physical therapist. A total of 494 responses were received and the results were tabulated and analyzed. Those skills that the 494 respondents voted to include with an aggregate score of 80% or higher were incorporated into the final draft document.

The final “vote” was provided in a report to the APTA Board of Directors in November 2008 for their review, deliberation, and action. The Board of Directors adopted the document Minimum Required Skills of Physical Therapist Assistant Graduates at Entry-Level as a core document to be made available to stakeholders, including PTA academic programs and their faculties, clinical education sites, students, employers and CAPTE. The final document that follows defines Minimum Required Skills of Physical Therapist Assistant Graduates at Entry-Level.
<table>
<thead>
<tr>
<th>PTA Skill Category</th>
<th>Description of Minimum Skills for PTA</th>
</tr>
</thead>
</table>
| **Plan of Care Review**                   | 1. **Review of physical therapy documents**  
   • Review of medical record  
   • Identification of pertinent information  
   • Identification of indications, contraindications, precautions, safety considerations, and expected outcomes  
   • Access to related literature  
   • Match patient goals to selected interventions  
   • Identification of role in patient care  
   • Identification of items to be communicated to the physical therapist  
   A. Note indications, contraindications, precautions and safety considerations for the patient.  
   B. Note goals and expected outcomes.  
   C. Seek clarification from physical therapist, as needed.  
   2. **Review of medical record at each visit**, including:  
   A. Monitor medical record for changes in medical status and/or medical procedures.  
   B. Collect data on patient's current condition, compare results to previously collected data and safety parameters established by the physical therapist, and determine if the safety parameters have been met.  
   C. Seek clarification from appropriate health professions’ staff for unfamiliar or ambiguous information.  
   3. Identify when the directed interventions are either beyond the scope of work or personal scope of work of the PTA.  
   4. Communicate to the physical therapist when there are significant changes in the patient's medical status, physician referral, or when the criticality and complexity of the patient is beyond the knowledge, skills, and abilities of the PTA.  
   5. Explain the rationale for selected interventions to achieve patient goals as identified in the plan of care. |
| **Provision of Procedural Interventions**  | 1. **Provide interventions compliant with federal and state licensing requirements, APTA standards documents (eg, Guide for Conduct for the PTA, Code of Ethics), and facility policies and procedures.**  
   2. **Assure safety of patient and self throughout patient care.**  
   A. Identify the need for and take action when safety of patient or self may be at risk or has been compromised.  
   B. Utilize risk management strategies (eg, universal precautions, body mechanics).  
   3. **Assure patient privacy, rights, and dignity.**  
   A. Follow HIPAA requirements and observe Patient Bill of Rights.  
   B. Position/drape to protect patient modesty.  
   4. **Provide competent provision of physical therapy interventions, including:**  
   A. **Therapeutic exercise**  
   1. Aerobic Capacity/Endurance Conditioning or Reconditioning  
   2. Movement efficiency and energy conservation training  
   B. **Functional training**  
   C. **Manual therapy techniques**  
   D. **Application and adjustment of devices and equipment***  
   E. **Airway clearance techniques**  
   F. **Integumentary repair and protection techniques** |

*Dependent on facility policy and procedure.
<table>
<thead>
<tr>
<th>PTA Skill Category</th>
<th>Description of Minimum Skills for PTA</th>
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</thead>
<tbody>
<tr>
<td>• Electrotherapeutic modalities*</td>
<td>3. Walking/wheelchair propulsion programs</td>
</tr>
<tr>
<td>• Physical agents and mechanical modalities*</td>
<td>B. Balance, coordination, and agility training</td>
</tr>
<tr>
<td>• Assessment of patient response</td>
<td>1. Developmental activities training</td>
</tr>
<tr>
<td>• Clinical problem solving</td>
<td>2. Neuromuscular education or reeducation</td>
</tr>
<tr>
<td>• Ability to modify techniques</td>
<td>3. Postural awareness training</td>
</tr>
<tr>
<td></td>
<td>4. Standardized, programmatic, complementary exercise approaches (protocols)</td>
</tr>
<tr>
<td></td>
<td>5. Task-Specific Performance Training (eg, transfer training, mobility exercises, functional reaching)</td>
</tr>
<tr>
<td></td>
<td>C. Body mechanics and postural stabilization</td>
</tr>
<tr>
<td></td>
<td>1. Body mechanics training</td>
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<tr>
<td></td>
<td>2. Postural stabilization activities</td>
</tr>
<tr>
<td></td>
<td>3. Postural awareness training</td>
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<tr>
<td></td>
<td>D. Flexibility exercises</td>
</tr>
<tr>
<td></td>
<td>1. Range of motion</td>
</tr>
<tr>
<td></td>
<td>2. Stretching (eg, Passive, Active, Mechanical)</td>
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<tr>
<td></td>
<td>E. Gait and locomotion training</td>
</tr>
<tr>
<td></td>
<td>1. Developmental activities training</td>
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<tr>
<td></td>
<td>2. Gait training (with and without devices)</td>
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<tr>
<td></td>
<td>3. Standardized, programmatic, complementary exercise approaches</td>
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<td></td>
<td>4. Wheelchair propulsion and safety</td>
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<td>F. Neuromotor development training</td>
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<td></td>
<td>1. Developmental activities training</td>
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<td></td>
<td>2. Movement pattern training</td>
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<tr>
<td></td>
<td>3. Neuromuscular education or reeducation</td>
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<tr>
<td></td>
<td>G. Relaxation</td>
</tr>
<tr>
<td></td>
<td>1. Breathing strategies (with respect to delivery of an intervention)</td>
</tr>
<tr>
<td></td>
<td>2. Relaxation techniques (with respect to delivery of an intervention)</td>
</tr>
<tr>
<td></td>
<td>H. Strength, power, and endurance training for head, neck, limb, trunk, and ventilatory muscles</td>
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<tr>
<td></td>
<td>1. Active assistive, active, and resistive exercises, including concentric, dynamic/isotonic, eccentric, isometric, diaphragmatic breathing, and low-level plyometrics (eg, kicking a ball, throwing a ball)</td>
</tr>
<tr>
<td></td>
<td>Functional training in self-care and home management</td>
</tr>
<tr>
<td>A. Activities of daily living (ADL) training</td>
<td>A. Activities of daily living (ADL) training</td>
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<tr>
<td></td>
<td>1. Bed mobility and transfer training</td>
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<tr>
<td></td>
<td>2. Activity specific performance training</td>
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<tr>
<td>B. Device and equipment use and training</td>
<td>B. Device and equipment use and training</td>
</tr>
<tr>
<td></td>
<td>1. Assistive and adaptive device or equipment training during ADL</td>
</tr>
<tr>
<td>C. Injury Prevention or reduction</td>
<td>C. Injury Prevention or reduction</td>
</tr>
<tr>
<td></td>
<td>1. Injury prevention education during self-care and home management</td>
</tr>
<tr>
<td></td>
<td>2. Injury prevention or reduction with use of devices and equipment</td>
</tr>
<tr>
<td></td>
<td>3. Safety awareness training during self-care and home management</td>
</tr>
<tr>
<td>PTA Skill Category</td>
<td>Description of Minimum Skills for PTA</td>
</tr>
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<td>--------------------</td>
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</tr>
</tbody>
</table>
| **Manual therapy techniques** | A. Therapeutic Massage  
B. Soft Tissue mobilization  
C. Passive range of motion |
| **Application and adjustment of devices and equipment** | A. Adaptive devices  
1. Hospital Beds  
2. Raised Toilet Seats  
B. Assistive devices  
1. Canes  
2. Crutches  
3. Long-handled reachers  
4. Walkers  
5. Wheelchairs  
C. Orthotic and prosthetic devices  
1. Braces  
D. Protective devices  
1. Braces  
E. Supportive devices, such as:  
1. Compression garments  
2. Elastic wraps  
3. Soft neck collars  
4. Slings  
5. Supplemental oxygen |
| **Breathing strategies/oxygenation** | 1. Identify patient in respiratory distress  
2. Reposition patient to improve respiratory function  
3. Instruct patient in a variety of breathing techniques (pursed lip breathing, paced breathing, etc.)  
4. Administration of prescribed oxygen during interventions. |
| **Integumentary protection** | 1. Recognize interruptions in integumentary integrity  
2. Repositioning  
3. Patient education  
4. Edema management |
| **Electrotherapeutic modalities, such as:** | 1. Electrotherapeutic delivery of medications  
2. Electrical muscle stimulation  
3. Electrical stimulation for tissue repair  
4. Functional electrical stimulation  
5. High-voltage pulsed current  
6. Neuromuscular electrical stimulation  
7. Transcutaneous electrical nerve stimulation |
<p>| <strong>Physical agents</strong> | 1. Cryotherapy (eg, cold pack, ice massage, vapocoolant spray, hydrotherapy) |</p>
<table>
<thead>
<tr>
<th>PTA Skill Category</th>
<th>Description of Minimum Skills for PTA</th>
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<tbody>
<tr>
<td></td>
<td>2. Ultrasound</td>
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<tr>
<td></td>
<td>3. Thermotherapy (eg, dry heat, hot packs, paraffin baths, hydrotherapy)</td>
</tr>
<tr>
<td></td>
<td>Mechanical modalities</td>
</tr>
<tr>
<td></td>
<td>1. Compression therapies</td>
</tr>
<tr>
<td></td>
<td>2. Mechanical motion devices</td>
</tr>
<tr>
<td></td>
<td>3. Traction devices</td>
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<tr>
<td></td>
<td>5. Determine patient's response to the intervention:</td>
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<tr>
<td></td>
<td>A. Interview patient and accurately interpret verbal and nonverbal responses</td>
</tr>
<tr>
<td></td>
<td>B. Identify secondary effects or complications caused by the intervention</td>
</tr>
<tr>
<td></td>
<td>C. Determine outcome of intervention (positive or negative), including data collection and functional measures</td>
</tr>
<tr>
<td></td>
<td>6. Use clinical problem solving skills in patient care.</td>
</tr>
<tr>
<td></td>
<td>A. Determine if patient is safe and comfortable with the intervention, and, if not, determine appropriate modifications</td>
</tr>
<tr>
<td></td>
<td>B. Compare results of intervention to previously collected data and determine if there is progress toward the expectations established by the PT or if the expectations have been met</td>
</tr>
<tr>
<td></td>
<td>C. Determine if modifications to the interventions are needed to improve patient response</td>
</tr>
<tr>
<td></td>
<td>7. Modify interventions to improve patient response.</td>
</tr>
<tr>
<td></td>
<td>A. Determine modifications that can be made to the intervention within the plan of care</td>
</tr>
<tr>
<td></td>
<td>B. Communicate with physical therapist when modifications are outside scope of work or personal scope of work of PTA</td>
</tr>
<tr>
<td></td>
<td>C. Select and implement modification</td>
</tr>
<tr>
<td></td>
<td>D. Determine patient outcomes from the modification</td>
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</tbody>
</table>

### Patient Instruction

- **Application of principles of learning**
- **Use of variety of teaching strategies**
- **Methods to enhance compliance**
- **Clarity in instructions**
- **Assessment of patient response**

1. Apply principles of learning using a variety of teaching strategies during patient instruction.
2. Provide clear instructions (eg, verbal, visual).
3. Apply methods to enhance compliance (eg, handouts, reporting forms).
4. Determine patient response/understanding of instruction.

### Patient Progression

- **Competent patient progression**

1. Implement competent patient progression.
   - A. Identify the need to progress via data collection.
   - B. Determine what progression can be made within the
<table>
<thead>
<tr>
<th>PTA Skill Category</th>
<th>Description of Minimum Skills for PTA</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Communication of pertinent information</td>
<td>plan of care.</td>
</tr>
<tr>
<td>• Relationship of psychosocial factors to progress</td>
<td>C. Identify possible progressions that will continue to advance patient response.</td>
</tr>
<tr>
<td>• Clinical problem solving</td>
<td>D. Select and implement the progression of the intervention.</td>
</tr>
<tr>
<td></td>
<td>E. Determine outcomes of the intervention.</td>
</tr>
</tbody>
</table>

2. Communicate pertinent information.                  
   A. Identify changes in patient response due to intervention. 
   B. Describe adjustments to intervention within plan of care. 
   C. Describe response to change in intervention. 

3. Recognize when other variables (psychological, social, cultural, etc.) appear to be affecting the patient’s progression with the intervention.

4. Determine if patient is progressing toward goals in plan of care. If no, determine if modifications made to the intervention are required to improve patient response.

**Data Collection**

| • Competent data collection                           | Provide accurate, reproducible, safe, valid, and timely collection and documentation of data to measure the patient’s medical status and/or progress within the intervention as indicated in the following categories: |
| • Interview skills                                    | Anthropometric characteristics                                                                    |
| • Accurate and timely                                 | 1. Measure body dimensions (eg, height, weight, girth, limb length).                                |
| • Clinical problem solving                            | Arousal, attention, and cognition                                                                 |
| • Ability to modify techniques                        | 1. Determine level of orientation to situation, time, place, and person.                           |
| • Documentation and communication                     | 2. Determine patient’s ability to process commands.                                                |
|                                                       | 3. Determine level of arousal (lethargic, alert, agitated).                                        |
|                                                       | 4. Test patient’s recall ability (eg, short term and long term memory).                           |
|                                                       | Assistive and adaptive devices                                                                   |
|                                                       | 1. Measure for assistive or adaptive devices and equipment.                                       |
|                                                       | 2. Determine components, alignments and fit of device and equipment.                              |
|                                                       | 3. Determine patient’s safety while using the device.                                              |
|                                                       | 4. Monitor patient’s response to the use of the device.                                            |
|                                                       | 5. Check patient or caregiver’s ability to care for device and equipment (maintenance, adjustment, cleaning). |

Body mechanics

1. Determine patient’s ability to use proper body
<table>
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<tr>
<th>PTA Skill Category</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>mechanics during functional activity.</td>
</tr>
<tr>
<td>Environmental barriers, self-care, and home management</td>
<td></td>
</tr>
<tr>
<td>1. Identify potential safety barriers.</td>
<td></td>
</tr>
<tr>
<td>2. Identify potential environmental barriers.</td>
<td></td>
</tr>
<tr>
<td>3. Identify potential physical barriers.</td>
<td></td>
</tr>
<tr>
<td>4. Determine ability to perform bed mobility and transfers safely in the context of self-care home management.</td>
<td></td>
</tr>
<tr>
<td>Gait, locomotion, and balance</td>
<td></td>
</tr>
<tr>
<td>1. Determine patient’s safety while engaged in gait, locomotion, balance, and mobility.</td>
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</tr>
<tr>
<td>2. Measure patient’s progress with gait, locomotion, balance, and mobility, including use of standard tests.</td>
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</tr>
<tr>
<td>3. Describes gait deviations and their effect on gait and locomotion.</td>
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</tr>
<tr>
<td>Integumentary integrity</td>
<td></td>
</tr>
<tr>
<td>1. Identify activities, positioning, and postures that may produce or relieve trauma to the skin.</td>
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</tr>
<tr>
<td>2. Identify devices and equipment that may produce or relieve trauma to the skin.</td>
<td></td>
</tr>
<tr>
<td>3. Observe and describe skin characteristics (eg, blistering, continuity of skin color, dermatitis, hair growth, mobility, nail growth, sensation, temperature, texture, and turgor).</td>
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</tr>
<tr>
<td>4. Observe and describe changes in skin integrity, such as presence of wound, blister, incision, hematoma, etc.</td>
<td></td>
</tr>
<tr>
<td>5. Test for skin sensation and describe absent or altered sensation.</td>
<td></td>
</tr>
<tr>
<td>Muscle function</td>
<td></td>
</tr>
<tr>
<td>1. Perform manual muscle testing.</td>
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</tr>
<tr>
<td>2. Observe the presence or absence of muscle mass.</td>
<td></td>
</tr>
<tr>
<td>3. Describe changes in muscle tone.</td>
<td></td>
</tr>
<tr>
<td>Neuromotor function</td>
<td></td>
</tr>
<tr>
<td>1. Identify the presence or absence of developmental reflexes, associated reactions, or abnormal tone.</td>
<td></td>
</tr>
<tr>
<td>2. Identify performance of gross and fine motor skills.</td>
<td></td>
</tr>
<tr>
<td>Orthotic and prosthetic devices and equipment</td>
<td></td>
</tr>
<tr>
<td>1. Check components, ensure alignment and fit of orthotic devices, braces, and/or splints.</td>
<td></td>
</tr>
<tr>
<td>2. Determine effectiveness of components (Is it working or not?), alignment, and fit of orthotic devices, braces, and splints during functional</td>
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<tr>
<td>PTA Skill Category</td>
<td>Description of Minimum Skills for PTA activities.</td>
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<tr>
<td>3. Determine patient/caregiver’s ability to don/doff orthotic, device, brace, and/or splint.</td>
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</tr>
<tr>
<td>4. Determine patient/caregiver’s ability to care for orthotic device, brace, or splint (eg, maintenance, adjustments, and cleaning).</td>
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<tr>
<td>Pain</td>
<td>1. Define location and intensity of pain.</td>
</tr>
<tr>
<td>Posture</td>
<td>1. Determine postural alignment and position (static and dynamic, symmetry, deviation from midline).</td>
</tr>
<tr>
<td>Range of motion</td>
<td>1. Perform tests of joint active and passive movement, muscle length, soft tissue extensibility, tone and flexibility (goniometry, tape measure).</td>
</tr>
<tr>
<td></td>
<td>2. Describe functional range of motion.</td>
</tr>
<tr>
<td>Sensory response</td>
<td>1. Perform tests of superficial sensation (coarse touch, light touch, cold, heat, pain, pressure, and/or vibration).</td>
</tr>
<tr>
<td></td>
<td>2. Check peripheral nerve integrity (sensation, strength).</td>
</tr>
<tr>
<td>Vital Signs</td>
<td>1. Monitor and determine cardiovascular function. (eg, peripheral pulses, blood pressure, heart rate)</td>
</tr>
<tr>
<td></td>
<td>2. Monitor and determine physiological responses to position change (eg, orthostatic hypotension, skin color, blood pressure, and heart rate).</td>
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<tr>
<td></td>
<td>3. Monitor and determine respiratory status (eg, pulse oximetry, rate, and rhythm, pattern).</td>
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<tr>
<td></td>
<td>2. Provide timely communication to the physical therapist regarding findings of data collection techniques.</td>
</tr>
<tr>
<td></td>
<td>3. Recognize when intervention should not be provided or should be modified due to change in patient status.</td>
</tr>
<tr>
<td>Documentation</td>
<td>1. Document in writing/electronically patient care using language that is accurate, complete, legible, timely, and consistent with institutional, legal, and billing requirements.</td>
</tr>
<tr>
<td></td>
<td>2. Use appropriate grammar, syntax, and punctuation in communication.</td>
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<td></td>
<td>3. Use appropriate terminology and institutionally approved abbreviations.</td>
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<tr>
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<tr>
<td>4. Use an organized and logical framework to document care.</td>
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<tr>
<td>5. Identify and communicate with the physical therapist when further documentation is required.</td>
<td></td>
</tr>
<tr>
<td>Safety, CPR, and Emergency Procedures</td>
<td></td>
</tr>
<tr>
<td>• Safety</td>
<td></td>
</tr>
<tr>
<td>• Initiate emergency response system</td>
<td></td>
</tr>
<tr>
<td>• CPR</td>
<td></td>
</tr>
<tr>
<td>1. Ensure safety of self and others in the provision of care in all situations.</td>
<td></td>
</tr>
<tr>
<td>2. Initiate and/or participate in emergency life support procedures (simulated or actual).</td>
<td></td>
</tr>
<tr>
<td>3. Initiate and/or participate in emergency response system (simulated or actual).</td>
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<tr>
<td>4. Maintain competency in CPR.</td>
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<tr>
<td>5. Prepare and maintain a safe working environment for performing interventions (e.g. clear walkways, equipment checks, etc.).</td>
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<tr>
<td>Healthcare Literature</td>
<td></td>
</tr>
<tr>
<td>1. Reads and understands the healthcare literature.</td>
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<tr>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>a. Colleagues</td>
<td></td>
</tr>
<tr>
<td>b. Aides, volunteers, peers, coworkers</td>
<td></td>
</tr>
<tr>
<td>c. Students</td>
<td></td>
</tr>
<tr>
<td>d. Community</td>
<td></td>
</tr>
<tr>
<td>1. Instruct other members of the health care team, using established techniques, programs, and instructional materials, commensurate with the learning characteristics of the audience.</td>
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</tr>
<tr>
<td>2. Educate colleagues and other health care professionals about the role, responsibilities, and academic preparation and scope of work of the PTA.</td>
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<tr>
<td>Resource Management</td>
<td></td>
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<tr>
<td>• Human</td>
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<tr>
<td>• Fiscal</td>
<td></td>
</tr>
<tr>
<td>• Systems</td>
<td></td>
</tr>
<tr>
<td>1. Follow legal and ethical requirements for direction and supervision of other support personnel.</td>
<td></td>
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<tr>
<td>2. Select appropriate non-patient care activities to be directed to support personnel.</td>
<td></td>
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<tr>
<td>3. Identify and eliminate obstacles to completing patient related duties.</td>
<td></td>
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<tr>
<td>4. Demonstrate efficient time management.</td>
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<tr>
<td>5. Provide accurate and timely information for billing and reimbursement purposes.</td>
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<tr>
<td>6. Adhere to legal/ethical requirements, including billing.</td>
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<tr>
<td>7. Maintain and use physical therapy equipment effectively.</td>
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<tr>
<td>Behavioral Expectations:</td>
<td></td>
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<tr>
<td>a. Accountability</td>
<td></td>
</tr>
<tr>
<td>b. Altruism</td>
<td></td>
</tr>
<tr>
<td>1. Adhere to federal and state legal practice standards and institutional regulations related to patient care and fiscal</td>
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</tr>
<tr>
<td>PTA Skill Category</td>
<td>Description of Minimum Skills for PTA</td>
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<td>----------------------------</td>
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</tr>
<tr>
<td>c. Compassion and Caring</td>
<td>management.</td>
</tr>
<tr>
<td>d. Cultural Competence</td>
<td>2. Act in a manner consistent with the <em>Standards of Ethical Conduct for the Physical Therapist Assistant and Guide for Conduct of the Physical Therapist Assistant</em>.</td>
</tr>
<tr>
<td>e. Duty</td>
<td>3. Change behavior in response to understanding the consequences (positive and negative) of the physical therapist assistant’s actions.</td>
</tr>
<tr>
<td>f. Integrity</td>
<td><strong>Altruism</strong></td>
</tr>
<tr>
<td>g. Social Responsibility</td>
<td>1. Place the patient's/client’s needs above the physical therapist assistant’s self-interests.</td>
</tr>
<tr>
<td></td>
<td><strong>Compassion and caring</strong></td>
</tr>
<tr>
<td></td>
<td>1. Exhibit compassion, caring, and empathy in providing services to patients; promote active involvement of the patient in his or her care.</td>
</tr>
<tr>
<td></td>
<td><strong>Cultural competence</strong></td>
</tr>
<tr>
<td></td>
<td>1. Identify, respect, and act with consideration for the patient’s differences, values, preferences, and expressed needs in all physical therapy activities.</td>
</tr>
<tr>
<td></td>
<td><strong>Duty</strong></td>
</tr>
<tr>
<td></td>
<td>1. Describe and respect the physical therapists’ and other team members’ expertise, background, knowledge, and values.</td>
</tr>
<tr>
<td></td>
<td>2. Demonstrate reliability in meeting normal job responsibilities (eg, attendance, punctuality, following direction).</td>
</tr>
<tr>
<td></td>
<td>3. Preserve the safety, security, privacy, and confidentiality of individuals.</td>
</tr>
<tr>
<td></td>
<td>4. Recognize and report when signs of abuse/neglect are present.</td>
</tr>
<tr>
<td></td>
<td>5. Actively promote physical therapy.</td>
</tr>
<tr>
<td></td>
<td><strong>Integrity</strong></td>
</tr>
<tr>
<td></td>
<td>1. Demonstrate integrity in all interactions.</td>
</tr>
<tr>
<td></td>
<td>2. Maintain professional relationships with all persons.</td>
</tr>
<tr>
<td></td>
<td><strong>Social Responsibility</strong></td>
</tr>
<tr>
<td></td>
<td>1. Analyze work performance and behaviors and seek assistance for improvement as needed.</td>
</tr>
<tr>
<td>PTA Skill Category</td>
<td>Description of Minimum Skills for PTA</td>
</tr>
<tr>
<td>----------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Communication              | **Interpersonal Communication**  
1. Develop rapport with patients/clients and others to promote confidence.  
2. Actively listen and display sensitivity to the needs of others.  
3. Ask questions in a manner that elicits needed responses.  
4. Modify communication to meet the needs of the audience, demonstrating respect for the knowledge and experience of others.  
5. Demonstrate congruence between verbal and non-verbal messages.  
6. Recognize when communication with the physical therapist is indicated.  
7. Initiate and complete verbal and written communication with the physical therapist in a timely manner.  
8. Ensure ongoing communication with the physical therapist for optimal patient care.  
9. Recognize role and participate appropriately in communicating patient status and progress within the health care team. |
|                            | **Conflict Management/Negotiation**  
1. Recognize potential for conflict.  
2. Implement strategies to prevent and/or resolve conflict.  
3. Seek resources to resolve conflict when necessary. |
| Promotion of Health, Wellness, and Prevention | 1. Demonstrate health promoting behaviors.  
2. Recognize opportunities to educate the public or patients about issues of health, wellness, and prevention (eg, benefits of exercise, prevention of falls, etc.) and communicate opportunity to the physical therapist.  
3. Educate the public or patients about issues of health, wellness, and prevention (eg, benefits of exercise, prevention of falls, etc.).  
4. Recognize patient indicators of willingness to change health behaviors and communicate to the physical therapist. |
2. Identify individual learning needs to enhance role in the profession. |
<table>
<thead>
<tr>
<th>PTA Skill Category</th>
<th>Description of Minimum Skills for PTA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3. Identify and obtain resources to increase knowledge and skill.</td>
</tr>
<tr>
<td></td>
<td>4. Engage in learning activities (eg, clinical experience, mentoring, skill development).</td>
</tr>
<tr>
<td></td>
<td>5. Incorporate new knowledge and skill into clinical performance.</td>
</tr>
</tbody>
</table>

Relationship to Vision 2020; (Academic/Clinical Education Affairs Department, ext 3203)

**Explanation of Reference Numbers:**

BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

POST ENTRY-LEVEL EDUCATION AND RECOGNITION OF ENHANCED PROFICIENCY FOR THE PHYSICAL THERAPIST ASSISTANT HOD P06-03-26-23 [Position]

Career development is essential for the physical therapist assistant and includes clinical experience, continuing education, increased skill proficiency, clinical mentoring, and the recognition thereof.

Relationship to Vision 2020: Operational; (Academic/Clinical Education Affairs Department, ext 3203)

Explanation of Reference Numbers:

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PROFESSIONAL EDUCATION AND DESIGNATION OF THE PHYSICAL THERAPIST HOD P06-02-25-06 [Amended HOD 06-01-16-17; HOD 06-97-11-08; HOD 06-80-10-29; Initial HOD 06-79-08-15] [Position]

Physical therapist professional education is that which results in the awarding of a post baccalaureate degree. When the Doctor of Physical Therapy (DPT) degree is awarded, it represents professional (entry-level) qualifications only, whether obtained following a professional (entry-level) education program or as part of a transition program.

Relationship to Vision 2020: Doctor of Physical Therapy; (Academic/Clinical Education Affairs Department, ext 3203)

Explanation of Reference Numbers:
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Contact: nationalgovernance@apta.org
PROMOTING EXCELLENCE IN PHYSICAL THERAPIST PROFESSIONAL EDUCATION HOD P06-14-12-14 [Position]

To sustain present and promote future excellence in physical therapist education, APTA recommends adoption and implementation of the following practices:

1. That physical therapists with an interest in teaching in physical therapist entry-level programs seek a terminal academic degree or clinical doctorate degree and other credentials and experiences that qualify them to become faculty members.

2. That people qualified to serve as program directors do so only when the program has adequate resources and a commitment to innovation and excellence.

3. That people qualified to serve as faculty members do so only when the program has adequate resources and a commitment to innovation and excellence.

4. That clinical sites be innovative in how they provide clinical education experiences and commit to providing resources for clinical education experiences only when the academic program commits to excellence in education and ongoing improvement and when the program’s students meet the standards for clinical performance.

5. That the Commission on Accreditation in Physical Therapy Education (CAPTE) make the criteria for existing programs, expansion of existing programs, and candidate for accreditation status for new programs more stringent to reflect the needs for qualified faculty and program directors, access to sufficient clinical education sites, and adequate infrastructure (e.g., physical, fiscal, and personnel); and the current and emerging needs of society.

(Component Governance & Leadership, ext. 3230)

Explanation of Reference Numbers:
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PHYSICAL THERAPY EDUCATION PROGRAM RESPONSIBILITY TO PROMOTE THE VALUE OF MEMBERSHIP IN THE AMERICAN PHYSICAL THERAPY ASSOCIATION HOD P06-04-25-21 [Position]

Membership in the American Physical Therapy Association (APTA) is of great value and importance to the physical therapy profession. To foster the development of professional core values early in their educational experience, students should be introduced to the values and benefits of APTA membership and be invited into the Association at the beginning of their academic education. This formal introduction to the Association should provide students with thorough and accurate information upon which to base their initial decision to join the Association and their subsequent decision to continue membership upon graduation. Therefore, APTA encourages physical therapy education programs to provide formal presentations regarding the values and benefits of APTA membership as an integral part of a student’s orientation and throughout the program’s curriculum.

Relationship to Vision 2020: Professionalism; (Academic/Clinical Education Affairs Department, ext 3203)

Explanation of Reference Numbers:
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QUALITY STANDARDS IN PHYSICAL THERAPY EDUCATION PROGRAMS HOD P06-06-09-05 [Initial HOD P06-00-31-11] [Position]

All physical therapy education programs are to be held accountable for meeting quality standards. The profession has eleven documents that, together, define quality indicators for the education of physical therapists and physical therapist assistants: Code of Ethics; Guide for Professional Conduct; Standards of Ethical Conduct for the Physical Therapist Assistant; Guide for Conduct of the Physical Therapist Assistant; Guide to Physical Therapist Practice; Evaluative Criteria for Accreditation of Educational Programs for the Preparation of Physical Therapists; Evaluative Criteria for Accreditation of Educational Programs for the Preparation of Physical Therapist Assistants; A Normative Model of Physical Therapist Professional Education; A Normative Model of Physical Therapist Assistant Education; Professionalism in Physical Therapy: Core Values; and Minimum Required Skills of Physical Therapist Graduates at Entry-Level.

The individual and collective efforts of the profession must be aimed at assuring the quality of education programs. To be successful, these efforts require a fair but uncompromising application of the profession’s standards, approved guidelines, and consensus-based preferences. The quality of education must be compatible with the standard as defined in these documents.

Relationship to Vision 2020: Doctor of Physical Therapy; (Academic/Clinical Education Affairs Department, ext 3203)

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TRANSITION DPT: ACCESSIBILITY TO DEGREE PROGRAMS HOD P06-02-29-52 [Position]

All transition Doctor of Physical Therapy (DPT) degree programs should be accessible to graduates of baccalaureate, master's, certificate, or equivalent physical therapist programs. Transition DPT degree programs should allow for a learner-centered curriculum that takes into full account the knowledge and experience of the physical therapist applicant who is licensed in a US jurisdiction.

Relationship to Vision 2020: Doctor of Physical Therapy; (Academic/Clinical Education Affairs Department, ext 3203)

Explanation of Reference Numbers:
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EMPLOYMENT
COLLECTIVE BARGAINING ALTERNATIVES HOD P06-85-27-53 [Initial HOD 06-75-21-38]

If and when physical therapists become involved with the issue of collective bargaining they should be prepared to pursue one or more of the following alternatives:

1. To be excluded from any bargaining unit.
2. To be included in units composed only of physical therapists.
3. If they choose, to be included in units composed only of professionals with the same community of interests.

Physical therapist assistants, when faced with the issue of collective bargaining, should be prepared to pursue one or more of the following alternatives:

1. To be excluded from any bargaining unit.
2. To be included in units composed only of physical therapist assistants.
3. To be included in units composed only of persons with the same community of interest.

Relationship to Vision 2020: Professionalism; (Practice Department, ext 3176)

Explanation of Reference Numbers:

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GUIDELINES: RECRUITING AND HIRING INTERNATIONALLY EDUCATED PHYSICAL THERAPISTS HOD G06-94-34-45 [Guideline]

1. The employer shall comply with the H-1B visa regulations and the “Labor Condition Application” (LCA) process required by the Immigration and Naturalization Service and the Department of Labor.
2. There should be disclosure by the employer of ownership of the practice and the setting type (contract or specific facility).
3. There should be notification by the employer to the physical therapist if the practice is involved in any situation in which a referring practitioner can profit as a result of referring patients/clients for physical therapy and notification that the American Physical Therapy Association (APTA) is opposed to such situations.
4. There should be a clearly delineated, fair, and reasonable buy-out provision in which the physical therapist understands the legal commitment to pay back the recruitment fees in the event that there is dissatisfaction or reason for release from the contract on the physical therapist’s part at any time during the term of the agreement. The exact dollar amount should be clearly stated from the beginning of the agreement.
5. A no-penalty bailout provision should be provided in the event of change of ownership, but the physical therapist may be held to adhere to a reasonable payback schedule.
6. The employer shall notify the physical therapist that if the established relationship is terminated, the sponsorship of the physical therapist is invalidated.
7. Avoidance of noncompete clauses is recommended but if there is reasonable limitation of time and distance, one may be incorporated.
8. The employer should advise the physical therapist that his or her interest may best be served by obtaining appropriate counsel prior to signing the contract.
9. The contract should be written for the territorial jurisdiction(s) in which the physical therapist will practice.
10. The employer should give the physical therapist, before signing the contract, a copy of the “Labor Conditions Application” (LCA) that is filed with the US Department of Labor Office.
11. The employer should give the physical therapist a copy of the prevailing wage survey presented to the US Department of Labor Office with the LCA.
12. All agreements should be presented to the physical therapist in both English and the language native to the internationally educated physical therapist.
13. The employer, when assuming the legal responsibility for the application process for a candidate, should monitor the completion of the educational credentialing process for the physical therapist.
14. The employer should provide services for cultural orientation of the physical therapist.

Relationship to Vision 2020: Professionalism; (Executive Department, ext 3145)

Explanation of Reference Numbers:
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GUIDELINES: STUDENT/NEW GRADUATE EMPLOYMENT AGREEMENTS HOD G06-08-08-09 [Amend HOD G06-92-14-28] [Previously titled: Guidelines: Student and Employer Contracts] [Guideline]

These guidelines are designed to assist the student/new graduate in negotiating appropriate agreements that provide financial assistance in exchange for a promise of future employment.

1. A student’s/new graduate’s interests are best served by obtaining appropriate counsel prior to signing any agreement.

2. Any employment agreement should include and set forth in clear language:
   A) A statement that the agreement must not interfere with the process and planning of the student’s education.
   B) Fair and reasonable terms for any repayment provisions to the employer of the student’s/new graduate’s education expenses.
   C) Specific conditions under which the student/new graduate may choose to leave employment without penalty (eg, change of ownership).
   D) Specific conditions under which repayment of part or all of the education-related expenses may be required (eg, personal choice).
   E) A statement that if the student’s/new graduate’s employment is terminated by the employer, repayment of any employer-incurred education-related expenses should not be required unless the termination is for cause (eg, poor performance).
   F) Reasonable restrictions in duration and geographic extent of any non-compete clause, if one is incorporated in the agreement.

3. The student’s/new graduate’s interests also are best served by:
   A) Obtaining full disclosure of ownership of the practice.
   B) Determining whether the practice is involved in any situation in which a referring practitioner can profit as a result of referring patients/clients for physical therapy.
   C) Reviewing the American Physical Therapy Association policies on opposition to referral for profit (Ethical and Legal Considerations for Clinical Education, Financial Considerations in Practice, Opposition to Physician Ownership of Physical Therapy Services, and Referral Relationships).
   D) Understanding that the student’s/new graduate’s educational program is not a party to the said agreement and is not bound by the terms of the agreement.
   E) Understanding potential tax obligations for deferred income that may be incurred upon graduation or during employment as a result of the employer carrying out its obligation under the agreement.
   F) Discussing the employer’s policies regarding access to mentoring and regular collegial relationships and resources for professional growth and development.
   G) Reviewing other applicable Association documents including American Physical Therapy Association Considerations for Practice Opportunities and Professional Development.

Relationship to Vision 2020: Professionalism; (Academic/Clinical Education Affairs Department, ext 3203)

Explanation of Reference Numbers:
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WORLDWIDE PHYSICAL THERAPY HOD P06-00-15-25 [Amended HOD 06-91-10-12] [Previously titled: Position on Recruitment of Physical Therapists from Developing Nations] [Position]

The American Physical Therapy Association and its members will collaborate with the World Confederation for Physical Therapy and other organizations to enhance physical therapy services worldwide through education, research, and training.

Relationship to Vision 2020: Professionalism; (Executive Department, ext 3145)

Explanation of Reference Numbers:
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ENDORSEMENTS
CRITERIA AND PROCESS FOR ASSOCIATION AFFINITY PROGRAMS BOD R10-13-05-07 [Amended BOD R03-06-12-27; BOD R02-02-09-08; BOD 03-98-04-08; BOD 06-94-02-02; Initial BOD 03-94-16-39] [Procedure]

The APTA affinity programs provide members with valuable products or services through contractual agreements with selected providers.

A. Criteria
   When an affinity program is being considered, the Association and its components will apply criteria that include, but may not be limited to, the following:

   1. Presumptive benefit to the member
   2. Presumptive minimal risk to the member
   3. Expected benefit to the Association
   4. Strength of proposal presented to Association
   5. Financial strength/stability of provider and, if applicable, administrator
   6. Evidence of both front- and back-end service capabilities of the highest standards
   7. Availability of Web-based and toll-free customer service lines
   8. References
   9. Pricing
   10. Claim payment/fulfillment philosophy
   11. Marketing philosophy

B. Process
   Prior to accepting any affinity program, the Association will conduct a 3-step evaluation process, with the understanding that the program may be disqualified from further consideration at any step:

   1. A review by APTA’s Business Development Department
   2. A review by the Business Development Board Work Group as appropriate
   3. Consideration by the Board of a recommendation to approve an affinity program brought by the Business Development Board Work Group

   Prior to accepting any affinity program a component will conduct a 3-step notification process:

   1. A notification to APTA’s Business Development Department
   2. A review by the Business Development Board Work Group with feedback or recommendations to the component as appropriate
   3. Notification to the Board brought by the Business Development Board Work Group

   All approved affinity programs shall be governed by an affinity program agreement, in which the Association shall:

   1. Be indemnified
   2. Grant non-assignable use of the Association logo
3. Determine exclusivity of affinity program as appropriate
4. Have approval right over all marketing copy to ensure accuracy, and consistency with APTA policy and credibility
5. Have discretion to terminate the affinity program
6. Other terms may be included in each agreement as appropriate and as negotiated by both parties

(Business Development Department, ext 3218)

Explanation of Reference Numbers:
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ENDORSEMENTS  BOD Y10-13-06-08 [Amended BOD Y03-07-10-24; BOD Y02-02-08-07; BOD 03-00-21-09; BOD 03-99-08-13; BOD 03-97-18-40; BOD 06-94-01-01; BOD 03-93-07-14; Initial BOD 03-88-13-51; Consolidated BOD 11-87-07-27, BOD 03-81-03-07, BOD 03-84-17-64, and BOD 07-66-05-98] [Policy]

A. **Endorsement of Other Organizations**
   The Association does not endorse other organizations. This statement in no way precludes APTA membership in other organizations or APTA entering into long- or short-term relationships with other organizations when those relationships further the object and functions of the Association and are not in conflict with the Association's bylaws and policies.

B. **Endorsement of Other Organizations' Policies or Position Statements**
   The Association may endorse policies or position statements promulgated by other organizations if those policies or position statements will further the object and functions of the Association and are not in conflict with the Association's bylaws and policies.

C. **Endorsement of Member Benefits**
   Components may endorse products and services as member benefits when said endorsements are beneficial in meeting the personal or practice needs of members. Member benefits include, but are not limited to, insurance plans, financial programs, discount programs, and literature review services.

   Endorsements of member benefits by a component shall not be in conflict with Association bylaws, positions, standards, guidelines, policies or procedures, and shall conform to the evaluative criteria and process established by the Board of Directors [See Criteria and Process for Association Affinity Programs].

   Before engaging in any contractual agreements related to a member benefit endorsement, the component shall submit a written request from the component president or designee to APTA’s Business Development Department for Board notification. When a member benefit is endorsed at the component level only, components must ensure that publication of the endorsement clearly indicates that the component, not APTA, is the endorser.

D. **Endorsement of Non-APTA Events**
   The Chief Executive Officer is authorized to act on behalf of the Board of Directors in granting Association endorsement of public events sponsored or hosted by other organizations which are not components of the Association, and declarations, proclamations, and similar official statements issued by other organizations; said endorsement to be at no financial cost or gain to the Association, provided that such events and statements are not in conflict with the Association's bylaws and policies; and provided further that such events and statements do not have as their purpose the solicitation of donations except for charitable causes; or the giving or sale of services or products in exchange for payment of any kind whether for profit or not.
E. **Endorsement of Non-APTA/Non-Component Education Programs**

The Association or its components do not endorse non-APTA/non-component education programs. The Association or its components may, however, co-sponsor or jointly sponsor education programs with other groups or organizations if such sponsorship furthers the object and functions of the Association or component and is not in conflict with the Association's bylaws, positions, standards, guidelines, policies or procedures.

Before engaging in any contractual agreements related to a non-component education program partnership or sponsorship, the component shall submit a written request from the component president or designee to APTA’s Business Development Department for Board notification.

**Explanation of Reference Numbers:**

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GUIDELINES AND PROCESS FOR ASSOCIATION SELECTION OF STRATEGIC BUSINESS PARTNERS BOD G10-13-04-06

[Guideline]

The APTA Strategic Business Partners Program allows APTA to build strategic corporate relationship for the mutual benefit of the respective organizations. Selected partners are offered integrated marketing opportunities to influential purchasers and decision makers within the physical therapy community.

A. Guidelines

Interested companies will be vetted and evaluated against guidelines that include, but are not limited to, the following:

1. Provision of products or services consistent with physical therapist practice
2. A particular emphasis on promoting health and wellness
3. Expected benefits to APTA and the company
4. Consistent with APTA policies
5. Reference of good-standing through third party vendor review

B. Process

Prior to accepting a Strategic Business Partner, the Association will conduct a 4-step evaluation process, with the understanding that the prospective Strategic Business Partner may be disqualified from further consideration at any step:

1. A review by designated Association staff
2. A review by senior staff
3. A review by the Business Development Board Work Group
4. Consideration by the Board of a recommendation to approve a Strategic Business Partner brought by the Business Development Board Work Group

All approved Strategic Business Partners shall be governed by Strategic Business Partner Program agreement, in which the Association shall:

1. Be indemnified
2. Grant non-assignable use of the Program logo
3. Have approval right over all use of the program logo and marketing copy to ensure accuracy, and consistency with APTA policy and credibility
4. Have discretion to terminate the Strategic Business Partner Program agreement
5. Other terms may be included in each agreement as appropriate and as negotiated by both parties

(Business Development Department, ext 3218)

Explanation of Reference Numbers:
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PRODUCT ENDORSEMENT BY THE AMERICAN PHYSICAL THERAPY ASSOCIATION HOD P06-95-32-20

[Position]

Some durable medical equipment and therapeutic products are recognized by the American Physical Therapy Association (APTA) as beneficial in the promotion of health and well being of the general public. The APTA House of Delegates supports the endorsement of products for Association members and for the general public when these products meet the criteria established by the APTA Board of Directors.

Relationship to Vision 2020: Operational; (Member Services Department, ext 3146)

Explanation of Reference Numbers:

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ETHICS
Preamble

The Code of Ethics for the Physical Therapist (Code of Ethics) delineates the ethical obligations of all physical therapists as determined by the House of Delegates of the American Physical Therapy Association (APTA). The purposes of this Code of Ethics are to:

1. Define the ethical principles that form the foundation of physical therapist practice in patient/client management, consultation, education, research, and administration.
2. Provide standards of behavior and performance that form the basis of professional accountability to the public.
3. Provide guidance for physical therapists facing ethical challenges, regardless of their professional roles and responsibilities.
4. Educate physical therapists, students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the physical therapist.
5. Establish the standards by which the American Physical Therapy Association can determine if a physical therapist has engaged in unethical conduct.

No code of ethics is exhaustive nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive.

This Code of Ethics is built upon the five roles of the physical therapist (management of patients/clients, consultation, education, research, and administration), the core values of the profession, and the multiple realms of ethical action (individual, organizational, and societal).

Physical therapist practice is guided by a set of seven core values: accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility. Throughout the document the primary core values that support specific principles are indicated in parentheses.

Physical therapist practice is guided by a set of seven core values: accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility. Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist. Fundamental to the Code of Ethics is the special obligation of physical therapists to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.

Principles

**Principle #1:** Physical therapists shall respect the inherent dignity and rights of all individuals.

*(Core Values: Compassion, Integrity)*

1A. Physical therapists shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.

1B. Physical therapists shall recognize their personal biases and shall not discriminate against others in physical therapist practice, consultation, education, research, and administration.

**Principle #2:** Physical therapists shall be trustworthy and compassionate in addressing the rights and needs of patients/clients.

*(Core Values: Altruism, Compassion, Professional Duty)*

2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients/clients over the interests of the physical therapist.

2B. Physical therapists shall provide physical therapy services with compassionate and caring behaviors that incorporate the individual and cultural differences of patients/clients.

2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapy care or participation in clinical research.

2D. Physical therapists shall collaborate with patients/clients to empower them in decisions about their health care.

2E. Physical therapists shall protect confidential patient/client information and may disclose confidential information to appropriate authorities only when allowed or as required by law.

**Principle #3:** Physical therapists shall be accountable for making sound professional judgments.

*(Core Values: Excellence, Integrity)*

3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient's/client's best interest in all practice settings.

3B. Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient/client values.

3C. Physical therapists shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or refer to peers or other health care professionals when necessary.

3D. Physical therapists shall not engage in conflicts of interest that interfere with professional judgment.

3E. Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.
**Principle #4:** Physical therapists shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public.
(Core Value: Integrity)

4A. Physical therapists shall provide truthful, accurate, and relevant information and shall not make misleading representations.
4B. Physical therapists shall not exploit persons over whom they have supervisory, evaluative or other authority (e.g., patients/clients, students, supervisees, research participants, or employees).
4C. Physical therapists shall discourage misconduct by health care professionals and report illegal or unethical acts to the relevant authority, when appropriate.
4D. Physical therapists shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.
4E. Physical therapists shall not engage in any sexual relationship with any of their patients/clients, supervisees, or students.
4F. Physical therapists shall not harass anyone verbally, physically, emotionally, or sexually.

**Principle #5:** Physical therapists shall fulfill their legal and professional obligations.
(Core Values: Professional Duty, Accountability)

5A. Physical therapists shall comply with applicable local, state, and federal laws and regulations.
5B. Physical therapists shall have primary responsibility for supervision of physical therapist assistants and support personnel.
5C. Physical therapists involved in research shall abide by accepted standards governing protection of research participants.
5D. Physical therapists shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.
5E. Physical therapists who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.
5F. Physical therapists shall provide notice and information about alternatives for obtaining care in the event the physical therapist terminates the provider relationship while the patient/client continues to need physical therapy services.

**Principle #6:** Physical therapists shall enhance their expertise through the lifelong acquisition and refinement of knowledge, skills, abilities, and professional behaviors.
(Core Value: Excellence)

6A. Physical therapists shall achieve and maintain professional competence.

6B. Physical therapists shall take responsibility for their professional development based on critical self-assessment and reflection on changes in physical therapist practice, education, health care delivery, and technology.
6C. Physical therapists shall evaluate the strength of evidence and applicability of content presented during professional development activities before integrating the content or techniques into practice.
6D. Physical therapists shall cultivate practice environments that support professional development, lifelong learning, and excellence.

**Principle #7:** Physical therapists shall promote organizational behaviors and business practices that benefit patients/clients and society.
(Core Values: Integrity, Accountability)

7A. Physical therapists shall promote practice environments that support autonomous and accountable professional judgments.
7B. Physical therapists shall seek remuneration as is deserved and reasonable for physical therapist services.
7C. Physical therapists shall not accept gifts or other considerations that influence or give an appearance of influencing their professional judgment.
7D. Physical therapists shall fully disclose any financial interest they have in products or services that they recommend to patients/clients.
7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapy services accurately reflect the nature and extent of the services provided.
7F. Physical therapists shall refrain from employment arrangements, or other arrangements, that prevent physical therapists from fulfilling professional obligations to patients/clients.

**Principle #8:** Physical therapists shall participate in efforts to meet the health needs of people locally, nationally, or globally.
(Core Value: Social Responsibility)

8A. Physical therapists shall provide pro bono physical therapy services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.
8B. Physical therapists shall advocate to reduce health disparities and health care inequities, improve access to health care services, and address the health, wellness, and preventative health care needs of people.
8C. Physical therapists shall be responsible stewards of health care resources and shall avoid overutilization or underutilization of physical therapy services.
8D. Physical therapists shall educate members of the public about the benefits of physical therapy and the unique role of the physical therapist.
CORE VALUES: ENDORSEMENT HOD P05-07-19-19 [Position]

The American Physical Therapy Association endorses and promotes the Core Values of accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility as identified in Professionalism in Physical Therapy: Core Values (BOD 05-04-02-03).

Relationship to Vision 2020: Professionalism; (Academic/Clinical Education Affairs Department, ext 3203)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

ETHICAL AND LEGAL CONSIDERATIONS FOR CLINICAL EDUCATION HOD P06-01-16-18 [Initial HOD 06-92-15-31] [Position]

Physical therapists, physical therapist assistants, and academic programs shall provide clinical education that reflects, supports, and promotes professional development, complies with legal and ethical standards for patient/client management, and is consistent with the policies and positions of the American Physical Therapy Association. Physical therapist and physical therapist assistant students are obligated to communicate information to their academic program regarding clinical education experiences that appear to be in conflict with these standards, policies, and positions.

Relationship to Vision 2020: Professionalism; (Academic/Clinical Education Affairs Department, ext 3203)

Explanation of Reference Numbers:
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INCLUSION OF ETHICAL STANDARDS IN REGULATORY DOCUMENTS HOD P06-01-20-21 [Position]

The American Physical Therapy Association supports the inclusion of recognized ethical standards of the profession in practice acts and/or rules and regulations in all jurisdictions.

Relationship to Vision 2020: Professionalism; (General Counsel, ext 3252)

Explanation of Reference Numbers:
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INTEGRITY IN SERVING THE ASSOCIATION HOD Y06-02-28-50 [Initial HOD 06-99-25-08] [Policy]

American Physical Therapy Association (APTA) members elected or appointed to positions of trust in the Association may, at times, be placed in situations in which there are real or perceived conflicts between the member's personal interests (or those of a non-APTA entity he or she represents) and the interests of the Association. This policy, which is general in nature, does not supersede any other policy having a narrower scope (e.g., Integrity in the Association’s Accreditation Program). In the event of any divergence or conflict between this policy and a more specific policy, the provisions of the more specific policy shall control.

Association members who are considering whether to run for elective office or to consent to serve in an appointed position are encouraged to consider how real and perceived conflicts of interest may interfere with their serving in such an office or position and to make a personal determination as to whether such service will be compromised.

A. Transactions Involving the Association

When a transaction, to which a member of the Board of Directors is directly or indirectly a party, comes before the Board for approval, authorization, or ratification, (i) the material facts of the transaction and the director’s interest shall be disclosed to the Board and (ii) the interested director shall abstain for the record from voting. The interested director ordinarily should remove himself or herself from the Board’s deliberations after disclosing his or her interest in the transaction. For this purpose, a director is “indirectly” a party to a transaction with the Association, if the other party to the transaction is an entity in which the director has a material financial interest or of which the director is an officer, director, or general partner. In addition, a director shall be deemed to be “indirectly” a party to a transaction with the Association if the director’s spouse, child, parent, grandparent, or grandchild is directly or indirectly a party.

B. Decisions Involving Particular Persons

In situations in which the Board of Directors, any Board-appointed body, or elected persons have authority in a proceeding involving a particular person (whether an individual, company, educational institution, organization, or other entity) to take action favorable or adverse to the affected person, a member of the Board, any Board-appointed body, or elected persons should abstain for the record from participating in the deliberations and the voting if he or she has a close association or relationship with the affected person of a kind (whether familial, personal, financial, or business) that impairs the member’s ability to act impartially or that reasonably would tend to cast doubt on the member’s ability to act impartially. This obligation to abstain shall apply to situations in which a Board-appointed body has authority to recommend to the Board that it grant an APTA award.

C. General Policy Decisions

Because the Association’s object includes promoting the profession of physical therapy and meeting the needs and interests of Association members, it is natural that the policy-making activity of the Board of Directors often will promote the professional, personal, and financial interests of physical therapists and physical therapist assistants generally. Due to the size and diversity of the Association’s membership, it is inevitable that the Board will encounter proposals to adopt certain policies the adoption/rejection of which would be favorable to the self-interest of some Association members and adverse to the self-interest of others. In the long run, the interests of the Association and its members will be served best by allowing open debate.
At the same time, the Board of Directors recognizes that the persuasiveness of any advocacy depends, in part, on the listener’s understanding of the speaker’s own interest in the matter. Awareness of a speaker’s self-interest therefore promotes informed decision making. Accordingly, in connection with deliberations of the Board of Directors whether to make general policy on behalf of the Association, a member of the Board shall make reasonable efforts to ensure that his or her fellow Board members are aware of any special personal interest he or she may have in the decision. While a Board member’s primary business/employment ordinarily is known to fellow Board members, other relevant interests are more likely not to be known, such as leadership positions in non-APTA entities and significant financial interests in companies/businesses that could be affected by the policy decision. In connection with Board policy-making deliberations whose outcome is likely to have a significant effect (favorable or unfavorable) upon the interests of a non-APTA entity in which a Board member holds a leadership position or of a company/business in which a Board member has a significant financial interest, the Board member shall disclose the existence of such leadership position or financial interest to fellow Board members. (For this purpose, “non-APTA entities” do not include (i) any Association component, (ii) any entity directly or indirectly controlled by the Association, such as the Physical Therapy Fund or (iii) the American Board of Physical Therapy Specialties. For this purpose, “significant financial interest” includes any investment whose cost or value exceeds $10,000 and any compensation for services exceeding $5,000 per year.)

Because the Board frequently relies upon appointed bodies to provide advice and recommendations, the above principles shall apply to such bodies in connection with deliberations whose outcome is likely to have a significant effect (favorable or unfavorable) upon the interests of a non-APTA entity in which a member of the body holds a leadership position or of a company/business in which a member of the body has a significant financial interest. In connection with such deliberations, the member of the Board-appointed body shall disclose the existence of such leadership position or financial interest to fellow members of the Board-appointed body and to the Board.

D. Privileged/Confidential Information

A member of staff, the Board, any Board-appointed body, or elected persons who obtains access to privileged or confidential information in the course of carrying out APTA responsibilities shall not disclose such information to any outside party. In addition, a person who thus obtains access to privileged or confidential information shall not use such information (i) in any way that would be adverse to the interests of the Association or its members, (ii) for his or her personal gain, or (iii) for the advantage of any non-APTA entity. Members of staff, the Board, any Board-appointed body, or elected persons are strongly encouraged to avoid obtaining access in the first instance to privileged or confidential information of a kind that foreseeably could be used to the detriment of the Association and for the advantage of a non-APTA entity in which the member holds a leadership position or of a company/business in which the member has a significant financial interest.

