

## **Appendix S - Fellowship in Orthopaedic Manual Physical Therapy**

The Regis University Fellowship in Orthopaedic Manual Physical Therapy (FOMPT) is delivered within the School of Physical Therapy (SOPT). Relevant policies and procedures in the SOPT Doctor of Physical Therapy Handbook apply to the FOMPT. Additional information specific to the FOMPT is provided here.

*Should duplication of policy be present, the specifics of the policy as outlined in this Appendix shall take primacy due to the unique structure of the Fellowship. All policy determinations are subject to appeal to the RUROPT program director and the Assistant Dean of the School of Physical Therapy for the Resident.*

### **A. Executive Summary**

Regis University's FOMPT was the first of its kind to reside in a nonprofit private university. Our hybrid online/on-site program is grounded in evidence-based practice principles and embraces APTA's Vision to optimize movement and improve the human experience. Our FOMPT has graduated over 200 nationally recognized fellows, all from our highly regarded and accredited University, and a nationally recognized School of Physical Therapy (SOPT), now in existence for over twenty-five years. The SOPT and the FOMPT have a documented record of success, and our graduates provide an exceptional professional network for both students and alumni of the program.

The program design allows flexibility for clinicians to pursue the FOMPT and maintain a full-time work schedule. There is no need to relocate to Denver Colorado for the fellowship.

The FOMPT combines online orthopaedic management coursework with a focus to evidence-based practice, critical appraisal, advanced clinical reasoning and decision making, course matched weekend intensive laboratory sessions held at our northwest Denver campus, online virtual rounds and structured mentoring time with a FAAOMPT mentor. Emphasis is placed on advanced clinical decision-making, development of manual therapy skills including manipulative interventions, outcomes assessment and autonomous patient management.

The four orthopaedic management courses are each presented online over an eight-week term. The management courses are divided into four regions presented in Lumbopelvic, Cervical & Thoracic, Lower Extremity and Upper Extremity disorders. In addition to the online component for the management courses, each of the four courses includes one weekend intensive session which starts on Friday and ends Sunday afternoon, allowing you to get back to work and life. The weekend lab sessions allow students to practice hands on skills with the guidance of our expert faculty. We focus on the utilization of techniques that have the greatest amount of evidence supporting their use in the management of orthopaedic conditions including: high velocity low amplitude (HVLA) manipulation, joint mobilization, neurodynamic mobilization, muscle energy techniques (MET), soft tissue management techniques, and dry needling. Our weekend intensives provide the fellows-in-training (FiTs) opportunity for focused discussions and technique practice as well as engagement with DPT students and residents. There is intentional collaboration with experienced and motivated orthopaedic clinicians on the FiTs' path to excellence in advanced clinical practice.

The FiTs complete 130 hours of one-on-one clinical mentor time with an AAOMPT fellow, with an additional 20 hours occurring during the weekend intensives on campus. FiTs have mentoring sessions

with fellows of the American Academy of Orthopaedic Manual Physical Therapy (FAAOMPT) and typically find these mentors utilizing fellows they personally know, through our network of FOMPT alumni, or as a result of seeking clinicians based on location or expertise. These mentoring hours typically start after the first management course is completed and continue throughout time in the program.

The virtual rounds courses, housed in the FOMPT Hub in WorldClass, allow students to review case problems in a structured format and discuss diagnosis, prognosis, & intervention strategies with fellowship faculty. Virtual rounds are primarily discussion of active (de-identified) patient cases with other FiTs and faculty for the purpose of progressing and developing OMPT patient care skill sets. Secondary activity is based upon discussion of key issues in regulation and teaching in OMPT practice, presentation and research development, advocacy and non-patient OMPT questions.

This fellowship represents the culmination in training for advanced clinical practice in the field of orthopaedic manual physical therapy. The program challenges students to attain excellence not only in clinical practice and the psychomotor skills of manual therapy, but also as leaders within the profession. Graduates of the program can expect improved patient outcomes as they apply a framework of evidence-based advanced decision-making, patient education, and advanced manual skills to their practice.

Upon successful completion of the fellowship option, graduates receive an academic certificate from Regis University and are eligible to apply for fellowship status in the AAOMPT). The professional designator of Fellow of the American Academy of Orthopaedic Manual Physical Therapists (FAAOMPT) represents a globally recognized credential denoting the highest level of achievement in clinical excellence in orthopaedic manual physical therapy.

The fellowship is a post-professional option for US licensed physical therapists. Students must complete their one-on-one mentor hours with a US licensed physical therapist practicing in the USA, and in good standing with AAOMPT as a FAAOMPT. Students who are not doctorally prepared will need to consult with the program director to determine their readiness for the program, however, a strong professional practice record, OCS certification (other ABPTS Board speciality certifications considered), 2+ years of clinical experience, and valid PT licensure in good standing are all indications of preparedness for our program.

**Start Dates:** Priority deadline for applications is January 15 for the March start date OR June 15 for the fellowship cohorts starting in February and August. Rolling admissions are also considered on an ongoing basis. Admission decisions are emailed and mailed within two weeks of the application deadline for completed applications. The application opens in October of every year for the following year entry. We start students in March and August each year. We admit approximately 8-16 FiTs each year.

**Length of Program:** Clinicians can complete the program in as little as 12 months, or extend to a maximum of five years. Should a FiT need to go beyond five years for completion of the FOMPT, they can petition the Program Director, describing the extenuating circumstances requiring additional time to complete the program. The average time to complete the FOMPT program is 28 months.