Relationship to Vision 2020: Professionalism; (General Counsel, ext 3252)

Explanation of Reference Numbers:
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STANDARDS OF CONDUCT IN THE USE OF SOCIAL MEDIA HOD P06-12-17-16 [Position]

Whereas, social media creates opportunities to communicate in a public forum;

Whereas, Physical therapists (PT), physical therapist assistants (PTA) and physical therapy students (students) must be knowledgeable and respectful of the principles of patient/client privacy and confidentiality in safeguarding identifiable patient/client information as it relates to social media;

Whereas, PTs, PTAs, and students who use social media should represent their own views and be professional and accurate in their communications;

Whereas, errors and omissions in communication, harassing statements, and unprofessional language presented via social media may have a long-lasting and possibly negative impact on the individual or the physical therapy profession;

Whereas, PTs, PTAs, and students shall consider when and how to separate their personal and professional lives on social media; and,

Whereas, PTs, PTAs, and students should be knowledgeable about employers’, educational institutions’, or clinical training sites’ published policies on social media;

Resolved, Physical therapists (PT), physical therapist assistants (PTA) and physical therapy students (students) shall consider whether to interact with patients on social media or create separate personal and professional social media profiles;

Resolved, PTs, PTAs, and students shall not misrepresent when they are speaking for themselves or the American Physical Therapy Association (APTA), other organizations, educational institutions, clinical sites, or employers; and

Resolved, if an individual identifies content posted to social media by a colleague that appears unprofessional, s/he has a responsibility to bring that to the attention of the individual that has posted the content so that s/he can remove it or take other appropriate action;

Resolved, PTs, PTAs, and students engaging in social media activities shall demonstrate appropriate conduct in accordance with the Code of Ethics for the Physical Therapist and Standards of Ethical Conduct for the Physical Therapist Assistant.

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Standards of Ethical Conduct for the Physical Therapist Assistant

The Standards of Ethical Conduct for the Physical Therapist Assistant (Standards of Ethical Conduct) delineate the ethical obligations of all physical therapist assistants as determined by the House of Delegates of the American Physical Therapy Association (APTA). The Standards of Ethical Conduct provide a foundation for conduct to which all physical therapist assistants shall adhere. Fundamental to the Standards of Ethical Conduct is the special obligation of physical therapist assistants to enable patients/clients to achieve greater independence, health and wellness, and enhanced quality of life.

No document that delineates ethical standards can address every situation. Physical therapist assistants are encouraged to seek additional advice or consultation in instances where the guidance of the Standards of Ethical Conduct may not be definitive.

Standards

**Standard #1:** Physical therapist assistants shall respect the inherent dignity, and rights, of all individuals.

1A. Physical therapist assistants shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.

1B. Physical therapist assistants shall recognize their personal biases and shall not discriminate against others in the provision of physical therapy services.

**Standard #2:** Physical therapist assistants shall be trustworthy and compassionate in addressing the rights and needs of patients/clients.

2A. Physical therapist assistants shall act in the best interests of patients/clients over the interests of the physical therapist assistant.

2B. Physical therapist assistants shall provide physical therapy interventions with compassionate and caring behaviors that incorporate the individual and cultural differences of patients/clients.

2C. Physical therapist assistants shall provide patients/clients with information regarding the interventions they provide.

2D. Physical therapist assistants shall protect confidential patient/client information and, in collaboration with the physical therapist, may disclose confidential information to appropriate authorities only when allowed or as required by law.

**Standard #3:** Physical therapist assistants shall make sound decisions in collaboration with the physical therapist and within the boundaries established by laws and regulations.

3A. Physical therapist assistants shall make objective decisions in the patient’s/client’s best interest in all practice settings.

3B. Physical therapist assistants shall be guided by information about best practice regarding physical therapy interventions.

3C. Physical therapist assistants shall make decisions based upon their level of competence and consistent with patient/client values.

3D. Physical therapist assistants shall not engage in conflicts of interest that interfere with making sound decisions.

3E. Physical therapist assistants shall provide physical therapy services under the direction and supervision of a physical therapist and shall communicate with the physical therapist when patient/client status requires modifications to the established plan of care.

**Standard #4:** Physical therapist assistants shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, other health care providers, employers, payers, and the public.

4A. Physical therapist assistants shall provide truthful, accurate, and relevant information and shall not make misleading representations.

4B. Physical therapist assistants shall not exploit persons over whom they have supervisory, evaluative or other authority (e.g., patients/clients, students, supervisees, research participants, or employees).

4C. Physical therapist assistants shall discourage misconduct by health care professionals and report illegal or unethical acts to the relevant authority, when appropriate.
4D. Physical therapist assistants shall report suspected cases of abuse involving children or vulnerable adults to the supervising physical therapist and the appropriate authority, subject to law.

4E. Physical therapist assistants shall not engage in any sexual relationship with any of their patients/clients, supervisees, or students.

4F. Physical therapist assistants shall not harass anyone verbally, physically, emotionally, or sexually.

**Standard #5:** Physical therapist assistants shall fulfill their legal and ethical obligations.

5A. Physical therapist assistants shall comply with applicable local, state, and federal laws and regulations.

5B. Physical therapist assistants shall support the supervisory role of the physical therapist to ensure quality care and promote patient/client safety.

5C. Physical therapist assistants involved in research shall abide by accepted standards governing protection of research participants.

5D. Physical therapist assistants shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.

5E. Physical therapist assistants who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.

**Standard #6:** Physical therapist assistants shall enhance their competence through the lifelong acquisition and refinement of knowledge, skills, and abilities.

6A. Physical therapist assistants shall achieve and maintain clinical competence.

6B. Physical therapist assistants shall engage in lifelong learning consistent with changes in their roles and responsibilities and advances in the practice of physical therapy.

6C. Physical therapist assistants shall support practice environments that support career development and lifelong learning.

**Standard #7:** Physical therapist assistants shall support organizational behaviors and business practices that benefit patients/clients and society.

7A. Physical therapist assistants shall promote work environments that support ethical and accountable decision-making.

7B. Physical therapist assistants shall not accept gifts or other considerations that influence or give an appearance of influencing their decisions.

7C. Physical therapist assistants shall fully disclose any financial interest they have in products or services that they recommend to patients/clients.

7D. Physical therapist assistants shall ensure that documentation for their interventions accurately reflects the nature and extent of the services provided.

7E. Physical therapist assistants shall refrain from employment arrangements, or other arrangements, that prevent physical therapist assistants from fulfilling ethical obligations to patients/clients.

**Standard #8:** Physical therapist assistants shall participate in efforts to meet the health needs of people locally, nationally, or globally.

8A. Physical therapist assistants shall support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.

8B. Physical therapist assistants shall advocate for people with impairments, activity limitations, participation restrictions, and disabilities in order to promote their participation in community and society.

8C. Physical therapist assistants shall be responsible stewards of health care resources by collaborating with physical therapists in order to avoid overutilization or underutilization of physical therapy services.

8D. Physical therapist assistants shall educate members of the public about the benefits of physical therapy.
FINANCE
AUTHORIZATION TO ESTABLISH ACCOUNTS  BOD Y11-98-12-41 [Amended BOD 11-91-16-53; BOD 05-91-01-01; EC 01-91-01-01; BOD 03-86-11-45; BOD 06-83-01-01; BOD 06-81-01-01] [Policy]

APTA establish in its name bank accounts with terms and conditions as may be agreed upon with said bank, and that the Chief Executive Officer, the Chief Operating Officer, and the Director of Finance be and are hereby authorized to establish such accounts; and that John D Barnes, Chief Executive Officer; Robert Batarla, Chief Operating Officer; Jennifer Abbou, Director of Finance; David Moore, Associate Director of Finance, all of APTA, be hereby authorized to withdraw funds of APTA from accounts upon checks of APTA, signed by one of the above; and the bank would be authorized to honor and pay any and all checks so signed, including checks drawn to the individual order of any officer or other person authorized to sign the same. Checks drawn for dollar amounts over $5,000 must be countersigned by two of the four staff noted above.

(Finance Department, ext 3133)

Explanation of Reference Numbers:
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CONTRACT MANAGEMENT SERVICES FEES  BOD Y03-07-12-30  [Initial BOD Y06-93-04-03]  [Policy]

Staff will review and adjust Contract Management Fees upon the expiration of individual component contracts. Adjustments will not exceed the Consumer Price Index (CPI) plus 3 percent for the period without review by the Finance and Audit committee.

(Finance Department, ext 3133)

Explanation of Reference Numbers:
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CONTRACT STAFF SALARY RANGE/BENEFITS HOD Y06-81-22-84 [Policy]

The American Physical Therapy Association (APTA) shall make available to members, upon request, a range of salaries (within plus or minus 10% of the actual salaries) and benefits for contract personnel employed by APTA.

Relationship to Vision 2020: Operational; (Human Resources Department, ext 3148)

Explanation of Reference Numbers:
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**DUES PAYMENT GRACE PERIOD  BOD Y11-02-23-75 [Policy]**

Any payment of dues by a member that is made within the 30-day period in Article IV, Section 6.B of APTA’s Bylaws is a “timely” payment for purposes of Article IV, Section 6.B.

(Finance Department, ext 3133)

**Explanation of Reference Numbers:**
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DUES REFUNDS  BOD Y06-88-04-07 [Policy]

APTA dues payments are non-refundable, except for dues payment errors, e.g., duplicate payments, payments of national dues without accompanying chapter dues.

(Finance Department, ext 3133)

Explanation of Reference Numbers:
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**ESTABLISHMENT OF NET REVENUE**  **BOD R05-04-01-02** [Amended BOD 06-94-10-20; BOD 11-85-08-31] [Procedure]

Prior to staff preparation of the budget, a proposed minimum net revenue shall be established by the Finance and Audit Committee for presentation to the Board of Directors. The minimum net revenue amount will be adopted at the June Pre-House Board of Directors’ meeting.

When establishing the net revenue, the Finance and Audit Committee will first determine the proposed income budget as based on the prior years’ historical averages. The expense budget will then be established as limited to expenditures of the projected income minus the approved net revenue.

At the fall meeting, the Finance and Audit Committee will review the budget prepared by staff and make recommendations for consideration at the November Board of Directors’ meeting.

After considering and approving program activities, the Board will approve a budget at the November meeting.

The Board may, through separate action at any meeting, add funding to program activities. However, increased funding may not cause the budget to diminish the adopted minimum net revenue amount without Board action to appropriately amend that minimum net revenue amount.

On an exception basis and when the reserve fund balance allows, the Board of Directors may approve a budget deficit when the good and welfare of the Association so require. This action should only be taken in exceptional circumstances, in accord with the exercise of the Board of Directors’ fiduciary responsibility for the long-term financial health and stability of the Association.

March Board of Directors .......................... Establish priorities for program activities
May Finance and Audit Committee .................. Establish minimum net revenue for presentation to the Board
June Board of Directors .............................. Adopt minimum net revenue prior to staff budget preparation
September Finance and Audit Committee ......... Review staff prepared budget and make recommendations to the Board
November Board of Directors ........................ Adopt budget

(Finance Department, ext 3133)

**Explanation of Reference Numbers:**

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FINANCIAL REPORTING TO MEMBERS  BOD Y06-89-05-11 [Initial BOD 11-82-06-19] [Policy]

It will be the responsibility of the Treasurer to annually publish a financial report which shall include a breakdown of revenue and expenditures by priority and by division. Members may obtain a more detailed report by contacting APTA Headquarters. (RC 108-82)


(Finance Department, ext 3133)

**Explanation of Reference Numbers:**

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GRANTS AND CONTRACTS  BOD Y06-89-06-13 [Initial BOD 03-85-12-49] [Policy]

Grant and contract applications shall be approved by the Treasurer and the President, or their designee(s), following review by the Chief Executive Officer, before they are submitted to the grant/contract-making agency.

(Finance Department, ext 3133)

Explanation of Reference Numbers:
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HONORARIA AND CONSULTING FEES PAID TO MEMBERS  BOD Y02-93-02-03 [Replaced Initial BOD 03-84-10-36 that was rescinded 06-89-07-16] [Policy]

Honoraria and consulting fees for members may be paid only when the necessary expertise is not available through the Association (Board, staff, appointed groups, etc.); when the requirement is unique to the skills of an individual; or when the workload and time commitment associated with the task is more than normally expected of a volunteer.

(Finance Department, ext 3133)

Explanation of Reference Numbers:
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INDEMNIFICATION OF BOARD OF MEMBERS, APPOINTEES, STAFF  BOD Y03-92-19-58 [Initial BOD 11-78-26-73] [Policy]

The American Physical Therapy Association indemnifies its Directors, officers, staff, or appointees for any loss which such Directors, officers, staff, or appointees shall become legally obligated to pay and which either arises out of the discharge of their duties individually or collectively, or is a claim against them solely by reason of their being Directors, officers, staff, or appointees of APTA. "Directors, officers, staff, or appointees" means any persons who were, now are, or shall be Directors, officers, staff, or appointees of APTA including Board members, staff employees, individual appointees of the Board, on-site evaluators for accreditation purposes, committee and task force members, whether salaried or not, and members engaged in activities authorized by the Disciplinary Action Procedural Document.

"Loss" shall include, but not be limited to, damages, judgments, settlements and costs, cost of investigation, and amounts incurred in the defense of legal actions, claims or proceedings and appeals therefrom, cost of attachment, or similar bonds.

This policy shall not apply and APTA will not indemnify its Directors, officers, staff, or appointees in respect of any claim arising out of any dishonest, fraudulent, criminal, or knowingly wrongful act.

(Finance Department, ext 3133)

Explanation of Reference Numbers:
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GUIDELINES: INVESTMENTS  BOD G08-06-03-08 [Amended BOD G03-06-14-32; BOD G03-05-12-35; BOD 01-05-02-06; BOD 02-02-11-12; BOD 11-99-12-30; BOD 03-99-09-17; BOD 11-97-09-23; BOD 03-97-19-43; BOD 06-94-08-17; BOD 11-91-17-57; BOD 06-90-04-12; BOD 11-89-26-108; Consolidated BOD 06-71-02-24 and BOD 11-88-19-77; Initial BOD 03-85-13-49] [Guideline]

Objectives
1. The objective of APTA’s Investment Program is to obtain the maximum possible return on Association funds while assuring adequate protection of invested assets.
2. Because APTA is a non-profit organization, investments should not be designed for speculation. It must be recognized, however, that all investments carry with them some degree of risk, not only as to the safety of the principal itself, but also with regard to the inflationary erosion which occurs from failure to achieve an adequate return on invested assets.
3. Investments must be made in such a manner as to insure sufficient liquidity to meet operating and contingency expenses.

Investment Guidelines
1. Association investments will be made with care and diligence and will follow the Board-approved APTA Investment Policy.
2. Profits from the sale of securities in the Restricted Investment Account shall be reinvested. Gains/losses on the sale of securities in the Restricted Investment Account shall be reflected in the income statement. Dividends and interest earned in the Reserve Fund shall be reflected in the income statement and shall also be reinvested. Additional investments in and withdrawals from the Restricted Investment Account are to be made at the direction of the Board of Directors.
3. Profits from the sale of securities and dividends and interest earned in the Unrestricted Investment Account shall be reinvested. All earnings and gains/losses on the sale of securities shall be reflected in the income statement. Staff shall be permitted to make additional investments in and withdrawals from the Unrestricted Investment Account without Board direction.
4. Profits from the sale of securities in the McMillan and Erickson Funds shall be reinvested. All earnings and gains/losses on the sale of securities shall be reflected in the income statement. Additional investments in and withdrawals from the McMillan and Erickson Funds are to be made at the direction of the Board of Directors.
5. Investments will be restricted to accounts approved by the Board of Directors and maintained by Fiduciary Management Associates (FMA); the Overnight SWEEP Account, maintained by SunTrust Bank; Templeton Foreign Equity Series; Vanguard 500 Index Fund; Vanguard Bond Index Fund; Total Bond Market Portfolio; Third Avenue Real Estate; Oberweis Micro-Cap; Bank Julius Baer; Chesapeake Core Growth; Touchstone Small Cap Value Opportunities Fund; and Janus Risk Managed Stock Fund; and the PIMCO Total Return Bond Fund. Investments will be made, evaluated, and reported in accordance with the provisions of the Statement of Investment Objectives, Policies and Guidelines for the American Physical Therapy Association, as revised by the Board of Directors on 11/23/04 (the Statement is maintained in the Finance Department).
6. Accounts of less than $100,000 may be maintained with financial institutions for the processing of payroll, credit card, or lockbox transactions. The Finance and Audit Committee will be briefed by staff when any changes occur.

(Finance Department, ext 3133)

Explanation of Reference Numbers:
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INVESTMENTS HELD FOR RESERVE  BOD Y11-97-09-22 [Amended BOD 11-92-15-68; BOD 11-91-17-56; BOD 11-87-12-43; Initial BOD 11-82-05-17] [Policy]

Investments Held for Reserve shall include the assets identified as Reserve Investments, the total of which is APTA's Reserve Fund Balance. The goal for the total of the assets in the Investments Held for Reserve shall be 40% to 55% of the revenue budget of any given year.

(Finance Department, ext 3133)

Explanation of Reference Numbers:
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NON-DUES INCOME  BOD Y11-87-03-06 [Policy]

The activities in which the association and its components engage to generate non-dues income shall further the association's object and functions, and shall not be in conflict with association's bylaws and policies. The possibility of competition between or among the association and its components is acknowledged.

(Finance Department, ext 3133)

Explanation of Reference Numbers:
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PRICING OF APTA PRODUCTS AND SERVICES  BOD Y03-03-23-62 [Amended BOD 11-98-09-26; BOD 03-98-25-91; BOD 03-95-15-37; Initial BOD 06-89-02-02] [Policy]

Staff shall be responsible for developing consistent fees for products and services developed by APTA. Pricing for products and services shall be determined by taking into account total anticipated costs, including direct costs (fixed and variable), salaries, and allocables. When products or services are provided as a benefit of belonging to the association, staff should restrict these items from nonmembers or charge a fee, [except for those APTA-endorsed products or services that cannot be rate-restricted due to federal or state laws or regulations]. The association shall price nonmember resale items deemed critical to the practice of physical therapy at a level to serve as an incentive for the eligible nonmember to join. The nonmember price for products and services shall be at least 40% greater than the member price.

(Public Relations/Marketing Department, ext 3218)

Explanation of Reference Numbers:
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REPORTING FINANCIAL MATTERS TO MEMBERS HOD Y06-93-14-17 [Initial HOD 06-82-21-70] [Policy]

It shall be the responsibility of the Treasurer to publish an annual financial report which shall include a breakdown of revenue and expenditures by priority and by division. Members may obtain a more detailed report by contacting the American Physical Therapy Association (APTA) headquarters. The Treasurer will include in the financial report to the membership the assets and liabilities statements for APTA and American Physical Therapy Properties.

Relationship to Vision 2020: Operational; (Finance Department, ext 3133)

Explanation of Reference Numbers:
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RESERVE FUND USAGE BOD Y11-99-12-31 [Amended BOD 11-98-11-35; BOD 11-91-16-55; BOD 06-88-05-08; Initial BOD 06-84-04-09] [Policy]

Withdrawals from the Reserve Fund must be approved by the Board of Directors, in consultation with the Finance and Audit Committee except when funds are transferred by staff from the Reserve Funds to the Operating Funds when the monies are needed to maintain a $1,500,000 balance in the Operating Funds. The Board of Directors and Finance and Audit Committee will be notified within two business days of a transfer made under this provision.

(Finance Department, ext 3133)

Explanation of Reference Numbers:
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STAFF SALARIES/BENEFITS/EXPENSE GUIDELINES  HOD Y06-79-26-74 [Policy]

Salary guidelines, benefit package, and expense account guidelines for association headquarters staff by personnel categories shall be available upon request to members.

Relationship to Vision 2020: Operational; (Human Resources Department, ext 3148)

Explanation of Reference Numbers:  
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

TRAVEL AND MEAL REIMBURSEMENT, BOD Y04-09-02-02 [Amended BOD Y11-05-12-29; BOD Y03-05-12-34; BOD 03-96-13-38; BOD 03-91-17-42; BOD 11-90-16-58; BOD 06-89-06-14; BOD 11-88-21-83; BOD 06-87-88-22; BOD 11-86-14-47; BOD 06-85-06-13; Initial BOD 03-85-14-49] [Policy]

Travel and Meal Reimbursement forms are to be submitted within 30 days of the event/activity/trip in which the expense(s) occurred.

The Travel and Meal Reimbursement policy shall be reviewed annually by the Finance and Audit Committee and the Board of Directors.

The Association's travel mileage reimbursement shall be the IRS-approved rate.

Changes promulgated by the I.R.S. necessitate a change in APTA’s travel and meal reimbursement policy. So that the amount of the reimbursement is not considered taxable income to the recipient, APTA will: (1) continue to reimburse lodging expense on an actual basis—provided that the amount is reasonable and with receipts attached, and (2) reimburse for meals as follows:

For travel to all locations:
1. without substantiation ......................................................... $36.00 per day
2. with substantiation (receipts) ............................................. $65.00 per day
3. appropriate reductions will be made for meals provided by APTA; if meals or other expenses are provided by APTA and an individual is unable to participate due to Association responsibilities, the individual will be reimbursed in accordance with APTA reimbursement policy.*

*Reductions will be made as follows:
Breakfast provided ................................................................. $8.00
Lunch provided ........................................................................ $10.00
Dinner provided ....................................................................... $18.00

For example, if lunch were provided and expenses were not substantiated by receipts, the amount of reimbursement would be limited to $26.00 (breakfast $8.00 and dinner $18.00).

This change will allow members to be reimbursed up to a certain per diem amount rather than an amount by meal. For example, a member can be reimbursed up to $65.00 per day (with receipts), doing away with the current restriction on specific meals, i.e., $40.00 for dinner.

(Finance Department, ext 3133)

Explanation of Reference Numbers:
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Travel insurance shall be provided for staff consultants, members of the Board of Directors, and members of APTA-appointed groups when they are traveling on behalf of the Association.

(Finance Department, ext 3133)

Explanation of Reference Numbers:
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TRAVEL ON OFFICIAL BUSINESS BOD Y10-09-03-07 [Amended BOD Y11-00-10-25; BOD 11-99-11-25; BOD 03-92-19-60] [Policy]

All parties traveling on official APTA business should have the option to utilize APTA’s travel agency and/or other more economic sources, ie, the Internet, whichever provides the most reasonable and cost effective travel.

(Finance Department, ext 3133)

Explanation of Reference Numbers:
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UNBUDGETED EXPENSES BOD Y03-12-08-14 [Policy]

When there is a necessary, unbudgeted expense exceeding $50,000 not related to personnel, the expense must be approved by the APTA Board of Directors. In instances related to personnel the CEO will inform the Board of the financial impact of unbudgeted decisions, including severance, that exceed $50,000 but prior Board approval is not required.

(Finance Department, Ext 3133)

Explaination of Reference Numbers:
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UNEXPENDED INSURANCE INCOMES  BOD Y11-98-11-37 [Amended BOD 06-92-05-16; BOD 03-88-18-67; Initial BOD 11-86-14-16] [Policy]

Income generated by APTA-endorsed insurance programs, up to an amount needed to capitalize a professional liability self-insurance program, shall be restricted as to use. Revenues, as required, to the Group Insurance Fund shall come from the proceeds of APTA-endorsed insurance programs. Disbursements from the Group Insurance Fund shall be restricted to funding self-insurance programs as reviewed by the Committee on Risk Management Services and Member Benefits and approved by the Board of Directors.

(Finance Department, ext 3133)

Explanation of Reference Numbers:
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GOALS & MISSIONS
GOALS THAT REPRESENT THE PRIORITIES OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION

HOD P06-05-15-24 [Amended HOD 06-05-15-24; HOD 06-03-07-09; HOD 06-02-19-03; 06-01-06-09; HOD 06-00-11-03; HOD 06-99-07-04; HOD 06-98-10-04; HOD 06-97-06-04; HOD 06-96-15-29; HOD 06-95-06-03; HOD 06-94-15-27; HOD 06-93-07-08; HOD 06-92-11-23; HOD 06-91-03-02; HOD 06-90-16-29; HOD 06-89-03-02; HOD 06-88-12-20; Initial HOD 06-88-12-20] [Position]

GOALS THAT REPRESENT THE PRIORITIES OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION

Goal I: Physical therapists are universally recognized and promoted as the practitioners of choice for persons with conditions that affect movement and function.

Goal II: Physical therapists are universally recognized and promoted as providers of fitness, health promotion, wellness, and risk reduction programs to enhance quality of life for persons across the life-span.

Goal III: Academic and clinical education prepares doctors of physical therapy who are autonomous practitioners.

Goal IV: Physical therapists are autonomous practitioners to whom patients/clients have unrestricted direct access as an entry-point into the health care delivery system, and who are paid for all elements of patient/client management in all practice environments.

Goal V: Research advances the science of physical therapy and furthers the evidence-based practice of the physical therapist.

Goal VI: Physical therapists and physical therapist assistants are committed to meeting the health needs of patients/clients and society through ethical behavior, continuing competence, collegial relationships with other health care practitioners, and advocacy for the profession.

Goal VII: Communication throughout the Association enhances participation of and responsiveness to members and promotes and instills the value of belonging to the American Physical Therapy Association (APTA).


These goals are based upon APTA Vision Statement for Physical Therapy 2020 (Vision 2020) developed by the Association in 2000. The goals encompass the Association’s major priorities as it moves toward realization of the ideals set forth in Vision 2020. The Board is committed to these goals as the foundation from which to lead the Association. The Association’s awareness of cultural diversity, its commitment to expanding minority representation and participation in physical therapy, and its commitment to equal opportunity for all members permeate these goals. These goals are not ranked and do not represent any priority order.
Relationship to Vision 2020: Autonomous Practice, Direct Access, Practitioner of Choice, Doctor of Physical Therapy, Evidence Based Practice, and Professionalism; (Executive Department, ext 8516)

Explanation of Reference Numbers:
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GUIDING PRINCIPLES TO ACHIEVE THE VISION HOD P06-13-19-23

Movement is a key to optimal living and quality of life for all people that extends beyond health to every person’s ability to participate in and contribute to society. The complex needs of society, such as those resulting from a sedentary lifestyle, beckon for the physical therapy profession to engage with consumers to reduce preventable health care costs and overcome barriers to participation in society to ensure the successful existence of society far into the future.

While this is APTA’s vision for the physical therapy profession, it is meant also to inspire others throughout society to, together, create systems that optimize movement and function for all people. The following principles of Identity, Quality, Collaboration, Value, Innovation, Consumer-centricity, Access/Equity, and Advocacy demonstrate how the profession and society will look when this vision is achieved.

The principles are described as follows:

**Identity.** The physical therapy profession will define and promote the movement system as the foundation for optimizing movement to improve the health of society. Recognition and validation of the movement system is essential to understand the structure, function, and potential of the human body. The physical therapist will be responsible for evaluating and managing an individual’s movement system across the lifespan to promote optimal development; diagnose impairments, activity limitations, and participation restrictions; and provide interventions targeted at preventing or ameliorating activity limitations and participation restrictions. The movement system is the core of physical therapist practice, education, and research.

**Quality.** The physical therapy profession will commit to establishing and adopting best practice standards across the domains of practice, education, and research as the individuals in these domains strive to be flexible, prepared, and responsive in a dynamic and ever-changing world. As independent practitioners, doctors of physical therapy in clinical practice will embrace best practice standards in examination, diagnosis/classification, intervention, and outcome measurement. These physical therapists will generate, validate, and disseminate evidence and quality indicators, espousing payment for outcomes and patient/client satisfaction, striving to prevent adverse events related to patient care, and demonstrating continuing competence. Educators will seek to propagate the highest standards of teaching and learning, supporting collaboration and innovation throughout academia. Researchers will collaborate with clinicians to expand available evidence and translate it into practice, conduct comparative effectiveness research, standardize outcome measurement, and participate in interprofessional research teams.

**Collaboration.** The physical therapy profession will demonstrate the value of collaboration with other health care providers, consumers, community organizations, and other disciplines to solve the health-related challenges that society faces. In clinical practice, doctors of physical therapy, who collaborate across the continuum of care, will ensure that services are coordinated, of value, and consumer-centered by referring, co-managing, engaging consultants, and directing and supervising care. Education models will value and foster interprofessional approaches to best meet consumer and population needs and instill team values in physical therapists and physical therapist assistants. Interprofessional research approaches will ensure that evidence translates to practice and is consumer-centered.

**Value.** Value has been defined as “the health outcomes achieved per dollar spent.”¹ To ensure the best value, services that the physical therapy profession will provide will be safe, effective, patient/client-centered, timely, efficient, and equitable.² Outcomes will be both meaningful to patients/clients and cost-effective. Value will be demonstrated and
achieved in all settings in which physical therapist services are delivered. Accountability will be a core characteristic of the profession and will be essential to demonstrating value.

**Innovation.** The physical therapy profession will offer creative and proactive solutions to enhance health services delivery and to increase the value of physical therapy to society. Innovation will occur in many settings and dimensions, including health care delivery models, practice patterns, education, research, and the development of patient/client-centered procedures and devices and new technology applications. In clinical practice, collaboration with developers, engineers, and social entrepreneurs will capitalize on the technological savvy of the consumer and extend the reach of the physical therapist beyond traditional patient/client–therapist settings. Innovation in education will enhance interprofessional learning, address workforce needs, respond to declining higher education funding, and, anticipating the changing way adults learn, foster new educational models and delivery methods. In research, innovation will advance knowledge about the profession, apply new knowledge in such areas as genetics and engineering, and lead to new possibilities related to movement and function. New models of research and enhanced approaches to the translation of evidence will more expediently put these discoveries and other new information into the hands and minds of clinicians and educators.

**Consumer-centricity.** Patient/client/consumer values and goals will be central to all efforts in which the physical therapy profession will engage. The physical therapy profession embraces cultural competence as a necessary skill to ensure best practice in providing physical therapist services by responding to individual and cultural considerations, needs, and values.

**Access/Equity.** The physical therapy profession will recognize health inequities and disparities and work to ameliorate them through innovative models of service delivery, advocacy, attention to the influence of the social determinants of health on the consumer, collaboration with community entities to expand the benefit provided by physical therapy, serving as a point of entry to the health care system, and direct outreach to consumers to educate and increase awareness.

**Advocacy.** The physical therapy profession will advocate for patients/clients/consumers both as individuals and as a population, in practice, education, and research settings to manage and promote change, adopt best practice standards and approaches, and ensure that systems are built to be consumer-centered.


(Explanation of Reference Numbers:

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MENTORING FOR AMERICAN PHYSICAL THERAPY ASSOCIATION INVOLVEMENT HOD P06-96-27-08

The American Physical Therapy Association (APTA) strongly encourages all of its members to be involved in the activities of the Association. Each member, to the extent that they are able, should foster the involvement of other members in the Association. Those in leadership roles in the Association should mentor their fellow members to become actively involved at the district, state, or national level.

APTA also encourages physical therapists who hold leadership positions in their respective professional settings to create opportunities to support involvement in the Association.

Relationship to Vision 2020: Professionalism; (Component Services Department, ext 3232)

Explanation of Reference Numbers:
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MISSION STATEMENT FULFILLMENT HOD P06-93-06-07 [Position]

To fulfill the American Physical Therapy Association's (APTA) Mission, to meet the needs and interests of its members, and to promote physical therapy as a vital professional career, the Association shall:

- Promote physical therapy care and services through the establishment, maintenance, and promotion of ethical principles and quality standards for practice, education, and research.
- Influence policy in the public and private sectors.
- Enable physical therapy practitioners to improve their skills, knowledge, and operations in the interest of furthering the profession.
- Develop and improve the art and science of physical therapy, including practice, education, and research.
- Facilitate a common understanding and appreciation for the diversity of the profession, the membership, and the communities we serve.
- Maintain a stable and diverse financial base from which to fund the programs, services, and operations that support this mission.

Relationship to Vision 2020: Autonomous Practice, Direct Access, Practitioner of Choice, Doctor of Physical Therapy, Evidence Based Practice, and Professionalism; (Executive Department, ext 8516)

Explanation of Reference Numbers:
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MISSION STATEMENT OF APTA HOD P06-93-05-05 [Position]

The mission of the American Physical Therapy Association (APTA), the principal membership organization representing and promoting the profession of physical therapy, is to further the profession's role in the prevention, diagnosis, and treatment of movement dysfunctions and the enhancement of the physical health and functional abilities of members of the public.

Relationship to Vision 2020: Autonomous Practice, Direct Access, Practitioner of Choice, Doctor of Physical Therapy, Evidence Based Practice, and Professionalism; (Executive Department, ext 8516)

Explanation of Reference Numbers:
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VISION STATEMENT FOR THE PHYSICAL THERAPY PROFESSION HOD P06-13-18-22 [Initial HOD P06-00-24-35] [Position]

Transforming society by optimizing movement to improve the human experience.

GUIDING PRINCIPLES TO ACHIEVE THE VISION HOD P06-13-19-23 [Position]

Movement is a key to optimal living and quality of life for all people that extends beyond health to every person’s ability to participate in and contribute to society. The complex needs of society, such as those resulting from a sedentary lifestyle, beckon for the physical therapy profession to engage with consumers to reduce preventable health care costs and overcome barriers to participation in society to ensure the successful existence of society far into the future.

While this is APTA’s vision for the physical therapy profession, it is meant also to inspire others throughout society to, together, create systems that optimize movement and function for all people. The following principles of Identity, Quality, Collaboration, Value, Innovation, Consumer-centricity, Access/Equity, and Advocacy demonstrate how the profession and society will look when this vision is achieved.

The principles are described as follows:

**Identity.** The physical therapy profession will define and promote the movement system as the foundation for optimizing movement to improve the health of society. Recognition and validation of the movement system is essential to understand the structure, function, and potential of the human body. The physical therapist will be responsible for evaluating and managing an individual’s movement system across the lifespan to promote optimal development; diagnose impairments, activity limitations, and participation restrictions; and provide interventions targeted at preventing or ameliorating activity limitations and participation restrictions. The movement system is the core of physical therapist practice, education, and research.

**Quality.** The physical therapy profession will commit to establishing and adopting best practice standards across the domains of practice, education, and research as the individuals in these domains strive to be flexible, prepared, and responsive in a dynamic and ever-changing world. As independent practitioners, doctors of physical therapy in clinical practice will embrace best practice standards in examination, diagnosis/classification, intervention, and outcome measurement. These physical therapists will generate, validate, and disseminate evidence and quality indicators, espousing payment for outcomes and patient/client satisfaction, striving to prevent adverse events related to patient care, and demonstrating continuing competence. Educators will seek to propagate the highest standards of teaching and learning, supporting collaboration and innovation throughout academia. Researchers will collaborate with clinicians to expand available evidence and translate it into practice, conduct comparative effectiveness research, standardize outcome measurement, and participate in interprofessional research teams.

**Collaboration.** The physical therapy profession will demonstrate the value of collaboration with other health care providers, consumers, community organizations, and other disciplines to solve the health-related challenges that society faces. In clinical practice, doctors of physical therapy, who collaborate across the continuum of care, will ensure that services are coordinated, of value, and consumer-centered by referring, co-managing, engaging consultants, and directing and supervising care. Education models will value and foster interprofessional approaches to best meet consumer and population needs and instill team values in physical therapists and physical therapist assistants. Interprofessional research approaches will ensure that evidence translates to practice and is consumer-centered.
Value. Value has been defined as “the health outcomes achieved per dollar spent.”¹ To ensure the best value, services that the physical therapy profession will provide will be safe, effective, patient/client-centered, timely, efficient, and equitable.² Outcomes will be both meaningful to patients/clients and cost-effective. Value will be demonstrated and achieved in all settings in which physical therapist services are delivered. Accountability will be a core characteristic of the profession and will be essential to demonstrating value.

Innovation. The physical therapy profession will offer creative and proactive solutions to enhance health services delivery and to increase the value of physical therapy to society. Innovation will occur in many settings and dimensions, including health care delivery models, practice patterns, education, research, and the development of patient/client-centered procedures and devices and new technology applications. In clinical practice, collaboration with developers, engineers, and social entrepreneurs will capitalize on the technological savvy of the consumer and extend the reach of the physical therapist beyond traditional patient/client–therapist settings. Innovation in education will enhance interprofessional learning, address workforce needs, respond to declining higher education funding, and, anticipating the changing way adults learn, foster new educational models and delivery methods. In research, innovation will advance knowledge about the profession, apply new knowledge in such areas as genetics and engineering, and lead to new possibilities related to movement and function. New models of research and enhanced approaches to the translation of evidence will more expeditiously put these discoveries and other new information into the hands and minds of clinicians and educators.

Consumer-centricity. Patient/client/consumer values and goals will be central to all efforts in which the physical therapy profession will engage. The physical therapy profession embraces cultural competence as a necessary skill to ensure best practice in providing physical therapist services by responding to individual and cultural considerations, needs, and values.

Access/Equity. The physical therapy profession will recognize health inequities and disparities and work to ameliorate them through innovative models of service delivery, advocacy, attention to the influence of the social determinants of health on the consumer, collaboration with community entities to expand the benefit provided by physical therapy, serving as a point of entry to the health care system, and direct outreach to consumers to educate and increase awareness.

Advocacy. The physical therapy profession will advocate for patients/clients/consumers both as individuals and as a population, in practice, education, and research settings to manage and promote change, adopt best practice standards and approaches, and ensure that systems are built to be consumer-centered.


Explanation of Reference Numbers:

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VISION STATEMENT FOR THE PHYSICAL THERAPY PROFESSION HOD P06-13-18-22 [Initial HOD P06-00-24-35]

[Position]

Transforming society by optimizing movement to improve the human experience.

(National Governance and Leadership Department, ext 3256)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

GOVERNANCE
ABPTS ANNUAL REPORT TO THE HOUSE OF DELEGATES HOD Y06-80-08-24 [Policy]

The American Board of Physical Therapy Specialties (ABPTS) shall report its activities to the House of Delegates annually.

Relationship to Vision 2020: Operational; (Residency/Fellowship & Special Certification, ext 8520)

Explanation of Reference Numbers:
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BACKGROUND PAPER DEVELOPMENT, BOD Y09-09-07-08 [Previously titled: Briefing Paper Development; Amended BOD Y09-01-01-01; Initial BOD 11-99-03-02 Development of Briefing Papers] [Policy]

Staff Background Papers in response to proposed motions to the House of Delegates will be written when staff is charged to do so by the Board of Directors, or when staff, in consultation with the Chief Executive Officer, determines that a staff background paper is warranted.

(Governance Department, ext 3252)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

THE BOARD OF DIRECTORS AS A DELEGATION TO THE HOUSE OF DELEGATES BOD Y01-16-02-03 [Initial: BOD Y11-15-04-02]

The Bylaws of the American Physical Therapy Association give the Board of Directors (Board) a unique perspective on the ability of motions that come before the House of Delegates (House) to help achieve the American Physical Therapy Association’s (APTA) Vision Statement for the Physical Therapy Profession (Vision), whether they be motions from other delegations or those initiated by the Board itself.

Therefore the Board, acting as a delegation of the House, has the obligation to meet these responsibilities with clear policies that allow other delegations and members to understand the Board’s decision-making relative to levels of support for all motions coming before the House, both those brought by the Board itself, and those brought by others. The Board’s Chief Delegate (the APTA President) shall promulgate these policies to the House, at least annually, as they are created and amended.

The Board has the responsibility to forward to the House the motions it deems necessary to help achieve APTA’s Vision and Mission Statement of APTA (Mission). The Board will forward only those motions to the House that it will actively support and advocate for in the House. Board decisions to forward motions to the House will require a majority vote by the Board.

The Board acting in its capacity as a delegation to the House will co-sponsor only those motions to the House from other delegations that it can actively support and advocate for in the House, and when it deems the motion necessary to help achieve APTA’s Vision and Mission. Co-sponsorship of another delegation’s motion will require a two-thirds vote by the Board delegation. The decision to oppose another delegation’s motion will require a two-thirds vote by the Board delegation.

The Board will review all motions that come before the House, and make a specific decision about each motion, using the following definitions:

- **No decision**: All motions are first considered as a ‘no decision,’ pending further information about the motion. As information becomes available, the Board will make one of the decisions below.
- **Cosponsor**: Agreement with the motion, will advocate in support of the motion
- **Agree**: Agreement with the motion, but no action will be taken
- **Neutral**: Does not support or oppose
- **Disagree**: Disagreement with the motion, but no action will be taken
- **Oppose**: Disagreement with the motion, will advocate for defeat of the motion

The APTA President will share these definitions on an annual basis with the House through regular communication.

(National Governance and Leadership)

**Explanation of Reference Numbers:**

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BOARD OF DIRECTORS NEUTRALITY DURING THE ELECTION PROCESS  BOD Y11-08-02-02 (BOD Y11-05-27-70; BOD Y03-05-24-64) [Policy]

Members of the Board who are potential candidates or candidates may participate in the nomination, candidacy, and voting processes only with respect to the position they are seeking.

Officers of the House of Delegates may carry out their assigned responsibilities to facilitate the business of the House of Delegates.

Except as permitted above, members of the Board of Directors are prohibited from any participation in the nomination, candidacy, and voting processes.

Prohibited behaviors include:

- Soliciting nominations on behalf of a potential candidate.
- Submitting an individual NC-1 form to the Nominating Committee on behalf of any potential candidate.
- Speaking formally or informally for or against any candidate
- Responding to questions from any delegate or other interested member regarding the qualifications and performance of any candidate.

Prohibited behaviors do not include:

- Assuming a leadership or mentoring role when encouraging individuals to consider service to APTA’s Board of Directors or Nominating Committee.
- Answering questions relating to work load or other responsibilities regarding service on the Board in the position held by the Board member.
- Referring interested parties to published biographical materials.

(Governance Department, ext 3252)

**Explanation of Reference Numbers:**

BOD P00-00-00-000 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the “P” indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

CODE OF CONDUCT, CONFLICT OF INTEREST, AND DISCLOSURE POLICY BOD Y11-16-02-02 [Policy]

The American Physical Therapy Association (Association or APTA) is committed to conducting all of its activities in accordance with the highest ethical standards. The Board of Directors (Board) has adopted this Code of Conduct, Conflict of Interest, and Disclosure Policy to implement that commitment and to provide guidance to the Board.

CODE OF CONDUCT

1. Core elements of Board function
   A. Fiduciary responsibilities
      1) Each Board member serves as a fiduciary of the Association’s resources and is accountable to the members for prudent oversight of the Association’s financial and business affairs.
      2) Each Board member ensures that the financial affairs of the Association are conducted in a responsible and transparent manner.
      3) Each Board member understands non-profit accounting principles and reads the Association’s financial reports, committee reports and other documents pertaining to the operations of the Association.
      4) Each Board member actively engages in decisions relating to the allocation of resources and monitoring of financial performance.
   B. Legal/ethical responsibilities
      1) Each Board member will at all times comply with all applicable federal, state, and local laws, rules and regulations.
      2) Each Board member shall use their best efforts at all times to make reasonable decisions that are consistent with the Association’s Articles of Incorporation, Bylaws of the American Physical Therapy Association (Bylaws), and other governing documents.
      3) Each Board member will engage in honest and ethical conduct, including the ethical handling of actual or apparent conflicts between their personal or professional interests and the interests of the Association.

2. Effective Board Participation
   A. Diligence
      1) Each Board member will conduct the affairs of the Association in good faith and with honesty, integrity and due diligence.
      2) Each Board member must devote the time and resources necessary to prepare for and participate in all Board activities.
      3) Each Board member shall be informed, actively participate in Board discussions, regularly attend Board meetings and be responsible for setting the Association’s strategic direction.
      4) Each Board member shall be informed about the needs and opinions of the Association’s membership, and should ask any questions necessary to be fully informed about the issues being addressed by the Board before making decisions.
      5) Each Board member shall give open and fair consideration to diverse and opposing viewpoints.
      6) Each Board member shall exercise independent judgment, and not hesitate to express dissenting opinions in an appropriate manner during Board deliberations.
   B. Respectful interaction
      1) Each Board member shall conduct themselves in a professional, courteous, respectful and businesslike manner.
      2) Each Board member shall foster an environment of respect, cooperation and collegiality.
3) Each Board member shall demonstrate active listening while other members of the Board express their views.
4) No Board member may undermine, sabotage or falsely impugn another Board member.
5) Each Board member shall treat APTA staff, members and related partners courteously and professionally.

3. External Board functions
   A. Confidentiality
      1) Each Board member shall maintain confidentiality of all legal, contractual, personnel, and similar confidential and non-public information entrusted to them or acquired during their service on the Board.
      2) Each Board member will keep Board deliberations confidential, and speak only about adopted Board policy and its rationale, options that were considered, and whether or not the vote was unanimous except as addressed herein in Principle 3., A., 5).
      3) No Board member may discuss or disclose the votes of the Board or of individual Board members (including his/her own) unless the Board has made these votes public.
      4) No Board member may disclose anything about Board actions if the Board has determined to defer announcement of that action or to control the dissemination of that information.
      5) No Board member may disclose matters addressed in executive session to anyone not entitled to participate therein.
   B. Leadership/role model
      1) Each Board member sets the tone for Association members and volunteers by acting as a leader and serving as an example of dedication, dignity, enthusiasm, integrity and professional conduct.
      2) Each Board member is dedicated to representing the interests and ideals of the physical therapy profession.
   C. Scope of influence
      1) A Board member may not act in an official capacity or speak publicly on behalf of the Association unless empowered to do so under the Bylaws, or as specifically empowered by the Board.
      2) Each Board member shall support and positively characterize the positions and decisions of the Board to ensure that the Board is speaking with one voice.
      3) Each Board member shall adhere to decisions legitimately taken in the transaction of the Association’s business.
      4) No board member shall intrude on administrative issues that are the responsibility of management. Any concerns about staff member’s performance or conduct should be addressed directly with the CEO and/or President.
      5) No Board member may have a supervisory or direct reporting relationship with another.
      6) No Board member may serve on the Board concurrently with an immediate family member, partner or significant other in a committed relationship.
      7) No Board member may serve on a component Board or as a chapter assembly delegate.
      8) Board members should cautiously consider the impact of participating in any activities in the components of which they are a member.
      9) No Board member acting in a role outside of their responsibilities shall direct staff actions.

CONFLICT OF INTEREST

1. Board members have a fiduciary duty to conduct themselves without conflict to the interests of APTA. In their capacity as Board members, they must subordinate personal, business, third-party, and other interests to the best interests of APTA.

2. A conflict is a transaction or relationship which presents or may present a conflict between a Board member’s obligation to APTA and the Board member’s personal, business or other interests.

3. Board members shall not:
   A. Use or attempt to use their official positions and titles to secure special privileges, exemptions or personal profit.
B. Allow other employment or interests to impair their independence of judgment in the performance of their duties as a Board member.
C. Allow other employment or interests to interfere with the ethical performance of their duties.
D. Enter into a contract or do business with APTA without first seeking approval of the full Board.
E. Accept gifts or compensation or professional opportunities from any source if such acceptance influences or could be perceived by others as influencing their Board duties. A Board member may accept occasional non-cash gifts that are consistent with customary business practice and are not excessive in value and could not reasonably be construed as a bribe or kickback.

4. All conflicts of interest are not necessarily prohibited or harmful to APTA. However, full disclosure of all actual or potential conflicts is required.

PROCEDURES

1. A copy of this Policy shall be given to candidates running for an elected position.
2. Annually APTA shall distribute this Policy to all elected Board members.
3. Board members shall read the Policy and submit the Disclosure Statement to APTA within the requested time frame. At any time, Board members may update their Disclosure Statement by submitting a copy to APTA for distribution.
4. The Disclosure Statement for each Board member shall be made available to all Board members for their review. Each Board member shall treat the Disclosure Statements confidentially.
5. If a Board member has concerns about a situation, behavior, or relationships of another Board member related to the Code of Conduct/Conflict of Interest Policy, the following process shall be used:
   A. The Code of Conduct Board Work Group (CCWG) will not become engaged in any question one Board member has about another Board member’s situation until that Board member has had a direct conversation with the Board member whose situation or behavior may be in question. These matters should be handled between individual Board members wherever possible.
   B. If, after such an interchange occurs, there is no resolution, the Board member who has raised concerns, and the Board member about whom a question has been raised should reach out jointly to the CCWG. If 1 Board member involved refuses to initiate contact with the CCWG, despite a lack of resolution, the other Board member should ask for consultation with the CCWG.
   C. After the consultation and peer review process through the CCWG has occurred, the CCWG shall report the issues, the interpretations of the policies, and conclusions about how they apply to the situation in question to the President of the Association and to the 2 Board members involved in the remediation. If there is acceptance of the conclusions about the interpretation and application of policy, and no further action is needed by the Board member in question, the matter is considered closed. If there is an agreement that some remedial action is needed, and the Board member agrees to take such action, the matter shall be closed when such action is taken.
   D. If, after this process, there is not acceptance of the interpretation and application of policy, the CCWG shall refer the matter to the Executive Committee (EC) for review. The EC shall review the matter, and make its determination about the interpretation and application of policy. If there is no resolution after this stage, the EC shall refer the matter to the full Board for review.
   E. In the event that a concern is raised about a member of the CCWG, the matter will be addressed by the remaining 2 members of the group. In any event where a member of the EC is the individual about whom a concern has been raised, they shall recuse themselves from any subsequent deliberations of the EC.
DISCLOSURE STATEMENT

As an APTA Board member, I hereby acknowledge that I occupy a position of trust and that I am expected to act at all times in good faith, and without bias or favor to outside interests. Whenever my outside interest or other responsibilities potentially conflict with my duty to APTA, I will act in such a manner as to avoid even the appearance of using my position to advance any other interest or any individual or entity with whom I have a significant relationship over the interests of APTA.

NAME: (please print or type):

Signature: ___________________________ Date: ___________________________

Please fill out the below box(es) with the names of the entities (e.g. physical therapy company or physical therapy related company, professional organization, foundation or political action committee; or physical therapy related publication) with whom you have a role (e.g. employee, shareholder, owner, partner, board member, independent contractor, volunteer, manuscript reviewer or editorial board member). If you are not sure what to fill out you may discuss this with the CCWG. Note that the information you provide will not automatically be judged to be a conflict. You are merely disclosing this information. Determinations regarding conflicts are to be made pursuant to Board policies.

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COUNCILS  BOD Y03-06-30-82 [Amended BOD Y03-94-12-27; Initial BOD 11-93-14-51] [Policy]

The Board of Directors defines a Council as a collection of individuals who hold a similar leadership position or special designation within APTA. The purposes of Councils are to provide a networking opportunity for information sharing, education, and general leadership development or mentoring. Councils may not speak on behalf of the Association without permission, in writing, from APTA’s Board of Directors.

APTA staff will handle planning and logistics for Council meetings held in conjunction with CSM or Annual Conference. In addition, APTA staff will handle general on-going communication to Council members. Additional requests to utilize Association resources must be forwarded as a recommendation to APTA’s Board of Directors through the Association’s President and CEO.

(Component Services Department, ext 3232)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the “P” indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

FISCAL IMPLICATIONS OF HOUSE MOTIONS  BOD Y03-85-14-49 [Policy]

The Treasurer shall be delegated the responsibility for determining the fiscal implication of motions coming before the House of Delegates, and a liaison shall be set up with the Reference Committee so that the Treasurer and/or his or her representative receives a copy of every motion immediately after it has been revised by the Reference Committee.

(Adopted in response to HOD policy Review of House Motions).

(Finance Department, ext 3133)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

GOALS AND OBJECTIVES: DEVELOPMENT AND PRESENTATION TO THE HOUSE OF DELEGATES HOD Y06-04-08-08 [Amended HOD 06-03-08-03; HOD 06-95-23-13; HOD 06-88-12-20] [Previously titled: Goals: Procedure for Adoption] [Policy]


Relationship to Vision 2020: Operational: (Executive Department, ext 8516)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

GUIDELINES: COMPOSITION OF COUNCIL OF COMPONENT EXECUTIVES  BOD G03-05-26-71 [Initial BOD 11-91-43-172] [Guideline]

The composition of the Council of Component Executives shall be those individuals who have employment or independent contractor arrangements with APTA components to provide association management services. If a component has more than one staff person, then it is the Executive Director or CEO who is the member of the Council.

(Component Services Department, ext 3232)

Explanation of Reference Numbers:

BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

GUIDELINES: PURPOSE AND STRUCTURE OF THE COUNCIL OF CHAPTER PRESIDENTS BOD G03-06-31-84 [Amended BOD G03-01-07-23; BOD 11-92-20-86; Initial BOD 11-91-41-166] [Guideline]

Purpose

In 1987, the Board of Directors formalized the meeting of the Chapter Presidents as the Council of Chapter Presidents. This was done to promote greater communication among the chapters, as well as between the chapters, the Board of Directors, sections and staff.

Composition of the Council of Chapter Presidents

Members of the Council will be each chapter president or the president's designee.

Functions of the Council of Chapter Presidents

1. Promote networking and professional development for chapter presidents.
2. Educate chapter presidents on Association issues, policies, and chapter management.
3. Participate in orientation of new chapter presidents in their role on the Council of Chapter Presidents, their relationship to the Committee on Chapters and Sections and the function of the Board of Director liaisons.
4. Provide input on policies, Board of Directors' actions, motions for the House of Delegates, and grassroots concerns to the Committee on Chapters and Sections.

Meetings

1. The Council will hold meetings at least once a year for the purpose of discussion items such as the following:
   - Updates and reports from Board of Directors, APTA staff, task forces, etc.
   - Roundtable discussions on chapter responsibilities or areas of focus
   - Information sharing between and among chapters
   - Orientation for new chapter presidents
   - Recommendations for nominations to the Committee on Chapters and Sections
   - Other recommendations to the Committee on Chapters and Sections
   - Announcement of potential nominees for national office

2. Agenda items for the Council meetings are solicited from chapter presidents, Board of Directors, and APTA staff.

3. The Committee on Chapters and Sections finalizes the agenda.

4. The senior chapter member of the Committee on Chapters and Sections leads the Council meetings.

5. Invited guests may attend meetings and participate in discussions. In the event there is reason for a vote, only chapter presidents may vote as members of the Council of Chapter Presidents.

(Component Services Department, ext 3232)

Explanation of Reference Numbers:

BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

GUIDELINES: PURPOSE AND STRUCTURE OF THE COUNCIL OF HEALTH SYSTEMS PHYSICAL THERAPY (CHSPT) BOD G06-16-02-04

Purpose
The purposes of the Council of Health Systems Physical Therapy will be to improve the health and wellness of society by advancing the practice of physical therapy and promoting scholarship and research, through:

(a) greater communication among the major health systems, as well as among the major health systems, APTA members and components, the Board of Directors, and staff
(b) influencing the development of innovative models of care such as collaboration on electronic medical record (EMR) development, determining improved methods of measuring outcomes, improving care coordination across the continuum of care, and promoting the value of physical therapists in major health care systems
(c) development and adoption of best practices by major health systems

Major Health Systems
For purposes of these Guidelines, a major health system is an organization that consists of an acute care hospital and a combination of other post-acute care facilities. The organization may offer care in a variety of integrated clinical settings, such as acute care, inpatient rehabilitation, home care, skilled nursing facilities, and outpatient clinics.

Steering Committee
The Council shall have a Steering Committee (Committee) of 9 members selected by the President of the APTA. In filling vacancies and selecting successor members of the Steering Committee the President may choose individuals recommended by the current members of the Steering Committee.

The members of the Steering Committee shall elect one of the members to be the Chair. The Chair shall be responsible for calling and presiding at meetings of the Steering Committee.

The Steering Committee will be responsible for setting the direction of the Council and the agenda for meetings of the Council. It will meet with the APTA Board as directed by the President of the APTA.

Health System Contacts and Rosters
One or two APTA members who are leaders in a major health system may become the primary and secondary contacts for that system by notifying the Steering Committee of their desire to represent the system.

Their notice should include a roster of individuals in their system who are leaders in areas the notice identifies (e.g., information technology).

The Steering Committee will make available to all primary/secondary contacts from the various systems the identity and contact information for the primary/secondary contacts of all systems represented in the Council and the rosters for all such systems. The primary/secondary contacts for each system shall be responsible for disseminating the foregoing information within their own system.

Meetings
The Council will hold a meeting at least once a year for the purpose of discussing items such as the following:

(a) Information sharing between and among major health systems
(b) Sharing the development of innovative models of care and best practices

The Council will meet at times and places determined by the Steering Committee.

The Steering Committee will solicit agenda items for the Council meetings from the members of the Council, the APTA Board of Directors, and APTA staff. The Chair of the Steering Committee will preside at meetings of the Council. Invited guests may attend meetings and participate in discussions.

**APTA Support**

APTA staff will handle planning and logistics for Council meetings held in conjunction with the Combined Sections Meeting and NEXT. This assistance does not include paying third parties (e.g., hotels) for goods or services to support the Council meetings. In addition, APTA staff will handle general on-going communication to Council members.

APTA staff will arrange for the Council to have an online APTA Community on The Hub.

Determination of sources of financial support for other activities of the Council will be made as the need arises.

**Limitations**

The Council and the Steering Committee have no authority to bind the APTA. The Council and the Steering Committee shall not purport to speak on behalf of the APTA. Neither the Council nor the Steering Committee shall adopt or advocate for any policy or position that is not consistent with the policies and positions of the APTA House of Delegates and Board of Directors.

**Explanation of Reference Numbers:**

*BOD P00-00-00-00* stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

GUIDELINES: PURPOSE AND STRUCTURE OF THE COUNCIL OF SECTION PRESIDENTS  BOD G03-06-33-87
[Amended BOD G02-02-16-19; BOD 03-93-13-26; BOD 11-92-19-84; Initial BOD 03-92-29-98] [Guideline]

Purpose

In 1991, the Board of Directors formalized the meeting of Section Presidents as the Council of Section Presidents. This was done to promote greater communication among the sections, and between the sections, Board of Directors, chapters and staff.

Composition of the Council of Section Presidents

Membership of the Council will be each section president of the president's designee.

Functions of the Council of Section Presidents

1. Promote networking and professional development for section presidents.
2. Educate section presidents on Association issues, policies, and section management.
3. Participate in orientation of new section presidents in their role on the Council of Section Presidents, their relationship to the Committee on Chapters and Sections and the function of the Board of Director liaisons.
4. Provide input, such as policy recommendations, Board of Directors actions, possible motions to the House of Delegates, and grassroots concerns, to the Committee on Chapters and Sections as a conduit to the Board of Directors.

Meetings

1. The Council will hold meetings at least once a year for the purpose of discussion items such as the following:
   - Updates and reports from Board of Directors, APTA staff, task forces, etc.
   - Roundtable discussions on section responsibilities or areas of focus
   - Information sharing between and among sections
   - Orientation for new section presidents
   - Recommendations for nominations to the Committee on Chapters and Sections
   - Other recommendations to the Committee on Chapters and Sections
   - Announcement of potential nominees for national office
   - Actions related to the on-going development of the structure and efficacy of CSM to ensure that the meeting continues to meet the needs of physical therapists, physical therapist assistants, and physical therapy students

2. Agenda items for the Council meetings are solicited from section presidents, Board of Directors, and APTA staff.

3. The Committee on Chapters and Sections finalizes the agenda.

4. The senior section member of the Committee on Chapters and Sections leads the Council meetings.

5. Invited guests may attend meetings and participate in discussions. In the event there is reason for a vote, only section presidents may vote as members of the Council of Section Presidents.

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P"
indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

GUIDELINES: PURPOSE OF THE COUNCIL OF CATHERINE WORTHINGHAM FELLOWS  BOD G05-02-01-01 [Initial BOD 03-93-08-15] [Guideline]

Purpose

To provide a formal means for the Catherine Worthingham Fellows to express their collective concerns and recommendations on issues facing the Association and the profession; to promote communications between the Fellows and APTA’s Board of Directors, components, and staff; to promote communication among the Fellows; and to provide a mechanism for Fellows to meet at annual conference and the Combined Sections Meeting.

(Executive Department, ext 3256)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the ”P” indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.


The purpose of the Council of Component Executives shall be to:

- Promote the professional development of council members.
- Provide such services as will further the Mission, Vision, and Object of the association.
- Promote association recognition of the unique contributions of component and association staffs.
- Promote and encourage the highest level of ethical principles.
- Provide for peer networking.
- Enhance communication among and between council members and the association.
- Provide for an orientation to the association.

(Component Services Department, ext 3232)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

GUIDELINES: PURPOSE OF THE FRONTIERS IN REHABILITATION SCIENCE AND TECHNOLOGY COUNCIL BOD G02-16-03-04 [Guideline]

The purpose of the Frontiers in Rehabilitation Science and Technology Council shall be to:

- Participate in the promotion of scientific and technological innovation in rehabilitation and movement sciences.
- Leverage scientific and technological discoveries to advance physical therapist practice, education and research.
- Provide a formal means for the members of the council to meet, communicate, and interface with each other and the APTA Board of Directors.
- Promote networking, information sharing, education, and leadership development in the areas of innovation, science, and technology across the association and its components.
- Establish a structure and composition for sustainability within the resource constraints as identified by the APTA Board of Directors and consistent with the Bylaws of the American Physical Therapy Association and APTA positions, standards, guidelines, policies, and procedures.

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

GUIDELINES: REPORTING MECHANISM FOR COUNCIL OF COMPONENT EXECUTIVES  BOD G11-91-43-174
[Guideline]

The President of the Council of Executive Personnel shall work with APTA Component Services Department staff on Council activities; APTA staff shall provide staff reports to APTA’s Board of Directors when appropriate.

(Component Services Department, ext 3232)

Explanation of Reference Numbers:
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GUIDELINES: VACANT POSITION ON BOARD OF DIRECTORS  BOD G11-84-05-20 [Guideline]

In the event that a position on the Board of Directors becomes vacant after the expiration of the first year of a three-year term, the Board of Directors will fill the vacancy by appointment and will:

a. If the vacant position is that of an officer other than the President or Speaker of the House of Delegates, will consider appointment of a Director to that office for the remainder of the term and will appoint a Director from the membership to fill that vacant position for the remainder of the term.

b. If the vacant position is that of a Director, will appoint a Director from the membership to fill that vacant position for the remainder of the term.

NOTE: In response to APTA Bylaws, Article IX, Section 4, E., and Standing Rule #13 Vacancies-Officers and Directors.

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

HONORARIA FOR BOARD OF DIRECTORS HOD Y06-96-22-37 [Amended HOD 06-95-33-21] [Policy]

Members of the American Physical Therapy Association Board of Directors, except the President, shall receive an annual honorarium of $10,000 each. The President shall receive an annual honorarium of $25,000. These honoraria shall be in addition to the expense reimbursements already allowed for these Board members.

Relationship to Vision 2020: Operational; (Governance Department, ext 3252)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the “P” indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

The President of APTA shall be paid an annual honorarium and shall be allowed to bill APTA for reasonable supportive services expenses. The President shall be reimbursed for travel expenses inherent in serving as President of APTA.

(See also HOD policy Honoraria for Board of Directors).

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

REVIEW OF HOUSE MOTIONS HOD Y06-75-18-33 [Policy]

The American Physical Therapy Association Board of Directors shall: 1) review all motions coming before the House of Delegates for fiscal implications and 2) provide the necessary information when a motion is discussed.

Relationship to Vision 2020: Operational; (Governance Department, ext 3252)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

TECHNOLOGY IN THE HOUSE HOD Y06-93-18-29 [Initial HOD 06-90-18-32] [Policy]

Computers and audiovisuals shall be used at each session of the House of Delegates.

Relationship to Vision 2020: Operational; (Governance Department, ext 3252)

Explanation of Reference Numbers:
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TRAVEL ALLOWANCE FOR SPOUSE/SIGNIFICANT OTHER  BOD Y11-00-10-26 [Initial EC 04-80-05-16] [Policy]

Appropriate funds shall be allowed for spouse/significant other travel to accompany the President and Chief Executive Officer to appropriate Association activities. The Executive Committee will review and approve specific travel requests for reimbursement in advance.

(Governance Department, ext 3252)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

WAIVER OF FEE FOR DELEGATES ATTENDING EXHIBITS HOD Y06-83-10-34 [Policy]

All delegates to the House of Delegates shall be eligible to attend exhibits without registering for Annual Conference.

Relationship to Vision 2020: Operational; (Meeting Services Department, ext 3225)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

HEALTH, SOCIAL, AND ENVIRONMENT
AMERICANS WITH DISABILITIES: ROLE OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION IN ADVOCACY, PROMOTION, AND ACCOMMODATION HOD P06-04-12-12 [Amended HOD 06-00-15-04; HOD 06-93-32-59; HOD 06-76-17-44] [Previously titled: Rights of People with Disabilities; Position on People with Disabilities; Civil Rights for Handicapped] [Position]

People with disabilities share the same rights as all other individuals to have access to and opportunities for full economic, social, and personal development. The American Physical Therapy Association (APTA) shall advocate for full inclusion of people with disabilities in all aspects of community life and within the profession of physical therapy. As the Association that represents physical therapists who are the experts in the analysis of human movement, performance, and function, APTA should seek ways to promote education regarding the Americans with Disabilities Act (ADA) Accessibility Guidelines as well as implementation of the ADA.

APTA shall comply with the requirements of the ADA for all APTA sponsored events including conferences, continuing education, and meetings, providing for accessibility or reasonable accommodations for people with disabilities.

Relationship to Vision 2020: Operational; (Federal Government Affairs Department, ext 3156)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.
CARDIOPULMONARY RESUSCITATION HOD P06-06-12-09 [Initial HOD P06-80-19-55; Amended HOD 03-86-20-82] [Position]

Basic Life Support

All physical therapists, physical therapist assistants, student physical therapists, and student physical therapist assistants should be certified in basic life support of the adult, child, and infant, including:

- 1-rescuer and 2-rescuer cardiopulmonary resuscitation (CPR)
- removal of foreign-body airway obstruction
- use of automated external defibrillators (AEDs)

In addition, the American Physical Therapy Association recommends that, when dependent upon a community emergency medical system, all healthcare and wellness facilities providing physical therapy services have an AED available for use by trained personnel during first response CPR efforts.

Advanced Cardiac Life Support

The American Physical Therapy Association recommends that physical therapists and physical therapist assistants certified in advanced cardiac life support (ACLS) be authorized to perform ACLS procedures as allowable by jurisdictional law.

Relationship to Vision 2020: Autonomous Practice; (Practice Department, ext 3176)

Explanation of Reference Numbers:

BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

COMPLEMENTARY AND ALTERNATIVE THERAPEUTIC INTERVENTIONS HOD P06-01-26-26 [Position]

The American Physical Therapy Association supports the continued integration of evidenced-based complementary and alternative therapeutic interventions into practice consistent with the patient/client management model, education, and research.

Relationship to Vision 2020: Evidence Based Practice; (Practice Department, ext 3176)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

The American Physical Therapy Association (APTA) opposes the concept of the cross-trained professional practitioner, defined as "a health care practitioner who is cross-trained in area(s) of practice in which the individual is neither educated nor licensed." This position should not be interpreted as expressing opposition to coordination of care involving professional practitioners from different disciplines or dual credentialing through education and licensure.

APTA does not oppose the utilization of cross-trained support personnel who provide physical therapist-directed support services as aides. Cross-trained support personnel refers to individuals with “on-the-job training within applicable state laws and regulations to provide services outside or in addition to the scope of their educational preparation or training.”

Relationship to Vision 2020: Autonomous Practice; (Practice Department, ext 3176)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

DESIGNATION OF INDIVIDUALS WITH INTELLECTUAL DISABILITIES AND DEVELOPMENTAL DISABILITIES, OR BOTH DISABILITIES AS A MEDICALLY UNDERSERVED POPULATION
HOD P06-15-27-21 [Position]

Whereas, Medically underserved populations (MUPs) may include groups of persons who face economic, cultural, or linguistic barriers to health care;

Whereas, The formula for determining a MUP comprises 4 variables that, when added together, represent the extent to which a population is underserved;

Whereas, The population of individuals with intellectual disabilities, developmental disabilities, or both disabilities currently qualifies under 3 of the 4 variables and is projected to meet the fourth due to increase in lifespan;

Whereas, The MUP designation is used to help prioritize the distribution of federal and state funds to meet the needs of the population;

Whereas, The MUP designation is seen as a potential avenue to increase the supply of health care providers serving the population;

Whereas, In 2004, the American Academy of Developmental Medicine and Dentistry used the 4 variables to determine that the population of individuals who are intellectually disabled, developmentally disabled, or both should be designated a MUP, and;

Whereas, The American Medical Association passed a resolution in 2011 supporting the designation of individuals with intellectual disabilities as a MUP;

Resolved, That the American Physical Therapy Association supports the designation of individuals who are intellectually disabled, developmentally disabled, or both as a special medically underserved population by appropriate government agencies.

Explanation of Reference Numbers:
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ENVIRONMENTALLY HARMFUL SUBSTANCES: ALTERNATIVES TO USE HOD P06-90-09-15 [Position]

Physical therapists should make every effort to utilize alternatives to environmentally harmful substances whenever possible in the rendering of their professional services.

Relationship to Vision 2020: Professionalism; (Practice Department, ext 3176)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

GENETICS LITERACY FOR PHYSICAL THERAPISTS  HOD P06-01-28-27 [Position]

The American Physical Therapy Association supports the concept of genetics literacy and its importance and implications for patient/client management by physical therapists. This concept encompasses the emerging importance, benefits, and risks of genetic information and gene-based therapies, as well as the associated ethical, legal, psychological, and social implications.

Relationship to Vision 2020: Evidence Based Practice; (Academic/Clinical Education Affairs Department, ext 3203)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

GUIDELINES: PRO BONO PHYSICAL THERAPY SERVICES HOD G06-93-21-39 [Guideline]

In an effort to meet the physical therapy needs of society, the American Physical Therapy Association (APTA) encourages its members to render pro bono physical therapy services. A physical therapist may discharge this responsibility by:

- Providing professional service at no fee or at a reduced fee, to persons of limited financial means.
- Donating professional expertise and service to charitable groups or organizations.
- Engaging in activities to improve access to physical therapy.
- Offering financial support for organizations that deliver physical therapy services to persons of limited financial means.

Relationship to Vision 2020: Professionalism; (General Counsel, ext 3252)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

Health and Social Issues HOD P06-87-14-23 [Position]
The American Physical Therapy Association responds to and acts upon health and social issues that are consistent with its purpose and code of ethics. These issues can include, but are not limited to, the human rights of providers and consumers of physical therapy services, the protection of patients/clients of physical therapy services, and the sharing of information to the public of risk factors and environmental hazards which may result in physical disability.

Relationship to Vision 2020: Professionalism; (Executive Department, ext 3145)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

Whereas, The American Physical Therapy Association is grateful and deeply appreciative of the dedication and sacrifice that members of the military and their families have made on behalf of the United States (US);

Whereas, Wounded members of the military services are receiving the highest quality health care in battlefield operations in the history of the US;

Whereas, From Abraham Lincoln through the Bradley Commission and ongoing, the US has repeatedly affirmed its obligation to its wounded military service members;

Whereas, The July 2007 “Report of the President’s Commission on Care of America’s Returning Wounded Warriors” articulates a vision of achieving a system which provides for “the right care and support at the right time in the right place” and,

Whereas, the final recommendations of the Commission focus on three goals:

- Serve the multiple needs of injured service members and their families
- Support them in their recovery and return to military duty or to their communities, and
- Simplify the delivery of medical care and disability programs;

Resolved, That the American Physical Therapy Association supports the recommendations of the President’s Commission on Care of America’s Returning Wounded Warriors.

HEALTH ISSUES OF PERSONS OF RACIAL/ETHNIC MINORITY GROUPS HOD P06-97-14-16 [Position]

The American Physical Therapy Association promotes efforts to address and redress problems related to health issues of racial/ethnic minority groups.

Relationship to Vision 2020: Evidence Based Practice; (Minority & Women's Initiatives Department, ext 8560)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

NON-DISCRIMINATION IN THE PROVISION OF PHYSICAL THERAPY SERVICES HOD P06-03-24-21 [Initial HOD 06-89-39-84] [Previously titled: Infectious Diseases] [Position]

Physical therapy practitioners shall provide quality, nonjudgmental care in accordance with their knowledge and expertise to all persons who need it, regardless of the nature of the health problem. When providing care to individuals with infectious disease, the American Physical Therapy Association advocates that members be guided in their actions by guidelines developed by the Centers for Disease Control and Prevention (CDC) and regulations set by the Occupational Safety and Health Administration (OSHA).

Relationship to Vision 2020: Professionalism; (Practice Department, ext 3176)

Explanation of Reference Numbers:
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PRIMARY CARE AND THE ROLE OF THE PHYSICAL THERAPIST HOD P06-06-07-03 [Amended HOD P06-02-23-46; Initial HOD 06-95-26-16] [Position]

Physical therapists participate in and make unique contributions as individuals or members of primary care teams to the provision of primary care.

Physical therapists provide patient/client management in primary care through the processes of screening, examination, evaluation, diagnosis, prognosis, intervention, education, prevention, coordination of care, and referral to other providers to prevent, remediate, decrease, or slow the progression of impairments, activity limitations, and participation restrictions, and lessen the impact of environmental barriers, and optimize cost-effective clinical outcomes.

Relationship to Vision 2020: Autonomous Practice; (Practice Department, ext 3176)

Explanation of Reference Numbers:
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**PRINCIPLES AND OBJECTIVES FOR THE UNITED STATES HEALTH CARE SYSTEM**  
**HOD P06-13-20-18**  
[Initial HOD P06-04-17-16] [Position]

The American Physical Therapy Association (APTA) supports a health care system that provides all individuals within the United States access to and provision of high-quality health care that meets the needs of individuals, patient populations, and communities. The system must include provision of coordinated, collaborative, comprehensive, effective (cost, quality, and value) care, including physical therapist services. Physical therapists are integral to health care and health care teams and make unique contributions that are essential for comprehensive health care regardless of the model of health care delivery.

APTA endorses the following guiding principles for the United States health care system:

**PRINCIPLE I: ACCESS TO CARE**
The health care system provides access to care for all persons of all ages inclusive of:

- Respect for individual autonomy to select providers who are qualified and authorized by state and other jurisdictional law to provide health care services, including physical therapists.
- Provision of health care services within the full scope of providers’ practice as supported by their education, training, and professional standards, including direct access to physical therapist services.
- Health care service delivery models that facilitate high-quality patient-centered care. These health care service delivery models may necessitate changes in law, regulation, payment policy, and institutional bylaws to optimize outcomes, efficiency, and cost effectiveness.
- The ability for individuals to choose high-quality, affordable health care coverage based on transparent and complete information regardless of type of plan (government, employer, private). These plans should allow for pre-tax accounts that can be used for long-term care and other patient-defined health care needs.
- Coverage that cannot be denied due to preexisting or congenital health conditions.
- Education and training of sufficient numbers and types of health care professionals.
- Coverage for programs and incentives that prevent injury, impairments, activity limitations, participation restrictions, and illness; and that promote wellness and aid in maintenance of functional independence for individuals with chronic disease and long-term disability.
- Coverage for medically necessary assistive technology, including but not limited to durable medical equipment.

**PRINCIPLE II: QUALITY OF CARE**
The health care system must be patient-centered and focus on quality, inclusive of safety, effectiveness, efficiency, and timeliness, and be equitable.\(^1\) Quality is the measure against which individuals and communities achieve desired health outcomes, including functional outcomes.

- Care is delivered based on clinical evidence.\(^1\)
- Care is delivered competently, including technical and cultural competence.\(^1\)
- Delivery of care is patient-centered, inclusive of patient goals and desired outcomes.
- Care is delivered using appropriate measures, including examination, evaluation, diagnosis, prognosis, intervention, and outcomes.\(^2\)
- Positive indicators of high-quality care as defined by physical therapists should include measures of outcome, including functional outcomes; individual achievement for maximizing independent living; individual establishment of a healthy lifestyle; optimal symptom management of pain, impairment, activity limitations, participation restrictions, and disability; and patient/provider satisfaction.
• Physical therapists will hold themselves accountable to the public and to payers through peer review, and physical therapists are the only appropriate professionals to review the delivery and utilization of physical therapist services.

PRINCIPLE III: VALUE-BASED PAYMENT
The health care system must provide equitable payment based on value of care and must be reasonable based on cost over value. This core principle of payment, including payment for physical therapist services, must be universal, irrespective of payer or health care system.

• Mechanisms to control costs must include models that provide innovative care delivery, including the use of and payment for telemedicine and virtual visits.4
• Models of health care delivery that improve efficiency, decrease cost, improve patient satisfaction, and result in positive health outcomes will include physical therapists as care entry points for individuals who can and should be safely and effectively managed by physical therapists.
• Value-based payment must include wellness and prevention services that result in higher health status, less cost, and fewer hospitalizations and procedures, with payment or sharing of savings to the practitioners involved.
• Practitioner referral arrangements that result in profit back to the referring practitioner must be prohibited by law.
• Value-based payment must include sensitive and refined measures that consider the severity of individual condition and intensity of services provided and that result in positive health outcomes.5

PRINCIPLE IV: TEAM-BASED CARE
Team-based health care must be delivered in an integrated manner that results in the coordination of health services to individuals, families, and/or their communities. The team must function around the needs of the patient, with identification of the team leader based on the needs of the patient. This team leader should change with the changing needs of the patient.1 Team-based care must identify, establish, and measure the basic principles and expectations that result in improved care to the individual or patient population.

• Team-based care must be purposeful and organized, with appropriate “handoffs” of responsibility and information.1
• Team-based care models must measure outcomes of care provided to the individual or patient populations, to ensure the most efficient and highest-quality care.
• Team-based care is broad, including all health care settings, such as primary and acute care, chronic care, rehabilitation, and hospice.1
• Patient and patient-defined family members are part of the health care team who, at the patient’s request, are included in the identification of care goals, the coordination of care across settings, and the health care team’s established lines of communication.1
• Team-based care must include defined roles, functions, responsibilities,1 including the concepts of new models of care that allow all providers to exercise their professional judgment within their full scope of practice.
• The health care team is dynamic, with the needs of the patient determining who best can lead the team at any given point of care.
• The patient is the center of the health care team. The team does not belong to a single provider, system, or discipline.1

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PROLIFERATION OF HEALTH OCCUPATIONS HOD P06-83-09-30 [Position]

Whereas, The American Physical Therapy Association (APTA) recognizes its responsibility as a guardian of the public trust and well being to recognize new health care and health-related occupations and to facilitate their development if they can demonstrate true public benefit;

Whereas, New health care and health-related occupations are developing in apparent response to changes in technology and health style, as well as in response to the shift from an industrial economy to a service economy;

Whereas, The development of new health care and health-related occupations may represent proliferation of health occupations when it is duplicative, unjustified, and unnecessary;

Whereas, The proliferation of health occupations may have potential for confusing and misleading the health care consumer;

Whereas, The proliferation of health occupations may contribute to the fragmentation of health care services and may impede the humanistic approach of caring for the total individual;

Whereas, The proliferation of health occupations may contribute little or nothing to the health of the public or, worse yet, may in some instances jeopardize the health and well being of the public; and,

Whereas, The proliferation of health occupations may escalate the cost of health care through the marketing of unnecessary or ineffective services, and may at the same time divert public expenditures away from necessary and effective health services;

Resolved, That APTA support the development of a new health occupation only when:

1. The role for that health occupation in relation to other existing health occupations is demonstrated to be unique and justified,
2. The services to be performed by that health occupation are demonstrated to be both necessary and effective,
3. The educational preparation for that health occupation is adequate to assure the safe, effective, and ethical delivery of services unique to that occupation, and
4. The plan for development of the health occupation includes an effective system for quality assurance in the delivery of services.

Relationship to Vision 2020: Practitioner of Choice; (Practice Department, ext 3176)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.
PROMOTION OF THE WORLD CONFEDERATION FOR PHYSICAL THERAPY’S DECLARATION OF PRINCIPLE AGAINST THE PRACTICE OF TORTURE HOD P06-10-13-11 [Position]

Whereas, Physical therapists and physical therapist assistants have an ethical obligation to respect the rights and dignities of all individuals, particularly those of the vulnerable, and to provide care that is consistent with the American Physical Therapy Association (APTA) core values of altruism, compassion and caring;

Resolved, That the American Physical Therapy Association promotes the World Confederation for Physical Therapy's Declaration of Principle Against the Practice of Torture.

Relationship to Vision 2020: Professionalism; (Executive Department, ext 3145; Practice, ext 3173)

Explanation of Reference Numbers: BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

PROVISION OF ASSISTIVE TECHNOLOGY HOD P06-11-19-15 [Position]

Whereas, People with disabilities commonly require assistive technology (AT) to meet their medical and functional needs;

Whereas, Complex rehabilitation technology (CRT) is a subset of AT including but not limited to individually configured manual wheelchair systems, power wheelchair systems, adaptive seating systems, alternative positioning systems, and other mobility devices;

Whereas, Physical therapists are key members in the CRT interprofessional service delivery team and are responsible for the following:

- performing the physical and functional examination, evaluation, and diagnosis of patient/client and environmental factors related to CRT;
- developing the CRT prognosis and plan of care and assisting with the CRT specifications including identifying therapeutic goals and expected outcomes related to the CRT intervention and training; assisting with CRT trials, simulations and identifying the person-to-technology feature match; and preparing clinical justification and medical documentation;
- participating in implementing the CRT intervention including assisting with the CRT fitting and providing function-related training in use of CRT; and,
- determining CRT outcomes and follow up; and,

Whereas, Physical therapist-recommended CRT devices are critical to patients/clients with disabilities to address and prevent body structure and functional limitations to maintain or increase their activity and participation in society;

Resolved, The American Physical Therapy Association supports the provision of assistive technology appropriately suited to the patient's/client's needs including but not limited to complex rehabilitation technology for people with disabilities; and,

Resolved, Licensed physical therapists should be recognized and appropriately paid for providing clinical services related to complex rehabilitation technology.

Relationship to Vision 2020: Autonomous Practice; Direct Access; Practitioner of Choice; Professionalism (Federal Gov't Affairs Department, ext 3156)

Explanation of Reference Numbers:

BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

PHYSICAL THERAPY PRACTITIONERS WITH COMMUNICABLE DISEASES OR CONDITIONS HOD P06-93-15-20
[Initial HOD 06-91-12-15] [Position]

Physical therapists and physical therapist assistants with known communicable diseases or conditions have a right to continue careers in physical therapy in a capacity which poses no identifiable risk to their patients/clients.

Physical therapists and physical therapist assistants with known communicable diseases or conditions shall have an ethical obligation to abstain from those professional activities over which they cannot sustain an acceptable level of risk of transmission to the patient/client. An acceptable level of risk is achieved by exercising precautions recommended by the Centers for Disease Control and Prevention (CDC), the Occupational Health and Safety Administration (OHSA), or other authoritative body.

Physical therapists and physical therapist assistants who are both at risk of acquiring communicable diseases or conditions and who engage in professional activities with identifiable risks of transmission of those communicable diseases or conditions should take appropriate measures to determine their health status.

Relationship to Vision 2020: Professionalism; (Practice Department, ext 3176)

Explanation of Reference Numbers:

BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

THE ROLE OF PHYSICAL THERAPY IN HOSPICE AND PALLIATIVE CARE

HOD P06-11-14-11 [Position]

Whereas, The American Physical Therapy Association (APTA) Code of Ethics for the Physical Therapist and Standards of Ethical Conduct for the Physical Therapist Assistant state that physical therapists and physical therapist assistants, respectively, shall act in the best interest of patients/clients in all practice settings. In addition, physical therapists and physical therapist assistants shall advocate for the reduction of disparity in health care, as well as improved access to health care services for all individuals;

Whereas, Individuals facing life-threatening or terminal illnesses frequently experience decreases in strength and functional capacity, and encounter symptom management and pain control issues that can impair quality of life. Caregivers often voice concerns regarding the appropriate manner in which to care for individuals in hospice or palliative care and frequently expose themselves to physical tasks that may put them at risk of injury without proper training;

Whereas, Throughout the continuum of life, physical therapists are experts in diagnosing and treating movement dysfunction, ergonomics, and managing pain to optimize quality of life and function for the patient/client and caregivers; and,

Whereas, Physical therapists and physical therapist assistants, as part of the interdisciplinary team, are well equipped to meet the needs of, and maximize quality of life for, individuals in hospice or palliative care;

Resolved, The American Physical Therapy Association endorses the inclusion of the following concepts in hospice and palliative care:

- Continuity of care and the active, compassionate role of physical therapists and physical therapist assistants in hospice and palliative care
- Respect for the rights of all individuals to have appropriate and adequate access to physical therapy services, regardless of medical prognosis or setting
- An interdisciplinary approach, including timely and appropriate physical therapist and physical therapist assistant involvement, especially during transitions of care or during a physical or medical change in status
- Education of physical therapists, physical therapist assistants, and respective students in the concepts related to treating an individual while in hospice and palliative care
- Appropriate and comparable coverage and payment for physical therapy services for individuals who have transitioned to hospice or palliative care in all clinical settings

Explanation of Reference Numbers:

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SEXUAL HARASSMENT HOD P06-99-17-06 [Initial HOD 06-94-33-04] [Position]

Environments in which physical therapy services are provided, or in which the work of the American Physical Therapy Association and its components is carried out, should be completely free of sexual harassment. Members of the Association have an obligation to comply with the applicable legal prohibitions against sexual harassment.

Relationship to Vision 2020: Professionalism; (General Counsel, ext 3252)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

SUBSTANCE ABUSE HOD P06-03-22-19 [Initial HOD 06-93-25-49] [Position]

The American Physical Therapy Association (APTA) recognizes the responsibility of the profession to meet the physical therapy needs of society; to promote the well being of physical therapists, physical therapist assistants, and students; to uphold the ethical and legal responsibilities of the profession; and to follow the guidelines put forth in the APTA Board of Directors’ document Peer Assistance/Impaired Provider Program. Physical therapists, physical therapist assistants, and students shall address the problems associated with alcohol and substance abuse within the profession.

APTA recognizes that alcoholism and other chemical dependencies are treatable diseases. Therefore, it is the duty of the physical therapist, the physical therapist assistant, and students to help themselves and their colleagues acknowledge that health and professional roles are adversely affected by these impairments. Additionally, APTA believes that appropriate treatment should continue to be available for impaired physical therapy practitioners and their family members to facilitate re-entry of practitioners into the profession as accountable and reliable professionals. Re-entry should occur when the well being of the physical therapy practitioner and the patient/client are assured.

The practitioner’s entry into the recovery process should be confidential and should be instituted in a non-punitive manner. APTA seeks to create a supportive environment for impaired physical therapy practitioners in their recovery and thereby enhance the well being of its members and the profession.

APTA encourages chapters to advocate for the establishment of non-punitive programs for impaired practitioners.

Relationship to Vision 2020: Professionalism; (General Counsel, ext 3252)

Explanation of Reference Numbers:
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SUPPORT OF ENVIRONMENTALLY RESPONSIBLE PRACTICE BY THE AMERICAN PHYSICAL THERAPY ASSOCIATION AND ITS COMPONENTS HOD P06-09-29-14 [Initial] [Position]

Whereas, The American Physical Therapy Association and its members regard protection of the environment as an essential activity for the health and well being of our global society;

Whereas, Human health can be affected directly and indirectly by environmental conditions;

Whereas, Environmentally responsible practices may be defined as actions that protect our natural ecological systems from destruction and pollutants; and,

Whereas, The American Physical Therapy Association and its members are regarded as professionals of influence, and serve as role models to patients, clients, and other healthcare providers;

Resolved, That the American Physical Therapy Association supports environmentally responsible practices that promote environmental stewardship; and,

Resolved, That the American Physical Therapy Association encourages its members to adopt environmentally responsible practices into their professional and personal lives.

(Executive Department, ext 8516)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

WOMEN’S HEALTH ISSUES HOD P06-95-41-28 [Position]

The American Physical Therapy Association promotes efforts to address and redress problems related to women’s health issues.

Relationship to Vision 2020: Professionalism; (Minority & Women’s Initiatives Department, ext 8560)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

HONORARY MEMBERSHIP
HONORARY MEMBERSHIP PROPOSAL SUBMISSIONS  BOD R09-09-05-07 [Amended BOD R03-06-28-73; BOD R03-03-29-81; BOD 03-97-06-13; BOD 06-75-00-00] [Procedure]

1. Proposals for APTA’s Honorary Membership category must be submitted by a chapter of the Association with a nomination form obtained from APTA’s Executive Department. This honor is open only to those individuals not otherwise eligible for membership in any member category of the Association.

Submission of proposals for Honorary Membership should be solicited and/or compiled by the nominating chapter, and shall include the following:

a. Nomination form
b. Letter of nomination that specifically highlights the nominee’s contributions:
   ▪ significant to the profession of physical therapy
   ▪ national in recognition and scope, and
   ▪ of unique quality
c. Curriculum vitae or resume
d. Proposed language for presentation of the nomination to the House of Delegates in the form of a resolution with a preamble, and
e. Other background materials as appropriate,

2. Chapters should submit proposals with appropriate background materials via hard copy mailed to APTA’s Honors and Awards Department, 1111 N Fairfax Street, Alexandria, VA 22314-1488, or electronically via e-mail to honorsandawards@apta.org by the deadline date of December 1.

3. Proposals shall be presented to the Board of Directors for consideration at the March Board of Directors meeting.

4. The nominating chapter will be notified of the action of the Board of Directors regarding the proposal following the March Board meeting.

5. If the Board of Directors recommends action to the House of Delegates through the presentation of a motion in the form of a resolution with a preamble for Honorary Membership, the chapter should have a delegate prepared to present the support statement to the House of Delegates.

SAMPLE RESOLUTION:

ELECTION TO HONORARY MEMBERSHIP IN THE AMERICAN PHYSICAL THERAPY ASSOCIATION:
[name of individual]

Whereas, Xxxx xxx xxx xxxx xxxxxxx xx xxxx xxxxxxxxxx xx xx xx xxx xxx;
[First letter of “Whereas” and first letter of the word following “Whereas” is always capitalized. “Whereas” is always followed by a comma, and the sentence should end with a semi-colon.]

Whereas, Xxxx xx xxxx xxx xxx;

Whereas, Xxxx xxx xxx xx xxx xx xxx xx xx xx xxx xxxxxxx xxxxxxx xxxxxxxxxx; and,
[At the end of the clause immediately preceding the last “Whereas” clause of the resolution, place the word “and” after the semi-colon followed by a comma.]

Whereas, Xxxxx xxx xxx xxx xxxxxx xxx;
Resolved, Xxxx xx xxx xxxx xxx xx xxxx xx xxxxx xx xxxxx xxxx xxxx xxxxxx.

[First letter of “Resolved” and first letter of the word following “Resolved” is always capitalized. “Resolved” is always followed by a comma, and the sentence should end with a period. There may be more than one “Resolved” in a resolution.]

6. If the resolution with a preamble is adopted by the House of Delegates, and the recipient is unable to be present during the House session to accept the honor, the chapter should identify a representative to accept the membership on behalf of the recipient. Chapter officers may then make the presentation of membership to the recipient at a later date.

7. A framed certificate will be given to the recipient commemorating the Honorary Membership category in the Association.

(Executive Department, ext 3145)

Explanation of Reference Numbers:
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INFORMATION TECHNOLOGY
DISSEMINATION OF MEMBER ELECTRONIC MAIL ADDRESSES  BOD Y11-03-08-25 [Policy]

Electronic mail (email) addresses of American Physical Therapy Association (APTA) members collected by APTA shall be used exclusively by APTA national for the dissemination of information about association business and activities. APTA components shall use e-mail addresses of their members exclusively for dissemination of information related to business and activities within their component.

Neither national nor components of APTA shall provide members’ email addresses to any individuals or external organizations except as authorized by APTA’s Board of Directors and exclusively for the exchange of information related to association business and activities.

Neither the national headquarters nor components of APTA shall provide members’ email addresses to component organizations to which the members of the list do not belong.

(Information Technology Department, ext 3103)

Explanation of Reference Numbers:
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JUDICIAL/
LEGAL
ACCESS TO DISCIPLINARY PROCEEDINGS BOD Y03-85-17-55 [Initial BOD 03-82-07-25] [Policy]

In managing requests for use of the association's records of disciplinary proceedings, the following shall apply:

A. Chapters shall continue to forward disciplinary proceedings records to APTA headquarters, where they will be retained for three years following final determination of the case by the association.

B. The association shall not voluntarily surrender records of disciplinary proceedings to non-APTA entities (neither public nor private).

C. Association records relating to disciplinary matters held at APTA headquarters will be made available to chapter presidents or chapter disciplinary chairmen, upon request and at the discretion of the Ethics and Judicial Committee.

This policy is intended to insure that chapter officials who are or have been involved in disciplinary proceedings will have access to records of past proceedings when there is appropriate reason for access to them, e.g., the need to testify as part of a civil or criminal court proceeding. The Ethics and Judicial Committee will determine the appropriateness of requests from the chapter on a case-by-case basis.

The policy also reflects the association's interest in preserving and protecting the privacy of all individuals involved, the confidentiality of the records, and protecting association officers or employees from liability for making such records available. The Ethics and Judicial Committee, therefore, believes records of disciplinary proceedings must be retained within APTA and only be released outside APTA and its appropriate components upon mandate of proper and legally authorized government action.

(General Counsel, ext 3252)

Explanation of Reference Numbers:

BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

COMPLAINT AGAINST A MEMBER: LEGAL CONSULTATION BOD Y11-84-08-34 [Initial BOD 03-84-12-42]

Policy

APTA shall be available to provide legal consultation to each chapter both before and after the preparation of the investigative file.

(General Counsel, ext 3252)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

DISCIPLINARY ACTION PROCEDURAL DOCUMENT  BOD R03-16-02-02

The American Physical Therapy Association (Association or APTA) has developed this Disciplinary Action Procedural Document (Procedural Document) to establish a procedure to process claims that a member of the Association has violated the Association’s Code of Ethics for the Physical Therapist (Code) or Standards of Ethical Conduct for the Physical Therapist Assistant (Standards).

The APTA’s Ethics and Judicial Committee (EJC or Committee) will process information and claims relating to ethical violations in accordance with this Procedural Document. The APTA’s Board of Directors (Board) will consider appeals in accordance with this Procedural Document.

Wherever this Procedural Document calls for the use of certified mail, return receipt requested, an alternative form of delivery may be used, provided that it generates a reliable record of receipt.

1. CHAPTER RESPONSIBILITIES

(a) Adjudication and Confidentiality

On the state level, each APTA Chapter should notify and forward to the EJC a copy of any final (fully adjudicated) public disciplinary action taken by a licensing board or government agency against an APTA member.

On the federal level, each Chapter should notify and forward to the EJC a copy of any final (fully adjudicated) public federal action (e.g., U.S. Department of Health & Human Services) taken against an APTA member.

As set forth further in Section 10, each Chapter shall handle all matters with the strictest level of confidence and shall not forward or send any information about an APTA member to anyone other than the EJC, unless required to do so by law or unless instructed by the EJC or APTA staff. Attachments in an email shall be password protected.

(b) Education

To ensure that educational information and resources are available to physical therapists and physical therapist assistants and in order to provide educational materials to respondents, each Chapter should regularly review available materials to determine what ethics information and/or educational resources are available. Each Chapter should regularly update the Chapter website with information about such educational information and resources.
(c) Chapter President or other Designee

The President of each Chapter shall be responsible for actions under Section 1. (a) and 1. (b), except that a Chapter President may designate another person or persons working for the Chapter to carry out these responsibilities.

2. RELIABLE INFORMATION CASES – SERIOUS CRIME/LICENSURE REVOCATION CASES

This Section applies to cases involving a member’s commission of a serious crime. A serious crime is one that (i) is substantially related to the qualifications, functions, or duties of a physical therapist or physical therapist assistant and (ii) is classified as a felony by the applicable law, or is punishable by imprisonment for six months or more. This Section applies to cases involving (a) a member’s plea of guilty or nolo contendere to a charge involving such a serious crime, (b) a finding of guilt after trial, or (c) a member’s conviction of such a serious crime. Such a plea (if not withdrawn), finding, or conviction shall be deemed presumptive evidence that the member has engaged in the activity alleged in the criminal charges to which he/she pleaded, as to which there was a finding of guilt, or of which he/she was convicted.

This Section applies also to cases involving the revocation of a member’s license to practice as a physical therapist or to work as a physical therapist assistant, except that it shall not apply if the revocation of the member’s license is stayed. Such a revocation shall be deemed presumptive evidence that the member has engaged in the conduct on which the revocation was based.

If the EJC receives reliable information, from a Chapter or any other source, indicating that a member is guilty of a serious crime or that a licensing board/agency has revoked a member’s license, the EJC shall prepare and send the member a notice of suspension and charges.

The notice of suspension and charges shall advise the respondent that the EJC has temporarily suspended his/her membership rights and privileges as specified in Section 7(b), effective thirty (30) days after the date of the notice and continuing until the EJC’s decision. The notice shall describe the conduct that appears to constitute a violation of the Code or the Standards and shall specify which provision(s) of the Code or the Standards the conduct appears to have violated.

The notice shall advise the respondent that the respondent may submit a written statement responding to the charges, which shall be due by a time specified in the notice (not fewer than 30 days from the date of the notice).

The notice shall advise the respondent that such a written statement may request a hearing before the EJC, which request shall be due by a time specified in the notice (not fewer than 30 days from the date of the notice). The request for a hearing must include a short statement regarding the basis for a hearing request. The decision whether to grant a hearing is a matter of the EJC’s discretion taking into account the statement by the respondent.

If the respondent requests a hearing, the EJC will notify the respondent whether such a hearing will be granted and, if so, when such a hearing will be held. Hearings will be held at APTA’s national headquarters. The respondent is responsible for all of respondent’s costs associated with the hearing. The respondent may bring counsel to the hearing, and counsel may participate in the manner the EJC, in its discretion, determines. Hearings will last no more than two (2) hours.
The EJC will make a decision, based on the information available to it, to dismiss the charges or to impose any form of discipline described in Section 7.

The EJC shall send the respondent its decision to dismiss the charges or to impose a form of discipline. It shall send the decision by certified mail, return receipt requested.

If the EJC decides to impose a form of discipline, its decision shall specify (i) its findings as to the conduct in which the respondent engaged and (ii) the provision(s) of the Code or the Standards that the respondent’s conduct violated. In addition, the decision shall advise the respondent of the respondent’s right to appeal to the APTA Board.

The EJC’s decision to dismiss the charges is final and not subject to review.

The EJC’s decision to impose a form of discipline is subject to review by the APTA Board if the respondent sends a notice of appeal to the Board and the EJC within thirty (30) days of receiving the EJC’s decision.

A notice of appeal must set forth the reasons the respondent believes the Board should reverse or amend the EJC’s decision.

If the EJC does not receive a notice of appeal within this period its decision to impose a form of discipline shall become final.

3. OTHER RELIABLE INFORMATION CASES

This Section applies to cases, not covered by Section 2, in which the EJC receives reliable information, from a Chapter or any other source, indicating that a member has violated the Code or Standards.

In such a case, the EJC’s Chair, in consultation with staff, shall determine whether to initiate a disciplinary proceeding. The Chair may solicit input from the full Committee but is not required to do so.

In making this determination the Chair shall take into account the nature and severity of the violation, how long ago the violation occurred, the punishment already imposed, and other relevant circumstances.

(a) Disciplinary Proceeding Initiated

If the EJC’s Chair, in consultation with staff, determines to initiate a disciplinary proceeding under this Section, then the EJC shall prepare and send the member a notice of charges.

The notice of charges shall describe the conduct that appears to constitute a violation of the Code or the Standards and shall specify which provision(s) of the Code or Standards the conduct appears to have violated.

The notice shall advise the respondent that the respondent may submit a written statement responding to the charges, which shall be due by a time specified in the notice (not fewer than 30 days from the date of the notice).

The notice shall advise the respondent that such a written statement may request a hearing before the EJC, which request shall be due by a time specified in the notice (not fewer than 30 days from the date.
of the notice). The request for a hearing must include a short statement regarding the basis for a hearing request. The decision whether to grant a hearing is a matter of the EJC’s discretion taking into account the statement by the respondent.

If the respondent requests a hearing, the EJC will notify the respondent whether such a hearing will be granted and, if so, when such a hearing will be held. Hearings will be held at APTA’s national headquarters. The respondent is responsible for all of respondent’s costs associated with the hearing. The respondent may bring counsel to the hearing, and counsel may participate in the manner the EJC, in its discretion, determines. Hearings will last no more than two (2) hours.

The EJC will make a decision, based on the information available to it, to dismiss the charges or to impose any form of discipline described in Section 7.

The EJC shall send the respondent its decision to dismiss the charges or to impose a form of discipline. It shall send the decision by certified mail, return receipt requested.

If the EJC decides to impose a form of discipline, its decision shall specify (i) its findings as to the conduct in which the respondent engaged and (ii) the provision(s) of the Code or the Standards that the respondent’s conduct violated. In addition, the decision shall advise the respondent of the respondent’s right to appeal to the APTA Board.

The EJC’s decision to dismiss the charges is final and not subject to review.

The EJC’s decision to impose a form of discipline is subject to review by the APTA Board if the respondent sends a notice of appeal to the Board and the EJC within thirty (30) days of receiving the EJC’s decision.

A notice of appeal must set forth the reasons the respondent believes the Board should reverse or amend the EJC’s decision.

If the EJC does not receive a notice of appeal within this period its decision to impose a form of discipline shall become final.

(b) Disciplinary Proceeding Not Initiated

If the EJC’s Chair determines not to initiate a disciplinary proceeding under this Section, then the EJC may (but need not) send the member appropriate educational information and/or suggest educational resources.

4. COMPLAINTS - REFERABLE

Any person who wishes to bring an ethics complaint against an APTA member may do so by mailing to the EJC a signed, notarized and written complaint alleging that the member engaged in conduct that violated the Code or Standards. The EJC will not consider complaints submitted by fax or email.

In cases where a complaint involves alleged conduct by a member that appears to be amenable to disposition by a court (e.g., a defamation or malpractice lawsuit), a governmental agency (e.g., a licensing disciplinary proceeding or employment related agency), or some other person or entity, this Procedural Document supports allowing the complainant to pursue such an alternative.
Upon receipt of a complaint within this Section, the EJC’s Chair, in consultation with staff, shall determine whether the complaint is one that appears to be amenable to disposition by a court, a governmental agency, or some other person or entity. The Chair may solicit input from the full Committee but is not required to do so.

If the determination is affirmative the Chair shall advise the complainant that the complaint appears to be amenable to disposition by a court, a governmental agency, or some other person or entity and that the Association will not take any further action on the complaint. If the determination is affirmative, the Chair may (but need not) suggest that the complainant consider pursuing relief from the alternative.

5. OTHER COMPLAINTS – GROUNDS FOR NOT PROCESSING

If the Chair has determined that a complaint reviewed under Section 4 does not appear to be amenable to disposition by a court, a governmental agency, or some other person or entity, then the Chair, in consultation with staff, shall determine whether the complaint alleges conduct that would constitute a violation of the Code or Standards. The Chair may solicit input from the full Committee but is not required to do so. If the determination is negative, then the Chair shall inform the complainant of the determination and shall advise the complainant that the Association will not take any further action on the complaint.

If the Chair determines that a complaint alleges conduct that would constitute a violation of the Code or Standards, then the Chair, in consultation with staff, shall determine whether it would be appropriate for the Association to process the complaint. In making this determination the Chair may take into account the nature and severity of the alleged violation, the Association’s ability to investigate the allegations, and other relevant circumstances.

If the Chair determines that it would not be appropriate for the Association to process a complaint alleging conduct that would constitute a violation of the Code or Standards, then the Chair shall inform the complainant of the determination and shall advise the complainant that the Association will not take any further action on the complaint.

6. OTHER COMPLAINTS – APPROPRIATE FOR PROCESSING

If the Chair determines that it would be appropriate for the APTA to process a complaint alleging conduct that would constitute a violation of the Code or Standards, then the full Committee, in consultation with staff, shall prepare a notice of charges and shall determine how to conduct an appropriate investigation.

The notice of charges shall describe the conduct that appears to constitute a violation of the Code or the Standards and shall specify which provision(s) of the Code or Standards the conduct appears to have violated.

(a) Processing Solely at Association Level

If the Committee determines that it is appropriate to process the case entirely at the Association level, the notice of charges shall advise the respondent that the respondent may submit a written statement responding to the charges, which shall be due by a time specified in the notice (not fewer than 30 days from the date of the notice).
The notice shall advise the respondent that such a written statement may request a hearing before the
EJC, which request shall be due by a time specified in the notice (not fewer than 30 days from the date
of the notice). The request for a hearing must include a short statement regarding the basis for a hearing
request. The decision whether to grant a hearing is a matter of the EJC’s discretion taking into account
the statement by the respondent.

If the respondent requests a hearing, the EJC will notify the respondent whether such a hearing will be
granted and, if so, when such a hearing will be held. Hearings will be held at APTA’s national
headquarters. The respondent is responsible for all of respondent’s costs associated with the hearing.
The respondent may bring counsel to the hearing, and counsel may participate in the manner the EJC, in
its discretion, determines. Hearings will last no more than two (2) hours.

The EJC will make a decision, based on the information available to it, to dismiss the charges or to
impose any form of discipline described in Section 7.

The EJC shall mail the respondent its decision by certified mail, return receipt requested.

The EJC’s decision to dismiss the charges is final and not subject to review. If the EJC decides to dismiss
the charges it shall send to the complainant a copy of the decision sent to the respondent.

If the EJC decides to impose a form of discipline, its decision shall specify (i) its findings as to the conduct
in which the respondent engaged and (ii) the provision(s) of the Code or the Standards that the
respondent’s conduct violated. In addition, the decision shall advise the respondent of the respondent’s
right to appeal to the APTA Board.

The EJC’s decision to impose a form of discipline is subject to review by the APTA Board if the
respondent sends a notice of appeal to the Board and the EJC within thirty (30) days of receiving the
EJC’s decision.

A notice of appeal must set forth the reasons the respondent believes the Board should reverse or
amend the EJC’s decision.

If the EJC does not receive a notice of appeal within this period its decision to impose a form of
discipline shall become final. In such a case the EJC shall send to the complainant a copy of the decision
it sent to the respondent.

(b) Processing at Chapter and Association Levels
If the EJC determines that it is appropriate to begin the processing of the case at the Chapter level, then
the EJC will direct the President of the member’s Chapter to appoint a panel (Ethics Panel) with at least
three members to investigate the allegations of the complaint. The President shall notify the EJC of the
identity of the Ethics Panel members and of the Panel’s Chair.

The Ethics Panel shall investigate the allegations of the complaint as directed by the EJC’s Chair.

The Ethics Panel will make a decision, based on the information available to it, to dismiss the charges or
to recommend to the EJC that it impose a form of discipline described in Section 7.
If the Ethics Panel decides to dismiss the charges then it shall send its decision to EJC and send a copy of its decision to the respondent and the complainant. A decision by the Ethics Panel to dismiss the charges is final and not subject to appeal.

If the Ethics Panel decides to recommend that the EJC impose a form of discipline it shall submit its decision to the EJC and send a copy of the decision to the respondent but not to the complainant.

After the Ethics Panel has sent its decision to the EJC the Ethics Panel shall forward to the EJC the complete record of its investigation and deliberations. Once the Chair of the Ethics Panel has confirmed the EJC’s receipt of the record, the Panel shall destroy all copies of such record.

If the EJC receives a recommendation that it impose a form of discipline described in Section 7 it shall notify the respondent that the respondent may submit a written statement responding to the recommendation, which shall be due by a time specified in the notification (not fewer than 30 days from the date of the notification).

The notification shall advise the respondent that such a written statement may request a hearing before the EJC, which request shall be due by a time specified in the notice (not fewer than 30 days from the date of the notice). The decision whether to grant a hearing is a matter of the EJC’s discretion taking into account the statement by the respondent.

If the respondent requests a hearing, the EJC will notify the respondent whether such a hearing will be granted and, if so, when such a hearing will be held. Hearings will be held at APTA’s national headquarters. The respondent is responsible for all of respondent’s costs associated with the hearing. The respondent may bring counsel to the hearing, and counsel may participate in the manner the EJC, in its discretion, determines. Hearings will last no more than two (2) hours.

The EJC will make a decision, based on the information available to it.

The EJC may decide to dismiss the charges. If the EJC determines that the respondent has violated the Code or the Standards, it may decide to impose the discipline recommended by the Ethics Panel or a less severe form of discipline. It may not decide to impose a more severe form of discipline.

The EJC shall send the respondent its decision to dismiss the charges or to impose a form of discipline. If the EJC decides to impose a form of discipline, its decision shall specify (i) its findings as to the conduct in which the respondent engaged and (ii) the provision(s) of the Code or the Standards that the respondent’s conduct violated. In addition, the decision shall advise the respondent of the respondent’s right to appeal to the APTA Board.

The EJC’s decision to dismiss the charges is final and not subject to review. If the EJC decides to dismiss the charges it shall send to the complainant a copy of the decision sent to the respondent.

The EJC’s decision to impose a form of discipline is subject to review by the APTA Board if the respondent sends a notice of appeal to the Board and the EJC within thirty (30) days of receiving the EJC’s decision.

A notice of appeal must set forth the reasons the respondent believes the Board should reverse or amend the EJC’s decision.
If the EJC does not receive a notice of appeal within this period its decision to impose a form of discipline shall become final. In such a case the EJC shall send to the complainant a copy of the decision it sent to the respondent.

7. **KINDS OF DISCIPLINE**

The EJC may take one of the following kinds of discipline if it determines that a respondent has violated the Code or the Standards.

(a) **Reprimand**
   The EJC may issue a reprimand, which is a statement that the respondent’s behavior was contrary to the Code or the Standards.

(b) **Suspension**
   The EJC may suspend the respondent’s rights and privileges of membership under the Association’s Bylaws, with the exception of the privilege of receiving the official journal of the Association. The suspension shall be for a period of at least six months of membership, as specified by the EJC.

(c) **Expulsion**
   The EJC may expel the respondent from the Association.

8. **APPEAL TO ASSOCIATION BOARD**

If the EJC receives a timely notice of appeal under Section 2, 3, or 6, it shall assemble the record of the case and forward it to the Board.

The Board shall send a notice advising the respondent that the respondent may submit a written statement in support of the appeal, which shall be due by a time specified in the notice (not fewer than 30 days from the date of the notice).

The notice shall advise the respondent that such a written statement may request a hearing before the Board and that the decision whether to grant a hearing is a matter of the Board’s discretion.

If the respondent requests a hearing, the Board will notify the respondent whether such a hearing will be granted and, if so, when such a hearing will be held. The respondent is responsible for all of respondent’s costs associated with the hearing. The respondent may bring counsel to the hearing, and counsel may participate in the manner the Board, in its discretion, determines.

The Board shall limit its consideration of the appeal to the question whether the EJC’s decision is supported by evidence and is otherwise appropriate.

The Board may decide (i) to affirm the EJC’s decision, (ii) to reverse the EJC’s decision by dismissing the charges, or (iii) to amend the EJC’s decision by imposing a form of discipline less severe than that imposed by the EJC. The Board’s decision is final.

If the Board decides to affirm the EJC’s decision or to amend the EJC’s decision by imposing a form of discipline less severe than that imposed by the EJC, the Board’s decision shall specify (i) its findings as to the
conduct in which the respondent engaged and (ii) the provision(s) of the Code or the Standards that the respondent’s conduct violated.

The Board shall send its decision on appeal to the respondent and the EJC.

If the Board decides to affirm the EJC’s decision it shall send the complainant (if any) a copy of the EJC’s decision and the Board’s decision.

If the Board decides to reverse or amend the EJC’s decision it shall send the complainant (if any) a copy of the Board’s decision but not the EJC’s decision.

9. POST-DECISIONAL MATTERS

(a) Suspension
   A suspension of a respondent’s membership rights and privileges under Section 7 shall run for the length of time specified by the EJC (or by the Board, in the case of an appeal), commencing with the first day of the month immediately after the date on which the decision of the EJC (or of the Board, in the case of an appeal) becomes final.

   If a respondent whose membership rights and privileges have been suspended ceases to be a member (e.g., by reason of failure to pay dues or resignation) the time the respondent is not a member shall not count toward the period of suspension. The EJC may confirm that a respondent’s membership rights and privileges are no longer suspended upon the request of the respondent or the President of the respondent’s chapter.

(b) Expulsion
   A respondent who has been expelled may be reinstated to membership only as provided in the Association’s Bylaws.

10. CONFIDENTIALITY

In order to protect the legitimate interests of respondents, complainants, and others, the confidential nature of a proceeding under this Procedural Document shall be preserved (except as explicitly provided herein).

In any case processed at the Chapter level under Section 6, the Chapter President and the members of the Ethics Panel shall take due precautions to assure the confidential nature of the proceeding and any individual working on an ethics matter shall sign a confidentiality agreement prepared by the Association. They shall endeavor to restrict knowledge of the existence and substance of any proceeding to those individuals having a need to know.

They shall not reveal to state licensing agencies (or other parties) information or documentation developed in the course of a proceeding under this Procedural Document.

The APTA’s Chief Executive Officer or President may take appropriate steps (including cessation of the processing of ethics complaints and charges in a state) to protect the interests of individual participants in the ethics process, the Chapter, and the Association itself upon determining (i) that the law or practice of any state requires (or could require) the disclosure of the existence of a complaint or proceeding under this
Procedural Document or the reporting or disclosure of information or documentation developed hereunder and (ii) that such requirement would be unfair to affected parties or could expose any participant, the Chapter, or the Association itself to an undue risk of civil or criminal liability.

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.


PEER ASSISTANCE/IMPAIRED PROVIDER PROGRAM: A MODEL  BOD 11-94-32-106

See APTA's Resource Catalog, Order No. P-111

Relationship to Vision 2020:  Professionalism (General Counsel, ext 3252)

Explanation of Reference Numbers:
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PROCEDURAL GUIDELINES CONCERNING ETHICS AND JUDICIAL COMMITTEE INTERPRETATIONS OR OPINIONS  BOD R03-99-04-09 [Procedure]

The Ethics and Judicial Committee (EJC) upon request from an APTA component or member or upon its own initiative, may interpret the Association's ethical principles or issue an opinion, consistent with the Association's ethical principles, on an ethical issue. These guidelines apply to requests for interpretation of the Association's ethical principles or for an opinion on an ethical issue.

A. Requests
A request to the EJC for an interpretation or opinion shall be in writing. The request shall describe the subject in detail. If the requesting party wishes the EJC to adopt an interpretation or opinion, the request must contain the text of the interpretation or opinion the party wishes the EJC to adopt. If the requesting party wishes the EJC to amend the Guide for Professional Conduct, the request must contain the exact amendment the party proposes. The request for interpretation or opinion should be addressed to the Ethics and Judicial Committee, American Physical Therapy Association, 1111 North Fairfax Street, Alexandria, VA 22314, Attention: General Counsel. If the requesting party is not an individual, the request must designate an individual with whom staff and members of the EJC may communicate.

B. Response
The EJC has the discretion to decide how to respond to a request for interpretation or opinion. The EJC may seek information or opinion from any source it deems appropriate in connection with any request for interpretation or opinion.

C. Association Policy
Under APTA's Bylaws, the House of Delegates has authority to make policy for the Association, including policy on matters of ethics, and any ethics policy adopted by the House constitutes the policy of the Association. Under APTA's Bylaws, the Board of Directors has authority to make policy, not inconsistent with House policy, and any ethics policy adopted by the Board under this authority constitutes the policy of the Association. Under APTA's Bylaws, the EJC is responsible for interpreting the Association's ethical principles. The EJC shall transmit to the Board of Directors any interpretation or opinion it issues pursuant to these guidelines and shall indicate whether it believes that the item represents an interpretation of the Association's existing ethical principles or an opinion on a subject to which the Association's existing policies do not speak. The Board may adopt any policy on matters of ethics, as authorized by APTA's Bylaws. The Board may explicitly adopt, endorse, or ratify as Association policy any interpretation or opinion issued by the EJC under these guidelines, pursuant to its authority under the Bylaws, in which case the Board's action constitutes the policy of the Association. The Board may submit to the House of Delegates, for adoption, endorsement, ratification, or other action, any ethics policy adopted by the Board or any interpretation or opinion issued by the EJC.

Exclusion to Vision 2020: Professionalism (General Counsel, ext 3252)

Explanation of Reference Numbers:
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## PROFESSIONALISM IN PHYSICAL THERAPY: CORE VALUES BOD P05-04-02-03 [Amended BOD 08-03-04-10]

<table>
<thead>
<tr>
<th>Core Values</th>
<th>Definition</th>
<th>Sample Indicators</th>
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</thead>
</table>
| **Accountability** | Accountability is active acceptance of the responsibility for the diverse roles, obligations, and actions of the physical therapist including self-regulation and other behaviors that positively influence patient/client outcomes, the profession and the health needs of society. | 1. Responding to patient’s/client’s goals and needs.  
2. Seeking and responding to feedback from multiple sources.  
3. Acknowledging and accepting consequences of his/her actions.  
4. Assuming responsibility for learning and change.  
5. Adhering to code of ethics, standards of practice, and policies/procedures that govern the conduct of professional activities.  
6. Communicating accurately to others (payers, patients/clients, other health care providers) about professional actions.  
7. Participating in the achievement of health goals of patients/clients and society.  
8. Seeking continuous improvement in quality of care.  
9. Maintaining membership in APTA and other organizations.  
10. Educating students in a manner that facilitates the pursuit of learning. |
| **Altruism** | Altruism is the primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility of placing the needs of the patient/client ahead of the physical therapist’s self interest. | 1. Placing patient’s/client’s needs above the physical therapists.  
2. Providing pro-bono services.  
3. Providing physical therapy services to underserved and underrepresented populations.  
4. Providing patient/client services that go beyond expected standards of practice.  
5. Completing patient/client care and professional responsibility prior to personal needs. |
<table>
<thead>
<tr>
<th>Core Values</th>
<th>Definition</th>
<th>Sample Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compassion/ Caring</td>
<td>Compassion is the desire to identify with or sense something of another’s experience; a precursor of caring. Caring is the concern, empathy, and consideration for the needs and values of others.</td>
<td>1. Understanding the socio-cultural, economic, and psychological influences on the individual’s life in their environment. 2. Understanding an individual’s perspective. 3. Being an advocate for patient’s/client’s needs. 4. Communicating effectively, both verbally and non-verbally, with others taking into consideration individual differences in learning styles, language, and cognitive abilities, etc. 5. Designing patient/client programs/ interventions that are congruent with patient/client needs. 6. Empowering patients/clients to achieve the highest level of function possible and to exercise self-determination in their care. 7. Focusing on achieving the greatest well-being and the highest potential for a patient/client. 8. Recognizing and refraining from acting on one’s social, cultural, gender, and sexual biases. 9. Embracing the patient’s/client’s emotional and psychological aspects of care. 10. Attending to the patient’s/client’s personal needs and comforts. 11. Demonstrating respect for others and considers others as unique and of value.</td>
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<tr>
<td>Excellence</td>
<td>Excellence is physical therapy practice that consistently uses current knowledge and theory while understanding personal limits, integrates judgment and the patient/client perspective, embraces advancement, challenges mediocrity, and works toward development of new knowledge.</td>
<td>1. Demonstrating investment in the profession of physical therapy. 2. Internalizing the importance of using multiple sources of evidence to support professional practice and decisions. 3. Participating in integrative and collaborative practice to promote high quality health and educational outcomes. 4. Conveying intellectual humility in professional and interpersonal situations. 5. Demonstrating high levels of knowledge and skill in all aspects of the profession. 6. Using evidence consistently to support professional decisions. 7. Demonstrating a tolerance for ambiguity.</td>
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<tr>
<td>Core Values</td>
<td>Definition</td>
<td>Sample Indicators</td>
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<td>8. Pursuing new evidence to expand knowledge.</td>
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<td>9. Engaging in acquisition of new knowledge throughout one’s professional career.</td>
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<td>10. Sharing one’s knowledge with others.</td>
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<td>11. Contributing to the development and shaping of excellence in all professional roles.</td>
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<tr>
<td>Integrity</td>
<td>Integrity is steadfast adherence to high ethical principles or professional standards; truthfulness, fairness, doing what you say you will do, and “speaking forth” about why you do what you do.</td>
<td>1. Abiding by the rules, regulations, and laws applicable to the profession.</td>
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<td></td>
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<td>2. Adhering to the highest standards of the profession (practice, ethics, reimbursement, Institutional Review Board [IRB], honor code, etc.).</td>
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<td>3. Articulating and internalizing stated ideals and professional values.</td>
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<td>4. Using power (including avoidance of use of unearned privilege) judiciously.</td>
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<td>5. Resolving dilemmas with respect to a consistent set of core values.</td>
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<td>7. Taking responsibility to be an integral part in the continuing management of patients/clients.</td>
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<td>8. Knowing one’s limitations and acting accordingly.</td>
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<td>9. Confronting harassment and bias among ourselves and others.</td>
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<td>10. Recognizing the limits of one’s expertise and making referrals appropriately.</td>
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<td>11. Choosing employment situations that are congruent with practice values and professional ethical standards.</td>
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<td>12. Acting on the basis of professional values even when the results of the behavior may place oneself at risk.</td>
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<tr>
<td>Professional Duty</td>
<td>Professional duty is the commitment to meeting one’s obligations to provide effective physical therapy services to patients/clients, to serve the profession, and to positively influence the health of society.</td>
<td>1. Demonstrating beneficence by providing “optimal care”.</td>
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<td>2. Facilitating each individual’s achievement of goals for function, health, and wellness.</td>
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<td>3. Preserving the safety, security and confidentiality of individuals in all professional contexts.</td>
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<tr>
<td>Core Values</td>
<td>Definition</td>
<td>Sample Indicators</td>
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<tr>
<td>Social Responsibility</td>
<td>Social responsibility is the promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness.</td>
<td>1. Advocating for the health and wellness needs of society including access to health care and physical therapy services.</td>
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<td>2. Promoting cultural competence within the profession and the larger public.</td>
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<td>3. Promoting social policy that effect function, health, and wellness needs of patients/clients.</td>
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<td>4. Ensuring that existing social policy is in the best interest of the patient/client.</td>
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<td>5. Advocating for changes in laws, regulations, standards, and guidelines that affect physical therapist service provision.</td>
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<td>6. Promoting community volunteerism.</td>
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<td>7. Participating in political activism.</td>
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<td>8. Participating in achievement of societal health goals.</td>
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<td>9. Understanding of current community wide, nationwide and worldwide issues and how they impact society’s health and well-being and the delivery of physical therapy.</td>
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<td>10. Providing leadership in the community.</td>
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<td>11. Participating in collaborative relationships with other health practitioners and the public at large.</td>
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<td></td>
<td>12. Ensuring the blending of social justice and economic efficiency of services.</td>
</tr>
</tbody>
</table>

References


25. Robins, LS, Braddock III, CH, Fryer-Edwards, KA. Using the American board of internal medicine's


Relationship to Vision 2020: Professionalism (Academic/Clinical Education Affairs Department, ext 3203)

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**VALUE-BASED BEHAVIORS FOR THE PHYSICAL THERAPIST ASSISTANT BOD P01-11-02-02** [Position]

Introduction

In 2000, the House of Delegates adopted Vision 2020\(^1\) and the Strategic Plan for Transitioning to a Doctoring Profession, citing professionalism as one of 6 key elements of this vision. As a follow-up, the document Professionalism in Physical Therapy: Core Values was developed to define and describe the concept of professionalism by stating what behaviors a graduate of a physical therapist program should demonstrate. In 2003 the APTA Board of Directors adopted Professionalism in Physical Therapy: Core Values\(^2\) as a core document on professionalism in physical therapist practice, education, and research.

In June 2009, the House of Delegates revised the core ethics documents for the profession, including Standards of Ethical Conduct for the Physical Therapist Assistant (PTA).\(^3\) This document originally included references to “core values,” which the House related to Professionalism in Physical Therapy: Core Values.\(^2\) The APTA Board of Directors determined that Professionalism in Physical Therapy: Core Values was designed for and applicable to physical therapists (PTs), and so it charged the Advisory Panel of Physical Therapist Assistants to draft a new document describing the core values of the PTA, to be titled Value-Based Behaviors for the Physical Therapist Assistant.

The advisory panel met in September 2009 to begin drafting Value-Based Behaviors for the Physical Therapist Assistant. Their work was guided by numerous APTA documents, including Professionalism in Physical Therapy: Core Values,\(^2\) A Normative Model of Physical Therapist Assistant Education: Version 2007,\(^4\) the PTA Clinical Performance Instrument: Version 2009,\(^5\) Minimum Required Skills of Physical Therapist Assistant Graduates at Entry-Level,\(^6\) the newly adopted ethics documents,\(^3,7\) the problem solving algorithm utilized by ptas in patient/client intervention,\(^8\) and applicable APTA positions and policies.

The advisory panel gleaned 8 value-based behaviors from existing APTA documents and reflection on the contemporary work of the PTA. These value-based behaviors are listed below in alphabetical order with no preference or ranking given. They are considered to be of sufficient breadth and depth to incorporate the many values and attributes that PTAs demonstrate. The panel made every effort to state each value and its accompanying definition and indicators so that it would resonate with and be understandable to PTAs.

The table that follows provides definitions and sample indicators (not exhaustive) that describe the actions the PTA would perform to express the 8 value-based behaviors:

1. Altruism
2. Caring and Compassion
3. Continuing Competence
4. Duty
5. Integrity
6. PT/PTA Collaboration
7. Responsibility
8. Social Responsibility

For each value-based behavior listed, a definition is provided with sample indicators (not exhaustive) that describe what one would see if the physical therapist assistant were demonstrating that value-based behavior in his or her daily work.
<table>
<thead>
<tr>
<th>Values-based Behavior With Definition</th>
<th>Sample Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Altruism</strong></td>
<td></td>
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</tbody>
</table>
| Altruism is the primary regard for or devotion to the interests of the patient/client, assuming responsibility of placing the needs of the patient/client ahead of the PTA’s self interest. | 1. Providing patient/client-centered interventions.  
2. Readily offering to assist the physical therapist in providing patient/client interventions.  
3. Generously providing the necessary time and effort to meet patient/client needs.  
4. Placing the patient/client’s needs ahead of one’s own, as evidenced by willingness to alter one’s schedule, delay other projects or tasks, etc.  
5. Contributing, as able, to the provision of physical therapy services to underserved and underrepresented populations. |
| **Caring and Compassion**             |                   |
| Compassion is the desire to identify with or sense something of another’s experience; a precursor of caring. | 1. Actively listening to the patient/client and considering the patient/client’s needs and preferences.  
2. Exhibiting compassion, caring, and empathy in providing services to patients/clients.  
3. Demonstrating respect for others and considering others as unique and of value.  
4. Considering social, emotional, cultural, psychological, environmental, and economic influences on the patient/client (e.g., learning styles, language abilities, cognitive abilities) and adapting approach accordingly.  
5. Recognizing and refraining from acting on one’s social, cultural, gender, and sexual biases; i.e., demonstrates a nonjudgmental attitude. |
| Caring is the concern, empathy, and consideration for the needs and values of others. |                   |
| **Continuing Competence**             |                   |
| Continuing competence is the lifelong process of maintaining and documenting competence through ongoing self-assessment, development, and implementation of a personal learning plan, and subsequent reassessment. | 1. Identifying strengths and limitations in knowledge, skills, and behaviors through self-assessment and feedback from physical therapists and others, and developing and implementing strategies to address the limitations.  
2. Maintaining continuing competence using a variety of lifelong learning strategies (e.g., continuing education, reflective journals, journal clubs, working with a mentor).  
3. Seeking further education in the use and delivery of interventions based on new evidence as it becomes available.  
4. Developing and implementing a career advancement plan based on interests, opportunities, and career aspirations. |
<table>
<thead>
<tr>
<th>Duty</th>
<th>1. Demonstrating behaviors, conduct, actions, attitudes, and values consistent with the roles, responsibilities, and tasks of the PTA.</th>
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<tr>
<td>Duty is the commitment to meeting one’s obligations to provide effective physical therapy services to individual patients/clients, to serve the profession, and to positively influence the health of society.</td>
<td>2. Facilitating each patient/client’s achievement of goals for function, health, and wellness, as directed in the plan of care.</td>
</tr>
<tr>
<td>Duty</td>
<td>3. Preserving the safety, security, and confidentiality of individuals in all patient/client contexts.</td>
</tr>
<tr>
<td>Duty</td>
<td>4. Participating in quality assurance/quality improvement activities in physical therapy care.</td>
</tr>
<tr>
<td>Duty</td>
<td>5. Promoting the profession of physical therapy.</td>
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<tr>
<td>Duty</td>
<td>6. Providing student instruction and mentoring other PTAs.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Integrity</th>
<th>1. Adhering to applicable laws regarding scope of work, payment policies and guidelines, institutional policies and procedures, and APTA policies, positions, and guidelines to ensure optimal patient/client care and fiscal management.</th>
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</thead>
<tbody>
<tr>
<td>Integrity is the steadfast adherence to high ethical principles or standards; truthfulness, fairness, doing what you say you will do, and “speaking forth” about why you do what you do.</td>
<td>2. Adhering to the highest standards of the profession for the PTA, including the Standards of Ethical Conduct for the Physical Therapist Assistant,(^2) Guide for Conduct of the Physical Therapist Assistant, state practice acts, and payment requirements.</td>
</tr>
<tr>
<td>Integrity</td>
<td>3. Demonstrating the ideals of the value-based behaviors of the PTA.</td>
</tr>
<tr>
<td>Integrity</td>
<td>4. Demonstrating honesty and trustworthiness in all interactions and relationships.</td>
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<tr>
<td>Integrity</td>
<td>5. Choosing employment situations that are congruent with ethical principles and work standards.</td>
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<tr>
<td>Integrity</td>
<td>6. Identifying ethical and legal concerns and initiating actions to address the concern, when appropriate.</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>PT/PTA Collaboration</th>
<th>1. Educating the PT as needed about the roles, responsibilities, and appropriate utilization of the PTA in the PT/PTA team using available resources (eg, state licensure/practice rules and regulations, PTA clinical problem-solving algorithm,(^8) PTA direction and supervision algorithms,(^10) Minimum Required Skills of Physical Therapist Assistant Graduates at Entry-Level(^6)).</th>
</tr>
</thead>
<tbody>
<tr>
<td>The PT/PTA team works together, within each partner’s respective role, to achieve optimal patient/client care and to enhance the overall delivery of physical therapy services.</td>
<td>2. Promoting a positive working relationship within the PT/PTA team.</td>
</tr>
<tr>
<td>PT/PTA Collaboration</td>
<td>3. Demonstrating respect for the roles and contributions of both the PT and PTA in achieving optimal patient/client care, including the PT’s responsibility for the PTA’s performance in patient/client interventions.</td>
</tr>
<tr>
<td>PT/PTA Collaboration</td>
<td>4. Seeking out opportunities to collaborate with the PT to improve outcomes in patient/client care.</td>
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<tr>
<td>PT/PTA Collaboration</td>
<td>5. Working with the PT in educating consumers and other health care providers about physical therapy.</td>
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<tr>
<td>Responsibility</td>
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</table>
| Responsibility is the active acceptance of the roles, obligations, and actions of the PTA, including behaviors that positively influence patient/client outcomes, the profession, and the health needs of society. | 1. Identifying strengths and limitations in knowledge and skill, and working within limitations of personal ability.  
2. Completing patient/client care and other tasks in a timely and efficient manner.  
3. Identifying, acknowledging, and accepting responsibility for actions and, when errors occur, following error reporting processes.  
4. Communicating in a timely manner with others (eg, PTs, patients/clients, and others). |

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<tr>
<th>Social Responsibility</th>
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</table>
| Social responsibility is the promotion of a mutual trust between the PTA, as a member of the profession, and the larger public that necessitates responding to societal needs for health and wellness. | 1. Advocating for patient/client needs in the clinical setting.  
2. Demonstrating behaviors that positively represent the profession to the public.  
3. Promoting a healthy lifestyle, wellness, and injury prevention strategies in the community.  
4. Serving the profession and the community, including activities occurring in conjunction with work or outside of work (eg, community health fairs, National Physical Therapy Month events, APTA service).  
5. Advocating for changes in laws, regulations, standards, and guidelines that positively affect physical therapy and patient/client services. |
References


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LEGISLATION
ACCESS TO DURABLE MEDICAL EQUIPMENT HOD P06-13-28-28 [Position]

Whereas, The physical therapist’s goal is to improve the patient’s/client’s ability to move, reduce pain, restore function, and prevent disability;

Whereas, Goals That Represent the Priorities of the American Physical Therapy Association (HOD 06-05-15-24) include recognition of physical therapists as the practitioners of choice for persons with conditions that affect movement and function;

Whereas, Physical therapists are key members in the interprofessional service delivery team responsible for evaluating, recommending, justifying, and documenting the medical need for durable medical equipment;

Whereas, There are frequently delays in prescribing durable medical equipment by providers authorized to do so even after an evaluation by a physical therapist reveals this necessity; and,

Whereas, Legislative and regulatory changes have resulted in barriers to consumer choice, timely access, and high-quality durable medical equipment and related services;

Resolved, That the American Physical Therapy Association supports physical therapists as authorized prescribers of durable medical equipment, which is integral to the physical therapist management of the patient/client; and, 

Resolved, That the American Physical Therapy Association supports patients’/clients’ access to high-quality durable medical equipment and services by advocating for choice, access, quality, cost-effectiveness, and adequate funding to allow patients/clients to live active and productive lives in their homes and communities.

(Health, Finance, and Quality Department, ext 8533)

Explanation of Reference Numbers:
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PUBLIC POLICY EFFORTS TO IMPROVE CONSUMER ACCESS TO PHYSICAL THERAPISTS HOD P06-13-24-17 [Position]

Whereas, The health care delivery system in the United States is in the process of significant change due to the passage of the Patient Protection and Affordable Care Act (PL 111-148) and consolidation and integration of past delivery models;

Whereas, Opportunities to improve, simplify, and reduce barriers (statutory and regulatory) to consumer access to physical therapists are evident and fluid; and,

Whereas, Pursuing selective changes in specific provisions in statute and regulations on the federal and state levels may be timely and achievable;

Resolved, The public policy and payment efforts of the American Physical Therapy Association shall continue to focus on opportunities to demonstrate to society the value of physical therapists’ participation in the health care system and in improving individuals’ health, quality of life, and functional performance; and,

Resolved, These efforts shall be focused on consumers achieving access to medically necessary or educationally related physical therapist services and recognition of the entire professional scope of practice.

(Public Policy, Practice, and Professional Affairs Unit, ext 8533)

Explanation of Reference Numbers:
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THE ROLE OF PHYSICAL THERAPY IN HEALTH MANAGEMENT FOR PEOPLE WITH CHRONIC DISABILITY HOD P06-13-27-26 [Position]

Whereas, The number of people across the lifespan living with chronic disability is increasing, and they have health care needs that are not adequately being met or covered by the current system of management and reimbursement;

Whereas, Those individuals have health care needs that, because of personal income limitations, require reimbursement by both Medicare and Medicaid, and commonly are referred to in the literature as being “dual eligible”;

Whereas, Those who are identified under dual eligible criteria have a wide range of conditions; often have multiple chronic health care problems, overall poor health, and multiple disabilities, the care for which is described as being high need or high cost; and require extensive support across multiple episodes of care;

Whereas, The current model of management involving episodic care is not adequate to meet the needs of those living with chronic disability and relying on both Medicare and Medicaid for the reimbursement of physical therapist services;

Whereas, Governmental agencies are the insurers of last resort for the majority of those with chronic or degenerative disability and who are classified as being dual eligible;

Whereas, The Medicare-Medicaid Coordination Office and the Center for Medicare and Medicaid Innovation, created under the Patient Protection and Affordable Care Act, are working with states to develop new approaches to improve care for beneficiaries who are dual eligible;

Whereas, Finding a means to ensure coordinated and efficient care is necessary in the current climate of reimbursement by Medicare and Medicaid; and,

Whereas, The American Physical Therapy Association Code of Ethics for the Physical Therapist (Code) and Standards of Ethical Conduct for the Physical Therapist Assistant state that physical therapists and physical therapist assistants shall act “in the patient’s/client’s best interest in all practice settings,” and the Code states that physical therapists “shall advocate for the reduction of disparity in health care” and “improved access to health care services” for all individuals;

Resolved, That the American Physical Therapy Association support and advocate for timely and regular access to physical therapist services, rehabilitation equipment, and assistive/adaptive devices for children and adults with severe chronic physical disability, with particular attention to the health needs of the population who are disabled and are dual eligible under Medicare and Medicaid, so that all people with chronic disability will experience better health and improved life participation.

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LICENSURE
CONSUMER PROTECTION THROUGH LICENSURE OF PHYSICAL THERAPISTS AND PHYSICAL THERAPIST ASSISTANTS HOD P06-16-08-07 [Initial: HOD P06-14-08-18] [Position]

It is the position of the American Physical Therapy Association (APTA) that licensure of physical therapists and licensure or certification of physical therapist assistants is required in and by all United States jurisdictions to achieve public protection and consumer transparency for individuals who access physical therapist services. Physical therapy should be provided only by, or under the direction and supervision of, a licensed physical therapist. Physical therapist assistants, under the direction and supervision of the physical therapist, are the only individuals who assist in the provision of selected physical therapy interventions. Licensure should include a defined jurisdictional scope of practice for physical therapists, a protected regulatory designator, and term and title protection for physical therapists and physical therapist assistants. APTA supports open, flexible, and dynamic principles of licensure to ensure workforce mobility and timely access to care. These principles are outlined as follows:

PRINCIPLE I. MINIMUM QUALIFICATIONS AND REQUIREMENTS FOR LICENSURE OR REGULATION

A. Physical Therapist and Physical Therapist Assistant Licensure or Regulation
Physical therapists are licensed and physical therapist assistants are licensed or certified in all United States jurisdictions.

1. State regulation of physical therapists should at a minimum:
   (a) require graduation from a physical therapist education program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE) or in the case of an internationally educated physical therapist from a non-CAPTE accredited program seeking licensure as a physical therapist, a substantially equivalent education;
   (b) require passing an exam of entry-level competence;
   (c) provide title and term protection;
   (d) allow for disciplinary action; and
   (e) provide for a defined scope of practice.

2. State regulation of physical therapist assistants should at a minimum:
   (a) require graduation from a physical therapist assistant or physical therapist education program accredited by CAPTE or in the case of a graduate of an international physical therapist assistant program or international physical therapist program from a non-CAPTE accredited program seeking licensure, certification, or registration as a physical therapist assistant, a substantially equivalent education;
   (b) require passing an exam of entry-level competence;
   (c) provide title and term protection;
   (d) allow for disciplinary action; and
   (e) require that all physical therapist assistants work under the direction and supervision of the physical therapist.

B. Foreign-Educated Physical Therapist: Substantial Equivalence for Licensure Eligibility
APTA supports the concept that to be eligible for jurisdictional licensure as a physical therapist, an individual educated outside of the United States must demonstrate substantial equivalence in content of education and clinical preparation to that received in a program accredited by CAPTE.

PRINCIPLE II. STATE REGULATORY DESIGNATIONS FOR THE PHYSICAL THERAPY PROFESSION
A. Designation “PT,” “PTA,” “SPT,” and “SPTA”

APTA supports the use of “PT” as the regulatory designation of a physical therapist. Other letter designations such as “RPT,” “LPT,” or academic and professional degrees should not be substituted for the regulatory designation of “PT.” “PTA” is the preferred regulatory designation of a physical therapist assistant.

APTA supports the recognition of the regulatory designation of a physical therapist or a physical therapist assistant as taking precedence over other credentials or letter designations. To promote consistent communication within and external to the profession in the presentation of credentials and letter designations, the association shall recognize the following preferred order:

1. PT/PTA (the regulatory designation)
2. Highest earned physical therapy-related degree
3. Other regulatory designations
4. Other earned academic degree(s)

All other designations, such as American Board of Physical Therapy Specialties certifications, credentials external to APTA, and other certifications or professional honors, should not use acronyms or abbreviations but should, if used, be written out. In the case of stationary, business cards, signage, advertising, or signature lines, such descriptions should be placed below the line containing the name and letter designations specified in 1 through 4 above. The option shall exist for either writing out Catherine Worthingham Fellow of the American Physical Therapy Association or abbreviating it as FAPTA.

The following examples will serve as style guides:

Tamica Dallas, PT, DPT
Board-Certified Cardiovascular and Pulmonary Clinical Specialist

James Kuta, PT, DPT, PhD
Catherine Worthingham Fellow of the American Physical Therapy Association

Danyelle Newkirk, PT, DPT
Certified Hand Therapist

Seth Coney, PT, DSc
Board-Certified Orthopaedic Clinical Specialist
Fellow of the American Academy of Orthopaedic Manual Physical Therapists

Denna Dilullo, PT, ATC/L, MS
Board-Certified Sports Clinical Specialist
Certified Strength and Conditioning Specialist

APTA supports the designations “SPT” and “SPTA” for physical therapist students and physical therapist assistant students, respectively, up to the time of graduation. Following graduation and prior to licensure or certification, graduates should be designated in accordance with state law. If state law does not stipulate a specific designation, graduates should be designated in a way that clearly identifies that they are not licensed physical therapists or licensed or certified physical therapist assistants.

Proviso: When the intent of RC 9-14 is achieved in any state and a uniform designation of “DPT” is approved by legislative change of a practice act and/or by a licensing authority for all licensed physical therapists in that state, APTA supports the use of the regulatory designation of “DPT.” Such designation denotes the successful completion of professional education and entry-level examination, thus meeting the dual requirements for licensure that ensures entry-level competence to practice physical therapy. In this instance, #1 and #2 in the preferred order of letter designations (above) are subsumed in the single designation “DPT” for physical therapists.
Proviso: The American Physical Therapy Association shall incorporate this preferred nomenclature into all relevant documents, publications, and communications as appropriate, and in a manner that is efficient.

PRINCIPLE III. APPROPRIATE USE OF PROTECTED TERMS AND TITLES BY LICENSEES

A. Protection of Term, Title, and Designation
The terms “physical therapy” and “physiotherapy” shall be used only in reference to services that are provided by or under the direction and supervision of a licensed physical therapist/physiotherapist; when so used the terms are synonymous. Only physical therapists may use or include the initials “PT” or “DPT,” and only physical therapist assistants may use or include the initials “PTA” in their professional, technical, or regulatory designation.

APTA supports the use of the titles “Physical Therapist” and “Doctor of Physical Therapy” only for physical therapists and in accordance with jurisdictional law. To provide accurate information to consumers, use of “Dr.” or “Doctor” should always be associated with words that clearly communicate that it is identifying a licensed physical therapist.

Additionally, APTA supports the inclusion of language to protect the exclusive use of these terms, titles, and designations in statutes and regulations.

PRINCIPLE IV. TEMPORARY EXEMPTIONS TO STATE LICENSURE

A. Temporary Exemptions for Licensees with Traveling Teams or Performance Groups
APTA supports temporary exemptions to state licensure for physical therapists who are licensed in a jurisdiction in the United States but who are temporarily in another jurisdiction providing physical therapist services to members of established athletic teams, athletic corporations, or performing arts companies that are training, competing, or performing.

B. Temporary Exemptions for Education
APTA supports inclusion of temporary exemptions to state licensure for physical therapists who are licensed in a United States jurisdiction and are temporarily in another jurisdiction for teaching, demonstrating, or providing physical therapist services in connection with teaching or participating in an educational seminar, fellowship, or residency program.

C. Temporary Exemptions for Declared Disaster or Emergency
APTA supports temporary exemptions to state licensure for physical therapists or physical therapist assistants who are licensed or certified in a United States jurisdiction and enter another jurisdiction to provide physical therapy services during a declared local, state, or national disaster or emergency. APTA also supports temporary exemptions to state licensure for physical therapists or physical therapist assistants who are licensed or certified in a United States jurisdiction and are forced to leave their residences or places of employment due to a local, state, or national disaster or emergency, and because of such displacement they seek to provide physical therapy in another jurisdiction. APTA encourages state chapters and state regulatory boards to include such exemption language in their state practice acts and to promulgate and/or review emergency management plans to ensure continuity in the event of a local, state, or national disaster or emergency.

PRINCIPLE V. CONTINUING EDUCATION AND CONTINUING COMPETENCE REQUIREMENTS FOR LICENSURE RENEWAL

A. Licensure Renewal: Continuing Education and Continuing Competence
APTA supports the concept of continuing education and continuing competence as an integral component of professional development and as a condition of licensure renewal.

Licensure renewal requirements to demonstrate evidence of continuing competence should be limited to meeting the current minimum standards necessary to ensure ongoing safe and effective practice for public protection.
APTA recognizes and supports the approval of continuing education related to roles in practice management, administration, research, or education in addition to or as components of continuing education in patient/client management, for meeting continuing education requirements for license renewal.

PRINCIPLE VI. OPPOSITION TO INSTITUTIONAL LICENSURE

A. Institutional Licensure
   APTA is strongly opposed to the concept of institutional licensure for individuals who deliver health care services without jurisdictional licensure.

Principle VII. Licensure Portability

A. Interstate Licensure Portability
   APTA supports state licensure models that allow for licensure portability, including but not limited to an Interstate Licensure Compact for Physical Therapy.

B. Licensure: Expedited Licensure
   APTA supports an expedited licensure process for physical therapists who have an unrestricted license in a United States jurisdiction to practice in another United States jurisdiction, in order to participate in educational opportunities such as fellowship and residency programs.

C. Temporary Jurisdictional Licensure
   APTA opposes temporary unrestricted jurisdictional licensure of physical therapists or licensure or certification of physical therapist assistants for previously non-U.S.-licensed or non-U.S.-credentialed applicants in all jurisdictions.

PRINCIPLE VIII. STATE LICENSURE FOR STUDENT CLINICAL EDUCATION AND EXAM-ELIGIBLE GRADUATES

APTA supports provisional or restricted state licensure for student physical therapists enrolled in clinical internships. Clinical internships are defined as the extended full-time clinical education experience(s) that typically follow the completion of the didactic coursework for the doctor of physical therapy degree.

APTA also supports provisional or restricted licensure for graduates, or for those who have completed all of the requirements for graduation, of programs accredited by CAPTE who are eligible for the National Physical Therapy Examination.

(State Affairs, ext 3161)

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MEETINGS
ANNUAL CONFERENCE EVENTS PROPOSALS  BOD Y03-92-27-89 [Policy]

All proposed Annual Conference events must be submitted in writing (a form will be provided) for informational consideration by the Annual Conference Program Committee prior to the Committee's October meeting preceding the conference.

(Meeting Services Department, ext 3225)

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ANNUAL CONFERENCE INFORMATION  BOD Y11-92-16-75 [Policy]

APTA shall provide background information on previous Annual Conferences to the host Chapter.

(Meeting Services Department, ext 3225)

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CORPORATE REGISTRATION FEE CATEGORY EC Y08-93-07-31 [Policy]

The corporate registration fee category shall be included in the Combined Sections Meeting (CSM) and Annual Conference (AC) registration fee structure.

(Meeting Services Department, ext 3225)

Explanation of Reference Numbers:
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DELEGATE DISCOUNT TO NEXT BOD Y02-16-01-01 [Policy]

Delegates and alternate delegates listed on official delegate rosters submitted to APTA for service in the House of Delegates shall receive a discount of 50% on the fee that they otherwise would have to pay to register for the NEXT Conference. This discount applies to registration for all days of education sessions, the welcome reception, the exhibit hall, and the scientific posters. It also applies to daily registration. This discount does not apply to other events, such as pre-conference courses or the Foundation for Physical Therapy dinner.

(National Governance and Leadership)

Explanation of Reference Numbers:
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I. PURPOSE OF APTA EXHIBITS
   A. Exhibits are intended for educational and informational purposes to improve physical therapy education, practice, and research.
   B. All material/equipment should be timely and relevant to physical therapy and should contain no inaccurate or misleading information.
   C. The American Physical Therapy Association and its Exhibit Manager reserve the right to determine if an exhibit meets the objectives and standards of APTA.
   D. Exhibits should complement the meetings and sessions by enabling registrants to see, hear, examine, question, and evaluate the latest developments in equipment, supplies, and services relevant to physical therapists.

II. ELIGIBILITY TO EXHIBIT
   A. Exhibitors must agree to meet the objectives stated above. All exhibitors are allowed to take non-binding orders in the exhibit hall. All companies whose primary products are educational materials are allowed to offer their product for purchase in the exhibit hall.
   B. Prior to APTA contracting with an exhibitor, all debts owed the Association by the potential exhibitor must be paid in full. A contract will not be accepted and booth space will not be assigned to a company that has accounts (previous booth space, advertising, etc.) due APTA.
   C. The Association reserves the right to determine the eligibility of a company or product for inclusion in the exposition, either before or after the proper execution of the contract.
   D. No product, apparatus, instrument, device, or drug that is the subject of litigation pending before the Food and Drug Administration may be exhibited; products, etc., in cases of pending compliance or non-compliance with the FDA may exhibit if a disclaimer is posted stating: FDA listing pending.
   E. All products or services exhibited must comply with all state and local regulations and with all current FDA regulations for such products and services except as provided in Rule II.D. above.

III. EXHIBITOR ADVISORY COMMITTEE
   A. The purpose of this Committee is to advise the American Physical Therapy Association on policies, terms, rules, and regulations pertaining to exhibits and exhibitors and to assist APTA before, during, and after a show by enforcing and/or interpreting said policies, terms, rules, and regulations.
   B. Five individuals who represent companies that exhibit with APTA and who are knowledgeable of APTA exhibit policies are nominated and elected by exhibitors to serve. A term begins in July of the year elected and ends in June three years later unless longer tenure is necessary to insure that not more than two members rotate off the committee at the same time.
   C. During an exposition, the Exhibitor Advisory Committee will each have special ribbons affixed to their badges that identify them as Committee members. A Committee member has the responsibility to ask an exhibitor to correct any infractions of the terms, rules, and regulations established by APTA.

IV. GENERAL POLICIES GOVERNING EXHIBITS
   A. The American Physical Therapy Association and the Exhibit Manager reserve the right to render all interpretations and decisions, should any questions arise, and to establish regulations as may be deemed necessary to the general success and well-being of the exposition.
   B. All matters and questions not covered in these guidelines and/or the contract are subject to the final judgment and decision of the Association and the Exhibit Manager.
   C. The Exhibitor Advisory Committee, along with the Exhibit Manager, will inspect each booth prior to the opening of the exposition to insure that the exhibitor has adhered to the rules and regulations set down in this document and the terms agreed to by the exhibitor in the signed contract. The Committee and/or the Exhibit Manager will inform the exhibitor of any infractions, and all corrections must be made before the exposition opens.
   D. The Association and the Exhibit Manager reserve the right to restrict exhibits that may detract from the general character of the display. This reservation includes persons, objects, conduct, printed material, or anything of a character that may be objectionable to the exhibits as a whole. Altercations in the exhibit area are not considered acceptable conduct. An exhibitor or representative of an exhibitor involved in such a
disturbance may face an immediate one-year suspension from APTA conferences and expositions; a second incident by the same individual may result in a longer suspension of that person from APTA conferences and expositions and a probationary period of that individual's company.

E. Breaches or infractions of the exhibitor’s contractual obligations could affect the status of the company's future eligibility to exhibit and/or result in the termination of the exhibitor's display privileges by APTA. Termination may become effective during the exposition, at which time the exhibitor must close his exhibit as soon as possible without disruption of the exposition. Expulsion of or restrictions placed on an exhibitor may not give rise to a claim for any refund or rentals or other exposition expenses.

F. No use of cameras will be permitted in the exhibit hall unless prior written consent has been obtained from the Exhibit Manager of APTA.

V. EXHIBIT SPACE RESERVATION
A. Reservations for booth space will not be accepted over the telephone.
B. The “Application and Contract for Exhibit Space” shall be completed and submitted with the deposit to the American Physical Therapy Association.
C. Applications received at APTA without an authorized signature and/or without the required deposit will not be accepted or processed until the conditions of acceptance are met. An application and contract submitted by a company that has not paid previously owed monies to APTA will not be accepted or processed until all accounts are paid in full.
D. All products to be exhibited at APTA shows must be identified on the application and contract.

VI. ASSIGNMENT OF EXHIBIT SPACE
A. Based upon the Exhibitor Advisory Committee, APTA agreed to limit the maximum number of booths rented for the Combined Sections Meeting to ten and the Annual Conference to ten per exhibitor. An exhibitor is defined as all of the following categories: Companies who share officers, executive boards, staff, sales personnel, support groups, ownership in whole or in part: A) Profit and non-profit corporations, organizations, associations or businesses, including acquisitions or mergers thereof; B) Solely-owned subsidiaries of "A"; C) a division of the above categories "A" or "B"; D) a United States military organization; E) a United States government agency. APTA reserves the right to adjust this limitation as deemed necessary for the general success and well being of the exposition.
B. Booth assignments are made three to four months prior to the exposition.
C. Assignments are made by the Exhibit Manager and are based on the number of years the company has exhibited with APTA; the amount of booth space reserved; the date the application was received at APTA; and special needs or requests of the exhibitor, such as proximity of competitive firms.
D. A company that has not settled all previous accounts with APTA will not be assigned booth space.
E. Applications and contracts received after the assignments are begun will be assigned in order of receipt.

VII. BOOTH PAYMENT AND CANCELLATION REFUNDS
A. The costs of booths will vary depending on the site of the exposition. The price per booth can be found on the application and contract and in the Prospectus for each specific exposition.
B. A deposit (the amount of which is determined by the American Physical Therapy Association) for each booth must accompany the application and contract. The remainder of the rental fee must be paid in full on or before the date established and advertised by APTA as the deadline. Nonpayment of space after the deadline will be interpreted by the Exhibit Manager to mean that the exhibiting company no longer wishes to reserve space, and the space reservation will be canceled. APTA reserves the right to resell this space to another company.
C. The deadline for which payment will be refunded for the cancellation of exhibit space will be determined by APTA and published on the application and contract and in the Prospectus for that specific exposition. In order to receive a refund, the cancellation must be received by APTA in writing on or before the deadline; exhibitors who cancel after the deadline will not receive a refund of any payment made for booth space. Written notification of a cancellation must appear on the company's letterhead.
D. APTA reserves the right to limit the number of companies placed on the waiting list for booth space once all booths for an exposition are sold. Applications received after the waiting list is full will be returned and full refunds made. Companies on the waiting list for which no exhibit space opens will be refunded their payment in full after the exposition.
E. Should any situation beyond the control of APTA arise to prevent the opening of an exposition, APTA may not be held liable for any expenses incurred except rental cost of booth space.

VIII. LIABILITY
A. The American Physical Therapy Association, the Exhibit Manager, the meeting and exposition facility, the Official Exhibit Contractor, and the employees or representatives thereof, shall not be held responsible for
injury, loss, or damage that may occur to the exhibitor or his property. APTA, APTA employees or representatives, or the Exhibit Manager shall not be held responsible for injury, loss, or damage caused by the exhibitor or his employees or representatives.

B. Exhibitors are required to insure themselves against property loss or damage and against liability for personal injury. The name of the insurance company covering the exhibitor against personal injury and property loss or damage must be provided on the exhibitor's application and contract.

IX. CONTRACTOR'S SERVICES
A. Complete information, instructions, and schedule of prices regarding shipping, drayage, labor for construction and dismantling, electrical use, furniture, carpets, etc., will be included in the Exhibitors Service Manual that will be sent to exhibiting companies by the Official Exhibit Contractor after booth assignments are made.
B. Shipment of exhibit materials must be made to the Official Exhibit Contractor. The address for shipment will be furnished in the Exhibitors Service Manual.
C. All costs of shipping, cartage, and handling are borne by the exhibitor; contact the Official Exhibit Contractor for special drayage information.
D. Arrangements must be made with the Official Exhibit Contractor by the exhibitor for the removal, storage, and return of empty crates. Rates for storage of crates can be obtained from the Official Exhibit Contractor.

X. EXHIBIT ACTIVITIES
A. All business activities, circulars, and advertising matter of the exhibitor may only be conducted and/or distributed within the booth(s) assigned to the exhibitor. No material may be placed on seats, or attached to walls, ceilings, or woodwork in the exhibit quarters or left in public spaces for distribution. Also excluded from exhibitor activities are all outside grounds and parking areas of the building(s).
B. The exhibitor is permitted to demonstrate his equipment and to make informational presentations regarding his product or service in his booth. Other attention-getting devices in the form of entertainment or amusement, however, must be approved by the Exhibit Manager prior to the opening of the exposition. Only activities that, at the discretion of the Exhibit Manager, are in keeping with the professional deportment of the exposition will be allowed. Sideshow tactics considered to be objectionable and not in the best interest of APTA and its purposes will be expressly prohibited. No exhibitor or agent of an exhibit shall perform any activity that is, or appears to be, medical or health care evaluation or treatment of any individual.
C. Exhibits should be presented in a manner that is consistent with the Association's policies on sexual harassment (Sexual Harassment) and non-discrimination (Non-Discrimination).
D. Aisles must be kept clear and exhibits must be arranged so that exhibit personnel are inside the space rented. Should spectators interfere with the normal traffic flow in the aisle or interfere with other exhibits, the Advisory Committee and/or Exhibit Manager will require that the presentation be limited or eliminated.
E. Raffles or drawings will be permitted in the exhibit area by an exhibitor or his representatives.
F. Public address, sound producing, or amplifying devices that project sound must be turned to conversational level and will be monitored by the Exhibit Manager and the Advisory Committee.
G. The operation of any equipment or apparatus that produces odors annoying to neighboring exhibitors or guests will not be allowed.
H. Exhibitors will be responsible for any damage done to the building by them or their employees. No nails, tacks, or screws may be driven into walls, woodwork, or floor of the building. No gasoline, kerosene, acetylene, candles, or other flammable or explosive substances will be permitted into the building(s).

XI. SALES IN EXHIBIT HALL AND CANVASSING BY NON-EXHIBITORS
A. The exhibit is limited to registered attendees of the American Physical Therapy Association's meeting as well as registered representatives of business firms, manufacturers, professional organizations, and dealers who have contracted and paid for space. No other persons or concerns will be permitted to demonstrate their products or distribute advertising materials in the exhibit hall.
B. All exhibitors are allowed to offer their product for purchase in the exhibit hall subject to such reasonable restrictions as APTA may impose on the manner of conducting such activity.

XII. SUBLETTING OF SPACE
A. Exhibitors may not assign, sublet, or apportion the whole or any part of the space allotted without the prior knowledge and written consent of the Exhibit Manager.
B. Exhibitors may not display or advertise products of any kind other than those manufactured or sold by them in the regular course of their businesses without the prior written consent of the Exhibit Manager.

XIII. REGISTRATION AND BADGES
A. All exhibitors should register their personnel in advance on the forms provided by the American Physical Therapy Association. Exhibitor representatives who do not register in advance and who wish to register on-
site must have with them THEIR BUSINESS CARD BEARING THE EXHIBITING COMPANY'S NAME. Without the business card, the representative(s) WILL NOT BE ALLOWED TO REGISTER.

B. Each company's representatives must register for the show. For each booth purchased, four representative badges, one model badge, and one guest badge will be issued. There will be no additional complimentary badges issued on-site.

C. Any additions or changes in registrations made during the exposition must be certified by the exhibitor's authorized representative.

D. Each representative of an exhibiting company must wear the official badge at all times in the exhibit area. Supplementing this identification with business cards, ribbons, or company logo types is not allowed.

E. The exhibitor is expected to staff each booth adequately during exhibit hours.

F. All non-exhibiting company employees (i.e. dealers) must register independently for a nominal fee. They will be issued badges according to their actual company name on a badge that indicates that they are dealers.

XIV. SECURITY
A. The American Physical Therapy Association will provide security in the exhibit hall 24 hours a day beginning at the time of move-in until the end or move-out.

B. APTA shall not be held responsible for the loss of, or damage to, any material for any cause and encourages the exhibitor to exercise normal precautions to prevent loss or damage as a result of theft or any other causes.

C. An exhibitor may take material from the exhibit hall after set-up begins and throughout the show ONLY if he has an exhibit hall security pass signed by the Exhibit Manager. These passes must be obtained from the service desk.

XV. BOOTH CONSTRUCTION AND ARRANGEMENT
A. A schedule for exhibit preparation will be determined by the American Physical Therapy Association and noted on the application and contract and in the Prospectus for each exposition. Exhibits must be set up and ready for final inspection by the Exhibitor Advisory Committee before or by the deadline established by the Exhibit Manager. All exhibits must remain completely intact through the duration of the show. Any exhibitor who partially or completely dismantles his booth before the end of the show will endanger his company's eligibility to exhibit again.

B. Unless previous arrangements are made in writing with the Exhibit Manager, booth space not occupied by the exhibiting company on or before the deadline established by the Exhibit Manager will be forfeited without refund to the exhibitor, and the space may be sold or used by the Exhibit Manager.

C. Each exhibitor is responsible for the delivery and removal of his equipment and display materials to and from the exhibit area.

D. Any construction in excess of four feet in height must be kept within five feet of the rear of the booth. In-line booths at the Combined Sections Meeting and Annual Conference may not exceed eight feet in height. Booths along the walls, island booths and peninsula booths of at least 20'x20' in size may exceed the eight foot height restriction.

E. Signage in linear booths must face the aisle that the front of the booth faces. No double-sided signs that interfere with neighboring booths are allowed.

F. Booths must be constructed or arranged in such a manner as to be able to accommodate the viewing audience inside the booth so as to discourage the formation of a standing crowd in the aisles.

G. All construction must be substantial and fixed in position for the duration of the show. No exhibits that violate local, state, or federal laws or regulations, including safety codes, will be permitted. Combustible decorations of any kind are prohibited.

H. All packing containers, excelsior, and wrapping paper must be removed from the floor and may not be stored under any tables or behind displays.

I. All decorations must be flame retardant to the satisfaction of the local fire department. Fire- extinguishing equipment shall not be obstructed by exhibits and must be readily available for use at all times. Fire exits must be kept clear at all times.

J. Approval must be obtained from the local fire department for the use, operation, or presence of any electrical, mechanical, or chemical device that, in the opinion of the local fire department or the Official Exhibit Contractor, might be hazardous in the public space.

XVI. COMMUNICATIONS
All communications pertaining to exhibits should be directed to:

Meeting Services Department, American Physical Therapy Association,
1111 North Fairfax Street, Alexandria, VA 22314, (703) 706-3225.
Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

GRANTING COMPLIMENTARY SPACE IN THE REGISTRATION AREA AT ANNUAL CONFERENCE BOD Y11-89-38-152 [Policy]

Complimentary space in the registration area at Annual Conference will be provided to components of APTA, the Foundation for Physical Therapy, the WCPT, and organizations under contract with APTA to provide conference-related services and representatives from future conference sites, on a first-come, first-served basis.

(Meeting Services Department, ext 3225)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

GRANTING COMPLIMENTARY SPACE IN THE REGISTRATION AREA AT CSM BOD Y10-09-07-15 (Initial BOD Y11-93-13-48) [Policy]

Complimentary space in the registration area at CSM will be provided to components of APTA, the Foundation for Physical Therapy, and organizations under contract with APTA to provide CSM-related services and representatives from future CSM sites, on a first-come, first-served basis.

(Component Services Department, ext 3232)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

LIFE MEMBERSHIP ON REGISTRATION FORMS  BOD Y06-92-06-20 [Policy]

The life membership category shall be included on all registration forms for all APTA events.

(Meeting Services Department, ext 3225)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

MEETING COLLABORATION BETWEEN THE AMERICAN PHYSICAL THERAPY ASSOCIATION AND HOST CHAPTERS HOD Y06-04-26-22 [Policy]

When considering meeting locations for Annual Conferences, conclaves, or scientific expositions for presentation to the Board of Directors, the American Physical Therapy Association (APTA) staff will contact prospective host chapter(s) and ask them for their potential scheduling, location, and financial concerns. Upon approval of the meeting location and date by the APTA Board of Directors, the Association will provide the host chapter(s) immediate notice of the planned meeting and begin collaboration with them to develop opportunities to meet the professional needs of members and the financial interests of APTA and the host chapter(s).

Relationship to Vision 2020: Operational; (Meeting Services Department, ext 3225)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

PROGRAMS FOR PHYSICAL THERAPIST ASSISTANT MEMBERS HOD Y06-76-25-65 [Policy]

The annual conference program shall provide meetings specifically designed for the affiliate member.

Relationship to Vision 2020: Operational; (Meeting Services Department, ext 3225)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

REFUNDING ADVANCE REGISTRATION AND OTHER FEES  BOD R03-91-16-41 [Amended BOD 06-89-04-09; Initial BOD 03-84-14-53] [Procedure]

Advance registration and other fees for Annual Conference and Combined Sections Meeting will be refunded in accordance with the following rules governing cancellations received by the association:

1. Cancellations received no later than two weeks before the official opening or beginning date of the conference or meeting: All fees will be refunded in full.
2. For cancellations received within the period of thirteen days before the official opening or beginning date of the conference or meeting, a 20-percent administrative charge will be assessed on the total amount of the fee or fees and the remainder will be refunded.
3. Cancellations received after the first day of the official opening date of the conference or meeting: No amount of the fee or fees will be refunded.
4. The association cannot be responsible for illegible postmarks on cancellations received. The deadline dates specified above for refunding fees in full, in part, and not at all shall apply to date of receipt by the Association of cancellations bearing illegible postmarks.
5. For other meetings, the cancellation policy shall be clearly stated on the registration form.

(Finance Department, ext 3133)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

SELECTION OF KEYNOTE SPEAKERS  BOD Y03-96-09-25 [Initial BOD 11-90-37-144] [Policy]

When considering the selection of keynote speakers for Opening Ceremonies at Annual Conference, recommendations are to be solicited from the Annual Conference Program Committee and the Annual Conference host chapter. The final decision on the keynote speaker is to be made by APTA’s President, in consultation with staff and the Executive Committee.

APTA’s President shall consider speakers for a Keynote Address who:
1. have been recipients of or involved with physical therapy services
2. are dynamic speakers
3. are capable of giving an inspiring presentation of interest to the physical therapy community, and
4. are nationally well-known individuals.

(Meeting Services Department, ext 3225)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

SITE SELECTION OF ANNUAL CONFERENCE  BOD Y11-96-07-22 [Amended BOD 11-89-38-151] [Policy]

Priorities for annual conference site consideration are to be member population density, costs, family friendliness, adequate accommodations, and accessibility.

(Meeting Services Department, ext 3225)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

SITE SELECTION OF COMBINED SECTIONS MEETINGS  BOD Y11-96-08-24 [Policy]

Priorities for site selection for Combined Sections Meetings are to be member population density, costs, family friendliness, adequate accommodations, warm climate, and accessibility.

(Meeting Services Department, ext 3225)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

SMOKING AT ANNUAL CONFERENCE, COMBINED SECTIONS MEETING, AND BOARD OF DIRECTORS MEETING

BOD Y03-86-14-60 [Policy]

Smoking will be prohibited in meeting rooms/areas at Annual Conference, Combined Sections Meeting, and the Board of Directors Meeting.

(Meeting Services Department, ext 3225)

Explanation of Reference Numbers:
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USE OF SUITES AT ANNUAL CONFERENCE AND COMBINED SECTIONS MEETING  BOD Y11-87-16-57 [Policy]

Suites in official APTA conference hotels may be reserved only by registered meeting attendees and current exhibitors through APTA’s Meeting Services Department. Registered attendees and current exhibitors may use such suites for lodging or hospitality events only and may not use such suites for product sales or equipment promotion. Violation of this policy by an individual and/or company may affect eligibility to participate in future APTA conferences.

(Meeting Services Department, ext 3225)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

WOMEN'S INITIATIVES PROGRAMMING AT ANNUAL CONFERENCE BOD Y03-96-27-77 [Policy]

That the annual conference of the American Physical Therapy Association (APTA) have some aspect of programming that addresses gender related issues. Examples of this might be instructional programs or professional issues forums.

(Minority and Women's Initiatives Department, ext 8560)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

MEMBERSHIP
CATHERINE WORTHINGHAM FELLOWS OF THE APTA BOD Y08-16-03-07 [Amended BOD Y08-13-05-09; BOD Y07-09-03-08; BOD Y07-09-03-08; BOD 11-08-03-04 BOD 06-08-02-02 BOD 06-06-07-18 BOD 03-04-05-04; BOD 03-03-02-01; BOD 02-02-06-05; BOD 08-01-01-01; BOD 03-99-03-02; BOD 11-98-29-102; BOD 06-98-05-13; BOD 03-97-05-12; BOD 11-96-06-15; BOD 06-96-12-32; BOD 06-95-12-16; BOD 11-94-09-24; BOD 02-94-02-03; BOD 03-93-06-10; BOD 03-90-16-45; BOD 11-88-12-44; BOD 03-87-06-20; BOD 03-84-05-17; Initial BOD 11-80-04-11] [Policy]

Article IV, Section 1, J, of the Association's Bylaws defines the membership category and qualifications of Catherine Worthingham Fellows of the APTA as:

1. A Physical Therapist or Life Physical Therapist member of the Association whose contributions to the profession through leadership, influence, and achievements demonstrate frequent and sustained efforts to advance the profession for a period of not less than 15 years preceding the nomination for election.

2. Have been nominated by a member or a component and elected by a ballot vote of at least two-thirds of the entire membership of the Board of Directors.

3. Continue in Physical Therapist membership or in another membership category after election.

4. Current members of the APTA Board of Directors and members of the APTA Awards Committee – Catherine Worthingham Fellows Subcommittee are not eligible to be nominated for this award and shall not nominate, write letters of support, or endorse an individual for this award.

As provided in the Bylaws, the Association's Board of Directors has prescribed and published membership qualifications which shall apply in judging the nomination of any Physical Therapist or life Physical Therapist member for Catherine Worthingham Fellow of the APTA. Only candidates who successfully meet all of the criteria below will be considered by APTA’s Board of Directors for election to the Catherine Worthingham Fellow membership category:

1. Demonstrated excellence in a primary domain of research, education, practice, or advocacy with translation of contributions and achievements across 2 of the 3 remaining domains.

2. National recognition by APTA members and by leaders outside the physical therapy profession, regarding the impact achieved in the primary domain of research, education, practice, or advocacy.

3. Frequent and sustained contributions (leadership, influence, and achievements) that have advanced the profession over a period of not less than 15 years.

4. Definitive ways in which advancement of the physical therapy profession have been achieved.

EXAMPLES THAT MAY REFLECT A CATHERINE WORTHINGHAM FELLOW NOMINEE’S CONTRIBUTIONS AND ACHIEVEMENTS WITHIN EACH DOMAIN & ACROSS DOMAINS

TABLE 1: Examples that may reflect a nominee’s contributions and achievements within each domain. Note: A column is provided for each domain. Read columns top to bottom for information specific to each domain.
<table>
<thead>
<tr>
<th>A nominee may demonstrate excellence in <strong>ADVOCACY</strong> by...</th>
<th>A nominee may demonstrate excellence in <strong>EDUCATION</strong> by...</th>
<th>A nominee may demonstrate excellence in <strong>PRACTICE</strong> by...</th>
<th>A nominee may demonstrate excellence in <strong>RESEARCH</strong> by...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developing and implementing innovative methods and/or materials for advocacy about physical therapy (eg, public service announcements)</td>
<td>Developing and implementing innovative instructional methods and/or materials related to physical therapist practice</td>
<td>Developing and implementing innovative physical therapy service delivery methods and/or programs</td>
<td>Developing and implementing innovative research relevant to physical therapist practice</td>
</tr>
<tr>
<td>Developing and implementing innovative community outreach programs to inform the public about physical therapy</td>
<td>Developing and implementing innovative academic or continuing education courses related to physical therapist practice</td>
<td>Developing and implementing innovative physical therapy patient/client management methods</td>
<td>Developing and implementing innovative research relevant to basic science, health policy, education, clinical practice or other topics that extend beyond physical therapist practice.</td>
</tr>
<tr>
<td>Participating in or leading interdisciplinary collaborative efforts regarding policy relevant to physical therapist practice</td>
<td>Participating in or leading interdisciplinary collaborative educational activities or projects</td>
<td>Participating in or leading interdisciplinary collaborative practice activities or projects</td>
<td>Participating in or leading interdisciplinary collaborative research activities or projects</td>
</tr>
<tr>
<td>Serving in leadership positions related to the development and promotion of policy or legislation relevant to physical therapist practice</td>
<td>Serving in leadership positions in education-related interdisciplinary or governmental organizations (eg, regional accreditation bodies)</td>
<td>Serving in leadership positions in practice-related interdisciplinary organizations (eg, The Joint Commission)</td>
<td>Serving in leadership positions on scientific review panels or research-related advisory boards</td>
</tr>
<tr>
<td>Serving in an administrative or leadership role focused on advocacy related to physical therapist practice and/or health care</td>
<td>Serving in an administrative or leadership role in an academic setting</td>
<td>Serving in an administrative or leadership role in a clinical setting</td>
<td>Serving in an administrative or leadership role in a research setting</td>
</tr>
<tr>
<td>A nominee may demonstrate excellence in <strong>ADVOCACY</strong> by...</td>
<td>A nominee may demonstrate excellence in <strong>EDUCATION</strong> by...</td>
<td>A nominee may demonstrate excellence in <strong>PRACTICE</strong> by...</td>
<td>A nominee may demonstrate excellence in <strong>RESEARCH</strong> by...</td>
</tr>
<tr>
<td>Serving in an elected or appointed position in state or federal government (eg, state licensing board, health policy committees)</td>
<td>Obtaining advanced credentialing and demonstrating leadership in the clinical instructor credentialing process, or serving as an exceptional clinical preceptor</td>
<td>Obtaining board certification and demonstrating leadership in clinical specialization</td>
<td>Serving as an editor or serving on an editorial board of a refereed scientific or clinical journal</td>
</tr>
<tr>
<td>Providing consultation to others related to development and promotion of legislation related to physical therapist practice</td>
<td>Providing consultation to others related to development and implementation of educational methods and/or materials</td>
<td>Providing consultation to others related to development and implementation of innovative physical therapist practice methods</td>
<td>Providing consultation to others related to development and implementation of research methods</td>
</tr>
<tr>
<td>Obtaining grants for projects related to advocacy</td>
<td>Obtaining grants for projects related to education</td>
<td>Obtaining grants for projects related to practice</td>
<td>Obtaining grants for original research</td>
</tr>
<tr>
<td>Servings as an invited speaker or keynote speaker at advocacy-related meetings or conferences</td>
<td>Servings as an invited speaker or keynote speaker at education-related meetings or conferences</td>
<td>Servings as an invited speaker or keynote speaker at practice-related meetings or conferences</td>
<td>Servings as an invited speaker or keynote speaker at research-related meetings or conferences</td>
</tr>
<tr>
<td><strong>Serving in voluntary advocacy-related roles in APTA or other professional organizations</strong></td>
<td><strong>Serving in voluntary education-related roles in APTA or other professional organizations</strong></td>
<td><strong>Serving in voluntary practice-related roles in APTA or other professional organizations</strong></td>
<td><strong>Serving in voluntary research-related roles in APTA or other professional organizations</strong></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Receiving honors and/or awards specific to their contributions to advocacy</td>
<td>Receiving honors and/or awards specific to their contributions to education</td>
<td>Receiving honors and/or awards specific to their contributions to practice</td>
<td>Receiving honors and/or awards specific to their contributions to research</td>
</tr>
</tbody>
</table>

**TABLE 2:** Examples that may reflect a nominee’s contributions and achievements across domains. *Note:* A column is provided for each domain. Read columns top to bottom for information specific to each domain.

<table>
<thead>
<tr>
<th><strong>A nominee may demonstrate evidence of TRANSLATION OF ADVOCACY contributions and achievements TO THE ADVOCACY DOMAIN by...</strong></th>
<th><strong>A nominee may demonstrate evidence of TRANSLATION OF EDUCATION contributions and achievements TO THE EDUCATION DOMAIN by...</strong></th>
<th><strong>A nominee may demonstrate evidence of TRANSLATION OF PRACTICE contributions and achievements TO THE PRACTICE DOMAIN by...</strong></th>
<th><strong>A nominee may demonstrate evidence of TRANSLATION OF RESEARCH contributions and achievements TO THE RESEARCH DOMAIN by...</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Translation not applicable/needed if primary domain is advocacy</strong></td>
<td>Advocating about educational needs and or standards on national and/or state levels</td>
<td>Advocating about research needs and/or standards at national and/or state levels</td>
<td>Advocating for change in practice based on research</td>
</tr>
<tr>
<td>Mentoring students and/or professionals in advocacy techniques and projects</td>
<td>Educating consumers and legislators about physical therapy education</td>
<td>Participating in community outreach to inform people about physical therapist education</td>
<td>Contributing to media coverage about implications of nominee’s research for policy</td>
</tr>
<tr>
<td>Teaching advocacy methods in academic and continuing education courses</td>
<td>Teaching clinical practice methods in academic and continuing education courses</td>
<td>Teaching practice management content in academic or continuing education courses</td>
<td>Teaching evidence-based practice content in academic or continuing education courses</td>
</tr>
<tr>
<td>A nominee may demonstrate evidence of TRANSLATION OF ADVOCACY contributions and achievements TO THE EDUCATION DOMAIN by...</td>
<td>A nominee may demonstrate evidence of TRANSLATION OF EDUCATION contributions and achievements TO THE EDUCATION DOMAIN by...</td>
<td>A nominee may demonstrate evidence of TRANSLATION OF PRACTICE contributions and achievements TO THE PRACTICE DOMAIN by...</td>
<td>A nominee may demonstrate evidence of TRANSLATION OF RESEARCH contributions and achievements TO THE RESEARCH DOMAIN by...</td>
</tr>
<tr>
<td>A nominee may demonstrate evidence of TRANSLATION OF EDUCATION contributions and achievements TO THE EDUCATION DOMAIN by...</td>
<td>A nominee may demonstrate evidence of TRANSLATION OF PRACTICE contributions and achievements TO THE PRACTICE DOMAIN by...</td>
<td>A nominee may demonstrate evidence of TRANSLATION OF RESEARCH contributions and achievements TO THE RESEARCH DOMAIN by...</td>
<td>A nominee may demonstrate evidence of TRANSLATION OF ADVOCACY contributions and achievements TO THE ADVOCACY DOMAIN by...</td>
</tr>
</tbody>
</table>

---

**Note:** A column is provided for each domain. Read columns top to bottom for information specific to each domain.
<table>
<thead>
<tr>
<th>Serving as an invited speaker or key note speaker at research-, education- or practice-related meetings or conferences</th>
<th>Serving as an invited speaker or key note speaker at research-, education- or advocacy-related meetings or conferences</th>
<th>Serving as an invited speaker or key note speaker at education-, practice- or advocacy-related meetings or conferences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presenting educational sessions at international meetings or conferences</td>
<td>Presenting educational sessions at international meetings or conferences</td>
<td>Presenting educational sessions at international meetings or conferences</td>
</tr>
<tr>
<td>Testifying before state and/or federal government panels</td>
<td>Translation not applicable/needed if primary domain is education</td>
<td>Presenting grand rounds to medical staff</td>
</tr>
<tr>
<td>Influencing a change in CAPTE standards based on advocacy contributions and achievements</td>
<td>Influencing a change in CAPTE standards based on practice contributions and achievements</td>
<td>Influencing a change in CAPTE standards based on research contributions and achievements</td>
</tr>
<tr>
<td><strong>A nominee may demonstrate evidence of TRANSLATION OF ADVOCACY contributions and achievements TO THE PRACTICE DOMAIN by...</strong></td>
<td><strong>A nominee may demonstrate evidence of TRANSLATION OF EDUCATION contributions and achievements TO THE PRACTICE DOMAIN by...</strong></td>
<td><strong>A nominee may demonstrate evidence of TRANSLATION OF RESEARCH contributions and achievements TO THE PRACTICE DOMAIN by...</strong></td>
</tr>
<tr>
<td>Contributing to media coverage about implications of public and/or payment policy for physical therapist practice</td>
<td>Contributing to media coverage regarding changes in PT patient/client management</td>
<td>Contributing to media coverage about implications of nominee’s research for practice</td>
</tr>
<tr>
<td>Developing and administering methods for integrating public policy into clinical practice</td>
<td>Developing and administering a clinical residency or fellowship program; or a post-doctoral research fellowship</td>
<td>Developing and outlining methods for translating basic science and clinical research into clinical practice</td>
</tr>
<tr>
<td>Providing consultation related to the application of public policy in physical therapist practice</td>
<td>Providing consultation related to the application of changes in physical therapy education to physical therapist practice</td>
<td>Providing consultation related to the application of research findings to physical therapist practice</td>
</tr>
<tr>
<td><strong>A nominee may demonstrate evidence of TRANSLATION OF ADVOCACY contributions and achievements TO THE RESEARCH DOMAIN by...</strong></td>
<td><strong>A nominee may demonstrate evidence of TRANSLATION OF EDUCATION contributions and achievements TO THE RESEARCH DOMAIN by...</strong></td>
<td><strong>A nominee may demonstrate evidence of TRANSLATION OF RESEARCH contributions and achievements TO THE RESEARCH DOMAIN by...</strong></td>
</tr>
<tr>
<td>Publishing policy-related research articles in refereed and/or non-refereed journals</td>
<td>Publishing education-related research articles in refereed and/or non-refereed journals</td>
<td>Publishing practice-related research articles in refereed and/or non-refereed journals</td>
</tr>
<tr>
<td>Publishing policy-related chapters and/or textbooks</td>
<td>Publishing education-related chapters and/or textbooks</td>
<td>Publishing practice-related chapters and/or textbooks</td>
</tr>
<tr>
<td>Serving as an editor for a refereed policy-related research journal</td>
<td>Serving as an editor for a refereed education-related research journal</td>
<td>Serving as an editor for a refereed practice-related research journal</td>
</tr>
<tr>
<td>Participating in or leading research that results in public policy changes</td>
<td>Demonstrating scholarly activity (e.g. curricular revisions) in education over the course of career</td>
<td>Delivering presentations to the research community about changes in practice</td>
</tr>
<tr>
<td>Translation not applicable/needed if primary domain is education</td>
<td>Translation not applicable/needed if primary domain is education</td>
<td>Translation not applicable/needed if primary domain is research</td>
</tr>
</tbody>
</table>
Procedures for Nomination

Please note: Please refer to the Policy and Procedures Regarding APTA Honors and Awards for additional procedural information.

1. The nomination of any Physical Therapist or Life Physical Therapist member for Catherine Worthingham Fellow of the APTA must be submitted electronically via APTA’s website (www.apta.org). The nomination may be submitted by any individual member, chapter, section or assembly of the Association, except that no active or life member may nominate himself or herself. All materials completed and submitted for each nomination must be received by the APTA Honors and Awards Program by 5:00 pm Eastern time on December 1, for consideration of this membership category.

2. The nominator is responsible for reviewing and ensuring the completion of all steps and compliance with eligibility criteria within the online nomination submission process before its final submission. During the online process, the following documents will be required for upload:

   a. Current and complete curriculum vitae or resume of the nominee.

      The curriculum vitae or resume should include:

      • Identification of whether articles are published in refereed or non-refereed journals
      • Differentiation between invited lectures, presentations, addresses, and symposia and whether such was presented nationally or internationally
      • Identification of service to the Association and the level at which the contribution was made (national, chapter, section, district)

   b. Letter of nomination (from the nominator) that clearly identifies how the nominees meets the criteria described in this policy, provide evidence of the nominee’s nationally prominent leadership, influence, and achievements within the physical therapy profession, and briefly summarizes the supporting documentation, not to exceed 4 pages.

   c. A narrative description (not to exceed 1 page) that provides a rationale for the event (and its date) that constituted the beginning of the nominee’s contributions, as well as a justification for subsequent contributions as being “frequent and sustained”.

   d. Four (4) letters of support from APTA members, which reflect a varied constituency and nationwide support of the nominee; not to exceed 2 pages each.

   One (1) letter of support from an individual external to the physical therapy profession that addresses the nominee’s notable contributions to physical therapy as judged from outside the profession; not to exceed 2 pages.

Letters of support should:

1. Explicitly state how the nominee is qualified under each criteria by providing details on what the nominee has accomplished during his/her professional career and how it has specifically impacted the area(s) of advocacy, education, practice or research.

2. Explicitly describe how the nominee has demonstrated leadership and excellence within a primary domain and translated their efforts across 2 of the 3 remaining described in the Fellowship criteria.

3. Indicate the institution or facility with which the author of the letter is affiliated and in what capacity the author works or worked with, or otherwise knows personally, the nominee.
4. Reflect genuine knowledge and consideration of the nominee’s qualifications for the membership category of Catherine Worthingham Fellow of the APTA.

5. For those nominees who have published, submit a list of “significant” published papers, monographs, books and book chapters (Note: Submit list only if this information is not included as a part of the nominee’s curriculum vitae/resume).

Procedures for Review and Election

1. All nominations shall be evaluated by the Awards Committee – Catherine Worthingham Fellows Subcommittee consisting of 5 Catherine Worthingham Fellows of the APTA appointed by the Board of Directors.

2. The Awards Committee – Catherine Worthingham Fellows Subcommittee shall utilize a standard review measurement tool for ranking each nominee during the review process and shall report to the Board of Directors its recommendation(s), if any, with support statements for the election of one or more of the nominees as Catherine Worthingham Fellow(s) of the APTA.

3. The Board of Directors shall review and discuss recommendations and elect Catherine Worthingham Fellows of the APTA at an upcoming Board of Directors meeting. The election of each Fellow shall be by a confidential ballot vote of the Board of Directors with at least two-thirds of the entire membership of the Board of Directors voting in the affirmative for election.

Effective Date and Notification

1. Election as a Catherine Worthingham Fellow of the APTA shall be effective immediately.

2. Each newly elected Catherine Worthingham Fellow of the APTA shall be notified promptly of his or her election, and the Association shall publicize the election at the earliest opportunity through appropriate APTA publications and to non-APTA media.

Recognition

Each Catherine Worthingham Fellow of the APTA shall be presented with a certificate and lapel pin commemorating election to this membership category, by APTA’s Board of Directors at the NEXT (formerly titled the Annual Conference and Exposition) following election.

Rights

Catherine Worthingham Fellows of the APTA shall have the right to use the initials FAPTA after their names (Article IV, Section 2, B, 12, APTA Bylaws) and shall have such other rights as provided in the Association’s Bylaws for any other membership category of the Association in which they continue in membership after election as Fellows.

(Member Services Department, ext. 8082)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.
DEFINITION OF STUDENT GRADUATION  BOD Y06-89-03-06 [Policy]

For student membership dues purposes, graduation is defined as the end of the final clinical affiliation or graduation, whichever is later.

(Member Services Department, ext 3395)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

ESTABLISHING A PHYSICAL THERAPY PARTNERS PROGRAM  BOD Y11-03-12-40 [Policy]

A Physical Therapy Partners Program (PT Partners Program) acknowledges and provides access for individuals who are not eligible for APTA membership but who would benefit from access to Association information, products, services, and meetings and in turn, would contribute to the development of the profession through collaborative efforts. These partnerships will result in increased knowledge about physical therapy, the profession, and the Association and, therefore, will provide positive effects on the healthcare delivery system in the United States and abroad.

There are many individuals associated with the physical therapy profession who are not eligible for Association membership because they have not graduated from an academic education program approved by the Commission on Accreditation in Physical Therapy Education (CAPTE). These individuals include:

- Faculty teaching in a physical therapy education program,
- International physiotherapists practicing outside the United States,
- Rehabilitation providers (physicians, occupational therapists, speech pathologists, respiratory therapists) who are part of a rehabilitation team in a hospital or other facility,
- Licensed physical therapist assistants who did not graduate from a CAPTE-approved academic education program, and
- Others who can demonstrate an identified connection with the profession and/or Association as determined by APTA or a specific component, including businesses associated with physical therapy.

Provisions: Individuals or businesses eligible to participate in the PT Partners Program do not meet requirements for Association membership. Participation is not open to current APTA members or those who are eligible for individual membership. Partners are precluded from identifying themselves as members of APTA or the component. Participation fees, services and benefits shall be provided consistent with Association policies, positions, guidelines, standards and Code of Ethics.

Physical Therapy Partners Programs are voluntary and can be established at both the national and component levels. Participation is limited to the program in which an individual or business has chosen or been accepted to participate in. (For example, if an individual becomes a component partner, this person does not automatically become a partner of APTA National or any other component.) APTA National will implement a program; each component will choose whether or not to establish a PT Partners Program. Establishing a PT Partners Program will not be mandatory for components. When establishing a PT Partners Program, the National office and each component will determine:

- Criteria to participate in the program
- Partner benefits
- Costs to develop/provide the programs and services
- Fees for program participation
- Criteria for dismissal from the program

Consideration for Physical Therapy Partners benefits and services at the National level include:

- Access to continuing education courses at member rates
- Subscription to PT Bulletin Online
- Access to full-text of the Journal online
- Access to PT Magazine of Physical Therapy online
- Access to some “Members Only” pages on the Web site
- Reduced fees for meeting registrations and publications (not to be lower than member rates)
Consideration for Physical Therapy Partners benefits and services at the component level include:

- Access to component continuing education courses at member rates
- Subscription to component’s electronic newsletter and member communications (if available)
- Access to select “Members Only” pages on the component Web site
- Reduced fees for component meeting registrations and publications (not to be lower than member rates)
- Special advertising rates (business partners only)

Components establishing a PT Partners Program should notify APTA’s Component Services Department within 60 days of establishment so that APTA can provide a clearinghouse of information for other components that may consider similar programs. Components must provide the following to APTA:

1. Name of the Program
2. Eligibility Requirements
3. Specific information about the program benefits and services
4. Fee structure
5. Material changes as they are made to the program.

(Member Services Department, ext 3395)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the “P” indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

**LIFE MEMBER MAILING  BOD Y11-04-11-34** [Amended BOD 03-04-25-65; BOD 11-94-09-23; Initial BOD 03-93-14-32] [Policy]

Life members prior to January 1, 2003, shall be provided with the May issue of *PT Magazine*. Those individuals becoming life members after January 1, 2003, will receive a monthly copy of *PT Magazine*. Both sub-categories of Life membership will have access to the “members-only” section of the Web site.

(Member Services Department, ext 3395)

**Explanation of Reference Numbers:**

*BOD P00-00-00-00* stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

MEMBERSHIP MAILING LISTS BOD Y03-06-15-36 [Amended BOD Y03-04-04-03; BOD 03-95-03-04; BOD 03-90-06-10; BOD 03-86-02-05; BOD 04-80-03-06; EC 11-74-03-05; Initial BOD 02-70-03-03] [Policy]

Data: In accordance with Dissemination of Member Electronic Mail Addresses, only postal mailing addresses are included in membership mailing lists provided by APTA to eligible parties. Phone numbers or e-mail addresses shall not be made available.

Eligibility: The following categories of organizations are eligible to use the mailing list of APTA:

1. Commercial organizations whose products are eligible for advertising in Physical Therapy, PT Magazine, or PT Bulletin.
2. Nonprofit philanthropic organizations such as recognized and accredited schools and national foundations.
3. Components of APTA.
4. Recognized and reputable health organizations.
5. Individuals requiring access to the mailing list for research purposes.

Conditions: The following conditions are stipulated and must be agreed to in writing by the person or organization wishing to use the list. These conditions serve only to protect the name and reputation of APTA and its good relationships with its members. APTA will not under any circumstances use these procedures to participate in business or marketing efforts of the mailing entity.

1. The content of all materials to be included in a mailing must be submitted to the Chief Executive Officer of APTA or designee, and only material approved by the CEO or designee may be included in the mailing.
2. If a mailing list is to be used for research purposes, a copy of the approval from an Institutional Review Board (IRB) must be included in the submission.
3. For all eligible organizations, there may be no reference to the American Physical Therapy Association or APTA in the mailing without prior written consent of APTA. Additionally for commercial organizations, under no circumstances may the organization make references to the American Physical Therapy Association or APTA in its mailing information, except for the following, for which prior consent still is required:
   a. Companies whose products or services have been endorsed by APTA and who are mailing materials in reference to those endorsed products or services for the membership.
   b. Reprints of articles which appeared in the official publications of APTA and obtained through the auspices of APTA.
   c. Exhibitors mailing pre-meeting materials.
4. Users of the list must enter into a rental agreement with APTA and provide samples of all mailing materials and, if applicable, a copy of an IRB approval prior to receipt of the list.
5. The list will be provided via electronic text file or pressure-sensitive labels. Users of the list must agree not to copy or otherwise duplicate the list in whole or in part and must further agree to use each list only once unless specifically noted in the rental agreement.

(Publications Department, ext 3194)

Explanation of Reference Numbers:
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MEMBERSHIP QUALIFICATIONS PRESCRIBED BY THE BOARD OF DIRECTORS BOD Y10-09-08-18

[Amended BOD G07-09-07-09; BOD 01-09-03-07; BOD 11-08-04-05; BOD 08-07-01-01/Ratified BOD 09-07; BOD 11-02-11-32; BOD 07-02-04-09; BOD 02-02-10-10; BOD 11-00-09-22; BOD 03-00-09-11; BOD 07-98-01-01; BOD 11-96-06-14; BOD 03-96-12-36; BOD 06-94-07-14; BOD 11-92-07-28; BOD 03-87-05-18; BOD 03-86-06-23; BOD 11-85-03-14; BOD 03-84-05-17; BOD 11-81-03-06; BOD 03-81-02-04; BOD 11-80-02-08; BOD 11-79-02-05; BOD 02-74-15-29] [Policy]

The qualifications for membership in the American Physical Therapy Association shall be as stated in the Association Bylaws, and in addition:

A. Physical Therapist Membership

1. Graduation from an education program accredited by the Commission on Accreditation in Physical Therapy Education. If graduation in the United States occurred prior to 1977, then graduation from a program recognized by the American Medical Association in collaboration with the American Physical Therapy Association is required.

2. If educated outside of the United States by a program not accredited by the Commission on Accreditation in Physical Therapy Education and living in the United States, graduation from an education program that by credentials evaluation is determined to be substantially equivalent, with respect to professional physical therapist education in the United States, or a license from a jurisdiction that requires a credentials evaluation prior to licensure.

3. Physical Therapist – Post-Professional Student Membership:
   a. a graduate physical therapist as defined in A. 1 or 2 above;
   b. a graduate physical therapist enrolled full time in a post-professional master's or doctoral program (excluding transition DPT) or APTA credentialed post-professional residency or fellowship program;
   c. be limited to two years in a master’s program, five years in a doctoral program and two years in a post-professional residency or fellowship program; and
   d. have an official statement furnished to APTA by the program at which the graduate student, resident or fellow is enrolled verifying the individual's full-time enrollment, as defined by that program, at each dues period for which the individual is eligible for physical therapist post-professional student status.

4. Previous Student Physical Therapist membership in the Association is neither a necessary nor a sufficient qualification for Physical Therapist membership.


B. Retired Physical Therapist Membership

1. Attainment of the age of 55 years and completion of 20 years of membership.

2. Have had a career change and no longer engaged in an occupation related to physical therapy.

3. Member signs an official statement, at each dues period for which the individual is eligible for Retired Physical Therapist membership, confirming they are no longer engaged in an occupation related to physical therapy.

C. Life Physical Therapist Membership
   1. Attainment of the age of 65 years and completion of 30 years of membership; or
   2. If retired because of disability, completion of at least 5 years of membership.

D. Student Physical Therapist Membership
   1. Enrollment in a physical therapist education program that is accredited or is seeking or granted candidacy status by the Commission on Accreditation in Physical Therapy Education.

E. Physical Therapist Assistant Membership
   1. Graduation from an education program accredited by the Commission on Accreditation in Physical Therapy Education.
   2. If trained outside of the United States by a program not accredited by the Commission on Accreditation in Physical Therapy Education and living in the United States, graduation from an education program that by credentials evaluation is determined to be equivalent with respect to physical therapist assistant entry level education in the United States, or a license from a jurisdiction that requires a credentials evaluation prior to licensure is required.
   3. Previous Student Physical Therapist Assistant membership in the Association is neither a necessary nor a sufficient qualification for Physical Therapist Assistant membership.
   4. Agreement to comply with the *Standards of Ethical Conduct for the Physical Therapist Assistant* of the American Physical Therapy Association.

F. Retired Physical Therapist Assistant Membership
   1. Attainment of the age of 55 years and completion of 20 years of membership.
   2. Have had a career change and no longer engaged in an occupation related to physical therapy.
   3. Member signs an official statement, at each dues period for which the individual is eligible for Retired Physical Therapist Assistant membership, confirming they are no longer engaged in an occupation related to physical therapy.
   4. Agreement to comply with the *Standards of Ethical Conduct for the Physical Therapist Assistant* of the American Physical Therapy Association.

G. Life Physical Therapist Assistant Membership
   1. Attainment of the age of 65 years and completion of 30 years of membership; or
   2. If retired because of disability, completion of at least 5 years of membership.
   3. Agreement to comply with the *Standards of Ethical Conduct for the Physical Therapist Assistant* of the American Physical Therapy Association.
H. Student Physical Therapist Assistant Membership

1. Enrollment in a physical therapist assistant education program that is accredited or is seeking or granted candidacy status by the Commission on Accreditation in Physical Therapy Education.

2. Agreement to comply with the Standards of Ethical Conduct for the Physical Therapist Assistant of the American Physical Therapy Association.

I. Honorary Membership

1. Not eligible for APTA membership.

   Contribution(s) are:

2. Significant to the profession of physical therapy.


4. Of unique quality.

J. Catherine Worthingham Fellow of the APTA

1. Demonstrated excellence in a primary domain of research, education, practice, or advocacy with translation of contributions and achievements across 2 of the 3 remaining domains.

2. National recognition by APTA members and by leaders outside the physical therapy profession regarding the impact achieved in the primary domain of research, education, practice, or advocacy.

3. Frequent and sustained contributions (leadership, influence, and achievements) that have advanced the profession over a period of not less than 15 years.

4. Definitive ways in which advancement of the physical therapy profession have been achieved.

EXAMPLES THAT MAY REFLECT A CATHERINE WORTHINGHAM FELLOW NOMINEE’S CONTRIBUTIONS AND ACHIEVEMENTS WITHIN EACH DOMAIN & ACROSS DOMAINS

TABLE 1: Examples that may reflect a nominee’s contributions and achievements within each domain. Note: A column is provided for each domain. Read columns top to bottom for information specific to each domain.

<table>
<thead>
<tr>
<th>A nominee may demonstrate excellence in ADVOCA CY by...</th>
<th>A nominee may demonstrate excellence in EDUCATION by...</th>
<th>A nominee may demonstrate excellence in PRACTICE by...</th>
<th>A nominee may demonstrate excellence in RESEARCH by...</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Developing and implementing innovative methods and/or materials for advocacy about physical therapy (e.g., public service announcements)</td>
<td>• Developing and implementing innovative instructional methods and/or materials related to physical therapist practice</td>
<td>• Developing and implementing innovative physical therapy service delivery methods and/or programs</td>
<td>• Developing and implementing innovative research relevant to physical therapist practice</td>
</tr>
<tr>
<td>Developing and implementing innovative community outreach programs to inform the public about physical therapy</td>
<td>Developing and implementing innovative academic or continuing education courses related to physical therapist practice</td>
<td>Developing and implementing innovative physical therapy patient/client management methods</td>
<td>Developing and implementing innovative research relevant to basic science, health policy, education, clinical practice or other topics that extend beyond physical therapist practice.</td>
</tr>
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</tr>
<tr>
<td>Participating in or leading interdisciplinary collaborative efforts regarding policy relevant to physical therapist practice</td>
<td>Participating in or leading interdisciplinary collaborative educational activities or projects</td>
<td>Participating in or leading interdisciplinary collaborative practice activities or projects</td>
<td>Participating in or leading interdisciplinary collaborative research activities or projects</td>
</tr>
<tr>
<td>Serving in leadership positions related to the development and promotion of policy or legislation relevant to physical therapist practice</td>
<td>Serving in leadership positions in education-related interdisciplinary or governmental organizations (e.g., regional accreditation bodies)</td>
<td>Serving in leadership positions in practice-related interdisciplinary organizations (e.g., The Joint Commission)</td>
<td>Serving in leadership positions on scientific review panels or research-related advisory boards</td>
</tr>
<tr>
<td>Serving in an administrative or leadership role focused on advocacy related to physical therapist practice and/or health care</td>
<td>Serving in an administrative or leadership role in an academic setting</td>
<td>Serving in an administrative or leadership role in a clinical setting</td>
<td>Serving in an administrative or leadership role in a research setting</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A nominee may demonstrate excellence in ADVOCACY by...</th>
<th>A nominee may demonstrate excellence in EDUCATION by...</th>
<th>A nominee may demonstrate excellence in PRACTICE by...</th>
<th>A nominee may demonstrate excellence in RESEARCH by...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serving in an elected or appointed position in state or federal government (e.g., state licensing board, health policy committees)</td>
<td>Obtaining advanced credentialing and demonstrating leadership in the clinical instructor credentialing process, or serving as an exceptional clinical preceptor</td>
<td>Obtaining board certification and demonstrating leadership in clinical specialization</td>
<td>Serving as an editor or serving on an editorial board of a refereed scientific or clinical journal</td>
</tr>
<tr>
<td>Providing consultation to others related to development and promotion of legislation related to physical therapist practice</td>
<td>Providing consultation to others related to development and implementation of educational methods and/or materials</td>
<td>Providing consultation to others related to development and implementation of innovative physical therapist practice methods</td>
<td>Providing consultation to others related to development and implementation of research methods</td>
</tr>
<tr>
<td>Obtaining grants for projects related to advocacy</td>
<td>Obtaining grants for projects related to education</td>
<td>Obtaining grants for projects related to practice</td>
<td>Obtaining grants for original research</td>
</tr>
<tr>
<td>Servings as an invited speaker or keynote speaker at advocacy-related meetings or conferences</td>
<td>Serving as an invited speaker or keynote speaker at education-related meetings or conferences</td>
<td>Serving as an invited speaker or keynote speaker at practice-related meetings or conferences</td>
<td>Serving as an invited speaker or keynote speaker at research-related meetings or conferences</td>
</tr>
<tr>
<td>A nominee may demonstrate evidence of <strong>TRANSLATION OF ADVOCACY contributions and achievements TO THE ADVOCACY DOMAIN by...</strong></td>
<td>A nominee may demonstrate evidence of <strong>TRANSLATION OF EDUCATION contributions and achievements TO THE ADVOCACY DOMAIN by...</strong></td>
<td>A nominee may demonstrate evidence of <strong>TRANSLATION OF PRACTICE contributions and achievements TO THE ADVOCACY DOMAIN by...</strong></td>
<td>A nominee may demonstrate evidence of <strong>TRANSLATION OF RESEARCH contributions and achievements TO THE ADVOCACY DOMAIN by...</strong></td>
</tr>
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</tr>
<tr>
<td><strong>Translation not applicable/needed if primary domain is advocacy</strong></td>
<td>Advocating about educational needs and or standards on national and/or state levels</td>
<td>Advocating about practice needs and/or standards at national and/or state levels</td>
<td>Advocating about research needs and/or standards on national and/or state levels</td>
</tr>
<tr>
<td></td>
<td>Educating consumers and legislators about physical therapy education</td>
<td>Educating consumers and legislators about physical therapist practice</td>
<td>Advocating for change in practice based on research</td>
</tr>
<tr>
<td></td>
<td>Participating in community outreach to inform people about physical therapy education</td>
<td>Participating in community outreach to inform people about physical therapist practice</td>
<td>Contributing to media coverage about implications of nominee’s research for policy</td>
</tr>
<tr>
<td><strong>A nominee may demonstrate evidence of <strong>TRANSLATION OF ADVOCACY contributions and achievements TO THE EDUCATION DOMAIN by...</strong></strong></td>
<td>A nominee may demonstrate evidence of <strong>TRANSLATION OF EDUCATION contributions and achievements TO THE EDUCATION DOMAIN by...</strong></td>
<td>A nominee may demonstrate evidence of <strong>TRANSLATION OF PRACTICE contributions and achievements TO THE EDUCATION DOMAIN by...</strong></td>
<td>A nominee may demonstrate evidence of <strong>TRANSLATION OF RESEARCH contributions and achievements TO THE EDUCATION DOMAIN by...</strong></td>
</tr>
<tr>
<td></td>
<td>Mentoring students and/or professionals in advocacy techniques and projects</td>
<td>Translation not applicable/needed if primary domain is education</td>
<td>Mentoring students in clinical internships and/or professionals in clinical residency or fellowship programs</td>
</tr>
<tr>
<td></td>
<td>Teaching advocacy methods in academic and continuing education courses</td>
<td>Teaching clinical practice methods in academic and continuing education courses</td>
<td>Teaching research methods in academic and continuing education courses</td>
</tr>
</tbody>
</table>

**TABLE 2:** Examples that may reflect a nominee’s contributions and achievements across domains. *Note:* A column is provided for each domain. Read columns top to bottom for information specific to each domain.
<table>
<thead>
<tr>
<th>• Teaching public policy content in academic or continuing education courses</th>
<th>• Teaching practice management content in academic or continuing education courses</th>
<th>• Teaching evidence-based practice content in academic or continuing education courses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A nominee may demonstrate evidence of TRANSLATION OF ADVOCACY contributions and achievements TO THE EDUCATION DOMAIN by...</strong></td>
<td><strong>A nominee may demonstrate evidence of TRANSLATION OF EDUCATION contributions and achievements TO THE EDUCATION DOMAIN by...</strong></td>
<td><strong>A nominee may demonstrate evidence of TRANSLATION OF PRACTICE contributions and achievements TO THE EDUCATION DOMAIN by...</strong></td>
</tr>
<tr>
<td>• Serving as an invited speaker or key note speaker at research-, education- or practice-related meetings or conferences</td>
<td>• Serving as an invited speaker or key note speaker at research-, education- or advocacy-related meetings or conferences</td>
<td>• Serving as an invited speaker or key note speaker at education-, practice- or advocacy-related meetings or conferences</td>
</tr>
<tr>
<td>• Presenting educational sessions at international meetings or conferences</td>
<td>• Presenting educational sessions at international meetings or conferences</td>
<td>• Presenting educational sessions at international meetings or conferences</td>
</tr>
<tr>
<td>• Testifying before state and/or federal government panels</td>
<td>Translation not applicable/needed if primary domain is education</td>
<td>• Presenting grand rounds to medical staff</td>
</tr>
<tr>
<td>• Influencing a change in CAPTE standards based on advocacy contributions and achievements</td>
<td>• Influencing a change in CAPTE standards based on practice contributions and achievements</td>
<td>• Influencing a change in CAPTE standards based on research contributions and achievements</td>
</tr>
<tr>
<td><strong>A nominee may demonstrate evidence of TRANSLATION OF ADVOCACY contributions and achievements TO THE PRACTICE DOMAIN by...</strong></td>
<td><strong>A nominee may demonstrate evidence of TRANSLATION OF EDUCATION contributions and achievements TO THE PRACTICE DOMAIN by...</strong></td>
<td><strong>A nominee may demonstrate evidence of TRANSLATION OF PRACTICE contributions and achievements TO THE PRACTICE DOMAIN by...</strong></td>
</tr>
<tr>
<td>• Contributing to media coverage about implications of public or and/or payment policy for physical therapist practice</td>
<td>• Contributing to media coverage regarding changes in PT patient/client management</td>
<td>Translation not applicable/needed if primary domain is practice</td>
</tr>
<tr>
<td>• Developing and administering methods for integrating public policy into clinical practice</td>
<td>• Developing and administering a clinical residency or fellowship program</td>
<td>• Developing and outlining methods for translating basic science and clinical research into clinical practice</td>
</tr>
<tr>
<td>A nominee may demonstrate evidence of <strong>TRANSLATION OF ADVOCACY</strong> contributions and achievements <strong>TO THE RESEARCH DOMAIN by</strong>...</td>
<td></td>
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<tr>
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</tr>
<tr>
<td>Providing consultation related to the application of public policy in physical therapist practice</td>
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<tr>
<td>Providing consultation related to the application of changes in physical therapy education to physical therapist practice</td>
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<tr>
<td>Providing consultation related to the application of research findings to physical therapist practice</td>
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<tr>
<td>A nominee may demonstrate evidence of <strong>TRANSLATION OF EDUCATION</strong> contributions and achievements <strong>TO THE RESEARCH DOMAIN by</strong>...</td>
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<td></td>
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<tr>
<td>Publishing policy-related research articles in refereed and/or non-refereed journals</td>
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<td></td>
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<tr>
<td>Publishing education-related research articles in refereed and/or non-refereed journals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Publishing practice-related research articles in refereed and/or non-refereed journals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Translation not applicable/needed if primary domain is research</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A nominee may demonstrate evidence of <strong>TRANSLATION OF PRACTICE</strong> contributions and achievements <strong>TO THE RESEARCH DOMAIN by</strong>...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Publishing policy-related chapters and/or textbooks</td>
<td></td>
<td></td>
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<tr>
<td>Publishing education-related chapters and/or textbooks</td>
<td></td>
<td></td>
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<tr>
<td>Publishing practice-related chapters and/or textbooks</td>
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<td>Translation not applicable/needed if primary domain is research</td>
<td></td>
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</tr>
<tr>
<td>A nominee may demonstrate evidence of <strong>TRANSLATION OF RESEARCH</strong> contributions and achievements <strong>TO THE RESEARCH DOMAIN by</strong>...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participating in or leading research that results in public policy changes</td>
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<td>Demonstrating scholarly activity (e.g. curricular revisions) in education over the course of career</td>
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<td>Delivering presentations to the research community about changes in practice</td>
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**(Member Services Department, ext 3395)**

**Explanation of Reference Numbers:**

**BOD P00-00-00-00** stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

WAIVER OF DUES  BOD Y10-13-03-04  [Amended BOD Y06-12-03-04; Initial BOD Y11-97-08-20]  [Policy]

The Secretary, on behalf of the Board of Directors (Board), may exercise the Board’s authority under the Bylaws of the American Physical Therapy Association to waive an eligible member’s association and component dues, in whole or in part, in extreme circumstances. For this purpose, extreme circumstances include, without limitation, situations involving members who have experienced natural disasters, substantial loss of total household income due to reasons outside the member’s control, a serious illness, the death/incapacitation of a family member, or deployment to a war zone.

A member may apply for a waiver by submitting documentation that substantiates loss of income, damage to property, or other circumstances that would warrant a waiver. Chapter Presidents may identify members within their chapters who are eligible to apply for a waiver, and they may ask the Secretary to consider waiver applications from such members. For applicants who are members of a chapter, the Secretary will consult with the Chapter President.

Waivers granted by the Secretary shall be limited to 1 year’s dues. They will cover both association and chapter dues. They may cover section dues.

The Secretary shall report any waivers to the Board of Directors and to the staff responsible for administering the American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC). Reports to the staff responsible for administering the American Physical Therapy Association PT-PAC shall identify the member and the duration of the waiver. Reports to the Board of Directors shall identify the total number of dues waivers granted and the durations of the waivers. Names of members granted dues waivers will be provided orally only if so requested by the Board.

(Member Services Department, ext 3395)

Explanation of Reference Numbers:
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MINORITY AFFAIRS
AFFIRMATIVE ACTION HOD P06-98-14-05 [Amended HOD 06-94-27-04; Initial HOD 06-81-12-42] [Position]

The American Physical Therapy Association (APTA) is committed to serving the needs of all people who require physical therapy and to meeting the needs of all its members. As noted in its policy, Non-Discrimination, APTA “prohibits preferential or adverse discrimination on the basis of race, creed, color, sex, gender, age, national or ethnic origin, sexual orientation, disability or health status in all areas.”

The Association's stand against “preferential or adverse discrimination” does not negate the need for APTA to act affirmatively for certain classes of people, identified by race, color, sex, gender, national or ethnic origin, or disability or health status. APTA supports the planning and implementation of comprehensive Affirmative Action programs.

Relationship to Vision 2020: Professionalism; (Minority & Women's Initiatives Department, ext 8560)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

CULTURAL COMPETENCE HOD P06-01-26-25 [Position]

Members of the American Physical Therapy Association should demonstrate cultural competence. Cultural competence refers to the set of skills necessary to understand and respond effectively to the cultural needs of each patient/client in order to:

- Eliminate disparities in the health status of people of diverse cultural backgrounds.
- Respond to current and projected demographic changes in the United States.
- Improve the quality of health services and health outcomes, and meet legislative, regulatory, and accreditation standards.

Relationship to Vision 2020: Professionalism; (Minority & Women’s Initiatives Department, ext 8560)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

CULTURAL COMPETENCE/DIVERSITY PLAN BOD 11-12-04-09

The Cultural Competence/Diversity Plan (Plan) was created to benefit patients/clients and to emphasize that cultural competence is critical to the profession and should be integrated and embedded within physical therapy education, practice, and research as supported through APTA Core Documents, including but not limited to the APTA Code of Ethics, Core Values, APTA Vision and Strategic Plan, Guide to Physical Therapist Practice.

GOAL I: Physical therapists, physical therapist assistants and students shall apply cultural competence in every aspect of professional conduct/practice in accordance with APTA’s Core Documents

A. Improve cultural competence in practitioners
   a. Encourage and educate practitioners to:
      i. Perform and share self assessments, being aware of individual biases and how that impacts treatment of others
      ii. Commit to lifelong learning to be current with practice and the population that is served
      iii. Use person first language to identify cultural competence in practice
      iv. Make use of resources that already exist on cultural competence from APTA and other sources
      v. Utilize assessment tools that include appropriate questions and how to ask questions that are sensitive to different cultures
      vi. Set realistic patient centered goals, understand impact of culture when setting goals and evaluating function.
      vii. Use ICF model as a theoretical framework for practice
   b. Identify, develop and disseminate resources on specific cultural competence topics especially as they pertain to education, practice and research, including continuing education courses in different media (Toolkits, conferences, web based materials, printed materials)

B. Describe relationship between cultural competence and health care disparities
   a. Define the relationship between health disparities and health care inequities to cultural competence and diversity
   b. Assess the impact of the perceived biases of the current health care system and how they impact access to care, especially in payment, geography and treatment settings
   c. Encourage research that will help quantify health disparities that may impact physical therapy care
   d. Determine if and/or how cultural competency impacts quality of care
   e. Take advantage of other research on health disparities, especially at the NIH Institute—National Institute on Minority Health and Disparities
   f. Evaluate the impact of the APTA Blueprint for Teaching Cultural Competence in Physical Therapy Education on new professionals and revise as necessary

C. Encourage use of health literacy and other appropriate communication
   a. Develop documents in multiple languages according to the specific needs of different practice areas. Emphasize and illustrate the importance of utilizing materials that recognize the level of understanding of individual patients/clients and their care givers, i.e. appropriate materials in verbal, written or diagrammatic form.
   b. Identify resources available to assist with language, including Braille
c. Utilize appropriate communication between clinicians, patients/clients and other professionals and colleagues, i.e., minimize medical jargon.
d. Identify regulatory/policy reasons for appropriate communication to patient/client

**GOAL II: The physical therapy workforce reflects the diversity of the population that it serves.**

**A. Define cultural diversity beyond race/ethnicity**
   a. Provide clear definitions of diversity, culture and cultural competence
   b. Update House Of Delegates definition of cultural competence
   c. Create videos to demonstrate practical definitions of cultural competence
   d. Assemble information from other organizations on how they have dealt with issues of diversity.
   e. Demonstrate how arts and humanities can contribute to cultural diversity

**B. Increase diversity of APTA leadership**
   a. Collaborate with APTA leadership, component leaders and members to increase participation of members of color at all levels.
   b. Work with various departments within the Association to identify and utilize a more diverse group of leaders/members in all APTA activities at both the local and national level.
   c. Engage leadership in ways to promote and develop members of color at all levels of the Association.
   d. Develop and disseminate recruiting tools for PTs/PTAs of color
   e. Share success stories from APTA Components and other organizations describing how they increased diversity in leadership

(Minority and Women’s Initiatives Department, ext. 8560)

**Explanation of Reference Numbers:**
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NON-DISCRIMINATION HOD Y06-14-06-06 [Amended HOD Y06-98-14-06; HOD 06-94-27-04; HOD 06-93-16-25; Initial HOD 06-84-18-76] [Policy]

The American Physical Therapy Association (APTA) prohibits preferential or adverse discrimination on the basis of race, creed, color, sex, gender, gender identity, gender expression, age, national or ethnic origin, sexual orientation, disability or health status in all areas including, but not limited to, its qualifications for membership, rights of members, policies, programs, activities, and employment practices.

The APTA Board of Directors shall include this reference in any published statement on non-discrimination.

This policy is not intended to prohibit the need for affirmative action in areas related to race, color, sex, gender, national or ethnic origin, and disability or health status, as outlined in the policy, Affirmative Action (HOD 06-94-27-04).

(Minority & Women's Initiatives Department, ext. 3143)

Explanation of Reference Numbers:
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RACE/ETHNICITY IN DEMOGRAPHIC INFORMATION  BOD Y03-94-07-09 [Policy]

Whenever APTA surveys request demographic information, a consistent and appropriate segment on race/ethnicity shall be included.

(Minority and Women's Initiatives Department, ext 8560)

Explanation of Reference Numbers:
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NOMINATING COMMITTEE
CANDIDATES' STATEMENTS HOD Y06-72-19-32 [Policy]

The Nominating Committee shall have continuing responsibility to obtain statements from candidates for national office concerning their opinions on issues pertinent to the growth and development of the profession. The responses of the candidates shall be made available to the membership no later than six weeks (6) prior to Annual Conference.

Relationship to Vision 2020: Operational; (Governance Department, ext 3252)

Explanation of Reference Numbers:
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NOMINATIONS FOR NATIONAL OFFICE: PUBLICATION OF RECOMMENDATIONS HOD Y06-02-27-09

[Amended HOD 06-95-24-14; HOD 06-76-19-48; HOD 06-75-25-49; Initial HOD 06-74-20-40] [Previously titled: Publications Recommendations for Nomination for National Office] [Policy]

The Association shall publish the Nominating Committee’s slate of candidates, the names of members who have been recommended for national office, and the sources of the recommendations. Sources of recommendations are members, components and their subsidiaries, and the Nominating Committee. When publishing the source of individual member recommendations, however, only the component will be identified, and not the individual’s name. The names of members recommended for national offices shall be published as long as those individuals have consented to such publication in writing.

For those individuals who meet the criteria for being nominated by petition and have consented to serve, the Association shall publish the list of nominating chapters at the earliest opportunity.

Relationship to Vision 2020: Operational; (Governance Department, ext 3252)

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SUPPORT FOR CANDIDATES FOR NATIONAL ELECTION HOD Y06-10-16-14 [Policy]

Each candidate for national election shall be reimbursed for costs incurred if they choose to attend the Combined Sections Meeting and the associated Component Leadership Meeting, or an American Physical Therapy Association (APTA) Board of Directors meeting, for the year in which he or she is a candidate and participate in leadership activities as identified by the Nominating Committee. Funding will be determined by the APTA Board of Directors during the annual budget process for a minimum of four days. This funding shall be limited to transportation, hotel, meals, and incidental expenses and shall be in compliance with APTA financial policies. This reimbursement would not be available to the candidate if other APTA or component funding were available to attend these events. A candidate would not be obligated to attend any of the aforementioned meetings nor utilize the funds if they chose not to. Instructions and reimbursement procedures will be provided to the candidate promptly after being slated for an appropriate office.

Relationship to Vision 2020: Operational; (Executive Department, ext 3253)

Explanation of Reference Numbers:
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PRACTICE
ACCESS TO, ADMISSION TO, AND PATIENT/CLIENT RIGHTS WITHIN PHYSICAL THERAPY SERVICES
HOD P06-14-06-05 [Amended HOD P06-03-16-13; HOD 06-93-16-22; HOD 06-86-12-26] [Position]

In providing physical therapy services, the physical therapist is accountable first and foremost to the individual receiving physical therapy. The physical therapist is also accountable for abiding by professional standards and ethics and the laws governing the practice of physical therapy in the jurisdiction where the service is rendered.

The physical therapist shall ensure services regardless of race, creed, color, sex, gender, gender identity, gender expression, age, national or ethnic origin, sexual orientation, disability, or health status. The physical therapist respects the rights of individuals referred or admitted to the physical therapy service. The individual referred or admitted to the physical therapy service has rights which include but are not limited to:

1. Selection of a physical therapist of one's own choosing to the extent that it is reasonable and possible.
2. Access to information regarding practice policies and charges for services.
3. Knowledge of the identity of the physical therapist and other personnel providing or participating in the program of care.
4. Expectation that the referral source has no financial involvement in the service. If that is not the case, knowledge of the extent of any financial involvement in the service by the referring source.
5. Involvement in the development of anticipated goals and expected outcomes, and the selection of interventions.
7. Participation in decisions involving the physical therapy plan of care to the extent reasonable and possible.
8. Access to information concerning his or her condition.
9. Expectation that any discussion or consultation involving the case will be conducted discreetly and that all communications and other records pertaining to the care, including the sources of payment for treatment, will be treated as confidential.
10. Expectation of safety in the provision of services and safety in regard to the equipment and physical environment.
11. Timely information about impending discharge and continuing care requirements.
12. Refusal of physical therapy services.
13. Information regarding the practice's mechanism for the initiation, review, and resolution of patient/client complaints.

(Clinical Practice, ext. 8513)

Explanation of Reference Numbers:
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Annual Visit with a Physical Therapist HOD P05-07-19-20 [Position]

The American Physical Therapy Association recommends that all individuals visit a physical therapist at least annually to promote optimal health, wellness, and fitness, as well as to slow the progression of impairments, functional limitations, and disabilities.

Relationship to Vision 2020: Practitioner of Choice; (PR/Marketing Department, ext 3218)

Explanation of Reference Numbers:
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The American Physical Therapy Association (APTA) advocates for prevention, wellness, fitness, health promotion, and management of disease and disability.

Advocacy includes but is not limited to scientific, educational, regulatory, and legislative activities that promote regular physical activity and exercise to enhance health and prevent disease. It includes developing collaborative, interprofessional and partnering relationships with health care and community organizations that advocate for prevention, wellness, fitness, health promotion, and management of disease and disability.

Priorities for association advocacy include, but are not limited to:

- Appropriate physical activity and exercise goals and objectives put forth by government and other nationally recognized agencies and organizations
- Appropriate efforts that enhance community design to promote safe physical activity and active forms of transportation for individuals and populations of all ages and abilities
- Consumer recognition of the value of the physical therapist to provide services for prevention, wellness, fitness, and health promotion, and for management of disease and disability for all populations and conditions
- Physical education, physical conditioning, and wellness instruction at all levels of education, from preschool through higher education
- Physical therapists making healthy personal lifestyle choices that include engaging in active forms of transportation and meeting national guidelines for participation in physical activity and exercise

Explanation of Reference Numbers:
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Physical therapists have the responsibility to practice autonomously in all settings, practice environments, and employment relationships. Autonomous physical therapist practice is characterized by:

- Independent, self determined professional judgment within one’s scope of practice, consistent with the profession’s Codes and Standards and in the patient’s/client’s best interest
- Responsibility and acceptance of risk for all aspects of the physical therapist patient/client management
- Ability to refer to and collaborate with health care providers and others to enhance the physical therapist patient/client management
- Recognition of circumstances that necessitate a request for consultation and initiation of such consultation when in the best interest of the patient/client
- Clinical decision making that is independent of external financial considerations
- Physical therapist governance and control of physical therapy practice in all settings

Relationship to Vision 2020: Autonomous Practice; (Practice Department, ext 3176)

Explanation of Reference Numbers:
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CLINICAL PRACTICE GUIDELINE ENDORSEMENT PROCESS BOD R12-13-04-08 [Procedure]

A clinical practice guideline (CPG) includes graded recommendations on best practice for a specific condition or clinical question based on the systematic review & evaluation of the quality of the scientific literature. These documents are defined by a stringent methodology and formal process for development; although variation can exist all must meet standard criteria. CPGs can be identified either by the PTNow EBP Library team from its repository or by an individual, section, or external organization for potential endorsement by APTA. The CPG endorsement process will involve APTA staff, the PTNow EBP Library team (which includes the EBP Library editor, PTNow subject matter experts and AGREE II reviewers, and APTA’s lead information specialist/librarian), and the APTA Board of Directors (Board). At any point in the process of evaluation of clinical practice guidelines, if the pre-set criteria are not met, the endorsement process would stop and the Board would be notified of the decision through the Weekly Board Report. The process for CPG endorsement will be made available on the PTNow site and in PT in Motion. The goal is to educate members about CPG development, the process for evaluating CPG’s using a critical appraisal tool such as AGREE II, and the importance of CPGs and knowledge translation in practice.

Step 1: APTA staff performs policy and administrative review in order to:

- Ensure consistency with APTA policies
- Ensure the guideline is available for free access
- Ensure the guideline is less than 5 years old

If the CPG meets these criteria, the CPG moves to the next step:

Step 2: APTA’s PTNow EBP Library team performs a scientific review to ensure that the guideline is of high quality.

- At least 2 members of the PTNow EBP Library team, who do not have conflicts of interest, will use a standardized critical appraisal tool (such as the AGREE II tool) to assess the methodological rigor and transparency with which a guideline was developed.
- The PTNow EBP Library team will use the results from the CPG critical appraisal tool to determine whether the CPG should be endorsed. Both externally developed and internally developed CPGs will undergo the above process.
- Staff will prepare a report for the Board of Directors reflecting the decision of the EBP Library Team.

Step 3: APTA’s Board of Directors reviews the report to ensure that the CPG review process outlined above has been followed.

- The Board of Directors accept or reject the report
- Staff will communicate with the Board of directors if an internal CPG is recommended for non-endorsement
- If the CPG successfully meets all criteria for endorsement, formal notification with the APTA President’s signature will be sent to the organization or individual that requested endorsement. This notification will be archived as an official statement from APTA.
- If the CPG does not meet all criteria for endorsement, formal notification with the APTA President’s signature will be sent to the organization or individual that requested endorsement with a rationale for non-endorsement. This notification will be archived as an official statement from APTA.
• The CPG will be recognized by a special icon in PTNow to indicate APTA’s endorsement, to inform members, and differentiate from other posted CPGs on PTNow.

1 Board of Directors 12/11; Staff Report

(Clinical Practice and Research Dept  x8513)

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CONTINUATION CRITERIA FOR PHYSICAL THERAPY INTERVENTION: ROLE OF THE PHYSICAL THERAPIST
HOD P06-99-22-28 [Position]

The American Physical Therapy Association (APTA) endorses adherence to standards of practice and supports the delivery of effective and efficient care. The public’s best interests are served when decisions regarding the initiation, continuation, or discontinuation of a patient’s/client’s physical therapy intervention (communication, coordination, and documentation; patient/client related instruction; procedural intervention) include the judgment of the physical therapist who has actually examined, evaluated, and diagnosed the patient/client. These decisions shall be informed by the Guide to Physical Therapist Practice and reflect the APTA Code of Ethics and Standards of Practice for Physical Therapy.

Relationship to Vision 2020: Autonomous Practice; (Practice Department, ext 3176)

Explanation of Reference Numbers:
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CONTINUITY OF CARE RECORD HOD P06-08-12-10 [Position]

Whereas, A Continuity of Care Record (CCR) contains relevant information for authorized professionals, and is prepared when a patient/client: is discharged from a hospital; is referred by a primary care provider to any specialist; or is transferred from one provider to another 1;

Whereas, A CCR may include clinical, demographic, medication, procedure, treatment, health/well-being, and background information 2;

Whereas, The goal for a CCR is to enable a provider to easily access the information from a previous encounter and to update the information when the patient/client goes to another provider in order to support the safety, quality and continuity of care;

Whereas, The CCR may be carried by the patient/client, sent by the referring provider, or accessed by the subsequent provider;

Whereas, The CCR may be in any Health Insurance Portability and Accountability Act compliant format;

Whereas, The CCR improves intraprofessional and interprofessional communication for continuity of patient/client care through all episodes and all settings of care; and

Whereas, Physical therapy is an integral part of health care delivery;

Resolved, That the American Physical Therapy Association supports the inclusion of elements of physical therapist patient/client management as a component of Continuity of Care Records.

Resolved, That the American Physical Therapy Association advocates for inclusion of elements of physical therapist patient/client management to key groups including: organizations that are creating CCR specifications and implementation guides; and standards development organizations that are creating terminology codes to be used in the CCR.


Relationship to Vision 2020: Professionalism; (Payment Policy & Advocacy Department, ext 8511)

Explanation of Reference Numbers:
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CREDENTIALING OF PHYSICAL THERAPY AIDES HOD P06-99-12-14 [Initial HOD 06-86-10-23] [Position]

The American Physical Therapy Association continues to oppose certification or credentialing of physical therapy aides and, therefore, will not endorse or recognize such programs.

Relationship to Vision 2020: Evidence-Based Practice; (State Government Affairs Department, ext 8533)

Explanation of Reference Numbers:
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CRITERIA FOR STANDARDS OF PRACTICE FOR PHYSICAL THERAPY  BOD S01-14-01-01 [Amended BOD S03-06-16-38; BOD S03-05-14-38; BOD 03-04-19-44; BOD 03-00-22-53; BOD 11-99-20-53; BOD 03-99-15-45; BOD 02-97-03-05; BOD 03-95-22-58; BOD 11-94-30-100; BOD 03-93-21-58; BOD 03-91-31-79; BOD 03-89-28-88; Initial BOD 11-85-13-56] [Standard]

The Standards of Practice for Physical Therapy (HOD S06-13-22-15) are promulgated by APTA's House of Delegates; Criteria for the Standards are promulgated by APTA's Board of Directors. Criteria are italicized beneath the Standards to which they apply.

Preamble
The physical therapy profession's commitment to society is to promote optimal health and functioning in individuals by pursuing excellence in practice. The American Physical Therapy Association attests to this commitment by adopting and promoting the following Standards of Practice for Physical Therapy. These standards are the profession's statement of conditions and performances that are essential for provision of high-quality professional service to society, and they provide a foundation for assessment of physical therapist practice.

I.  Ethical/Legal Considerations
   A. Ethical Considerations
      The physical therapist practices according to the Code of Ethics of the American Physical Therapy Association.

      The physical therapist assistant complies with the Standards of Ethical Conduct for the Physical Therapist Assistant of the American Physical Therapy Association.

   B. Legal Considerations
      The physical therapist complies with all the legal requirements of jurisdictions regulating the practice of physical therapy.

      The physical therapist assistant complies with all the legal requirements of jurisdictions regulating the work of the physical therapist assistant.

II. Administration of the Physical Therapy Service
   A. Statement of Mission, Purposes, and Goals
      The physical therapy service has a statement of mission, purposes, and goals that reflects the needs and interests of the patients/clients served, the physical therapy personnel affiliated with the service, and the community.

      The statement of mission, purposes, and goals:
      • Defines the scope and limitations of the physical therapy service.
      • Identifies the goals and objectives of the service.
      • Is reviewed annually.

   B. Organizational Plan
      The physical therapy service has a written organizational plan.

      The organizational plan:
      • Describes relationships among components within the physical therapy service and, where the service is part of a larger organization, between the service and the other components of that organization.
      • Ensures that the service is directed by a physical therapist.
      • Defines supervisory structures within the service.
      • Reflects current personnel functions.

   C. Policies and Procedures
      The physical therapy service has written policies and procedures that reflect the operation, mission, purposes, and goals of the service, and are consistent with the association's standards, policies, positions, guidelines, and Code of Ethics.
The written policies and procedures:
- Are reviewed regularly and revised as necessary.
- Meet the requirements of federal and state law and external agencies.
- Apply to, but are not limited to:
  - Care of patients/clients, including guidelines
  - Clinical education
  - Clinical research
  - Collaboration
  - Collection of patient data
  - Competency assessment
  - Criteria for access to care
  - Criteria for initiation and continuation of care
  - Criteria for referral to other appropriate health care providers
  - Criteria for termination of care
  - Documentation
  - Environmental safety
  - Equipment maintenance
  - Fiscal management
  - Handoff communication/therapist of record
  - Improvement of quality of care and performance of services
  - Infection control
  - Job/position descriptions
  - Medical emergencies
  - Personnel-related policies
  - Rights of patients/clients
  - Staff orientation

D. Administration
A physical therapist is responsible for the direction of the physical therapy service.

The physical therapist responsible for the direction of the physical therapy service:
- Ensures compliance with local, state, and federal requirements.
- Ensures that services are consistent with the mission, purposes, and goals of the physical therapy service.
- Ensures that services are provided in accordance with established policies and procedures.
- Ensures that the process for assignment and reassignment of physical therapist staff (handoff communication) supports individual physical therapist responsibility to their patients and meets the needs of the patients/clients.
- Reviews and updates policies and procedures.
- Provides for training of physical therapy support personnel that ensures continuing competence for their job description.
- Provides for continuous in-service training on safety issues and for periodic safety inspection of equipment by qualified individuals.

E. Fiscal Management
The director of the physical therapy service, in consultation with physical therapy staff and appropriate administrative personnel, participates in the planning for and allocation of resources. Fiscal planning and management of the service is based on sound accounting principles.

The fiscal management plan:
- Includes a budget that provides for optimal use of resources.
- Ensures accurate recording and reporting of financial information.
- Ensures compliance with legal requirements.
- Allows for cost-effective utilization of resources.
- Uses a fee schedule that is consistent with the cost of physical therapy services and that is within customary norms of fairness and reasonableness.
- Considers option of providing pro bono services.
F. Improvement of Quality of Care and Performance
The physical therapy service has a written plan for continuous improvement of quality of care and performance of services.

The improvement plan:
- Provides evidence of ongoing review and evaluation of the physical therapy service.
- Provides a mechanism for documenting improvement in quality of care and performance.
- Is consistent with requirements of external agencies, as applicable.

G. Staffing
The physical therapy personnel affiliated with the physical therapy service have demonstrated competence and are sufficient to achieve the mission, purposes, and goals of the service.

The physical therapy service:
- Meets all legal requirements regarding licensure and certification of appropriate personnel.
- Ensures that the level of expertise within the service is appropriate to the needs of the patients/clients served.
- Provides appropriate professional and support personnel to meet the needs of the patient/client population.

H. Staff Development
The physical therapy service has a written plan that provides for appropriate and ongoing staff development.

The staff development plan:
- Includes self-assessment, individual goal setting, and organizational needs in directing continuing education and learning activities.
- Includes strategies for lifelong learning and professional and career development.
- Includes mechanisms to foster mentorship activities.
- Includes knowledge of clinical research methods and analysis.

I. Physical Setting
The physical setting is designed to provide a safe and accessible environment that facilitates fulfillment of the mission, purposes, and goals of the physical therapy service. The equipment is safe and sufficient to achieve the purposes and goals of physical therapy.

The physical setting:
- Meets all applicable legal requirements for health and safety.
- Meets space needs appropriate for the number and type of patients/clients served.

The equipment:
- Meets all applicable legal requirements for health and safety.
- Is inspected routinely.

J. Collaboration
The physical therapy service collaborates with all disciplines as appropriate.

The collaboration when appropriate:
- Uses a team approach to the care of patients/clients.
- Provides instruction of patients/clients and families.
- Ensures professional development and continuing education.

III. Patient/Client Management

A. Physical Therapist of Record
The physical therapist of record is the therapist who assumes responsibility for patient/client management and is accountable for the coordination, continuation, and progression of the plan of care.

B. Patient/Client Collaboration
Within the patient/client management process, the physical therapist and the patient/client establish and maintain an ongoing collaborative process of decision making that exists throughout the provision of services.
C. Initial Examination/Evaluation/Diagnosis/Prognosis

The physical therapist performs an initial examination and evaluation to establish a diagnosis and prognosis prior to intervention. Wellness and prevention visits/encounters may occur without the presence of disease, illness, impairments, activity limitations, or participation restrictions.

The physical therapist examination:
• Is documented, dated, and appropriately authenticated by the physical therapist who performed it.
• Identifies the physical therapy needs of the patient/client.
• Incorporates appropriate tests and measures to facilitate outcome measurement.
• Produces data that are sufficient to allow evaluation, diagnosis, prognosis, and the establishment of a plan of care.
• May result in recommendations for additional services to meet the needs of the patient/client.

D. Plan of Care

The physical therapist establishes a plan of care and manages the needs of the patient/client based on the examination, evaluation, diagnosis, prognosis, goals, and outcomes of the planned interventions for identified impairments, activity limitations, and participation restrictions.

The physical therapist involves the patient/client and appropriate others in the planning, anticipated goals and expected outcomes, proposed frequency and duration, and implementation of the plan of care.

The plan of care:
• Is based on the examination, evaluation, diagnosis, and prognosis.
• Identifies goals and outcomes.
• Describes the proposed intervention, including frequency and duration.
• Includes documentation that is dated and appropriately authenticated by the physical therapist who established the plan of care.

E. Intervention

The physical therapist provides or directs and supervises the physical therapy intervention consistent with the results of the examination, evaluation, diagnosis, prognosis, and plan of care. The physical therapy intervention may be provided in an episode of care, or in a single visit/encounter such as for a wellness and prevention visit/encounter or a specialty consultation or for a follow-up visit/encounter after episodes of care, or may be provided intermittently over longer periods of time in cases of managing chronic conditions.

An episode of care is the managed care provided for a specific problem or condition during a set time period and can be given either for a short period or on a continuous basis, or it may consist of a series of intervals marked by 1 or more brief separations from care.

The intervention:
• Is based on the examination, evaluation, diagnosis, prognosis, and plan of care.
• Is provided under the ongoing direction and supervision of the physical therapist.
• Is provided in such a way that directed and supervised responsibilities are commensurate with the qualifications and the legal limitations of the physical therapist assistant.
• Is altered in accordance with changes in response or status.
• Is provided at a level that is consistent with current physical therapy practice.
• Is interdisciplinary when necessary to meet the needs of the patient/client.
• Documentation of the intervention is consistent with the Guidelines: Physical Therapy Documentation of Patient/Client Management.
• Is dated and appropriately authenticated by the physical therapist or, when permissible by law, by the physical therapist assistant.

F. Reexamination

The physical therapist reexamines the patient/client as necessary during an episode of care, during follow-up visits/encounters after an episode of care, or periodically in the case of chronic care management, to evaluate progress or change in patient/client status. The physical therapist modifies the plan of care accordingly or concludes the episode of care.

The physical therapist reexamination:
• Is documented, dated, and appropriately authenticated by the physical therapist who performs it.
• Includes modifications to the plan of care.
G. Conclusion of Episode of Care
The physical therapist concludes an episode of care when the anticipated goals or expected outcomes for the patient/client have been achieved, when the patient/client is unable to continue to progress toward goals, or when the physical therapist determines that the patient/client will no longer benefit from physical therapy.

Conclusion of care documentation:
- Includes the status of the patient/client at the conclusion of care and the goals and outcomes attained.
- Is dated and appropriately authenticated by the physical therapist who concluded the episode of care.
- Includes, when a patient/client is discharged prior to attainment of goals and outcomes, the status of the patient/client and the rationale for discontinuation.

H. Communication/Coordination/Documentation
The physical therapist communicates, coordinates, and documents all aspects of patient/client management including the results of the initial examination and evaluation, diagnosis, prognosis, plan of care, intervention, responses to intervention, changes in patient/client status relative to the intervention, reexamination, and episode of care summary. The physical therapist of record is responsible for “hand off” communication.

Physical therapist documentation:
- Is dated and appropriately authenticated by the physical therapist who performed the examination and established the plan of care.
- Is dated and appropriately authenticated by the physical therapist who performed the intervention or, when allowable by law or regulations, by the physical therapist assistant who performed specific components of the intervention as selected by the supervising physical therapist.
- Is dated and appropriately authenticated by the physical therapist who performed the reexamination, and includes modifications to the plan of care.
- Is dated and appropriately authenticated by the physical therapist who performed the episode of care summary and includes the status of the patient/client and the goals and outcomes achieved.
- Includes, when a patient's/client's care is concluded prior to achievement of goals and outcomes, the status of the patient/client and the rationale for conclusion of care.
- As appropriate, records patient data using a method that allows collective analysis.

IV. Education
The physical therapist is responsible for individual professional development. The physical therapist assistant is responsible for individual career development.

The physical therapist and the physical therapist assistant, under the direction and supervision of the physical therapist, participate in the education of students.

The physical therapist educates and provides consultation to consumers and the general public regarding the purposes and benefits of physical therapy.

The physical therapist educates and provides consultation to consumers and the general public regarding the roles of the physical therapist and the physical therapist assistant.

The physical therapist:
- Educates and provides consultation to consumers and the general public regarding the roles of the physical therapist, the physical therapist assistant, and other support personnel.

V. Research
The physical therapist applies research findings to practice and encourages, participates in, and promotes activities that establish the outcomes of patient/client management provided by the physical therapist.

The physical therapist:
- Ensures that their knowledge of research literature related to practice is current.
- Ensures that the rights of research subjects are protected, and the integrity of research is maintained.
- Participates in the research process as appropriate to individual education, experience, and expertise.
- Educates physical therapists, physical therapist assistants, students, other health professionals, and the general public about the outcomes of physical therapist practice.
VI. Community Responsibility

The physical therapist demonstrates community responsibility by participating in community and community agency activities, educating the public, formulating public policy, or providing pro bono physical therapy services.

*The physical therapist:

- Participates in community and community agency activities.
- Educates the public, including prevention, education, and health promotion.
- Helps formulate public policy.
- Provides pro bono physical therapy services.

(See also Board of Directors standard [Criteria for Standards of Practice](#))

(Clinical Practice Department, ext 3176)

**Explanation of Reference Numbers:**

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Physical therapists are health professionals who transform society by optimizing movement to improve the human experience. As such, it is the position of the American Physical Therapy Association (APTA) that physical therapists embrace and are accountable for best practice standards to provide high-quality services that promote value, and that all individuals have access to physical therapist services.

Achieving these goals requires a value-based system for the delivery of physical therapist services. Value in health services delivery has been defined as outcomes relative to costs\(^1\). Thus, collection and dissemination of results to confirm high-quality services (outcomes) is essential to support appropriate payment for physical therapist services. In physical therapy, value based service involves collaborative relationships with a variety of stakeholders and the principles of access, quality, and accountability, each grounded in a patient- and client-centered approach to delivery.

**PRINCIPLE I. ACCESS TO PHYSICAL THERAPIST SERVICES**

**A. REDUCING BARRIERS TO PHYSICAL THERAPIST SERVICES**

1. APTA supports the inclusion of physical therapist services as an essential health benefit in all appropriate health care policies, including, but not limited to:
   a. Insurance policies by third-party payers and state, federal, or any other regulatory agencies;
   b. Title XIX of the Social Security Act (the Medicaid program) at the state and federal levels; and
   c. State and federal workers’ compensation programs.

2. APTA supports cost-sharing legislation, regulations, and policies that prevent cost-shifting by insurance carriers and intermediaries. APTA opposes cost-shifting models that result in patient or client copayment or coinsurance obligations that equal or exceed the rate paid by the carrier or intermediary for physical therapist services.

3. APTA supports state and federal legislation that requires payers to develop and use consistent terminology regarding coverage of physical therapist services.

4. APTA supports the inclusion of physical therapist services in all appropriate telehealth policies, regulations, and legislation by third-party payers and state, federal, and any other regulatory agencies.

5. APTA supports initiatives to promote a value-based system for physical therapist services that uses evidence, best practice, and outcomes for meeting the needs of individuals and the public.

**B. RELATIONSHIPS WITH OTHER HEALTH PROVIDERS**

1. APTA supports collaborative, collegial practice relationships between physical therapists and other health providers that promote access to and integration of physical therapist services in the health services delivery continuum.

2. APTA opposes legal restrictions and relationships with other health providers that hinder the ability of physical therapists to use their clinical judgment and skills in relation to patient and client services, and that limit access to physical therapist services.

**PRINCIPLE II. QUALITY OF PHYSICAL THERAPIST SERVICES**

**A. MEDICALLY NECESSARY PHYSICAL THERAPIST SERVICES**

The medical necessity of physical therapist services is determined by a licensed physical therapist based on the results of the physical therapist's evaluation. Medically necessary physical therapist services improve, maintain, or slow the decline of the current level of function, or prevent, minimize, slow the progression of, or eliminate impairments of body functions and structures, activity limitations, or participation restrictions.

**B. PAYMENT REFORM FOR PHYSICAL THERAPIST SERVICES**
APTA supports efforts to reform payment for physical therapist services. Payment reform should:
1. Reflect efforts to tie payment to health outcomes, performance, and quality;
2. Recognize and reward the value of physical therapist services based on the clinical reasoning and decision making of the physical therapist;
3. Recognize physical therapists’ role in prevention;
4. Reduce unnecessary and unwarranted regulations that add cost, reduce efficiency, and do not improve clinical outcomes;
5. Integrate physical therapist services into various models of service delivery, while separately identifying and reporting these services;
6. Be transparent and accountable to patients and clients, payers, and policy makers;
7. Promote the use of evidence-based physical therapy;
8. Reduce fraud, abuse, and waste within the health service delivery system; and
9. Use standardized language and data sets across the health service delivery system.

C. USE OF DATA TO IMPROVE THE QUALITY OF PHYSICAL THERAPIST SERVICES
1. APTA supports meaningful and standardized data collection by physical therapists through the adoption of interoperable electronic health record (EHR) systems in all practice settings that can advance patient care, improve quality, and demonstrate the value of physical therapist services to patients and clients, payers, policy makers, and the provider community.
2. APTA supports the collection and tracking of data to improve the quality of physical therapist services. The functionality of data-collection systems should allow analyses that:
   a. Identify clinical practice patterns;
   b. Promote adherence to clinical practice guidelines;
   c. Guide payment policies;
   d. Support quality-improvement initiatives; and
   e. Promote health services research on delivery, utilization, and outcomes to further establish the value of physical therapist services.
3. APTA supports and promotes participation in quality-assurance and quality-improvement activities that are incorporated into physical therapist services.

D. PATIENT- AND CLIENT-CENTERED PHYSICAL THERAPIST SERVICES
APTA supports patient- and client-centered health services delivery. As such, physical therapist services include patients’ and clients’ goals. Physical therapists engage patients and clients, families, and caregivers in dialog to determine desired outcomes, while maximizing patient and client satisfaction. Physical therapists coordinate with other health professionals as needed to ensure continuity throughout episodes of care.

PRINCIPLE III. ACCOUNTABILITY FOR PHYSICAL THERAPIST SERVICES
A. PERFORMANCE OF PHYSICAL THERAPIST SERVICES
1. The patient and client management elements of examination, evaluation, diagnosis, and prognosis should be represented and paid as physical therapist services only when they are performed by a physical therapist.
2. The patient and client management element of intervention should be represented and paid as physical therapist services only when performed by a physical therapist or, for selected interventions, by a physical therapist assistant under the direction and supervision of a physical therapist.
3. Notwithstanding the foregoing, when physical therapist students and physical therapist assistant students perform elements of patient and client management as a part of their clinical education within a program accredited by, or a developing program recognized by, the Commission on Accreditation in Physical Therapy Education, these elements of patient and client management should be represented and paid as physical therapist services.

B. REASONABLE FEES FOR PHYSICAL THERAPIST SERVICES
1. APTA supports charging reasonable fees for physical therapist services. APTA encourages physical therapists to:
   a. Be knowledgeable of practice or institutional fee schedules, contractual relationships, and payment methodologies used in relation to physical therapist services.
   b. Participate in establishing practice or institutional fee schedules and contractual relationships and attempt to ensure that providers, agencies, or other employers adopt physical therapy fee schedules and contractual relationships that are reasonable and encourage access to necessary services.
   c. Seek guidance from the Code of Ethics for the Physical Therapist and Guide for Professional
Conduct, applicable state law, and other institutional or payer policies if any question or disagreement arises regarding professional fees.

2. APTA opposes any acts by physical therapists or physical therapist assistants that place financial interest above the welfare of patients and clients, including but not limited to:
   a. Overutilization or underutilization of services for institutional or personal gain; and
   b. Participating in services that are linked in any way to the financial gain of the referral source.

C. PEER REVIEW OF PHYSICAL THERAPIST SERVICES
   1. APTA supports peer review of physical therapist services only when provided by a physical therapist who possesses an active license without sanctions to practice physical therapy. Peer review shall be based on APTA’s Standards of Practice for Physical Therapy, the Guide to Physical Therapist Practice, additional APTA documents supporting evidence-based literature, state practice acts, and other jurisdictional state and federal laws relevant to physical therapist services.
   2. APTA supports clearly outlined peer review policies and procedures in all provider contracts or manuals.
   3. APTA opposes conducting a peer review without proper notice to providers before conducting the review. APTA strongly encourages payers to provide training to providers before implementing a peer review policy.

D. LIABILITY REFORM FOR PHYSICAL THERAPIST SERVICES
   APTA supports comprehensive liability reform that puts patient and client safety first while working to reduce preventable injuries and improve communication between physical therapists, other health providers, and their patients and clients. To achieve these goals, protections must be put in place for physical therapists and their patients and clients. Such protections include:
   1. Access to personnel and funding for patients and clients to pursue legitimate claims;
   2. Fair and timely compensation for injuries to patients and clients;
   3. Reasonable caps on noneconomic damages;
   4. Reduction of liability premiums for physical therapists; and
   5. Mechanisms to protect the health service delivery system from repeat malpractice offenders and frivolous lawsuits.

E. INTEGRITY OF PHYSICAL THERAPIST SERVICES
   1. APTA supports the identification and mitigation of fraud, abuse, and waste in physical therapist services. Within the profession, physical therapists and physical therapists assistants are obligated to:
      a. Understand compliance by being aware and staying up-to-date on applicable laws, regulations, and policies;
      b. Take action to prevent and report suspected fraud, abuse, and waste; and
      c. Provide and bill for services legally and ethically and exercise sound clinical judgment.
   2. APTA supports efforts by payers to prevent fraud, abuse, and waste. APTA expects payers to provide notice to providers when new fraud, abuse, and waste policies and regulations are implemented and to work with providers to ensure such policies and regulations are applied properly.
   3. APTA supports best practices in business arrangements and professional relationships in connection with physical therapist practice, including the following:
      a. Integrity: Business arrangements and professional relationships are free of avoidable conflicts of interest and comply with all APTA positions, standards, guidelines, policies, and procedures.
      b. Equity: Physical therapist ownership is proportional to investment and shared risk.
      c. Incentive: Physical therapists are compensated based on the value, quality, and complexity of their services.
      d. Decision making: Physical therapists are responsible for and control all clinical decision making and patient and client management relating to physical therapist services. This responsibility cannot be subjugated by the employer or other health providers, nor is it delegated to other personnel.

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DIAGNOSIS BY PHYSICAL THERAPISTS HOD P06-12-10-09 [Amended HOD P06-08-06-07; HOD P06-97-06-19; HOD 06-95-12-07; HOD 06-94-22-35; Initial HOD 06-84-19-78] [Position]

Physical therapists shall establish a diagnosis for each patient/client.

Prior to making a patient/client management decision, physical therapists shall utilize the diagnostic process in order to establish a diagnosis for the specific conditions in need of the physical therapist’s attention.

A diagnosis is a label encompassing a cluster of signs and symptoms commonly associated with a disorder or syndrome or category of impairments in body structures and function, activity limitations, or participation restrictions. It is the decision reached as a result of the diagnostic process, which is the evaluation of information obtained from the patient/client examination. The purpose of the diagnosis is to guide the physical therapist in determining the most appropriate intervention strategy for each patient/client. In the event the diagnostic process does not yield an identifiable cluster, disorder, syndrome, or category, intervention may be directed toward the alleviation of symptoms and remediation of impairments in body structures and function, activity limitations, or participation restrictions.

The physical therapist’s responsibility in the diagnostic process is to organize and interpret all relevant information collected. The diagnostic process includes obtaining relevant history, performing systems review, and selecting and administering specific tests and measures.

When indicated, physical therapists order appropriate tests, including but not limited to imaging and other studies, that are performed and interpreted by other health professionals. Physical therapists may also perform or interpret selected imaging or other studies.

In performing the diagnostic process, physical therapists may need to obtain additional information (including diagnostic labels) from other health professionals. In addition, as the diagnostic process continues, physical therapists may identify findings that should be shared with other health professionals, including referral sources, to ensure optimal patient/client care. When the patient/client is referred with a previously established diagnosis, the physical therapist should determine that the clinical findings are consistent with that diagnosis. If the diagnostic process reveals findings that are outside the scope of the physical therapist’s knowledge, experience, or expertise, the physical therapist should then refer the patient/client to an appropriate practitioner.

Relationship to Vision 2020: Autonomous Practice; (Practice Department, ext 3176)

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DIRECTION AND SUPERVISION OF THE PHYSICAL THERAPIST ASSISTANT HOD P06-05-18-26 [Amended HOD 06-00-16-27; HOD 06-99-07-11; HOD 06-96-30-42; HOD 06-95-11-06; HOD 06-93-08-09; HOD 06-85-20-41; Initial HOD 06-84-16-72/HOD 06-78-22-61/HOD 06-77-19-37] [Position]

Physical therapists have a responsibility to deliver services in ways that protect the public safety and maximize the availability of their services. They do this through direct delivery of services in conjunction with responsible utilization of physical therapist assistants who assist with selected components of intervention. The physical therapist assistant is the only individual permitted to assist a physical therapist in selected interventions under the direction and supervision of a physical therapist.

Direction and supervision are essential in the provision of quality physical therapy services. The degree of direction and supervision necessary for assuring quality physical therapy services is dependent upon many factors, including the education, experiences, and responsibilities of the parties involved, as well as the organizational structure in which the physical therapy services are provided.

Regardless of the setting in which the physical therapy service is provided, the following responsibilities must be borne solely by the physical therapist:

1. Interpretation of referrals when available.
2. Initial examination, evaluation, diagnosis, and prognosis.
3. Development or modification of a plan of care which is based on the initial examination or reexamination and which includes the physical therapy goals and outcomes.
4. Determination of when the expertise and decision-making capability of the physical therapist requires the physical therapist to personally render physical therapy interventions and when it may be appropriate to utilize the physical therapist assistant. A physical therapist shall determine the most appropriate utilization of the physical therapist assistant that provides for the delivery of service that is safe, effective, and efficient.
5. Reexamination of the patient/client in light of their goals, and revision of the plan of care when indicated.
6. Establishment of the discharge plan and documentation of discharge summary/status.
7. Oversight of all documentation for services rendered to each patient/client.

The physical therapist remains responsible for the physical therapy services provided when the physical therapist’s plan of care involves the physical therapist assistant to assist with selected interventions. Regardless of the setting in which the service is provided, the determination to utilize physical therapist assistants for selected interventions requires the education, expertise, and professional judgment of a physical therapist as described by the Standards of Practice, Guide to Professional Conduct, and Code of Ethics.

In determining the appropriate extent of assistance from the physical therapist assistant (PTA), the physical therapist considers:

- The PTA’s education, training, experience, and skill level.
- Patient/client criticality, acuity, stability, and complexity.
- The predictability of the consequences.
- The setting in which the care is being delivered.
- Federal and state statutes.
- Liability and risk management concerns.
- The mission of physical therapy services for the setting.
- The needed frequency of reexamination.

Physical Therapist Assistant

Definition
The physical therapist assistant is a technically educated health care provider who assists the physical therapist in the provision of physical therapy. The physical therapist assistant is a graduate of a physical therapist assistant associate degree program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE).

Utilization
The physical therapist is directly responsible for the actions of the physical therapist assistant related to patient/client management. The physical therapist assistant may perform selected physical therapy interventions under the direction
and at least general supervision of the physical therapist. In general supervision, the physical therapist is not required to be on-site for direction and supervision, but must be available at least by telecommunications. The ability of the physical therapist assistant to perform the selected interventions as directed shall be assessed on an ongoing basis by the supervising physical therapist. The physical therapist assistant makes modifications to selected interventions either to progress the patient/client as directed by the physical therapist or to ensure patient/client safety and comfort.

The physical therapist assistant must work under the direction and at least general supervision of the physical therapist. In all practice settings, the performance of selected interventions by the physical therapist assistant must be consistent with safe and legal physical therapist practice, and shall be predicated on the following factors: complexity and acuity of the patient's/client's needs; proximity and accessibility to the physical therapist; supervision available in the event of emergencies or critical events; and type of setting in which the service is provided.

When supervising the physical therapist assistant in any off-site setting, the following requirements must be observed:

1. A physical therapist must be accessible by telecommunications to the physical therapist assistant at all times while the physical therapist assistant is treating patients/clients.
2. There must be regularly scheduled and documented conferences with the physical therapist assistant regarding patients/clients, the frequency of which is determined by the needs of the patient/client and the needs of the physical therapist assistant.
3. In those situations in which a physical therapist assistant is involved in the care of a patient/client, a supervisory visit by the physical therapist will be made:
   a. Upon the physical therapist assistant's request for a reexamination, when a change in the plan of care is needed, prior to any planned discharge, and in response to a change in the patient's/client's medical status.
   b. At least once a month, or at a higher frequency when established by the physical therapist, in accordance with the needs of the patient/client.
   c. A supervisory visit should include:
      i. An on-site reexamination of the patient/client.
      ii. On-site review of the plan of care with appropriate revision or termination.
      iii. Evaluation of need and recommendation for utilization of outside resources.

Relationship to Vision 2020: Professionalism; (Practice Department, ext 3176)

**Explanation of Reference Numbers:**

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DOCUMENTATION AUTHORITY FOR PHYSICAL THERAPY SERVICES HOD P05-07-09-03 [Amended HOD P06-00-20-05; Initial HOD 06-97-15-23] [Position]

Physical therapy examination, evaluation, diagnosis, prognosis, and plan of care (including interventions) shall be documented, dated, and authenticated by the physical therapist who performs the service. Interventions provided by the physical therapist or selected interventions provided by the physical therapist assistant under the direction and supervision of the physical therapist are documented, dated, and authenticated by the physical therapist or, when permissible by law, the physical therapist assistant.

Other notations or flow charts are considered a component of the documented record but do not meet the requirements of documentation in or of themselves.

Students in physical therapist or physical therapist assistant programs may document when the record is additionally authenticated by the physical therapist or, when permissible by law, documentation by physical therapist assistant students may be authenticated by a physical therapist assistant.

Relationship to Vision 2020: Professionalism; (Practice Department, ext 3176)

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ELECTROPHYSIOLOGIC EXAMINATION AND EVALUATION HOD P06-96-20-04 [Initial HOD 06-85-37-63; HOD 06-85-34-62] [Position]

Electrophysiologic examinations and evaluations as practiced by physical therapists encompass both the professional and technical components of the observation, recording, analysis, and interpretation of bioelectric muscle and nerve potentials, detected by means of surface or needle electrodes, for the purpose of evaluating the integrity of the neuromuscular system.

Electrophysiologic evaluations include, but are not limited to, clinical electromyography, motor and sensory nerve conduction studies, and other evoked potential procedures.

Independent, safe, effective, and efficient electrophysiologic examinations and evaluations by physical therapists include the following:

- Establishing appropriate rapport with each patient/client.
- Conducting a history and systems review in order to plan an appropriate electrophysiologic examination and evaluation.
- Documenting the electrophysiologic examination results.
- Analyzing and interpreting the findings of the electrophysiologic examination.
- Communicating examination procedures and results of evaluation to the appropriate individuals.

The professional education of the physical therapist includes gross anatomy, neuroanatomy, muscle and nerve physiology, clinical neurology, myology, pathology, physical and clinical sciences of electrophysiologic examination and evaluation, clinical practice experience, and provides the knowledge base for the independent performance of electrophysiologic examinations and evaluations.

Relationship to Vision 2020: Autonomous Practice; (Practice Department, ext 3176)

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ENDORSEMENT OF INTERNATIONAL CLASSIFICATION OF FUNCTIONING, DISABILITY AND HEALTH (ICF) HOD P06-08-11-04 [Position]

The American Physical Therapy Association endorses the World Health Organization’s International Classification of Functioning, Disability and Health (ICF). ICF language shall be incorporated into all relevant Association publications, documents, and communications through existing planned review and revision cycles.

Relationship to Vision 2020: Operational; (Practice Department, ext 3176)

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ENDORSEMENT OF NATIONAL EFFORTS ADDRESSING THE OPIOID HEALTH CRISIS HOD P06-16-14-14

Whereas, In 2016 the Centers for Disease Control and Prevention, and the White House have declared that inappropriate opioid use has led to an epidemic of misuse, abuse and even death among thousands of Americans;

Whereas, The Centers for Disease Control and Prevention, and the White House have initiated efforts to address this health crisis, including a call for nondrug alternatives for the management of pain; and

Whereas, The Centers for Disease Control and Prevention has recognized physical therapist services as preferred and cost effective in management of chronic pain;

Resolved, That the American Physical Therapy Association endorses the national efforts by the Centers for Disease Control and Prevention, and the White House to address opioid abuse and dependence and the recognition of physical therapist services as an effective nondrug alternative for addressing pain.

Proviso: This position will be retired upon completion of the efforts by the Centers for Disease Control and Prevention, and the White House.

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ENTRY POINT INTO HEALTH CARE HOD P06-14-07-11 [Amended HOD P06-02-23-45; HOD 06-95-18-09; HOD 06-85-33-61; Initial HOD 06-81-09-25] [Position]

Physical therapists are entry point providers into the health care system.

Physical therapists provide a broad range of services to optimize movement, including screening, examination, evaluation, diagnosis, prognosis, intervention, coordination of care, prevention, wellness and fitness, and when indicated, referral to other providers.

(Practice Department, ext 3176)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

I. Definitions for Rehabilitation and Habilitation

a. **Rehabilitation Services**: Health care services that help a person keep, restore or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled. These services may include physical therapy, occupational therapy, and speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

b. **Habilitation Services**: Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn’t walking or talking at the expected age. These services may include physical therapy, occupational therapy, and speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

II. Guiding Principles for Rehabilitation and Habilitation Definitions

a. **General Principles:**

   i. Medical Necessity: Payer definitions of medical necessity must not limit a health care practitioner’s independent professional judgment regarding what method, scope or type of treatment is medically necessary for a particular patient.

   1. APTA supports its definition of medical necessity (see Medically Necessary Physical Therapy Services BOD P08-11-03-04), which allows patients to obtain meaningful access to appropriate health care services from a qualified health care provider, regardless of care setting.

   Accordingly, any determination regarding the number of visits necessary for the treatment of a particular patient should remain at the discretion of the patient’s treating health care provider based on the accepted standards of practice. Co-payments or premiums should not increase if the number of visits deemed necessary for the appropriate treatment of a patient is beyond the number of visits allowed in the insurance policy, particularly if an arbitrary limit should exist on the number of visits.

b. **Rehabilitation Principles:**

   i. Generally, rehabilitative services as they pertain to physical therapy may include:

      1. Diagnosis, prognosis, and management of impairments, activity limitations, and participation restrictions to enhance optimal health, performance, and quality of life;

      2. Skilled interventions to address functioning and disabilities (e.g., impairments, activity limitations, and participation restrictions) that restore, maintain, or promote optimal physical function, quality of life, health status, or independence in activities of daily living; and

      3. Prevention and management of the onset, symptoms, and progression of impairments, activity limitations, and participation restrictions that may result from disease, disorders, conditions or
injuries (including services that are necessary for the establishment of a safe and effective maintenance program for the patient).

c. **Habilitation Principles:**

   i. Generally, habilitative services may include:

      1. Services and interventions designed to assist individuals in acquiring, retaining and improving the skills necessary to function successfully in the least restrictive setting. Such skills may include adaptive skills, socialization and self-help; and

      2. Management of limitations and disabilities, including services or programs that help maintain or prevent deterioration in physical, cognitive, or behavioral function.

   ii. The services and devices used in habilitation are often the same or similar as in rehabilitation, as are the professionals who provide these services, the settings in which the services and devices are provided, the individuals receiving the services, the functional deficits being addressed, and the improvement in functional deficits. The only meaningful difference is the reason for the need for the service; whether a person needs to attain a function from the outset or regain a function lost to illness or injury.

   (Practice Department, ext. 3176)

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EVIDENCE-BASED PRACTICE HOD P06-06-12-08 [Position] [Initial HOD P06-99-17-21]

To promote improved quality of care and patient/client outcomes, the American Physical Therapy Association supports and promotes the development and utilization of evidence-based practice that includes the integration of best available research, clinical expertise, and patient values and circumstances related to patient/client management, practice management, and health policy decision making.

Relationship to Vision 2020: Evidence Based Practice; (Practice Department, ext 3176)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

EXCLUSIVE USE OR USE OF MULTIPLE PHYSICAL AGENTS/MODALITIES HOD P06-10-08-05 [Initial HOD P06-95-29-18] [Position]

Physical agents/modalities should be utilized only as a component of patient/client management. The use of physical agents/modalities in the absence of other interventions or the use of multiple physical agents/modalities with a similar physiologic effect should not be considered physical therapy nor should it be considered medically necessary without documentation that justifies the necessity of the physical agents/modalities.

Relationship to Vision 2020: Evidence Based Practice; (Practice Department, ext 3176)

Explanation of Reference Numbers:
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GOALS TO IMPROVE THE STATUS OF WOMEN IN PHYSICAL THERAPY HOD P06-92-23-51

Progress in achieving the following Goals in the Plan to Improve the Status of Women in Physical Therapy shall be reported annually to the House of Delegates:

GOAL 1: Increase awareness of the issues of inequity for women.

GOAL 2: Recognize barriers and promote mechanisms to eliminate or reduce these barriers to professional growth and career development.

GOAL 3: Promote physical therapy as a lifelong profession.

GOAL 4: Provide for the systematic evaluation of the status of women and the Association’s action concerning women’s issues.

(See also Board of Directors Plan to Improve the Status of Women in Physical Therapy)

Relationship to Vision 2020: Professionalism; (Minority & Women’s Initiatives Department, ext 8560)

Explanation of Reference Numbers:
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HEALTH PRIORITIES FOR POPULATIONS AND INDIVIDUALS HOD P06-15-20-11

That the following population health priorities guide the American Physical Therapy Association (APTA) work in the areas of prevention, wellness, fitness, health promotion, and management of disease and disability. Physical therapists can positively impact these areas and, where opportunity exists, can improve the health status of populations and individuals.

Physical therapists also can help prevent secondary health conditions commonly associated with many chronic diseases and disabilities. The population health priorities identified to most relate to physical therapist practice in primary and secondary prevention and in disease management are:

I. Active living
   A. Physical inactivity is a risk factor that contributes to onset and progression of diseases and conditions in individuals of all ages, including diabetes, heart disease, pulmonary disease, obesity, metabolic syndrome, psychosocial health, stroke, certain cancers, and certain musculoskeletal conditions.
   B. Physical therapists have unique opportunities with the following populations identified by the US National Prevention Strategy (USNPS):
      1. Aging individuals and populations (risk of falls, more individuals living longer with chronic diseases and conditions, impact of reduced physical fitness on quality of life)
      2. Individuals and populations of all ages with health disparities
      3. Individuals and populations of all ages with chronic conditions, disabilities, and diseases that impact their ability to remain independent and physically active

II. Injury prevention
   A. Reducing injury improves physical and emotional health. Injury can be prevented by making homes, communities, schools, and worksites safer and by implementing community-based prevention policies and programs.
   B. Physical therapists have unique opportunities in the following areas of injury prevention identified by USNPS:
      1. Falls prevention
      2. Workplace injury prevention
      3. Community-based injury prevention

III. Secondary prevention in chronic disease and disability management
   A. Reducing or preventing health conditions that accompany many chronic diseases and disabilities helps to improve physical and emotional health and optimize individuals' participation in society. Secondary conditions and their risk factors can be identified and ameliorated through screening and recognition.
   B. Priorities for physical therapists in secondary prevention in chronic disease and disability management include:
      1. Diseases and disabilities that impair an individual's body function or structure
      2. Diseases and disabilities that limit an individual's activity
      3. Diseases and disabilities that restrict an individual's participation in society
      4. Diseases and disabilities that require modification of environmental factors to allow for full participation in society

Physical therapists provide education, behavioral strategies, patient advocacy, referral opportunities, and identification of supportive resources after screening for the following additional USNPS health priorities:
A. Stress management
B. Smoking cessation
C. Sleep health
D. Nutrition optimization
E. Weight management
F. Alcohol moderation and substance-free living
G. Violence-free living
H. Adherence to health care recommendations

References:

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Whereas, It is the vision of the physical therapy profession\(^1\) to optimize movement to improve the human experience;

Whereas, The vision’s guiding principle of identity is that the physical therapy profession will define and promote the movement system as the foundation for optimizing movement to improve the health of society;

Whereas, The vision’s guiding principle of quality is that the physical therapy profession will commit to establishing and adopting best practice standards across the domains of practice, education, and research;

Whereas, The vision’s guiding principle of collaboration is that the physical therapy profession will demonstrate the value of collaboration with other health care providers, consumers, community organizations, and other disciplines to solve the health-related challenges that society faces; and,

Whereas, APTA endorses best practice standards within and across the domains of practice, education, and research that will lead to improving the ability and skill of physical therapists to diagnose, plan, and provide effective interventions for movement system disorders;

Resolved, APTA endorses the development of diagnostic labels and/or classification systems that reflect and contribute to the physical therapists’ ability to properly and effectively manage disorders of the movement system.

References:

Explanation of Reference Numbers:
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MEDICALLY NECESSARY PHYSICAL THERAPY SERVICES BOD P08-11-03-04 [Position]

Physical therapy, as part of an individual's health care, is considered medically necessary as determined by the licensed physical therapist based on the results of a physical therapy evaluation and when provided for the purpose of preventing, minimizing, or eliminating impairments, activity limitations, or participation restrictions. Physical therapy is delivered throughout the episode of care by the physical therapist or under his or her direction and supervision; requires the knowledge, clinical judgment, and abilities of the therapist; takes into consideration the potential benefits and harms to the patient/client; and is not provided exclusively for the convenience of the patient/client. Physical therapy is provided using evidence of effectiveness and applicable physical therapy standards of practice and is considered medically necessary if the type, amount, and duration of services outlined in the plan of care increase the likelihood of meeting one or more of these stated goals: to improve function, minimize loss of function, or decrease risk of injury and disease.

Explanation of Reference Numbers:
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PATTERNING FOR PERSONS WITH NEUROLOGICAL IMPAIRMENTS HOD P06-01-15-16 [Initial HOD 06-87-09-15] [Position]

The American Physical Therapy Association joins other professional groups (including the American Academy of Pediatrics), researchers, and clinicians in expressing concern regarding claims made about the efficacy and effectiveness of the patterning treatment approach (formerly known as Doman-Delacato) for persons with neurologic and other disorders.

Available research indicates that claims regarding benefits of this patterning treatment approach remain unproven and there is reason for concern that persons may be ill-served by its use.

Relationship to Vision 2020: Evidence Based Practice; (Practice Department, ext 3176)

Explanation of Reference Numbers:
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PHARMACOLOGY IN PHYSICAL THERAPIST PRACTICE HOD P06-04-14-14 [Initial HOD 06-89-43-89] [Previously titled: Medications in the Provision of Physical Therapy] [Position]

Physical therapist patient/client management integrates an understanding of a patient’s/client’s prescription and nonprescription medication regimen with consideration of its impact upon health, function and/or disability. The administration and storage of medications used for physical therapy interventions is also a component of patient/client management and thus within the scope of physical therapist practice.

Physical therapy interventions that may require the concomitant use of medications include, but are not limited to, agents that:

- Reduce pain and/or inflammation
- Promote integumentary repair and/or protection
- Facilitate airway clearance and/or ventilation and respiration
- Facilitate adequate circulation and/or metabolism
- Facilitate functional movement.

Relationship to Vision 2020: Autonomous Practice; (Practice Department, ext 3176)

Explanation of Reference Numbers:
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PHYSICAL THERAPY IN THE EMERGENCY CARE ENVIRONMENT HOD P06-08-18-12 [Position]

The American Physical Therapy Association promotes physical therapy as a professional service in the emergency care environment.

Relationship to Vision 2020: Practitioner of Choice; (Practice Department, ext 3176)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

PHYSICAL AND CHEMICAL RESTRAINTS: ROLE OF THE PHYSICAL THERAPIST HOD P06-03-17-05 [Initial HOD 06-99-27-09] [Position]

The American Physical Therapy Association (APTA) recognizes the inappropriate or indiscriminate use of physical and chemical restraints across the life-span is harmful to the quality of life of those we serve. APTA recognizes the role of the physical therapist to provide consultation within a multidisciplinary team, to examine and evaluate the function, disability and rehabilitation potential of individuals, and to implement appropriate therapeutic interventions before considering the use of physical or chemical restraints.

APTA recognizes that restraints may be used, in specific circumstances to treat symptoms, in accordance with state and federal regulations and appropriate regulatory agencies, in order to enhance physical and psychosocial needs. Thus, APTA promotes the regular functional reassessment of those individuals who are restrained in order to consider less restrictive interventions as described by the Centers for Medicare & Medicaid Services (CMS), the Joint Commission, and other agencies.

In recognizing that physical therapists assume leadership roles to restore, maintain, and promote overall fitness, health, and optimal quality of life, APTA considers unethical any practice in which restraints are recommended or applied without evidence of the following: appropriate physical examination/evaluation, consideration of alternative interventions, and communication to the individual or responsible parties of any substantial risks.

APTA encourages public awareness of the laws and regulations that govern restraint use across the life span and seeks to promote the unique abilities of physical therapists and physical therapist assistants to educate individuals and caregivers regarding the risks and benefits of restraint and the alternatives to their use.

Relationship to Vision 2020: Professionalism; (Practice Department, ext 3176)

Explanation of Reference Numbers:
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PRACTICE OF PHYSICAL THERAPISTS IN ANIMAL REHABILITATION  BOD P03-05-17-44 [Position]

The American Physical Therapy Association (APTA) acknowledges the collaborative relationships of physical therapists and veterinarians and the evolution of specialized practice by physical therapists in animal rehabilitation. Consistent with the Mission Statement Fulfillment adopted by the House of Delegates to enable physical therapists to improve their knowledge and skills in the interest of furthering the profession where allowable by law and regulation, the practice of animal rehabilitation by physical therapists is permissible.

Relationship to Vision 2020: Practitioner of Choice; (Practice Department, ext 3176)

Explanation of Reference Numbers:
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PRACTICE PRIVILEGES FOR PHYSICAL THERAPISTS IN INSTITUTIONAL SETTINGS HOD P06-91-17-21 [Initial HOD 06-90-10-17] [Position]

The American Physical Therapy Association recognizes the right of physical therapists to apply for and to be granted practice privileges in institutional settings.

Definition
Practice Privileges (synonymous with Clinical Privileges); Authorization by the governing body to provide specific patient/client management services in the organization, within well-defined limits, based on an individual's license, education, training, experience, competence, and judgment. The privileges may encompass the full scope of physical therapy practice as defined by state law or be limited to a specific clinical service or patient/client population.

Guidelines for Application and Review
When submitting or considering applications for privileges, the following guidelines may be utilized by the applicant and institution:

- Review Medical Staff Standards of the Joint Commission which describe the process for the delineation of practice privileges.
- Review physical therapy departmental qualifications, including procedures to apply for practice privileges, for eligibility to practice at the institution.
- Review the institution's medical staff bylaws and procedures for the granting of practice privileges.
- Review the specific criteria which the institution utilizes to assess eligibility for conferring practice privileges to non-physicians.
- Define the scope of physical therapy services to be provided at the institution based on identified need.
- Evaluate the facility's resources needed to adequately provide these services, ie, equipment and space.
- Acquire necessary documentation of credentials, including current license, relevant training and experience, evidence of current competence, and proof of liability insurance.
- Conduct discussion with institutional-based physical therapy personnel and other appropriate medical staff to promote coordination of services.
- Consider a reimbursement method for services provided.
- Assure the avoidance of conflicts of interest which compromise patient/client care or jeopardize the institution's ability to comply with applicable laws.

Applicant/Recipient Responsibilities
Adherence to the following responsibilities is essential to the provision of coordinated quality physical therapy services within the institution:

- Meet the responsibilities required by Medical Staff Rules and Regulations, and if not so specified, meet the responsibilities specified in the Medical Staff Bylaws, Section on Membership, as generally applicable to the practice of physical therapy.
- Meet the responsibilities required to practice physical therapy at the institution, including those specified in physical therapy practice standards and institutional policies and procedures.
- Be responsible for the management and supervision of each patient/client for whom services are provided.
- Participate in the institution's quality assurance program to assure the provision of quality patient/client care through the monitoring and evaluation activities required of physical therapists.
- Maintain professional competence by pursuing professional development opportunities which would include, but not be limited to, formal education, seminars, conferences, workshops, self-study, and advanced clinical residencies.
- Prepare and complete in a timely fashion, the medical and other required records for all patients/clients for which physical therapy services are provided.
- Abide by the state laws and the ethical principles of the profession of physical therapy.
- Work cooperatively with other physical therapists, both institutionally based and those with practice privileges, as well as medical staff members and other institutional personnel.
• Provide written disclosure of any financial arrangement with a referring practitioner or any other potential conflict of interest that may compromise patient/client care or jeopardize the institution's ability to comply with applicable laws.

Relationship to Vision 2020: Autonomous Practice; (Practice Department, ext 3176)

**Explanation of Reference Numbers:**

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PROCEDURAL INTERVENTIONS EXCLUSIVELY PERFORMED BY PHYSICAL THERAPISTS HOD P06-00-30-36

(Position)

The physical therapist’s scope of practice as defined by the American Physical Therapy Association Guide to Physical Therapist Practice includes interventions performed by physical therapists. These interventions include procedures performed exclusively by physical therapists and selected interventions that can be performed by the physical therapist assistant under the direction and supervision of the physical therapist. Interventions that require immediate and continuous examination and evaluation throughout the intervention are performed exclusively by the physical therapist. Such procedural interventions within the scope of physical therapist practice that are performed exclusively by the physical therapist include, but are not limited to, spinal and peripheral joint mobilization/manipulation, which are components of manual therapy, and sharp selective debridement, which is a component of wound management.

Relationship to Vision 2020: Professionalism; (Practice Department, ext 3176)

Explanation of Reference Numbers:

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Physical therapists are the only professionals who provide physical therapy interventions. Physical therapist assistants are the only individuals who provide selected physical therapy interventions under the direction and at least general supervision of the physical therapist.

Physical therapy aides are any support personnel who perform designated tasks related to the operation of the physical therapy service. Tasks are those activities that do not require the clinical decision making of the physical therapist or the clinical problem solving of the physical therapist assistant. Tasks related to patient/client management must be assigned to the physical therapy aide by the physical therapist, or where allowable by law, the physical therapist assistant, and may only be performed by the aide under direct personal supervision of the physical therapist, or where allowable by law, the physical therapist assistant. Direct personal supervision requires that the physical therapist, or where allowable by law, the physical therapist assistant, be physically present and immediately available to direct and supervise tasks that are related to patient/client management. The direction and supervision is continuous throughout the time these tasks are performed. The physical therapist or physical therapist assistant must have direct contact with the patient/client during each session. Telecommunications does not meet the requirement of direct personal supervision.

Relationship to Vision 2020: Professionalism; (Practice Department, ext 3176)

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PHYSICAL THERAPY AS A HEALTH PROFESSION HOD P06-99-19-23 [Initial HOD 06-83-03-05] [Position]

Physical therapy is a health profession whose primary purpose is the promotion of optimal health and function. This purpose is accomplished through the application of evidence-based principles to the processes of examination, evaluation, diagnosis, prognosis, and intervention to prevent or remediate impairments in body structures and function, activity limitations, participation restrictions or environmental barriers as related to movement and health.

Physical therapy encompasses areas of specialized competence and includes the development of new principles and applications to meet existing and emerging health needs. Other professional activities that serve the purpose of physical therapy are research, education, consultation, and administration.

Relationship to Vision 2020: Autonomous Practice; (Practice Department, ext 3176)

Explanation of Reference Numbers:
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PREAMBLE

The American Physical Therapy Association (APTA) is committed to meeting the physical therapy needs of society, to meeting the needs and interests of its members, and to developing and improving the art and science of physical therapy, including practice, education and research. To help meet these responsibilities, APTA’s Board of Directors has approved the following guidelines for physical therapy documentation. It is recognized that these guidelines do not reflect all of the unique documentation requirements associated with the many specialty areas within the physical therapy profession. Applicable for both hand written and electronic documentation systems, these guidelines are intended to be used as a foundation for the development of more specific documentation guidelines in clinical areas, while at the same time providing guidance for the physical therapy profession across all practice settings. Documentation may also need to address additional regulatory or payer requirements.

Finally, be aware that these guidelines are intended to address documentation of patient/client management, not to describe the provision of physical therapy services. Other APTA documents, including APTA Standards of Practice for Physical Therapy, Code of Ethics and Guide for Professional Conduct, and the Guide to Physical Therapist Practice, address provision of physical therapy services and patient/client management.

APTA POSITION ON DOCUMENTATION

Documentation Authority For Physical Therapy Services

Physical therapy examination, evaluation, diagnosis, prognosis, and plan of care (including interventions) shall be documented, dated, and authenticated by the physical therapist who performs the service. Interventions provided by the physical therapist or selected interventions provided by the physical therapist assistant under the direction and supervision of the physical therapist are documented, dated, and authenticated by the physical therapist or, when permissible by law, the physical therapist assistant.

Other notations or flow charts are considered a component of the documented record but do not meet the requirements of documentation in or of themselves.

Students in physical therapist or physical therapist assistant programs may document when the record is additionally authenticated by the physical therapist or, when permissible by law, documentation by physical therapist assistant students may be authenticated by a physical therapist assistant.

OPERATIONAL DEFINITIONS

Guidelines

APTA defines a “guideline” as a statement of advice.

Authentication

The process used to verify that an entry is complete, accurate and final. Indications of authentication can include original written signatures and computer “signatures” on secured electronic record systems only.

The following describes the main documentation elements of patient/client management: 1) initial examination/evaluation, 2) visit/encounter, 3) reexamination, and 4) discharge or discontinuation summary.

Initial Examination/Evaluation

Documentation of the initial encounter is typically called the “initial examination,” “initial evaluation,” or “initial examination/evaluation.” Completion of the initial examination/evaluation is typically completed in one visit, but may occur over more than one visit. Documentation elements for the initial examination/evaluation include the following:
Examination: Includes data obtained from the history, systems review, and tests and measures.

Evaluation: Evaluation is a thought process that may not include formal documentation. It may include documentation of the assessment of the data collected in the examination and identification of problems pertinent to patient/client management.

Diagnosis: Indicates level of impairment, activity limitation and participation restriction determined by the physical therapist. May be indicated by selecting one or more preferred practice patterns from the Guide to Physical Therapist Practice.

Prognosis: Provides documentation of the predicted level of improvement that might be attained through intervention and the amount of time required to reach that level. Prognosis is typically not a separate documentation elements, but the components are included as part of the plan of care.

Plan of care: Typically stated in general terms, includes goals, interventions planned, proposed frequency and duration, and discharge plans.

Visit/Encounter
Documentation of a visit or encounter, often called a progress note or daily note, documents sequential implementation of the plan of care established by the physical therapist, including changes in patient/client status and variations and progressions of specific interventions used. Also may include specific plans for the next visit or visits.

Reexamination
Documentation of reexamination includes data from repeated or new examination elements and is provided to evaluate progress and to modify or redirect intervention.

Discharge or Discontinuation Summary
Documentation is required following conclusion of the current episode in the physical therapy intervention sequence, to summarize progression toward goals and discharge plans.

GENERAL GUIDELINES

- Documentation is required for every visit/encounter.
- All documentation must comply with the applicable jurisdictional/regulatory requirements.
- All handwritten entries shall be made in ink and will include original signatures. Electronic entries are made with appropriate security and confidentiality provisions.
- Charting errors should be corrected by drawing a single line through the error and initialing and dating the chart or through the appropriate mechanism for electronic documentation that clearly indicates that a change was made without deletion of the original record.
- All documentation must include adequate identification of the patient/client and the physical therapist or physical therapist assistant:
  - The patient's/client's full name and identification number, if applicable, must be included on all official documents.
  - All entries must be dated and authenticated with the provider's full name and appropriate designation:
    - Documentation of examination, evaluation, diagnosis, prognosis, plan of care, and discharge summary must be authenticated by the physical therapist who provided the service.
    - Documentation of intervention in visit/encounter notes must be authenticated by the physical therapist or physical therapist assistant who provided the service.
    - Documentation by physical therapist or physical therapist assistant graduates or other physical therapists and physical therapist assistants pending receipt of an unrestricted license shall be authenticated by a licensed physical therapist, or, when permissible by law, documentation by physical therapist assistant graduates may be authenticated by a physical therapist assistant.
    - Documentation by students (SPT/SPTA) in physical therapist or physical therapist assistant programs must be additionally authenticated by the physical therapist or, when permissible by law, documentation by physical therapist assistant students may be authenticated by a physical therapist assistant.
- Documentation should include the referral mechanism by which physical therapy services are initiated. Examples include:
INITIAL EXAMINATION/EVALUATION

Examination (History, Systems Review, and Tests and Measures)

History:
Documentation of history may include the following:
- General demographics
- Social history
- Employment/work (Job/School/Play)
- Growth and development
- Living environment
- General health status (self-report, family report, caregiver report)
- Social/health habits (past and current)
- Family history
- Medical/surgical history
- Current condition(s)/Chief complaint(s)
- Functional status and activity level
- Medications
- Other clinical tests

Systems Review:
Documentation of systems review may include gathering data for the following systems:
- Cardiovascular/pulmonary
  - Blood Pressure
  - Edema
  - Heart Rate
  - Respiratory Rate
- Integumentary
  - Pliability (texture)
  - Presence of scar formation
  - Skin color
  - Skin integrity
- Musculoskeletal
  - Gross range of motion
  - Gross strength
  - Gross symmetry
  - Height
  - Weight
- Neuromuscular
  - Gross coordinated movement (eg, balance, locomotion, transfers, and transitions)
  - Motor function (motor control, motor learning)

Documentation of systems review may also address communication ability, affect, cognition, language, and learning style:
- Ability to make needs known
- Consciousness
- Expected emotional/behavioral responses
- Learning preferences (eg, education needs, learning barriers)
- Orientation (person, place, time)

Tests and Measures:
Documentation of tests and measures may include findings for the following categories:
- Aerobic Capacity/Endurance
Examples of examination findings include:
  - Aerobic capacity during functional activities
  - Aerobic capacity during standardized exercise test protocols
  - Cardiovascular signs and symptoms in response to increased oxygen demand with exercise or activity
  - Pulmonary signs and symptoms in response to increased oxygen demand with exercise or activity

- **Anthropometric Characteristics**
  Examples of examination findings include:
  - Body composition
  - Body dimensions
  - Edema

- **Arousal, attention, and cognition**
  Examples of examination findings include:
  - Arousal and attention
  - Cognition
  - Communication
  - Consciousness
  - Motivation
  - Orientation to time, person, place, and situation
  - Recall

- **Assistive and adaptive devices**
  Examples of examination findings include:
  - Assistive or adaptive devices and equipment use during functional activities
  - Components, alignment, fit, and ability to care for the assistive or adaptive devices and equipment
  - Remediation of impairments, activity limitations and participation restrictions with use of assistive or adaptive devices and equipment
  - Safety during use of assistive or adaptive devices and equipment

- **Circulation (Arterial, Venous, Lymphatic)**
  Examples of examination findings include:
  - Cardiovascular signs
  - Cardiovascular symptoms
  - Physiological responses to position change

- **Cranial and Peripheral Nerve Integrity**
  Examples of examination findings include:
  - Electrophysiological integrity
  - Motor distribution of the cranial nerves
  - Motor distribution of the peripheral nerves
  - Response to neural provocation
  - Response to stimuli, including auditory, gustatory, olfactory, pharyngeal, vestibular, and visual
  - Sensory distribution of the cranial nerves
  - Sensory distribution of the peripheral nerves

- **Environmental, Home, and Work (Job/School/Play) Barriers**
  Examples of examination findings include:
  - Current and potential barriers
  - Physical space and environment

- **Ergonomics and Body mechanics**
  Examples of examination findings for **ergonomics** include:
  - Dexterity and coordination during work
  - Functional capacity and performance during work actions, tasks, or activities
  - Safety in work environments
Specific work conditions or activities
Tools, devices, equipment, and work-stations related to work actions, tasks, or activities

Examples of examination findings for body mechanics include:
- Body mechanics during self-care, home management, work, community, or leisure actions, tasks, or activities

- Gait, locomotion, and balance
Examples of examination findings include:
- Balance during functional activities with or without the use of assistive, adaptive, orthotic, protection, supportive, or prosthetic devices or equipment
- Balance (dynamic and static) with or without the use of assistive, adaptive, orthotic, protective, supportive, or prosthetic devices or equipment
- Gait and locomotion during functional activities with or without the use of assistive, adaptive, orthotic, protective, supportive, or prosthetic devices or equipment
- Gait and locomotion with or without the use of assistive, adaptive, orthotic, protective, supportive, or prosthetic devices or equipment
- Safety during gait, locomotion, and balance

- Integumentary Integrity
Examples of examination findings include:
Associated skin:
- Activities, positioning, and postures that produce or relieve trauma to the skin
- Assistive, adaptive, orthotic, protective, supportive, or prosthetic devices and equipment that may produce or relieve trauma to the skin
- Skin characteristics

- Wound
- Activities, positioning, and postures that aggravate the wound or scar or that produce or relieve trauma
- Burn
- Signs of infection
- Wound characteristics
- Wound scar tissue characteristics

- Joint Integrity and Mobility
Examples of examination findings include:
- Joint integrity and mobility
- Joint play movements
- Specific body parts

- Motor Function
Examples of examination findings include:
- Dexterity, coordination, and agility
- Electrophysiological integrity
- Hand function
- Initiation, modification, and control of movement patterns and voluntary postures

- Muscle Performance
Examples of examination findings include:
- Electrophysiological integrity
- Muscle strength, power, and endurance
- Muscle strength, power, and endurance during functional activities
- Muscle tension

- Neuromotor development and sensory integration
Examples of examination findings include:
- Acquisition and evolution of motor skills
- Oral motor function, phonation, and speech production
- Sensorimotor integration
• Orthotic, protective, and supportive devices
  Examples of examination findings include:
  o Components, alignment, fit, and ability to care for the orthotic, protective, and supportive devices and equipment
  o Orthotic, protective, and supportive devices and equipment use during functional activities
  o Remediation of impairments, activity limitations, and participation restrictions with use of orthotic, protective, and supportive devices and equipment
  o Safety during use of orthotic, protective, and supportive devices and equipment

• Pain
  Examples of examination findings include:
  o Pain, soreness, and nocioception
  o Pain in specific body parts

• Posture
  Examples of examination findings include:
  o Postural alignment and position (dynamic)
  o Postural alignment and position (static)
  o Specific body parts

• Prosthetic requirements
  Examples of examination findings include:
  o Components, alignment, fit, and ability to care for prosthetic device
  o Prosthetic device use during functional activities
  o Remediation of impairments, activity limitations, and participation restrictions with use of the prosthetic device
  o Residual limb or adjacent segment
  o Safety during use of the prosthetic device

• Range of motion (including muscle length)
  Examples of examination findings include:
  o Functional ROM
  o Joint active and passive movement
  o Muscle length, soft tissue extensibility, and flexibility

• Reflex integrity
  Examples of examination findings include:
  o Deep reflexes
  o Electrophysiological integrity
  o Postural reflexes and reactions, including righting, equilibrium, and protective reactions
  o Primitive reflexes and reactions
  o Resistance to passive stretch
  o Superficial reflexes and reactions

• Self-care and home management (including activities of daily living and instrumental activities of daily living)
  Examples of examination findings include:
  o Ability to gain access to home environments
  o Ability to perform self-care and home management activities with or without assistive, adaptive, orthotic, protective, supportive, or prosthetic devices and equipment
  o Safety in self-care and home management activities and environments

• Sensory integrity
  Examples of examination findings include:
  o Combined/cortical sensations
  o Deep sensations
  o Electrophysiological integrity
• Ventilation and respiration
  Examples of examination findings include:
  - Pulmonary signs of respiration/gas exchange
  - Pulmonary signs of ventilatory function
  - Pulmonary symptoms

• Work (job/school/play), community, and leisure integration or reintegration (including instrumental activities of daily living)
  Examples of examination findings include:
  - Ability to assume or resume work (job/school/play), community, and leisure activities with or without assistive, adaptive, orthotic, protective, supportive, or prosthetic devices and equipment
  - Ability to gain access to work (job/school/play), community, and leisure environments
  - Safety in work (job/school/play), community, and leisure activities and environments

Evaluation
  - Evaluation is a thought process that may not include formal documentation. However, the evaluation process may lead to documentation of impairments, activity limitations, and participation restrictions using formats such as:
    - A problem list
    - A statement of assessment of key factors (e.g., cognitive factors, co-morbidities, social support) influencing the patient/client status.

Diagnosis
  - Documentation of a diagnosis determined by the physical therapist may include impairment, activity limitation, and participation restrictions. Examples include:
    - Impaired Joint Mobility, Motor Function, Muscle Performance, and Range of Motion Associated With Localized Inflammation (4E)
    - Impaired Motor Function and Sensory Integrity Associated With Progressive Disorders of the Central Nervous System (5E)
    - Impaired Aerobic Capacity/Endurance Associated With Cardiovascular Pump Dysfunction or Failure (6D)
    - Impaired Integumentary Integrity Associated With Partial-Thickness Skin Involvement and Scar Formation (7C)

Prognosis
  - Documentation of the prognosis is typically included in the plan of care. See below.

Plan of Care
  - Documentation of the plan of care includes the following:
    - Overall goals stated in measurable terms that indicate the predicted level of improvement in functioning
    - A general statement of interventions to be used
    - Proposed duration and frequency of service required to reach the goals
    - Anticipated discharge plans

VISIT/ENCOUNTER
• Documentation of each visit/encounter shall include the following elements:
  - Patient/client self-report (as appropriate).
  - Identification of specific interventions provided, including frequency, intensity, and duration as appropriate. Examples include:
    - Knee extension, three sets, ten repetitions, 10# weight
    - Transfer training bed to chair with sliding board
    - Equipment provided
  - Changes in patient/client impairment, activity limitation, and participation restriction status as they relate to the plan of care.
  - Response to interventions, including adverse reactions, if any.
  - Factors that modify frequency or intensity of intervention and progression goals, including patient/client adherence to patient/client-related instructions.
  - Communication/consultation with providers/patient/client/family/ significant other.
Documentation to plan for ongoing provision of services for the next visit(s), which is suggested to include, but not be limited to:

- The interventions with objectives
- Progression parameters
- Precautions, if indicated

REEXAMINATION

- Documentation of reexamination shall include the following elements:
  - Documentation of selected components of examination to update patient’s/client’s functioning, and/or disability status.
  - Interpretation of findings and, when indicated, revision of goals.
  - When indicated, revision of plan of care, as directly correlated with goals as documented.

DISCHARGE/DISCONTINUATION SUMMARY

- Documentation of discharge or discontinuation shall include the following elements:
  - Current physical/functional status.
  - Degree of goals achieved and reasons for goals not being achieved.
  - Discharge/discontinuation plan related to the patient’s/client’s continuing care. Examples include:
    - Home program.
    - Referrals for additional services.
    - Recommendations for follow-up physical therapy care.
    - Family and caregiver training.
    - Equipment provided.

Relationship to Vision 2020: Professionalism: (Practice Department, ext 3176)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

PHYSICAL THERAPY DOCUMENTATION REFORM HOD P06-13-26-24 [Position]

The American Physical Therapy Association shall pursue documentation standards that focus primarily on clinical reasoning and decision making in the provision of physical therapist services.

(Clinical Practice Department, ext 3176)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

PHYSICAL THERAPY FOR INDIVIDUALS WITH DISABILITIES: PRACTICE IN EDUCATIONAL SETTINGS HOD P06-95-14-03 [Amended HOD 06-89-40-85; HOD 06-80-09-27; Initial HOD 06-79-14-38] [Position]

The American Physical Therapy Association (APTA) supports the provision of physical therapy services to children with special needs. Physical therapists have provided services to children with disabilities throughout the history of the profession. Public Law 94-142 (PL 94-142) provided the opportunity for physical therapists and physical therapist assistants to be actively involved in providing services to children with disabilities in educational programs. Public Law 99-457 (PL 99-457; reauthorized as PL 108-446) extended this involvement to early intervention services for infants and toddlers with disabilities and their families.

Physical therapists examine and evaluate children having a variety of sensory and motor disabilities. Physical therapists plan and implement programs that will help these children attain their optimal educational potential and benefit from special education. Physical therapists should assume a role in the development of a child's Individual Educational Program (IEP), or Individual Family Service Plan (IFSP), and make recommendations for increasing a child's ability to participate in educational activities. In addition, physical therapists contribute unique administrative, consultative, management, and teaching skills that help modify the educational environment so that children may benefit from their educational placement.

APTA encourages the establishment of working relationships with state education departments, local school districts and other agencies, such as mental health agencies, in order to integrate physical therapy services into school systems and early intervention programs. Such cooperation should be directed toward developing and implementing cost-effective delivery of services to children with disabilities within the framework of federally approved state plans. In all these efforts, the primary goal should be identifying and serving the best interests of children with disabling conditions both within the school setting and in overall quality of life.

Relationship to Vision 2020: Practitioner of Choice; (Practice Department, ext 3176)

Explanation of Reference Numbers:
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PHYSICAL THERAPIST OF RECORD AND “HAND OFF” COMMUNICATION HOD P06-08-16-16

Whereas, Research has identified medical errors in all practice areas as a direct result of failures in communication$^{1,2}$;

Whereas, Models to reduce errors related to communication have been evaluated, and evidence demonstrates that implementation strategies have successfully reduced errors related to poor communication$^{3}$;

Whereas, Current communication practices have been recognized by accrediting agencies as an area of opportunity for improvement in patient/client safety, as exemplified by Goal 2 of the National Patient Safety Goals of The Joint Commission (TJC), to “improve the effectiveness of communication among caregivers”$^{4}$;

Whereas, TJC further clarifies communication effectiveness by adding in Goal 2E the requirement “to implement a standardized approach to “hand off” communications, including an opportunity to ask and respond to questions”$^{5}$;

Whereas, Physical therapists assume responsibility and accept accountability for patient/client management;

Whereas, Identifying the physical therapist of record and implementing a “hand off” communications process are essential in meeting the responsibility of patient/client management; and,

Whereas, Recognizing that the physical therapist or physical therapist assistant providing care may change within a setting or institution, establishing a physical therapist of record and ensuring effective “hand off” communication help to ensure that the plan of care is continued and advanced in a manner that best benefits the patient/client;

Resolved, The physical therapist of record is the therapist who assumes primary responsibility for patient/client management and as such is held accountable for the coordination, continuation, and progression of the plan of care;

Resolved, That the American Physical Therapy Association (APTA) encourages practices and facilities to develop and implement a process to identify the physical therapist of record and “hand off” communication procedures; and

Resolved, That APTA shall incorporate the concepts of physical therapist of record and “hand off” communication into appropriate Association documents.


Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the “P” indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

PHYSICAL THERAPY FOR OLDER ADULTS HOD P06-06-08-04 [Amended HOD P06-02-20-04; Amended HOD 06-95-15-08; Initial HOD 06-87-09-16] [Position]

The American health care delivery system should provide the services required by the expanding older adult segment of our population. Appropriate interventions enable the older adult to maintain or regain physical, physiological, and social well being. Quality of life for older adults may be enhanced by health professionals who have specific knowledge about: the aging process, appropriate therapeutic interventions, environmental factors and health care and social support systems.

Prompt and coordinated services provided by health professionals can help to avoid hospitalization, decrease the length of institutional stay, reduce the amount of care required after discharge, prevent complications, and improve the individual’s level of functioning. Successful intervention contributes to diminishing the physical, psychological, and socioeconomic burdens experienced by many older adults.

The American Physical Therapy Association (APTA) urges legislative and regulatory bodies to promote appropriate utilization of physical therapy services by adopting the following principles:

1. Physical therapists across primary, secondary, and tertiary care settings promote, enhance and maintain optimal health, wellness, and fitness as well as prevent or slow the progression of impairments in body structures and function, activity limitations, or participation restrictions.

2. Optimal service delivery incorporates patient/client values, including preferences regarding choice of provider and site of service.

3. Health, wellness, and fitness for the older adult should be supported to prevent or delay the development of impairments in body structures and function, activity limitations, or participation restrictions and changes in health status that often result in the utilization of more costly services.

4. Functional assessment by physical therapists is essential in determining the needs of the older adult population and monitoring the outcomes of services to ensure optimal quality of life as it relates to movement and health.

5. Home and community environments should be evaluated by physical therapists to prevent accidents and falls. Appropriate physical therapy services to eliminate or reduce environmental, home, and work barriers should be implemented and reimbursed.

6. Arbitrary restrictions, especially referral requirements, that impede availability of, access to, or reimbursement for physical therapy services should be eliminated.

7. Physical therapy services should be accessible and available to all older adults including those in rural, low income, unserved, and under-served areas.

8. The patient/client management elements of examination, evaluation, diagnosis, and prognosis should be represented and reimbursed as physical therapy only when they are performed by a physical therapist. Physical therapists are the only professionals who provide physical therapy interventions. Physical therapist assistants are the only individuals who provide selected physical therapy interventions under the direction and supervision of the physical therapist. Interventions should be represented and reimbursed as physical therapy only when they are provided by physical therapists or physical therapist assistants under the direction and supervision of physical therapists.

Relationship to Vision 2020: Practitioner of Choice; (Practice Department, ext 3176)

Explanation of Reference Numbers:
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PHYSICAL THERAPIST OWNERSHIP AND OPERATION OF PHYSICAL THERAPY SERVICES HOD P06-02-24-48
[Initial HOD 06-01-25-24] [Position]

Consistent with the American Physical Therapy Association Vision Statement for Physical Therapy 2020, the American Physical Therapy Association supports exclusive physical therapist ownership and operation of physical therapy services.

Relationship to Vision 2020: Autonomous Practice; (Practice Department, ext 3176)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.
PHYSICAL THERAPIST PATIENT/CLIENT MANAGEMENT MODEL  HOD P06-95-25-15 [Position]

The American Physical Therapy Association endorses a physical therapist patient/client management model which includes: examination, evaluation, diagnosis, prognosis, intervention, and outcome.

Relationship to Vision 2020: Autonomous Practice; (Practice Department, ext 3176)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.
PHYSICAL THERAPISTS AS PRACTITIONERS OF CHOICE TO REHABILITATE PERSONS WITH VESTIBULAR-RELATED BALANCE DISORDERS HOD P05-07-18-18 [Position]

Physical therapists are practitioners of choice in the rehabilitation and management of vestibular-related balance disorders.

Relationship to Vision 2020: Practitioner of Choice; (PR/Marketing Department, ext 3248)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.
Physical therapists play a unique role in society in prevention, wellness, fitness, health promotion, and management of disease and disability by serving as a dynamic bridge between health and health services delivery for individuals and populations. This means that although physical therapists are experts in rehabilitation and habilitation, they also have the expertise and the opportunity to help individuals and populations improve overall health and prevent the need for avoidable health care services. Physical therapists' roles may include education, direct intervention, research, advocacy, and collaborative consultation. These roles are essential to the profession’s vision of transforming society by optimizing movement to improve the human experience.

Physical therapists, like most health professionals, are educated to provide services in the health services delivery environment. Physical therapists also are uniquely educated and trained to adapt health care recommendations to the community environment where individuals live, work, learn, and play. This knowledge and ability enables physical therapists to adapt medical recommendations to specific environments, to meaningfully interpret health recommendations, to help individuals modify their health behaviors, and to ensure clinical and community services are integrated, available, and mutually reinforcing.

For their role in prevention, wellness, fitness, and health promotion, physical therapists:

1. Integrate decision-making skills across all dimensions and contextual factors of the International Classification of Function (ICF)
2. Incorporate medical and health history into a plan of care that includes data related to body functions and structures, activities and participation, and relevant personal and environmental factors
3. Integrate scientific principles of movement, function, and exercise progression to promote physical activity and improve health outcomes for individuals and populations
4. Incorporate concepts of prevention, wellness, fitness, and health promotion with every patient or client as appropriate
5. Integrate and interpret the elements of medical, biopsychosocial, and health promotion models that allow them to monitor health status over time
6. As part of a community-based integrated team that is focused on healthy lifestyles, design and develop integrated clinical and community screening programs to prevent and manage disease and disability, and refer as appropriate as part of that team
7. Apply the best available evidence in selecting and prescribing exercise for individuals, and planning physical activity and injury prevention programs for individuals and communities
8. Use skills in behavior change to promote healthy lifestyles in individuals and communities
9. As part of a community-based integrated team, adapt tasks and the environment to promote healthy behaviors and improved health outcomes for individuals and populations of all ages, including those with complex health and functional needs
10. Adopt healthy lifestyle choices for themselves that include engaging in active forms of transportation and meeting national guidelines for participation in physical activity and exercise

For their role in management of disease and disability, physical therapists:

1. Recognize the risk factors for, and the course of, chronic diseases and the potential impact on quality of life and on activities and participation
2. Establish and facilitate collaborative, interprofessional, patient- and client-centric relationships that empower individuals and populations in self-management across the lifespan and through the health continuum, with an emphasis on movement and function.

3. Apply best available evidence in selecting, prescribing, and using intervention and measurement strategies to establish exercise prescription for individuals to help them prevent primary, secondary, and tertiary conditions or optimize functional mobility.

4. Apply best available evidence in planning programs to educate populations to help them prevent primary, secondary, and tertiary conditions or restore functional mobility.

5. Provide nonsurgical and nonpharmacological services as a hallmark of physical therapist practice.

6. Predict and interpret health outcomes and functional needs where people live, work, learn, and play.

For their role as a dynamic link between health and health services delivery, physical therapists:

1. Apply their expertise in exercise and physical activity to adapt health recommendations for individuals and populations, from clinical settings to the home and community.

2. Function as a member of an interprofessional team of health providers, wellness and fitness providers, community health workers, public health providers, and other diverse professionals to help individuals and populations reduce their disease risk and improve their health and quality of life.

3. Communicate and collaborate with relevant health professionals to help individuals and populations receive appropriate health services.

For their role as advocates for prevention, wellness, fitness, health promotion, and management of disease and disability, physical therapists:

1. Support scientific, educational, legislative, and other policy initiatives that promote regular physical activity and exercise to enhance health and prevent disease.

2. Advocate for physical education, physical conditioning, and wellness instruction at all levels of education, from preschool through higher education.

3. Advocate for community design that promotes opportunities for safe physical activity and active forms of transportation for individuals and populations of all ages and abilities.

Explanation of Reference Numbers:

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PHYSICAL THERAPISTS AS QUALIFIED TO DETERMINE MOBILITY STATUS FOR PATIENTS AND CLIENTS APPLYING FOR DISABILITY PLACARDS, DISABILITY LICENSE PLATES, OR PARATRANSIT SERVICES
HOD P06-14-14-19 [Position]

The American Physical Therapy Association supports increased consumer access to mobility status certification. As movement experts, physical therapists should be included in state law among the health care professionals designated as able to determine the mobility status of a patient or client for the purposes of disability parking placards or license plates. In addition, transit authorities should include physical therapists among those able to determine eligibility for paratransit services.

(State Affairs, ext. 3199)

Explanation of Reference Numbers:
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THE PHYSICAL THERAPIST’S ROLE IN MANAGEMENT OF THE PERSON WITH CONCUSSION HOD P06-12-12-10

[Amended HOD P06-11-15-18] [Position]

Concussions have a significant impact on the health of individuals and society. The American Physical Therapy Association recognizes that physical therapists are part of the multidisciplinary team of licensed health care providers that provides concussion management, which includes:

- education and prevention to minimize risk and increase awareness; and,
- examination and evaluation to establish a diagnosis, treatment through implementation of a plan of care, monitoring of progress, and making return to participation decisions by using best available evidence and standards of care.

An individual suspected of having a head injury and/or who has signs, symptoms, and behaviors of concussion should be immediately assessed for concussion by a licensed health care provider who is trained in the evaluation and management of concussion, and, if applicable, the individual should be immediately removed from participation in organized activity. The individual should not return to:

- organized activity until he or she receives written clearance for return to participation from a physical therapist or other licensed health care provider who is trained in the evaluation and management of concussion.
- selected activities involving physical or cognitive exertion unless a physical therapist or other licensed health care provider who is trained in the management of concussion has determined he or she should return to such activities.

Relationship to Vision 2020: Professionalism (State Gov’t Affairs Department, ext 8533)

Explanation of Reference Numbers:
BOD P00-000-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

PUBLIC PROTECTION IN THE DELIVERY OF THERAPEUTIC EXERCISE HOD P06-00-33-13 [Position]

The American Physical Therapy Association (APTA), in an effort to safeguard the public, supports that persons with movement-related impairments, functional limitations, and disabilities will receive the highest quality of care when therapeutic exercise is delivered by qualified practitioners. APTA will monitor and respond to any proposed credentialing, accreditation, licensure, or other regulatory efforts of individuals or groups who seek to be recognized as qualified to perform therapeutic exercise on persons with movement related impairments, functional limitations, and disabilities.

Relationship to Vision 2020: Practitioner of Choice, Professionalism; (Payment Policy & Advocacy Department, ext 8511)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

THE ROLE OF PHYSICAL THERAPY IN SAFE PATIENT HANDLING HOD P06-12-21-20

Whereas, Safe Patient Handling refers to policies and programs that enable health care workers to move patients and clients in a way that does not cause strain or injury. The Occupational Safety and Health Administration (OSHA) recommends that manual lifting of patients be minimized in all cases and eliminated when feasible and that employers should put an effective ergonomics process in place that provides management, involves employees, identifies problems, implements solutions, addresses injury reports, provides training, and evaluates ergonomic efforts; and,

Whereas, Physical therapists (PTs) and physical therapist assistants (PTAs) are experts in concepts involving rehabilitation and prevention of injury and strain to the neuromusculoskeletal system, fall prevention, and utilizing technology to facilitate optimum patient outcomes while maintaining patient and caregiver safety. In addition, PTs and PTAs are uniquely positioned to best evaluate appropriate use of new technologies as to when they may be optimally applied to prevent injuries and facilitate functional recovery.

Resolved, The American Physical Therapy Association endorses the following concepts:

- Physical therapists (PT) and physical therapist assistants (PTA) should be involved and should be leaders throughout development, implementation, refinement and maintenance of Safe Patient Handling programs on an institutional level and at the local, state and federal government levels
- PTs and PTAs shall lead by example, appropriately supporting and employing the concepts of Safe Patient Handling during patient care
- PTs and PTAs should be leaders in multidisciplinary Safe Patient Handling training programming to expand the Safe Patient Handling knowledge and resources of the multidisciplinary health care team

Resolved, The American Physical Therapy Association endorses the following concepts:

- PTs shall have the clinical autonomy to apply Safe Patient Handling concepts when most appropriate, based on patient/client presentation
- PTAs shall have the ability to apply problem solving during patient care to incorporate appropriate Safe Patient Handling concepts
- PTs and PTAs should have appropriate access to a variety of safe patient handling equipment in their clinical practice
- Physical therapy departments should have appropriate policies and training in Safe Patient Handling procedures.


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THE ROLE OF THE PHYSICAL THERAPIST IN DIET AND NUTRITION HOD P06-15-22-17 [Position]

Diet and nutrition are key components of primary, secondary, and tertiary prevention of many conditions managed by physical therapists. It is the role of the physical therapist to screen for and provide information on diet and nutritional issues to patients, clients, and the community within the scope of physical therapist practice. This includes appropriate referrals to nutrition and dietary medical professionals when the required advice and education lie outside the education level of the physical therapist.

Explanation of Reference Numbers:
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STANDARDS OF PRACTICE FOR PHYSICAL THERAPY HOD S06-13-22-15 [Amended HOD S06-10-09-06; HOD S06-03-09-10; HOD 06-03-09-10; HOD 06-99-18-22; HOD 06-96-16-31; HOD 06-91-21-25; HOD 06-85-30-56; Initial HOD 06-80-04-04; HOD 06-80-03-03] [Standard]

Preamble
The physical therapy profession’s commitment to society is to promote optimal health and functioning in individuals by pursuing excellence in practice. The American Physical Therapy Association attests to this commitment by adopting and promoting the following Standards of Practice for Physical Therapy. These standards are the profession’s statement of conditions and performances that are essential for provision of high-quality professional service to society, and they provide a foundation for assessment of physical therapist practice.

I. Ethical/Legal Considerations
   A. Ethical Considerations
      The physical therapist practices according to the Code of Ethics of the American Physical Therapy Association.
      
      The physical therapist assistant complies with the Standards of Ethical Conduct for the Physical Therapist Assistant of the American Physical Therapy Association.
      
   B. Legal Considerations
      The physical therapist complies with all the legal requirements of jurisdictions regulating the practice of physical therapy.
      
      The physical therapist assistant complies with all the legal requirements of jurisdictions regulating the work of the physical therapist assistant.

II. Administration of the Physical Therapy Service
   A. Statement of Mission, Purposes, and Goals
      The physical therapy service has a statement of mission, purposes, and goals that reflects the needs and interests of the patients/clients served, the physical therapy personnel affiliated with the service, and the community.
      
   B. Organizational Plan
      The physical therapy service has a written organizational plan.
      
   C. Policies and Procedures
      The physical therapy service has written policies and procedures that reflect the operation, mission, purposes, and goals of the service, and are consistent with the association’s standards, policies, positions, guidelines, and Code of Ethics.
      
   D. Administration
      A physical therapist is responsible for the direction of the physical therapy service.
      
   E. Fiscal Management
      The director of the physical therapy service, in consultation with physical therapy staff and appropriate administrative personnel, participates in the planning for and allocation of resources. Fiscal planning and management of the service is based on sound accounting principles.
F. Improvement of Quality of Care and Performance
   The physical therapy service has a written plan for continuous improvement of quality of care and performance of services.

G. Staffing
   The physical therapy personnel affiliated with the physical therapy service have demonstrated competence and are sufficient to achieve the mission, purposes, and goals of the service.

H. Staff Development
   The physical therapy service has a written plan that provides for appropriate and ongoing staff development.

I. Physical Setting
   The physical setting is designed to provide a safe and accessible environment that facilitates fulfillment of the mission, purposes, and goals of the physical therapy service. The equipment is safe and sufficient to achieve the purposes and goals of physical therapy.

J. Collaboration
   The physical therapy service collaborates with all disciplines as appropriate.

III. Patient/Client Management

   A. Physical Therapist of Record
      The physical therapist of record is the therapist who assumes responsibility for patient/client management and is accountable for the coordination, continuation, and progression of the plan of care.

   B. Patient/Client Collaboration
      Within the patient/client management process, the physical therapist and the patient/client establish and maintain an ongoing collaborative process of decision making that exists throughout the provision of services.

   C. Initial Examination/Evaluation/Diagnosis/Prognosis
      The physical therapist performs an initial examination and evaluation to establish a diagnosis and prognosis prior to intervention. Wellness and prevention visits/encounters may occur without the presence of disease, illness, impairments, activity limitations, or participation restrictions.

   D. Plan of Care
      The physical therapist establishes a plan of care and manages the needs of the patient/client based on the examination, evaluation, diagnosis, prognosis, goals, and outcomes of the planned interventions for identified impairments, activity limitations, and participation restrictions.

      The physical therapist involves the patient/client and appropriate others in the planning, anticipated goals and expected outcomes, proposed frequency and duration, and implementation of the plan of care.

   E. Intervention
      The physical therapist provides or directs and supervises the physical therapy intervention consistent with the results of the examination, evaluation, diagnosis, prognosis, and plan of care. The physical therapy intervention may be provided in an episode of care, or in a single visit/encounter such as for a wellness and prevention visit/encounter or a specialty consultation or for a follow-up visit/encounter after episodes of care, or may be provided intermittently over longer periods of time in cases of managing chronic conditions.

      An episode of care is the managed care provided for a specific problem or condition during a set time period and can be given either for a short period or on a continuous basis, or it may consist of a series of intervals marked by 1 or more brief separations from care.
F. Reexamination
The physical therapist reexamines the patient/client as necessary during an episode of care, during follow-up visits/encounters after an episode of care, or periodically in the case of chronic care management, to evaluate progress or change in patient/client status. The physical therapist modifies the plan of care accordingly or concludes the episode of care.

G. Conclusion of Episode of Care
The physical therapist concludes an episode of care when the anticipated goals or expected outcomes for the patient/client have been achieved, when the patient/client is unable to continue to progress toward goals, or when the physical therapist determines that the patient/client will no longer benefit from physical therapy.

H. Communication/Coordination/Documentation
The physical therapist communicates, coordinates, and documents all aspects of patient/client management including the results of the initial examination and evaluation, diagnosis, prognosis, plan of care, intervention, responses to intervention, changes in patient/client status relative to the intervention, reexamination, and episode of care summary. The physical therapist of record is responsible for “hand off” communication.

IV. Education
The physical therapist is responsible for individual professional development. The physical therapist assistant is responsible for individual career development.

The physical therapist and the physical therapist assistant, under the direction and supervision of the physical therapist, participate in the education of students.

The physical therapist educates and provides consultation to consumers and the general public regarding the purposes and benefits of physical therapy.

The physical therapist educates and provides consultation to consumers and the general public regarding the roles of the physical therapist and the physical therapist assistant.

V. Research
The physical therapist applies research findings to practice and encourages, participates in, and promotes activities that establish the outcomes of patient/client management provided by the physical therapist.

VI. Community Responsibility
The physical therapist demonstrates community responsibility by participating in community and community agency activities, educating the public, formulating public policy, or providing pro bono physical therapy services.

(See also Board of Directors standard Criteria for Standards of Practice)

(Clinical Practice Department, ext 3176)

Explanation of Reference Numbers:
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STUDENT PHYSICAL THERAPIST PROVISION OF SERVICES HOD P06-00-18-30 [Amended HOD 06-96-20-33; HOD 06-95-20-11] [Previously titled: Position on the Provision of Physical Therapy and Physiotherapy Services by Student Physical Therapists] [Position]

Student physical therapists, when participating as part of a physical therapist professional education curriculum and when acting in accordance with the American Physical Therapy Association policy and applicable state laws and regulations, are qualified to provide services only under the direction and direct supervision of the physical therapist, who is responsible for patient/client management. Direct supervision means the physical therapist is physically present and immediately available for direction and supervision. The physical therapist will have direct contact with the patient/client during each visit that is defined in the Guide to Physical Therapist Practice, as all encounters with a patient/client in a 24-hour period. Telecommunications does not meet the requirement of direct supervision.

Relationship to Vision 2020: Professionalism; (Practice Department, ext 3176)

Explanation of Reference Numbers:
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SUPERVISION OF STUDENT PHYSICAL THERAPIST ASSISTANTS HOD P06-11-09-17 [Amended HOD P06-00-19-31; HOD 06-96-20-35; HOD 06-95-20-11] [Position]

Student physical therapist assistants, when participating as part of a physical therapist assistant education curriculum, and when acting in accordance with American Physical Therapy Association policy and applicable state laws and regulations, are qualified to perform selected physical therapy interventions under the direction and supervision of either the physical therapist alone or the physical therapist and physical therapist assistant working as a team. When the student physical therapist assistant is participating in the delivery of physical therapy services while being supervised by the physical therapist alone or the physical therapist and physical therapist assistant working as a team, the physical therapist or the physical therapist assistant is physically present and immediately available at all times. The physical therapist or the physical therapist assistant will have direct contact with the patient/client during each visit as visit is defined in the Guide to Physical Therapist Practice. The physical therapist maintains responsibility for patient/client management at all times, including appropriate utilization of the physical therapist assistant as described in Direction and Supervision of the Physical Therapist Assistant, and for interventions performed by the student physical therapist assistant.

Relationship to Vision 2020: Autonomous Practice; Professionalism; (Practice Department, ext 3176)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

TELEHEALTH BOD P03-06-10-20 [Initial BOD P11-01-28-71] [Position]

Telehealth is the use of electronic communications to provide and deliver a host of health-related information and health care services, including, but not limited to physical therapy-related information and services, over large and small distances. Telehealth encompasses a variety of health care and health promotion activities, including, but not limited to, education, advice, reminders, interventions, and monitoring of interventions.

It is the position of the American Physical Therapy Association that telehealth is an appropriate model of service delivery for the profession of physical therapy when provided in a manner consistent with Association positions, standards, guidelines, policies, procedures, Standards of Practice for Physical Therapy, ethical principles and standards, and the Guide to Physical Therapist Practice.

Telehealth may be used to overcome barriers of access to services caused by distance, unavailability of specialists and/or subspecialists, and impaired mobility. Telehealth offers the potential to extend physical therapy services to remote, rural, underserved, and culturally and linguistically diverse populations.

(See also Telehealth – Definitions and Guidelines)

Relation to Vision 2020: Autonomous Practice; (Payment Policy & Advocacy Department, ext 8511)

Explanation of Reference Numbers:
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TELEHEALTH HOD P06-14-07-07 [Position]

Whereas, Telehealth is the use of secure electronic communications to provide and deliver a host of health-related information and health care services, including but not limited to physical therapy-related information and services for patients and clients;

Whereas, Telehealth is used to enhance patient and client interactions, and encompasses a variety of health care and health promotion activities, including but not limited to education, advice, reminders, consultations, screenings, assessments, interventions, and monitoring of interventions;

Whereas, When possible and appropriate, telehealth is offered in conjunction with face-to-face communication, hands-on examination, and follow-up;

Whereas, Telehealth is used to overcome barriers of access to services caused by inaccessibility of specialists and/or subspecialists, unavailable resources, or impaired patient or client mobility;

Whereas, Telehealth offers the potential to provide physical therapist services where health disparities exist; and,

Whereas, The physical therapy provider documents in the record that the services provided occurred via telehealth and how informed consent is established;

Resolved, It is the position of the American Physical Therapy Association (APTA) that telehealth is an appropriate model of service delivery for the profession of physical therapy when provided in a manner consistent with association positions, standards, guidelines, policies, procedures, Standards of Practice for Physical Therapy, Code of Ethics for the Physical Therapist, Standards of Ethical Conduct for the Physical Therapist Assistant, the Guide to Physical Therapist Practice, and APTA Telehealth Definitions and Guidelines; as well as federal, state, and local regulations.

(Clinical Practice, ext. 8596)

Explanation of Reference Numbers:
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USE OF APTA POSITIONS, STANDARDS, GUIDELINES, POLICIES, AND PROCEDURES HOD P06-14-17-22

[Position]

The American Physical Therapy Association (APTA) positions, standards, guidelines, policies, and procedures are intended to communicate best practice for physical therapist practice. Acknowledging that these APTA documents are and should be used to inform state practice acts, these documents are not intended to limit the development of innovative approaches to physical therapist practice in the evolving health care system.

(Clinical Practice, ext. 8513)

Explanation of Reference Numbers:
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VETERINARIANS: COLLABORATIVE RELATIONSHIPS HOD P06-03-23-20 [Initial HOD 06-93-20-36] [Position]

Physical therapists may establish collaborative, collegial relationships with veterinarians for the purposes of providing physical therapy services or consultation. However, the American Physical Therapy Association opposes the use of the terms “physical therapy” or “physiotherapy” in veterinary practice unless services are performed by a physical therapist, or physical therapist assistant under the direction and supervision of a physical therapist.

Relationship to Vision 2020: Autonomous Practice, Professionalism; (Practice Department, ext 3176)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the “P” indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

PROFESSIONAL DEVELOPMENT
BEST PRACTICE FOR MENTORING EARLY-CAREER PROTÉGÉS HOD P06-12-16-05 [Position]

Whereas, APTA Vision Statement for Physical Therapy 2020 (Vision 2020) supports life-long learning;

Whereas, Mentorship has been recognized as a catalyst for career success;

Whereas, A mentor is one who “offers knowledge, insight, perspective or wisdom, that is especially useful to the other person;”

Whereas, A protégé is “a person who is guided and supported by someone with greater experience or influence;”

Whereas, A mentor assumes the responsibility to:

1. Acclimate the early-career protégé into the culture and the value of physical therapy;
2. Help the early-career protégé understand the core values of physical therapy and the role of each individual physical therapist and physical therapist assistant to support the practice mission of physical therapy;
3. Be open to working as a mentor to the early-career protégé;
4. Clarify expectations and instill accountability for incorporating the Professionalism in Physical Therapy: Core Values, the Value-Based Behaviors for the Physical Therapist Assistant, the Code of Ethics for the Physical Therapist, the Standards of Ethical Conduct for the Physical Therapist Assistant by demonstrating quality of practice, sensitivity to others, life-long learning and evidence based practice;
5. Create a collegial atmosphere that provides responsiveness and respect for the early-career protégé; and,
6. Seek training and education to further skills in mentoring; and,

Whereas, a protégé assumes the responsibility to:

1. Identify knowledge and skill gaps;
2. Establish career goals for life-long learning, both short-term and long-term;
3. Identify specific experiential opportunities (eg. presentation, clinical research); and,
4. Identify potential mentors, both junior and senior, who have compatible interests;

Resolved, The American Physical Therapy Association encourages physical therapists and physical therapist assistants to use best practices for mentoring as delineated in this resolution.


Explanation of Reference Numbers:
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CONTINUING COMPETENCE  BOD P05-03-03-05 [Position]

Licensing and regulatory requirements to demonstrate continuing competence should be limited to meeting the minimum standards necessary to ensure safe and effective practice for public protection.

Relationship to Vision 2020:  Professionalism (Professional Development Department, ext 3206)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

MENTORING OF PROFESSIONALISM IN ACADEMIC AND CLINICAL EDUCATION  HOD P06-03-29-27

[Position]

It is the responsibility of all academic and clinical faculty, clinical instructors, and professional mentors to actively promote to physical therapist students the importance of professionalism as a critical component of a doctoring profession. Professionalism requires ongoing membership and active participation in the American Physical Therapy Association (APTA) and support of its policies, positions, guidelines, standards, and Code of Ethics. Academic and clinical faculty, clinical instructors, and mentors of physical therapist assistant students shall promote behaviors that are consistent with APTA’s policies, positions, guidelines, standards, and the Standards of Ethical Conduct for the Physical Therapist Assistant, and that support the importance of ongoing membership and active participation in APTA.

Relationship to Vision 2020: Professionalism; (Academic/Clinical Education Affairs Department, ext 3203)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

The American Physical Therapy Association (APTA) supports the concepts of continuing competence, lifelong learning, and ongoing professional development as identified in APTA Vision Statement for Physical Therapy 2020 (Vision 2020), the Standards of Practice for Physical Therapy, and the Code of Ethics.

KEY ASSUMPTIONS

Physical therapists recognize their responsibility toward professional development and lifelong learning based on the following key assumptions:

- Physical therapists are health care professionals who are obligated to engage in lifelong learning and are ultimately responsible for meeting or exceeding contemporary performance standards within their area(s) of practice.
- Physical therapist practice:
  - Encompasses the six elements of Vision 2020: autonomous practitioner, direct access, doctor of physical therapy, evidence-based-practice, practitioner of choice, and professionalism.
  - Includes practicing autonomously in all settings regardless of practice environment or business arrangements.
  - Is based on the seven core values of professionalism: accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility.
  - Is defined by the Guide to Physical Therapist Practice, the Standards of Practice for Physical Therapy, and the Code of Ethics.
- Continuing competence is a component of professional development that addresses the minimum requirements of contemporary practice.

Physical therapists are obligated to participate in professional development:

- To ensure continuing competence through the acquisition and maintenance of minimally acceptable standards of practice.
- To strive toward the achievement of advanced knowledge, skills, and abilities for excellence in practice.
- To support and advance the profession.

Physical therapist assistants are health care providers, working under the direction and supervision of the physical therapist, who are obligated to engage in lifelong learning and are responsible for meeting and exceeding contemporary performance standards within their scope of work.

Physical therapist assistants are obligated to:

- Self-assess current levels of competence and areas of growth and development.
- Strive toward the achievement of advanced knowledge, skills and abilities for excellence within their scope of work.
- Support and advance the profession.

DEFINITIONS
Competence: The possession and application of contemporary knowledge, skills, and abilities commensurate with an individual’s (physical therapist or physical therapist assistant) role within the context of public health, welfare, and safety.

Continuing Competence: The ongoing possession and application of contemporary knowledge, skills, and abilities commensurate with an individual’s (physical therapist or physical therapist assistant) role within the context of public health, welfare, and safety and defined by a scope of practice and practice setting.

Lifelong Learning: The systematic maintenance and improvement of knowledge, skills, and abilities through one's professional career or working life. Lifelong learning is the ongoing process by which the quality and relevance of professional services are maintained.

Professional Development: The ongoing self-assessment, acquisition, and application of knowledge, skills, and abilities that meet or exceed contemporary performance standards described by continuing competence and are commensurate with an individual’s (physical therapist or physical therapist assistant) role and responsibilities within the context of public health, welfare, and safety.

DESCRIPTION OF PROFESSIONAL DEVELOPMENT

Professional development encompasses the entire scope of one’s career beginning with professional education and continuing through one’s professional life span. Professional development is an ongoing process of assessment and planned actions that provide the opportunity for:

- Maintaining and expanding knowledge and skills based on evidence
- Self-reflection about and facilitation of professional core values
- Autonomous practice within the context of one’s practice setting
- Creating, anticipating, and actively responding to changes in an evolving health care system
- Induction into new responsibilities
- Acquisition of contemporary clinical and practice management knowledge, skills, and abilities

Professional development should include the use of a wide variety of methods for attaining new knowledge, skills, and abilities including participation in continuing education courses, academic courses, independent study, journal clubs, Association committees, advocacy events and training, volunteer experiences, mentoring experiences, and on-the-job training. All professional development experiences should be: based on an assessment of need; generated from outcome objectives; planned for successful, progressive learning; and evaluated for attainment of delineated outcomes. A variety of methods, settings, and types of experiences should be employed to best meet the acquisition of new knowledge, skills, and abilities.

ROLE OF THE ASSOCIATION

The Association has the responsibility to interpret the concepts and scope of physical therapist practice in a manner consistent with APTA’s positions, standards, guidelines, policies, and procedures. Further, the Association has a responsibility to develop or encourage the development of policies, products, and services that address the current and future needs of members, the organization, and the profession in relation to career and professional development.

Relationship to Vision 2020: Professionalism; (Professional Development Department, ext 3206)

Explanation of Reference Numbers:
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RECOGNITION OF ADVANCED PROFICIENCY FOR THE PHYSICAL THERAPIST ASSISTANT  BOD Y09-12-02-04
[Amended BOD Y09-09-10-11; BOD Y11-05-22-57; BOD Y07-04-02-04] [Policy]

Preamble
In June of 2003, the House of Delegates adopted RC 27-03, Post Entry-Level Education and Recognition of Enhanced Proficiency for the Physical Therapist Assistant (HOD 06-03-26-26). This motion was presented by the Board of Directors and addresses the importance of career development for the physical therapist assistant. RC 27-03 states:

Career development is essential for the physical therapist assistant and includes clinical experience, continuing education, increased skill proficiency, clinical mentoring, and the recognition thereof.

Purpose
The recognition process is designed to acknowledge a physical therapist assistant for the achievement of an advanced level of proficiency within the following specified areas of physical therapy:

- Acute Care
- Aquatic
- Cardiovascular and Pulmonary
- Education
- Geriatrics
- Integumentary
- Musculoskeletal
- Neuromuscular
- Oncology
- Pediatrics

This recognition provides a self-initiated process for physical therapist assistants to verify advanced experience, continued growth and professional activities, provides tangible evidence of a higher level of attainment of knowledge-proficiency in specific areas of physical therapy, and enables the physical therapist assistant to demonstrate his/her personal achievement of an increased knowledge base in a specific area for the purposes of life-long learning and professional development.

1. The successful applicant will receive a “Certificate of Advanced Proficiency” in the area of work in which the PTA is receiving recognition. Recipients also receive a lapel pin and recognition in Association announcements.

2. Eligibility requirements include:
   a. Current member of APTA.
   b. Five years of work experience that must include a minimum of 2,000 hours total and at least 500 hours in the past year in 1 of the following categories of work: Acute Care, Aquatic, Cardiovascular and Pulmonary, Education, Geriatrics, Integumentary, Musculoskeletal, Neuromuscular, Oncology, Pediatrics.
   c. Completion of at least 60 contact hours (6 CEUs) of continuing education in physical therapy within the last 5 years that includes a minimum of 45 contact hours in the selected area of proficiency. Continuing education must be related to physical therapy and within the scope of work of the PTA as defined by APTA positions, standards, guidelines, policies, and procedures and the Guide to
Physical Therapist Practice. Continuing education may include topics that are both clinical and non-clinical.

d. Consistent, above-average job performance within the PT/PTA team verified through a letter of reference from a supervising physical therapist.
e. Evidence of involvement in at least 3 activities that demonstrate the applicant’s leadership abilities and contributions to the community. At least 2 of these activities must be related to physical therapy or health care.

(Academic Services Department, ext. 3208)

Explanation of Reference Numbers:
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PUBLIC RELATIONS
ACKNOWLEDGMENT OF APTA MEMBER/COMPONENT PUBLIC RELATIONS CONSULTANTS
BOD Y03-03-24-66 [initial BOD 03-85-06-24] [Policy]

Acknowledgment will be given to APTA members or components that have contributed significantly to the development of public relations material(s). This acknowledgment will be included in the body of the material in a location chosen by the Director of Public Relations and Marketing Services and will consist of the statement: “Acknowledgment: (Name of APTA member/component).”

The Director of Public Relations and Marketing Services will determine when a group or individual has made a significant contribution to a project.

This policy does not apply to APTA staff contributors.

(Public Relations/Marketing Department, ext 3218)

Explanation of Reference Numbers:
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CULTURAL DIVERSITY IN PUBLIC RELATIONS HOD Y06-93-34-63 [Policy]

The American Physical Therapy Association public relations efforts shall be representative of the cultural diversity of the membership and target the culturally diverse populations served by the profession.

Relationship to Vision 2020: Professionalism; (PR/Marketing Department, ext 3218)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

PROMOTING MEMBERSHIP STATUS  HOD P06-97-19-27 [Position]

The American Physical Therapy Association (APTA) encourages its members to promote their status as members in advertisements and all printed and electronic communications. This may be accomplished by acknowledging their membership in the Association and displaying the current APTA Code of Ethics, the Standards of Ethical Conduct for the Physical Therapist Assistant and the Standards of Practice for Physical Therapy where physical therapy services are provided.

Relationship to Vision 2020: Professionalism; (PR/Marketing Department, ext 3218)

Explanation of Reference Numbers:
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Educational and informational materials are disseminated to members of the American Physical Therapy Association (APTA) and others in the health care field through the publication of *Physical Therapy*, the official journal of APTA, and other national publications both in print and electronically. These materials may include advertising.

All advertising appearing in APTA publications shall be in keeping with the ethical standards and policies of the Association. The Director of Publications shall approve all advertising placed in APTA publications.

APTA shall have the right to approve or deny all advertising prior to publication. Products, services, and companies eligible for advertising in APTA publications shall be germane to the practice of physical therapy or the purposes of the Association. The appearance in APTA publications of advertisements for products, services, or companies shall not be construed as an endorsement of those products, services, or companies by the Association. Evaluations of advertising copy will not be based on tests conducted by the American Physical Therapy Association or any of its components.

APTA may decide that certain products, services, or companies are not eligible for advertising in national APTA publications if advertisements for these specific products, services, or companies in other media consistently or significantly depart from Association standards. The fact that an advertisement has appeared in an APTA publication shall not be referred to in collateral advertising without specific written authorization of APTA. The fact that an advertisement has appeared previously in an APTA publication shall not preclude the Association from denying placement of that advertisement in the future.

Advertisements must clearly identify the advertiser and the product or service being offered. The layout, artwork, and format must be such as to avoid confusion with the editorial content of the publication. APTA may, at its sole discretion, include the word “Advertisement” prominently on advertisements that might be confused with editorial pages.

Comparisons with, or disparagements of, a named competitor's product, service or company will not be accepted. Sensational language, such as the extravagant use of superlatives or punctuation marks, will not be accepted. Advertisements that use sexually provocative language or illustration will not be accepted.

Quotations or excerpts of published articles and references are eligible only if they accurately reflect the meaning intended by the author. Claims made within quotations must conform to the same standards as unquoted claims. Complete reference information must be included in the advertisement when a study is cited, a quotation is used, or terms such as “effective” or “proven” are used.

Explanation of Reference Numbers:

BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

CONTRACTS WITH AND REMUNERATION TO AUTHORS OR EDITORS BOD Y03-03-26-71 [Amended BOD 03-98-26-97; BOD 03-97-22-54; BOD 11-77-23-72] [Policy]

The association may enter into contracts with authors, contributing authors, and editors for publications, the principal features of such contracts being that:

1. The association shall pay the one or more contributors to a given nonperiodical publication a royalty on list price for copies sold (such royalty to be determined through analysis of prevailing market rates); or a one-time stipend for such contributions; or other such remuneration as determined appropriate by the association and the contracting parties and in line with prevailing market rates;

2. The royalty or remuneration is payable only to those contributors who are not employed by the association's headquarters and whose contributions were not originally published in a serial or other publication for which the association holds copyright; and

3. The copyright shall be held by the association.

(Publications Department, ext 3194)

**Explanation of Reference Numbers:**

BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

The Physical Therapy (PTJ) editor-in-chief emeritus is an honorary position with no specific roles and responsibilities. An editor-in-chief emeritus may be nominated by the APTA Board of Directors, by the newly appointed editor-in-chief, or by a majority vote of the Physical Therapy Journal Editorial Board. The editor-in-chief emeritus is approved by the APTA Board of Directors. Criteria for the honor include the following:

- Has served at least 5 years in the position of editor-in-chief
- Has made a significant contribution to the development of PTJ and, thereby, to the advancement of the science and practice of the physical therapy profession. Examples of a significant contribution include, but are not limited to, improvement in the journal impact factor, increase in the number of submitted manuscripts, increase in the number of PTJ publications cited in other work, or increase in the number of international manuscript submissions.

Persons appointed will have their name placed on the PTJ masthead as editor-in-chief emeritus.

The name of an editor-in-chief emeritus will remain on the masthead until the person’s death.

Explanation of Reference Numbers:
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JOURNAL EDITOR-IN-CHIEF  BOD Y05-14-02-02 [Amended BOD Y03-04-15-38; BOD 03-03-26-72; BOD 03-94-13-30; BOD 03-88-36-124] [Policy]

The Board of Directors shall appoint the editor-in-chief of the Association's journal, Physical Therapy. The editor-in-chief shall be a physical therapist member of the Association or a foreign-educated physical therapist who lives outside the United States and is an international partner of the Association. The term of appointment shall be five years; a single reappointment shall be permitted. At a minimum, a formal evaluation shall be conducted during the fourth year of the contract. No editor-in-chief shall serve more than two consecutive five-year terms.

The editor-in-chief shall receive an honorarium, as determined in the contract between the Board of Directors and the editor-in-chief.

(Publications Department, ext 3194)

Explanation of Reference Numbers:
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JOURNAL EDITOR-IN-CHIEF RESPONSIBILITY FOR JOURNAL CONTENT  BOD Y03-06-15-35 [Amended BOD Y03-03-27-73; BOD 03-89-36-116; EC 12-59-16-28] [Policy]

The Journal Editor in Chief has final decision-making authority on, and is responsible for the appropriate delegation of Editorial Board responsibilities related to, the scientific, clinical, and other editorial content of the Journal, including solicitation and acceptance or rejection of manuscripts; selection of editorial boards and reviewers; and the approach to correspondence with authors, reviewers, and readers.

(Publications Department, ext 3194)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

LIBEL INSURANCE  BOD Y03-92-32-113 [Amended BOD 03-82-22-85; BOD 11-67-05-07] [Policy]

The Board of Directors requires libel insurance for all Association periodicals owned and operated by the Association. Proof of such insurance coverage shall be furnished to the Board of Directors upon its request.

(Publications Department, ext 3194)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

PUBLICATION OF PRESIDENTIAL ADDRESS AND MCMILLAN LECTURE  BOD Y11-94-10-25 [Policy]

The Presidential Address and the Mary McMillan Lecture will be published in an issue of Physical Therapy on an annual basis.

(Publications Department, ext 3194)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

PUBLICATION OF POLICY STATEMENT ON NON-DISCRIMINATION  BOD Y03-03-26-70 [Amended BOD 03-00-15-33; BOD 03-94-13-31; BOD 11-91-49-197; Initial BOD 03-85-04-12] [Policy]

The following segment partially adapted from the House of Delegates policy Non-Discrimination shall be included on the masthead page of Physical Therapy and PT--Magazine of Physical Therapy and appended to the cover or fly leaf of other selected APTA publications, and noted prominently on appropriate electronic media.

The American Physical Therapy Association (APTA) prohibits preferential or adverse discrimination on the basis of race, creed, color, sex, gender, age, national or ethnic origin, sexual orientation, disability or health status in all areas including, but not limited to, its qualifications for membership, rights of members, policies, programs, activities, and employment practices. APTA is committed to promoting cultural diversity throughout the profession and the Association.

(See also HOD policy Non-Discrimination)

(Publications Department, ext 3194)

Explanation of Reference Numbers:
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REFERRAL
OPPOSITION TO PHYSICIAN OWNERSHIP OF PHYSICAL THERAPY SERVICES HOD P06-03-27-25


Whereas, Financial relationships and incentives between a patient’s/client’s physician and physical therapist represent an avoidable conflict of interest, reduce consumer choice, and diminish professional autonomy;

Whereas, There is evidence that such avoidable conflicts of interest affect delivery of care, utilization of services, and aggregate costs of treatment, and that patients/clients and payers would benefit from the elimination of such conflicts;

Whereas, In recent years, ownership of physical therapy services has been marketed to physicians as a means to recover revenues lost as a result of managed care, which has led to an accelerating trend of physician ownership of physical therapy services and referral of patients/clients to these services;

Whereas, The American Physical Therapy Association (APTA) opposes physical therapy services provided in practice settings in which the physician profits as a result of the referral;

Whereas, Numerous professions have successfully regulated ownership of their professional services through state legislative provisions; and

Whereas, APTA, through its Goals and Objectives and other documents, has identified and implemented comprehensive legislative strategies to ensure the public’s right to direct access to physical therapy;

Resolved, that the American Physical Therapy Association opposes the ownership of physical therapy services by physicians, and supports federal and state laws and regulations that prohibit physician ownership of physical therapy services.

Relationship to Vision 2020: Autonomous Practice; (Payment Policy & Advocacy Department, ext 8511)

Explanation of Reference Numbers:
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REFERRAL RELATIONSHIPS HOD P06-90-15-28 [Amended HOD 06-85-19-40; HOD 06-81-10-32; HOD 06-79-13-14; HOD 06-81-09-25; HOD 06-72-11-24; HOD 06-72-12-25] [Position]

Services without Referral
The physical therapist may, where permitted by law, be the entry point into the health care system for screening, examination, evaluation, diagnosis, prognosis, intervention, and prevention programs and consultation within the scope of his or her knowledge, experience, and expertise.

Services with Referral
When patients/clients have been referred, the physical therapist, upon identification of conditions other than those inherent in the information provided by the referring practitioner, shall report to the referring source and consultation shall be sought in accordance with the standards of ethical practice.

When admission to a physical therapy service has been originated via a referral, this relationship places a shared responsibility on the referring source and on the physical therapist to exchange all necessary information.

Where a practitioner extender acts on behalf of the practitioner as the referring source, the physical therapist should verify that the referral is consistent with the legal requirements of the local jurisdiction.

No referring practitioner should bill or be paid for a service which he does not perform; mere referral does not constitute a professional service for which a professional charge should be made or for which a fee may be ethically paid or received.

Referral to Other Health Care Practitioners
The physical therapist must refer patients/clients to the referring practitioner or other health care practitioners if symptoms are present for which physical therapy is contraindicated or are indicative of conditions for which treatment is outside the scope of his or her knowledge.

Relationship to Vision 2020: Autonomous Practice; (Practice Department, ext 3176)

Explanation of Reference Numbers:
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REFERRAL TO PHYSICAL THERAPY HOD P06-00-24-06 [Initial HOD 06-91-15-19] [Position]

The American Physical Therapy Association opposes situations in which a practitioner who is responsible for a patient's/client's care and has legal authority to refer directly to a physical therapist is required to refer to another practitioner merely to initiate physical therapy services.

Relationship to Vision 2020: Direct Access; (Practice Department, ext 3176)

Explanation of Reference Numbers:
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RESEARCH
GUIDELINES: ASSOCIATION INVOLVEMENT IN RESEARCH  BOD G03-01-20-69 [Initial BOD 06-91-12-42] [Guideline]

BACKGROUND

Research is a major component of our society and is essential within the health professions. Research embodies the development of questions, the seeking of information, the formulation of change and the identification of future needs and directions. Within the health professions, research is extremely diverse in scope, ranging from basic research on molecular, cellular and physiology processes, through clinical research to develop and test new clinical procedures, to research to understand the health system, patient/client behaviors and professional education and training. There is a rapidly increasing recognition of the importance of research to the growth of physical therapy and a corresponding rise in the involvement of physical therapists in research studies. This will enable the profession to expand its base for improving the quality and effectiveness of the clinical services it offers to society and to strengthen its role within the health care community.

A major portion of research is undertaken as "investigator initiated" studies. In this case, an investigator or group of investigators identify a knowledge and/or technology gap; develop a hypothesis, questions, aims and methods; implement the study and analyze results; and, disseminate findings to the professional communities. Such efforts are the foundation for advancement in the health professions as well as in other fields.

Although associations may undertake research efforts within the investigator initiated model, they also pursue investigations focused on understanding the environment in which they and their members operate. In this regard, research may be undertaken as a basis for strategic planning and policy formulation and may be considered "proprietary" research. The nature of this type of association research can vary, ranging from market research, membership surveys and to the level of structured and sophisticated data collection and analysis efforts.

The level of association participation in a research effort also may vary. In some cases studies are undertaken solely by association staff. Other efforts may be initiated by staff in collaboration with members and/or non-member consultants. Finally, studies may be implemented entirely by researchers outside the organization. Association funding of studies may range from full financial and resource support of an effort, through collaborative funding with another agency or organization, to seeking full financial support from an external funding source.

The American Physical Therapy Association (APTA), representing the physical therapy profession, also recognizes the importance of research as a basis for understanding the needs of society and the profession, and as a foundation for its strategic planning and policy development. Although APTA is not a research funding agency, there may be opportunities to and needs for initiating and supporting research efforts.

In order to adequately implement such efforts, APTA’s Board of Directors (BOD) has developed guidelines for planning, budgeting and presenting proposed efforts to the Board. These guidelines also include provisions for collaboration with member and non-member collaborators and considerations for the review of Association “proprietary” data that will be used in strategic planning and policy decisions.

OPERATIONAL DEFINITIONS AS USED IN THIS DOCUMENT

Research: primary or secondary data collection; analysis and/or interpretation efforts that deal with issues including, but not limited to: treatment efficacy, effectiveness or outcomes of clinical practice/care; cost effectiveness of procedures or practice; human resource issues related to physical therapy services (e.g., number, distribution, education/training, specialization) and access to care. Research undertaken and/or supported by the Association which focuses on obtaining information to be used in strategic planning and/or policy development may be referred to as "proprietary research."

Organizational Research: studies focusing on the structure and administration of APTA.
Market Research: studies of member product/service needs; analysis of the number, type, content and pricing of products/services that may be relevant to APTA and/or its members. These guidelines may not be applicable to such efforts.

Association Involvement: APTA financial support of studies, in whole or in part; use of APTA data and/or databases in the conduct of research; involvement of APTA staff in any part of the design, implementation and/or analysis of research. This does not include APTA staff review of results and/or manuscripts/reports of research undertaken by others.

Association "Owned" Data: information, data and/or databases that have been collected and/or are maintained by the Association; information/data collected by a consultant on behalf of the Association and under agreement with the Association (if the agreement specifies that the data will become the property of APTA).

GENERAL GUIDELINES

• Any research effort supported by involving APTA must be undertaken under the general principles of scientific integrity and honesty, and in accordance with the Association's Code of Ethics and the Association's Guidelines for Promoting Integrity in Research (Program 52). Under no conditions will APTA limit or delay dissemination of findings that in any way jeopardize the safety of society.

• Research efforts should be identified as part of the Association's strategic planning process. As such, efforts should be related to goals, objectives and priorities of the Association. Further, strategies/activities to undertake research efforts should be included in annual plans and budgets submitted to the Board of Directors for review and approval in November of each year.

• The presentation of research proposals to the Board of Directors (or Executive Committee) should clearly and concisely outline the following:
  1. Purpose of the study
  2. Specific aims or objectives
  3. General approach/methods (including staffing and external consultants)
  4. Potential implications for the study; relationship to Association issues/policies; identification of any areas of sensitivity
  5. Plans for dissemination of findings and future use of data collected (see next guideline)
  6. Plans to submit an application/proposal for funding from external agencies (government or private).

• The description of plans for disseminating findings and future use of collected data should delineate "ownership" of data and any special considerations related to release of or access to data by members or others. If results are expected to be submitted for publication, the publications/journals to which manuscripts are likely to be sent should be identified. The guidelines or provisions for authorship of publications, and how APTA will be acknowledged in these publications should be described.

• Any special provisions for or restrictions on the dissemination of findings from studies financially supported entirely by APTA and considered proprietary should be delineated during the planning and proposal development phase of the study and clearly identified by the Board of Directors during their review of annual plans/budgets. Provisions/restrictions may be identified by the Board of Directors when the study may affect or shape Association policy. In such cases, the Board of Directors may request that a special group be appointed to review findings prior to dissemination. Any collaborators/consultants will be apprised of these limitations/provisions in writing as a part of a letter of agreement (see next guideline).

• Special considerations for and/or limitations on the access to and use of data collected through research efforts supported entirely by the Association and/or "owned" by the Association should be delineated in the planning and proposal development for a study. These provisions will be considered by the Board of Directors.

The following guideline is applicable when a research study is entirely funded by APTA or when a study is funded by an external agency and the Association is sponsoring institution/prime contractor:

• If the study will involve member or non-member collaborators or consultants in the design, implementation, analysis or interpretation of the study, the role of these individuals will be clearly delineated in a letter of agreement between the Association and these individuals. This letter will include the role of the
individual/group in the project, data use and access, and role in the preparation of publications or other vehicles for disseminating the study findings.

- Applications/proposals to be submitted to external funding agencies, with APTA serving as the sponsoring institution, prime contractor or as a subcontractor, must be reviewed for scientific and technical merit prior to submission to the agency by the Senior Director, Research, and other appropriate staff, Board of Directors and/or members. Financial review will be undertaken by the Chief Executive Officer and COO. In accordance with the policy of the Board of Directors (Grants and Contracts), all grant and contract submissions shall be approved by the Treasurer and the President, or their designees before submission.

- The Association recognizes that for any research supported in whole or in part by an external funding agency, the Association will abide by the policies and guidelines of that agency, including those relating to ownership of/access to data generated, and to dissemination of research findings.

The following guidelines pertain to use of or access to information, data and/or databases "owned" by the Association member or non-members. These guidelines are intended to present mechanisms for submitting and reviewing requests for Association data.

- Requests for use and/or access to Association data must be made in writing. This request must describe what data are requested, and how these data will be used. Specifically, written requests must include: the purpose/aims of the study; the general approach; how APTA data fit into this approach; other data being collected/accessed; analysis methods; methods of dissemination of findings. Finally, this request must identify who will be involved in the effort. Requests will be submitted to the Senior Director, Research.

- Following approval of a request, the Association will require that the individual/group allowed access to Association data sign an agreement prohibiting further distribution or use of the data beyond the scope and purpose presented in the written submission and establishing any other requirements that the Association deems appropriate.

- The Association reserves the right to deny access to or use of APTA owned data based on the nature of the data, concerns about misuse or misinterpretation of data, or concerns about the capability or integrity of the requestor.

Relationship to Vision 2020: Evidence Based Practice
(Research Department, ext 3228)

Explanation of Reference Numbers:
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The theoretical grounding of physical therapy has been derived, in part, from experiments performed on animal as well as human subjects. The American Physical Therapy Association (APTA) supports the humane treatment of animals that are used in research related to physical therapy, as well as the humane sacrifice of these subjects when such sacrifice is necessary (APTA’s Integrity in Physical Therapy Research). All physical therapist researchers are reminded to adhere to all professional guidelines (APTA’s Guide for Professional Conduct and Integrity in Physical Therapy Research) and federal, state, and local regulations that govern the use of animals in research (Animal Welfare Act-7U.S.C.2131 et seq and Section 474(a) of the Public Health Service Act as implemented by 45 CFR Part 46 and OPRR Public Health Service Policy on Humane Care and Use of Laboratory Animals and the National Institutes of Health’s Guide for Care and Use of Laboratory Animals).

Relationship to Vision 2020: Evidence Based Practice; (Research Department, ext 3228)

Explanation of Reference Numbers:

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GOALS FOR CLINICAL RESEARCH IN PHYSICAL THERAPY HOD P06-97-12-11 [Amended HOD 06-88-20-34; Initial HOD 06-80-04-05] [Position]

Goals for clinical research in physical therapy are:

GOAL 1 Determine priorities in clinical research.
GOAL 2 Increase funding for clinical research.
GOAL 3 Improve competencies in clinical research.
GOAL 4 Promote post professional, research-based, doctoral-level preparation of physical therapist clinical investigators.
GOAL 5 Promote efforts by physical therapist practitioners to become involved in clinical research.
GOAL 6 Strengthen the theoretical foundations of physical therapy clinical research.
GOAL 7 Promote integrity in clinical research.
GOAL 8 Promote the importance of the development of centers for research.
GOAL 9 Publicize and reward clinical research related to physical therapy.
GOAL 10 Encourage dissemination and utilization of clinical research related to physical therapy.

Relationship to Vision 2020: Evidence Based Practice; (Research Department, ext 3228)

Explanation of Reference Numbers:
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GOALS FOR DEVELOPMENT OF THEORY IN PHYSICAL THERAPHY HOD P06-97-13-12 [Amended HOD 06-89-41-86] [Position]

Goals for development of theory in physical therapy are:

GOAL 1 Expand and improve the theoretical basis for practice.
GOAL 2 Raise the level of understanding and utilization of theory in research and in practice.
GOAL 3 Improve the integration of theory into physical therapy education, research, and practice.
GOAL 4 Recognize and reward important contributions to theory related to physical therapy.

Relationship to Vision 2020: Evidence Based Practice; (Research Department, ext 3228)

Explanation of Reference Numbers:
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SPECIALIZATION
CERTIFICATION OF ELECTROPHYSIOLOGIC CLINICAL SPECIALISTS  BOD P06-97-02-04 [Position]

The American Board of Physical Therapy Specialties (ABPTS) certification of electrophysiologic clinical specialists is the only national certification system for physical therapists performing electrophysiological testing (i.e., EMG's, NCV's, and evoked potentials).

Relationship to Vision 2020: Autonomous Practice; (Res/Fellowship & Special Certification Department, ext 8520)

Explanation of Reference Numbers:
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CLINICAL SPECIALIZATION IN PHYSICAL THERAPY  HOD P06-16-10-11 [Amended HOD P06-06-22-15; HOD P06-94-23-39; HOD 06-89-35-77; HOD 06-89-34-75; HOD 06-85-28-55; HOD 06-82-08-26; HOD 06-82-08-25; HOD 06-81-15-54; HOD 06-81-15-53; HOD 06-81-15-52; HOD 06-81-14-51; HOD 06-80-08-25; HOD 06-79-15-41; HOD 06-78-20-51; Initial: 06-78-17-40] [Position]

Through collective and individual efforts, the physical therapy profession has continued to advance the clinical knowledge and practice of physical therapists. One mechanism of professional development that contributes to the advancement of the knowledge base and clinical skills is the voluntary specialization of practice. Specialization is the process by which a physical therapist builds on a broad base of professional education and practice to develop greater depth of knowledge and skills related to a particular area of practice. Clinical specialization in physical therapy responds to a specific area of patient need and requires knowledge, skill, and experience which exceeds that of the entry-level physical therapist and which is unique to the specialized area of practice. The American Physical Therapy Association (APTA) endorses the recognition of physical therapists who have attained this level of advanced specialization.

The purposes of the APTA's Clinical Specialization Program are to:

1. Assist in the identification and development of appropriate areas of specialty practice in physical therapy.
2. Promote the highest possible level of care for individuals seeking physical therapy services in each specialty area.
3. Promote development of the science and the art underlying each specialty area of practice.
4. Provide a reliable and valid method for certification and recertification of individuals who have attained an advanced level of knowledge and skill in each specialty area.
5. Assist consumers, the health care community, and others in identifying certified clinical specialists in each specialty area.

Clinical specialization in physical therapy is a voluntary and unrestrictive process. Participation is initiated at the request of the individual, and no attempt is made to prohibit others from practicing in a specified area, nor is it required that physical therapists who are certified restrict their practice to the area in which they are certified. However, no physical therapist shall purport to be a "Board-Certified Clinical Specialist" unless said physical therapist has successfully completed the certification process as developed by the American Board of Physical Therapy Specialties.

These purposes of the Association's Clinical Specialization Program can best be achieved through a centralized organization, which should provide reasonable uniformity in the level and type of standards adopted as the basis for certification, and which should provide for the participation of consumer representatives in the decision-making process. The organizational body which guides the APTA Clinical Specialization Program is the American Board of Physical Therapy Specialties, and its appointed Specialty Councils.

Criteria for establishment of a new specialty area are established by the American Board of Physical Therapy Specialties and guide the development of all new specialty areas. The APTA House of Delegates approves all new specialty areas. The approved specialty areas are:

Cardiovascular and Pulmonary Physical Therapy 1981
Clinical Electrophysiologic Physical Therapy 1982
Geriatric Physical Therapy 1989
Neurologic Physical Therapy 1982
Orthopedic Physical Therapy 1981
Pediatric Physical Therapy 1981
Sports Physical Therapy 1981
The American Board of Physical Therapy Specialties approves certification of clinical specialists in each specialty area. The Specialty Councils define, develop, and modify the requirements for certification and recertification in their specialty areas. The APTA Board of Directors and the Sections of the nine recognized specialty areas provide funding for the specialist certification program, and the APTA Board of Directors serves as an appeal body for certification candidates.

Explanation of Reference Numbers:
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ENDORSEMENT OF PROFESSIONAL DEVELOPMENT COURSES BY ABPTS  BOD Y11-88-33-129 [Policy]

The following statement shall be published in all issues of PT Bulletin Online, PT--The Magazine of Physical Therapy, and Physical Therapy:

"Acceptance of advertisements for professional development courses addressing advanced-level competencies in clinical specialty areas does not imply review or endorsement by the American Board of Physical Therapy Specialties."

(Res/Fellowship & Special Certification Department, ext 8520)

Explanation of Reference Numbers:

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GOVERNANCE OF THE CLINICAL SPECIALIST CERTIFICATION PROCESS  BOD Y11-89-34-131 [Policy]

The governance of the clinical specialist certification process shall remain within the organizational structure of APTA.

(Res/Fellowship & Special Certification Department, ext 8520)

Explanation of Reference Numbers:
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TERMINOLOGY
ACRONYM “APTA” HOD Y06-88-19-30 [Policy]

When the acronym “APTA” is used in public relations and marketing, it should be used in conjunction with the title “American Physical Therapy Association.”

Relationship to Vision 2020: Professionalism; (PR/Marketing Department, ext 3218)

Explanation of Reference Numbers:
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DISTINCTION BETWEEN THE PHYSICAL THERAPIST AND THE PHYSICAL THERAPIST ASSISTANT IN PHYSICAL THERAPY HOD P06-01-18-19 [Initial HOD 06-96-24-39] [Position]

The American Physical Therapy Association (APTA) is committed to promoting the physical therapist as the professional practitioner of physical therapy and promoting the physical therapist assistant as the only individual who assists the physical therapist in the provision of selected physical therapy interventions. APTA is further committed to incorporating this concept into all Association policies, positions, and program activities, wherever applicable.

**Professional:** The term "professional," when used in reference to physical therapy services, denotes the physical therapist.

**Physical Therapist Assistant:** The physical therapist assistant is an educated individual who works under the direction and supervision of a physical therapist. The physical therapist assistant is the only individual who assists the physical therapist in accordance with APTA’s policies and positions in the delivery of selected physical therapy interventions. The physical therapist assistant is a graduate of a physical therapist assistant education program accredited by the Commission on Accreditation in Physical Therapy Education.

**Practice:** The practice of physical therapy is conducted by the physical therapist.

Relationship to Vision 2020: Professionalism; (Practice Department, ext 3176)

**Explanation of Reference Numbers:**
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

EDUCATION FOR PHYSICAL THERAPISTS: TERMINOLOGY USED TO DESCRIBE HOD P05-07-11-04
[Initial: HOD P06-93-26-51] [Position]

The American Physical Therapy Association uses the term “physical therapist professional education” to refer to entry-level education that prepares an individual to practice physical therapy, and uses the term “physical therapist post professional education” to refer to degree and non-degree based professional development for the physical therapist to enhance professional knowledge, skills, and abilities.

Relationship to Vision 2020: Doctor of Physical Therapy; (Academic/Clinical Education Affairs Department, ext 3203)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

IDENTIFICATION OF PHYSICAL THERAPISTS BY PROFESSIONAL TITLE HOD P06-15-25-23 [Position]

Physical therapists should be identified by their professional title (physical therapist or doctor of physical therapy) and not by generic terms such as allied health, nonphysician provider, or physician extender.

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

LEVELS OF SUPERVISION  HOD P06-00-15-26 [Position]

The American Physical Therapy Association recognizes the following levels of supervision:

**General Supervision:** The physical therapist is not required to be on site for direction and supervision, but must be available at least by telecommunications.

**Direct Supervision:** The physical therapist is physically present and immediately available for direction and supervision. The physical therapist will have direct contact with the patient/client during each visit that is defined in the *Guide to Physical Therapist Practice* as all encounters with a patient/client in a 24-hour period. Telecommunications does not meet the requirement of direct supervision.

**Direct Personal Supervision:** The physical therapist or, where allowable by law, the physical therapist assistant is physically present and immediately available to direct and supervise tasks that are related to patient/client management. The direction and supervision is continuous throughout the time these tasks are performed. Telecommunications does not meet the requirement of direct personal supervision.

Relationship to Vision 2020: Professionalism; (Practice Department, ext 3176)

**Explanation of Reference Numbers:**
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

PREFERRED NOMENCLATURE FOR THE PROVISION OF PHYSICAL THERAPY HOD P06-13-25-20 [Position]

“Physical therapist services” or “physical therapist practice” should be the preferred nomenclature when referring to the provision of physical therapy.

Proviso: The American Physical Therapy Association shall incorporate this preferred nomenclature into all relevant documents, publications, and communications as appropriate in a manner that is efficient.

(Public Policy, Practice, and Professional Affairs Unit, ext 8533)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

TERMINOLOGY FOR COMMUNICATION ABOUT PEOPLE WITH DISABILITIES HOD P06-91-25-34 [Position]

Physical therapy practitioners have an obligation to provide nonjudgmental care to all people who need it. They should be guided in their written and spoken communication by the Guidelines for Reporting and Writing About People with Disabilities.*

American Physical Therapy Association members are encouraged to use appropriate terminology for specific disabilities as outlined in the Guidelines. Furthermore, all members should put people first, not their disability, when communicating about a patient/client.

*(Seventh Edition, 2008), Developed by the Research and Training Center on Independent Living, University of Kansas, Lawrence, Kansas, www rtcil.org.

Relationship to Vision 2020: Professionalism; (Publications Department, ext 3194)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

VOLUNTEER GROUPS
GUIDELINES: AMERICAN BOARD OF PHYSICAL THERAPY RESIDENCY AND FELLOWSHIP EDUCATION BOD G09-15-02-04
[Amended BOD G03-14-09-07; BOD 02-14-12-09; BOD G12-13-05-11; BOD G10-10-02-03; EC G08-10-01-02; G05-10-03-04; Initial: BOD G08-09-05-12] [Guideline]

Members and Terms:
Seven members – 7 physical therapist members appointed by APTA Board of Directors, each serving a 4-year term; APTA Board of Directors Liaison. A member may not serve more than 2 consecutive terms.

Member Qualifications:
Each physical therapist member will have served a minimum of 2 years on the Accreditation Services Council or served as a member on the former Committee on Clinical Residency and Fellowship Program Credentialing or the former Program Services Council. Members must hold active membership in APTA.

Meetings:
One 3-day meeting and one 2-day meeting at headquarters per year, one 1-day meeting annually at Combined Sections Meeting, and additional teleconference meetings as needed.

Purpose:
To promote and provide for the development and accreditation of residency and fellowship education programs in physical therapy.

Tasks:
1. Determine the requirements with which a residency or fellowship education program must comply in order to be accredited and amend these requirements as appropriate.

2. Provide an efficient and credible system for the evaluation, accreditation, and re-accreditation of physical therapy residency and fellowship education programs.

3. Develop and maintain the policy and procedures for the implementation and evaluation of the accreditation process including, but not limited to, the development and/or maintenance of processes for:
   A. Accrediting residency and fellowship programs
   B. Selecting application reviewers
   C. Documenting findings of written review and site visit
   D. Auditing accredited residency and fellowship programs
   E. Re-accrediting residency and fellowship programs

4. Provide formal recognition of APTA accredited residency and fellowship programs.

5. Oversee the activities of the Accreditation Services Council and the Research Liaison and evaluate effectiveness of processes and initiatives.

6. Address the demand for accredited residency and fellowship programs by promoting wide regional representation and access to all specialty practices.

7. Foster retention of accredited residency and fellowship programs.
8. Identify new and existing funding sources for residency and fellowship programs.

9. Act upon all grievance issues related to the accreditation of residency and fellowship programs (appeal process).

10. Appoint members of the Accreditation Services Council and the Research Liaison position.

**Work Other Than at Meetings:**
Review all necessary materials in advance of telephone conference calls, respond to electronic communications, liaison with other APTA groups as requested.

**ACCREDITATION SERVICES COUNCIL**

**Members and Terms:**
Fourteen members appointed by American Board of Physical Therapy Residency and Fellowship Education, each serving a 4-year term. A member may not serve more than 2 consecutive terms.

**Member Qualifications:**
Licensed physical therapist with expertise in physical therapy education, clinical education, or an area of ABPTRFE recognized practice or concentration. Must have completed a minimum of 3 application reviews and 2 site visits. Member must hold active membership in APTA.

**Meetings:**
One 2-day meeting at headquarters per year, one 1-day meeting annually at Combined Sections Meeting, and quarterly telephone conference calls.

**Purpose:**
To implement the accreditation process for residency and fellowship education programs in physical therapy.

**Tasks:**

1. Assist with accrediting residency and fellowship programs that effectively demonstrate compliance with the accreditation requirements, using the following process:
   
   A. Review applications and comments from review team.
   B. Oversee site team visits and conduct site visits as necessary.
   C. Provide accreditation recommendations to the American Board of Physical Therapy Residency and Fellowship Education.
   D. Review Annual Reports and make recommendations to the American Board of Physical Therapy Residency and Fellowship Education.

2. Develop, implement, and evaluate a training program for application reviewers/on-site visitors.

3. Conduct annual performance reviews of committee members.

**Work Other Than at Meetings:**
Review applications for accreditation and re-accreditation of residency and fellowship programs, participate in on-site visits as necessary as part of the accreditation process, respond to electronic communications, liaison with other APTA groups as requested, and review all necessary materials in advance of telephone conference calls. Conduct annual performance reviews of committee members.
RESEARCH LIAISON

Members and Terms:
1 member – 1 physical therapist member appointed by American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE), serving a 4-year term. A member may not serve more than 2 consecutive terms.

Member Qualifications:
Licensed physical therapist with expertise in physical therapy education, clinical education, or an area of ABPTRFE recognized practice. Advanced degree and documented history of peer-reviewed publications and/or grant funding is preferred. Member must hold active membership in APTA.

Meetings:
Quarterly telephone conference calls with ABPTRFE. Additional in-person and teleconference meetings as needed with individuals or groups conducting and/or financing research related to residency and fellowship education and accreditation.

Purpose:
To promote and provide for the development, conduction, and publication of research related to residency and fellowship education and accreditation in physical therapy.

Tasks:
1. Identify and report to ABPTRFE the research needs and activities related to physical therapist residency and fellowship education and accreditation.

2. Collaborate with individuals and groups across the health care system to develop, conduct, and publish research related to residency and fellowship education and accreditation in physical therapy.

3. Participate in work groups, task forces, and other activities related to physical therapist residency and fellowship research as directed by ABPTRFE.

4. Represent ABPTRFE and its research agenda when liaising with outside entities.

5. Identify funding sources and assist in securing grant funding for research activities related to residency and fellowship education and accreditation in physical therapy.

Work Other Than at Meetings:
Prepare reports and review all necessary materials in advance of meetings, respond to electronic communications, liaise with other APTA groups as requested.

(Residency/Fellowship & Special Certification Department, ext 8520)

Explanation of Reference Numbers:
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GUIDELINES: AMERICAN BOARD OF PHYSICAL THERAPY SPECIALITIES (ABPTS) BOD G09-14-02-03 [Amended BOD G10-09-07-14; BOD G07-08-02-02; BOD G11-06-06-06; G11-05-27-72; BOD G03-05-19-53; BOD 03-03-18-46; BOD 03-00-34-93] [Guideline]

(11 members: 8 individuals appointed by the American Board of Physical Therapy Specialties for 4-year terms, 1 consumer representative appointed by the ABPTS for a 2-year term, 1 public member appointed by the ABPTS for a 2-year term, and 1 tests and measurement expert appointed by the ABPTS for a 2-year term. A member of the APTA BOD appointed by the APTA BOD serves as a non-voting liaison to ABPTS with a 1-year term)

Meetings: One 3-day meeting and one 2-day meeting annually at headquarters and additional teleconference meetings as needed.

Purpose: To promote and provide for the certification of clinical specialists in physical therapy.

Tasks:
1. Provide an efficient and credible system for the evaluation, certification, and recertification of physical therapy specialty areas of practice.
2. Provide formal recognition by the Association of individuals certified as clinical specialists.
3. Increase the number of board-certified physical therapists, including increased representation of racial and ethnic minority groups.
5. Foster retention of board-certified specialists.
6. Identify the barriers and opportunities to achievement of Vision 2020.

Work other than at meetings: Reviews petitions for the formation of specialty areas, provides consultation to approved specialty counsels, maintains informational contacts with members as well as other organizations and associations regarding the specialization process, and undertakes other projects as needed to maintain and improve the certification program. Time spent varies from 10 to 15 days exclusive of meetings.

Qualifications: The 11-member American Board of Physical Therapy Specialties is composed of: 8 physical therapists each representing a specialty area: 1 individual with expertise in education and evaluation; 1 public member; and 1 consumer representative. A member of APTA Board of Directors serves as a non-voting liaison.

(Residency/Fellowship & Special Certification Department, ext 8520)

Explanation of Reference Numbers:
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APTA BOARD OF DIRECTORS-APPOINTED GROUPS BOD Y12-13-08-16 [Policy]

The Board of Directors (Board) shall appoint members to the Finance and Audit Committee (FAC) and the Ethics and Judicial Committee (EJC) in accordance with the bylaws, and it may establish other groups and appoint their members to advise or assist the Board in fulfilling the object and functions of the association; to advise or assist the Board in responding to directives from the House of Delegates (House); to implement association policies; and to fulfill association goals and objectives.

This policy refers to the FAC, the EJC, and the other groups to which the Board appoints the members as “Board-appointed groups.” This category does not include groups whose members are not appointed by the Board, such as the American Board of Physical Therapy Specialties (ABPTS), the Commission on Accreditation in Physical Therapy Education (CAPTE), and the Reference Committee.

This policy does not apply to the following Board-appointed groups: the American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE) and the American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC). Please see APTA’s Policies and Bylaws webpage for policies and guidelines that apply to these groups.

Between meetings of the Board the Executive Committee may exercise the Board’s authority to appoint members to the Board-appointed groups. The President may exercise the Board’s authority to appoint members to such groups to the extent provided by resolution of the Board.

All activities related to the recruitment, appointment, and work of appointed groups shall be effective, purposeful, accountable, transparent, collaborative, efficient, and inclusive.

Board-appointed groups subject to this policy include the following kinds of group:

a. Committee:
   Committees inform the Board’s decision-making on strategies, priorities, and core functions of the association, and they are established for long-term initiatives.

b. Task Force:
   Task forces inform the Board’s decision-making on emerging issues and initiatives, and they are established for short-to-mid-term initiatives.

c. Board Work Groups:
   Board Work Groups are established and appointed by either the Board or the President. They inform the Board’s decision-making on emerging issues and initiatives but have very focused objectives.

Authority

a. Each Board-appointed group has the authority granted to it by the bylaws and/or the Board.

b. The Board will direct and establish the priority of the work of Board-appointed groups. Board-appointed groups will carry out the directions from the Board and will not direct but may inform the work of the Board. Board-appointed groups do not have authority to direct the work of association staff.

c. Board-appointed groups and their members have no authority to speak or act on behalf of the Board or to bind the association except to the extent specifically authorized by the bylaws or by the Board. Board-appointed groups do not have authority to establish policy on behalf of the association or the Board.

d. Reports from Board-appointed groups to the Board will not be distributed or otherwise made available to members of the association or to the public except with the President’s permission, which shall be given only after the Board has had opportunity to review and discuss the report.
e. Board-appointed groups may not offer endorsements of candidates.

Composition
a. Unless otherwise specified in the association’s bylaws or policy, a Board member shall serve as the chair of each Board-appointed group. However, no Board member shall serve as the chair or as a member of the EJC or any subcommittee of the Awards Committee. The President shall have authority to select the chair of each Board-appointed group, unless the Board provides otherwise in the charter for the Board-appointed group.
b. With the exception of the EJC, the President shall be an ex-officio member of all Board-appointed committees.

Recruitment and Appointment
a. The Board shall select all appointees to Board-appointed groups from volunteers included in the APTA Volunteer Interest Pool.

(National Governance and Leadership Dept x8184)

Explanation of Reference Numbers:
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COMMISSION ON ACCREDITATION IN PHYSICAL THERAPY EDUCATION (CAPTE) BOD Y08-15-02-04 [Amended BOD Y06-14-03-04; BOD G12-11-06-03; BOD G12-11-06-02; BOD G07-10-02-04; BOD G07-09-12-10; BOD 09-06-02-03; BOD 03-06-27-69; BOD 03-05-21-59; BOD 09-04-02-03; BOD 08-02-02-04; BOD 02-02-26-43; BOD 03-01-25-84; BOD 11-98-26-94; BOD 03-96-34-100] [Policy]

(31 members; 4-year term, elected by CAPTE; BOD liaison)

Size and Composition: The Commission on Accreditation in Physical Therapy Education (CAPTE) shall consist of 31 members, who shall serve 4-year terms, plus any ad hoc members as described below. The Commission shall have a Board of Directors (Board) liaison. The members are elected by CAPTE. Either the Commission or the Board may remove a member if it determines that doing so would be in the best interests of the Commission. The Commission is composed of panels, with assigned tasks such as review of physical therapist (PT) and physical therapist assistant (PTA) programs for candidacy and initial and continued accreditation and other activities that support the mission of CAPTE.

The panels are organized based on the current and projected needs of the Commission. The panels consist of members with expertise in multiple areas. Such members may include individuals who are PT and PTA educators (including experts in basic sciences, curriculum development, and academic administration), PT and PTA clinical educators and clinicians (including PT clinicians who supervise PTAs), institutional members (i.e., administrators in higher education/health science), public members, and at least 1 consumer of accreditation services (such as program administrator).

Members elected to positions on the review panels should reflect representation from varying types of institutions providing PT and PTA education programs.

Ad Hoc Members
As needed to meet anticipated, time-limited workload increases, additional member(s) may be appointed to the PT or PTA review panels by the Chair of the Commission in consultation with the panels and staff. Typically, such appointments will be made for a 2-year term, but may be extended up to 2 additional years.

Meetings: Two 4- or 5-day meetings (that include weekends) annually at headquarters and additional teleconference and face-to-face meetings as needed.

Purpose: To operate a nationally recognized accreditation agency for physical therapy education programs.

Tasks:
1. Formulate, adopt and manage the timely revision of the evaluative criteria for accreditation of physical therapy education programs, with input and feedback from internal and external communities of interest, including appropriate Association appointed groups.
2. Establish rules of practice and procedure for operation of the accreditation agency.
3. Manage the preaccreditation process by: a) defining the process, b) evaluating all pertinent data sources, and c) acting on application for Candidate for Accreditation status of developing education programs for physical therapists and physical therapist assistants in the U.S and its territories.
4. Manage the accreditation process by a) defining the process, b) evaluating all pertinent data sources, and c) determining the accreditation status of education programs for physical therapists and physical therapist assistants in the U.S. and territories and of education programs for physical therapists in Canada, and Scotland, if those programs offer a post-baccalaureate degree and were accredited on or before December 31, 2001.
5. Communicate with internal and external communities of interest to inform and educate them about the evaluative criteria, accreditation processes and Commission decisions.
6. Respond to formal complaints about programs and about the agency.
7. Assist in the development of documentation needed to maintain recognition by the U.S. Department of Education and the Council for Higher Education Accreditation.
8. Oversee and participate in the training of on-site reviewers.

Work other than at meetings: May require 40-60 hours during the two months preceding each meeting for review of reports and recommendations for education programs for physical therapists and physical therapist assistants.

Qualifications: Elected and ad hoc members of CAPTE, with the exception of the public members and the consumer member(s), must have been appropriately trained and must have made a minimum of 3 on-site visits in addition to having appropriate expertise. The public and consumer members elected to CAPTE shall attend a site visit or self-study workshop as an observer within 6 months of election to the Commission.

Amendment of this policy: This policy may be amended in the ordinary manner at CAPTE’s request or by the Board in consultation with CAPTE.

(Accreditation Department, ext 3245)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

GUIDELINES: CLINICAL INSTRUCTOR EDUCATION BOARD  BOD G10-09-06-13 [Amended BOD G11-06-06-06; BOD 03-06-24-61; BOD G11-05-27-72; BOD G03-04-22-54; BOD 07-03-02-03; BOD 03-00-35-97; BOD 11-96-33-139] [Guideline]

(7 members; 3-year term; appointed by BOD; BOD liaison)

Meetings: One 3-day meeting annually at headquarters and additional teleconference meetings as needed.

Purpose: To oversee and manage implementation and evaluation of the voluntary clinical instructor (CI) education and credentialing program (CIECP) and the advanced clinical instructor credentialing program (Advanced CIECP) including the Train-the-Trainer Courses, the renewal of Credential Clinical Trainers and Advanced Credentialed Clinical Trainers, and the participation of nonphysical therapy providers in only the CI Education Program and Canadian physiotherapists in the CIECP.

Tasks:
1. Maintain current policy and procedure manual for the CIECP and the Advanced CIECP to include mission, goals, and purpose of the education and credentialing programs, including participation of non-physical therapy providers in only the CI Education Program and Canadian physiotherapists in the CIECP, the Train-the-Trainer and Advanced Train-the-Trainer courses, and the renewal of Credentialed Clinical Trainers for CIECP and Advanced CIECP.
2. Periodically review established criteria for experienced clinical educators to determine comparable competence in lieu of taking the CIECP and to determine readiness to complete the Assessment Center component.
3. Periodically review established procedures for Credentialed Clinical Trainer renewal for the CIECP and Advanced CIECP and revise as needed.
4. Assess the ongoing fiscal viability of the CIECP and Advanced CIECP programs and make recommendations for change as necessary.
5. Periodically assess and modify the CIECP and Advanced CIECP and Train-the-Trainer and Advanced Train-the-Trainer courses to maintain currency, validity, reliability, and congruence with language used in APTA documents.
6. Monitor and evaluate the participation of nonphysical therapy providers in the US in the CI Education Program as well as physiotherapists in Canada who complete the CIECP.
7. Address administrative functions associated with the CIECP and Advanced CIECP processes, Train-the-Trainer and Advanced Train-the-Trainer Courses, renewal of Credentialed and Advanced Credentialed Clinical Trainers, and marketing of these programs.
8. Identify and address risk management considerations and provide advice and counsel to the Board of Directors and Association staff regarding risk management implications of the work as needed.
9. Participate in scholarly activities of the CIECP and Advanced CIECP and clinical educators participating in these courses.

Work other than at meetings: On as needed basis (e.g., development, review, and editing documentation, conference calls to discuss, plan, and address issues, review prospect applicants to become trainers and advanced trainers, etc).

Qualifications: The composition of this board should include 7 members who can provide expertise related to clinical education (ACCE, CCCE/CI), educational training/teaching effectiveness (faculty), knowledge of credentialing/certification processes, have earned clinical instructor, advanced clinical instructor, and clinical trainer credentialing (CIECP and/or CE II), are currently active Credentialed Clinical Trainers and Advanced Clinical Trainers, and have an interest in and are committed to the development and implementation of these programs as cost-effective and high quality model professional development programs for clinical educators. Board representation should include at least two members from clinical practice (ie, CCCE/CI) and three members from higher education (ACCE/DCE, faculty, program director).

(Academic/Clinical Education Affairs Department, ext 3203)

Explanation of Reference Numbers:
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GUIDELINES GOVERNING MEMBER REPRESENTATION TO EXTERNAL ORGANIZATIONS  BOD G03-05-18-47
[Amended BOD 03-03-14-31; BOD 02-02-16-23; BOD 03-97-26-67; BOD 03-92-46-159] [Guideline]

Introduction

There exists numerous external health care special interest organizations; these organizations represent practitioners or groups who are involved in or responsible for issues in their respective areas of interest. To be adequately represented on these issues, APTA may determine that some form of formal or informal relationship with these organizations would be valuable. APTA is also asked at times to provide formal representative to an external organization.

Criteria for Approval of External Organization Representation

The following are suggested criteria to use in establishing a new relationship with an external organization or evaluating whether to continue an existing one:

1. Does the organization have goals that are consistent with APTA goals?
2. Is the representation expected to be valuable to the Association, by the strength of the expected impact or the number of members affected?
3. Are the financial implications commensurate with the anticipated value to APTA?
4. Can adequate participation be achieved through other means (eg, mail/e-mail communication)?

External Organization Representative Groups

To assist in the management and oversight, APTA representatives to these external organizations are categorized as follows:

1. External Liaisons
   This form of relationship is a formal appointment by the Board of Directors for a specific appointed or elected seat for a stated term on a standing committee of an external organization. The external organization determines the term. These representatives are sometimes funded by the external organization, but may also be funded by APTA, depending on the group.

2. Organizational Representatives
   This form of representation is an ongoing relationship with an external organization for a specific purpose but with no specific term established by the external organization. These representatives may be funded by APTA or the external organization, and are approved by the APTA President.

3. Conference-based Representatives
   These types of relationships are typically Presidential appointments for a specific meeting or conference. They are approved initially for one meeting with an identified purpose or goal. If an ongoing agenda is identified, the representation can be continued based on an annual review. When a conference does appear to have an ongoing agenda, staff may attend a meeting to assist in identifying the appropriate role for APTA, if any. This type of representative is generally funded by APTA.

Criteria for Selection of Representatives to External Organizations

When an “external liaison” is established with an external organization, the Board of Directors will appoint the APTA member to serve in this formal capacity. When an “organization representative” or “conference-based representative” is to be used to represent APTA, the member is an APTA Presidential appointment.
The following represents the criteria for representative selection. When determining appropriate representation, the mix of clinical and political skills noted below should be assessed based on the specific organization and the current goals of APTA’s representation relative to the organization’s activities.

1. **APTA Membership**
   
   Must be an APTA member.

2. **Organizational Membership**
   
   If possible and appropriate, have membership in or be willing to join the organization(s) with which the Board of Directors desires to establish and maintain a liaison relationship.

3. **Willingness to Serve**
   
   Must be willing to serve in a liaison capacity.

4. **Clinical Skills**
   
   If the goal of the relationship is to ensure that appropriate physical therapist clinical perspective is provided and physical therapy’s visibility is enhanced, clinical expertise is a major requirement for selection. Because clinical expertise is the primary focus, this type of representative may be a leader in a section, a certified specialist, or a recognized expert in the appropriate field.

5. **Political Skills**
   
   If the goal is to express APTA’s positions on issues such as scope of practice, APTA Vision 2020, legislative agenda, or roles of providers, political knowledge along with knowledge pertinent to the content area of the external organization are major requirements of selection. This type of representative may be staff, a current or past Board member, a component leader, or an identified expert.

6. **Reporting skills (verbal and written)**
   
   Written and verbal skills should be considered relative to the requirement or expectation of these skills for a specific appointment.

7. **Speaking ability**
   
   Experience in public speaking and informal communication should be at a level appropriate for the specific appointment.

8. **Reimbursement**
   
   A request to attend the meeting must be submitted for approval to the designated staff person at APTA at least 30 days in advance of the meeting. Once this request has been received and approved, information on how to purchase travel tickets through APTA’s official travel agent will be provided. All parties traveling on official APTA business shall obtain their tickets through APTA’s official travel company. In order that expenses associated with travel are reimbursed, a Travel Expense Reimbursement Form shall be completed and returned, within 30 days following attendance at the meeting, to the designated APTA staff liaison for processing of the reimbursement request. Included with this form should be receipts for meals, taxi, and other costs associated with attending the meeting as outlined by the Travel and Meal Reimbursement.

9. **Orientation**
   
   Upon notification of a new appointee as member liaison, staff will forward to that individual a copy of the document entitled Guidelines Governing Member Representations to External Organizations. The role of the member in representing APTA to the external organization will be discussed with the new appointee prior to attending the first meeting, including an orientation to APTA Vision 2020.

10. **Reporting Requirements**
    
    Written reports are required for Conference-based Representatives. These reports serve as a basis for determining whether to continue the relationship. Organizational Representatives initiate contact through staff and may submit written reports as the need arises. External Liaisons do not have a routine written report requirement. However, ongoing verbal and written reports of activities is expected.

11. **Resignation**
An appointed member who wishes to resign as liaison to an external organization may do so by sending a letter to the President of APTA with a copy to the Association's Chief Executive Officer.

(Practice Department, ext 3176)

**Explanation of Reference Numbers:**

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GUIDELINES: PHYSICAL THERAPIST CENTRALIZED APPLICATION SERVICE (PTCAS) ADVISORY GROUP BOD G04-08-04-10 [Guideline]

Purpose:
To counsel APTA and Liaison International on the development and promotion of the Physical Therapist Centralized Application Service (PTCAS).

Tasks:
1. Collaborate with APTA and Liaison International staff to develop PTCAS forms, policies, procedures, and reports that are (a) designed to meet the needs of physical therapist applicants and the educational community, (b) are operationally and fiscally feasible, and (c) are legally defensible.
2. Promote PTCAS to physical therapist programs, prospective applicants, health profession advisors, and other related organizations.
3. Evaluate the performance of PTCAS products and services.
4. Recommend, review, and approve changes to PTCAS tools and services to enhance the value of the service in subsequent application cycles.

(Academic Program Services Department, ext 3326)

Explanation of Reference Numbers:
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GUIDELINES: PHYSICAL THERAPY POLITICAL ACTION COMMITTEE (PT-PAC) BOD G03-09-05-12 [Amended BOD G03-06-12-25; BOD G03-04-13-28; BOD 03-00-20-44; BOD 03-96-16-47; BOD 03-97-23-59] [Guideline]

(8 members-at-large, 4-year term, appointed by BOD – Effective January 2010, and in even numbered years thereafter, the APTA Board of Directors at its March meeting will appoint four (4) PAC trustees to serve a four-year term. The new trustees appointed will participate as guests during telephone conference calls July 1 to December 31 of the year appointed and be required to attend PPS that same year for orientation as a guest (non-voting member). New trustees will officially start their positions on January 1 the following year and serve a four-year term. Four new trustees will be appointed for a four-year term every two years thereafter in even numbered years; BOD liaison)

Meetings: Two 1-day meeting annually and additional teleconference meetings as needed and attendance at one APTA annual meeting as identified by the Committee, to serve in an active fundraising role.

Purpose: To further the legislative aims of APTA.

Tasks:
1. Raise funds to contribute to campaigns of candidates for national and state office with attention to physical therapists as candidates for public office.
2. Encourage and facilitate APTA member participation in the political process.

Work other than at meetings: Varies according to current fundraising activities. May consist of making telephone calls, writing letters, manning a booth at Association functions, making speeches, or planning or managing functions. Consequently, Trustees are counted upon to attend Annual Conference and the Combined Sections Meeting.

Qualifications: The composition of the Physical Therapy Political Action Committee (PT-PAC) shall be based on the following criteria for the eight (8) at-large members:

- Participation in PT-PAC at the Eagle levels.
- Ability to Fundraise on behalf of PT-PAC
- Representation and Diversity from APTA Sections and/or Assemblies
- Participation in APTA at the National Level
- Representation and Diversity of Geographic Regions of the Country
- Knowledge, Participation, and Leadership in Government Affairs Issues and Activities
- Professionalism and Leadership in Organizational Management

(Federal Government Affairs, 3156)

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REPORTING TO THE BOARD OF DIRECTORS, BOD G09-09-15-15 [Amended BOD G03-07-24-66; BOD G03-06-29-76; BOD G03-05-23-62; BOD 03-03-29-82; BOD 02-02-12-15; BOD 03-95-08-18; BOD 03-92-46-159] [Guideline]
[previously titled: Guidelines: Format for Reporting to the Board of Directors]

Staff is responsible for forwarding all appointed group and council reports to the Board of Directors within three weeks of the conclusion of the respective meeting. Staff reports for the March, June, and November Board meetings shall be submitted no fewer than 14 days prior to the meeting. Staff reports for a conference call shall be submitted no fewer than 10 days before a conference call.

Reports presented to the Board of Directors will not be distributed or otherwise made available to members until after the Board's review and discussion and only with the permission of the Association President.

(Governance Department, ext 3252)

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GUIDELINES: TASK FORCE AND OTHER ACTIVITIES  BOD G03-95-48-103

Task forces are appointed either by the President or by the Board of Directors (as designated by the motion) and are unlike standing committees that have ongoing assignments. Task forces are considered to be ad hoc committees and are created for short-term assignments for specific purposes as charged by the Board of Directors. Once a task force is approved by the Board of Directors, members will be named within 30 days.

The purpose/objective of the task force shall be adopted/approved by the Board of Directors prior to the appointment of task force members.

The term of appointment varies depending upon the time required to accomplish the charge. The number of members and their required expertise also varies for each task force according to the special assignment.

(Executive Department, ext 3256)

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WORLD CONFEDERATION FOR PHYSICAL THERAPY (WCPT) BOD Y11-12-02-04; [BOD Y01-12-02-02]; [Initial BOD Y09-09-02-02] [Policy]

A. WCPT Oversight Role - The Executive Committee shall be responsible for the oversight of issues related to WCPT.

B. Voting Delegates to WCPT

- Appointment: APTA’s President or the President’s designee shall serve as the Association’s voting delegate and shall appoint an alternate voting delegate to represent APTA at regional and general meetings of the WCPT.

- Term: APTA’s voting delegate and alternate voting delegate to WCPT will serve terms consistent with that of the APTA President.

- Qualifications: APTA’s voting delegate and alternate voting delegate to WCPT should be familiar with the operations and policies of APTA, should know the issues facing the profession in the United States and in other countries, and should have an interest in international matters, empathy for colleagues from other countries, and a flexible attitude toward alternative ways of doing things. The qualified individuals could serve equally well either as the voting delegate to the WCPT General Meeting or as the APTA member appointed to serve in the general member seat on the WCPT Executive Committee.

- Responsibilities:

  The Association’s voting delegate to WCPT shall:

  - Review and respond as needed to all WCPT-related matters, materials, and requests.
  - With the support of APTA staff, develop recommendations to the Association's Board of Directors as needed relative to WCPT-related matters, nominations, materials, and requests.
  - Attend annual meetings of the North America/Caribbean Region (NACR) and serve as voting delegate for APTA during these regional meetings.
  - Attend all sessions of the scheduled WCPT General Meeting, vote and cast ballots as instructed (if instructed) by APTA’s Board of Directors, and satisfy all WCPT procedures and requirements for voting delegates to the General Meeting.
  - Work with APTA staff to prepare and submit summary reports of North America/Caribbean Region (NACR) annual meetings and WCPT General Meetings, and any other reports as may be requested by the Association’s Board of Directors.

  The Association’s alternate voting delegate to WCPT shall:

  - Fulfill the responsibilities of APTA’s Voting Delegate to WCPT in the event the Voting Delegate to WCPT is unable to serve.
C. Liaisons to WCPT: The APTA President or the President's designee shall be appointed as the liaison to groups affiliated with WCPT, whenever a need for such a liaison arises.

D. WCPT Dues: The WCPT annual membership subscription (dues) shall be paid from the APTA General Fund.

E. WCPT Fund: Monies in APTA’s World Confederation for Physical Therapy (WCPT) Fund will be distributed directly to WCPT on at least an annual basis.

F. WCPT Subgroup Financial Responsibilities: When an APTA component becomes a member of a WCPT subgroup, the financial obligation for support of the subgroup shall be the responsibility of the participating component.

G. WCPT Communications: APTA’s primary staff liaison to WCPT, the Chief Executive Officer, in conjunction with staff shall: 1) review and respond, in consultation as appropriate with APTA’s Board of Directors, WCPT voting delegates and liaisons, and staff, to all materials and requests directed by WCPT to its Member Organizations and received by APTA, and 2) will ensure fulfillment of all of APTA’s WCPT Member Organization responsibilities, in consultation as appropriate with APTA’s Board of Directors, WCPT voting delegates and liaisons, and staff.

H. Annual Conference Invitation to WCPT – APTA shall annually offer to WCPT and each of its Member Organizations, an RSVP invitation for the chief elected officer or chief executive officer (or a designee) from each organization, including WCPT, to observe the annual session of the House of Delegates and attend, free of registration fee, the APTA’s Annual Conference & Exposition.

I. Complimentary Exhibit Space for WCPT at APTA Meetings – Complimentary exhibit space will be provided to WCPT at APTA’s Combined Sections Meeting and Annual Meeting and Exposition on a first-come, first-served basis. WCPT shall select its preferred exhibit location in consultation with APTA staff in advance of all meetings.

J. Complimentary Subscriptions for WCPT to APTA Publications – The Secretary-General of WCPT, the members of the WCPT Executive Committee, and the member organizations of WCPT shall receive, free of charge or subscription fee, all issues of Physical Therapy and PT--The Magazine of Physical Therapy.

(Practice Department, ext. 3176)

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