**Travel Involved:** Over the course of the FOMPT, our FiTs spend five weekends at our campus located in Denver, Colorado. Each of the four management courses requires one weekend intensive, and one additional weekend is necessary for the final practicum examination (which may be off-site with prior approval). Additional travel includes attendance at one national conference (AAOMPT Annual Meeting or APTA Combined Sections Meeting (CSM) are most common) if your research project is selected for

presentation, and possible travel related to the 150 hours of one-on-one clinical practice under the direct supervision of a Fellow.

## **Accreditation**

Regis University is accredited by [The Higher Learning Commission](#)

The Doctor of Physical Therapist (DPT) Education program at Regis University is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, Virginia 22314; telephone: 703.706.3245; email: [accreditation@apta.org](mailto:accreditation@apta.org); website: <http://www.capteonline.org>. If needing to contact the program/institution directly, please call 303.964.5720 or email [dpt@regis.edu](mailto:dpt@regis.edu).

Regis University's FOMPT program has been accredited by the American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE) as a post-professional clinical fellowship program for physical therapists in Orthopaedic Manual Physical Therapy since 2006, and currently through 2028.

The Program is accredited also by the Accreditation Council of Orthopaedic Manual Physical Therapy Education (ACOMPTE) which resides with the Foundation for Orthopaedic Manual Physical Therapy in accord with the American Academy of Orthopaedic Manual Physical Therapy (AAOMPT).

[Learn more](#) about graduation rates, the median debt of students who completed this program and other important information regarding gainful employment for the current academic year.

## **B. Mission**

The FOMPT program at Regis University is dedicated to providing a values-centered education within the Jesuit Catholic tradition. The program is designed to produce graduates who are leaders in the practice of OMPT, teaching and research. The graduates will be grounded in an evidence-based practice model and experts at integrating evidence into the daily practice of physical therapy.

### **The Goals of the FOMPT Program include:**

1. Provide a cutting edge educational environment that integrates state of the art learning tools with advanced professional clinical practice
2. Admit and develop physical therapists that value the Jesuit tradition of service to others and are committed to ethical professional practice
3. Emphasize advanced proficiency in the critical appraisal of relevant research in OMPT focused practice to advance clinical proficiency and patient outcomes
4. Attract and support physical therapy educators who model professional behavior, excel in teaching, contribute to the physical therapy profession, and support the fellowship students in their reflection of "how ought we to live"
5. Develop leaders in education, research, and practice who assume leadership roles in the APTA, AAOMPT and like organizations and educational institutions
6. Establish regional and national Fellow in Training mentorship sites for 1-1 instruction/patient care; each with a consistent and evidence-based approach to orthopaedic manual physical therapy patient care and mentee development
7. Graduate Fellows in OMPT practice meeting all domains of OMPT care including ongoing contribution to the evidence-based literature and instruction in OMPT practice
8. Ensure continued financial viability of the FOMPT

## Regis Nine

The FOMPT is a catalyst for integrating the Regis Nine to fellowship education. This will be alignment with the intentional grounding in the Jesuit core values as outlined within the executive summary and the mission.



### Course series alignment to the Regis Nine

**Knowledge** – DPT 903/904/905/906 Regional advanced practice management courses. DPT 900/901/902 mentored patient care, research development and case study development.

**Skills** - DPT 903/904/905/906 Regional advanced practice management courses with focused on campus skill development in weekend intensives.

**Values** – DPT 900/901/902 focus to OMPT patient care, professionalism, leadership, advocacy and professional development. Integration of professional issues, spirituality, holistic care and ethics.

Virtual Rounds. Intentional reflection through patient management, integration of didactic knowledge into clinical practice, *cura personalis and magi* emphasis.

## C. Fellowship Educational Outcomes

Recognizing that Orthopedic Manual Physical Therapist practice (OMPT) is:

*“...a specialized area of Physical Therapy for the management of neuromusculoskeletal (NMS) conditions, based on clinical reasoning, using highly specific treatment approaches including manual techniques and therapeutic exercises. OMPT also encompasses, and is driven by, the available scientific and clinical evidence and the biopsychosocial framework of each individual patient”.*

Adapted: IFOMPT educational standards 2012

### **The Graduate of the Regis FOMPT will be able to:**

1. Gather and evaluate quantitative and qualitative clinical information relevant to the patient's health and execute a management plan based on evidence-based principles. (Expert Clinical Decision Maker)
2. Demonstrate excellent verbal and non-verbal communication skills with individuals, groups, the community and the general population. (Effective Communicator)
3. Collaborate effectively to build sustainable and equitable relationships with patients and multi-disciplinary teams to facilitate the attainment of meaningful health outcomes for patients and communities. (Effective Collaborator)

4. Prioritize and effectively execute tasks through teamwork, make informed decisions when allocating finite health care resources, provide leadership within the context of professional organizations and the health care system. (Resourceful Manager)
5. Recognize advocacy as essential to health promotion at the level of the patient, the practice population, the health care team, and the broader community, and demonstrate the importance of advocacy in responding to the challenges represented by social, environmental, and biological factors that influence the health of patients and society. (Health Advocate)
6. Engage in lifelong learning, critically appraise and apply evidence in practice and facilitate the education of students, patients, colleagues and others. (Clinical Scholar)
7. Commit to the highest standards of excellence in clinical care and ethical/legal conduct and embrace a professional role with a distinct body of physical therapy knowledge, skills and attributes dedicated to improving the health and well-being of others. (Professional)
8. Collect and track patient outcomes to provide personalized care and value-based patient management. (Patient Centered)

#### **D. FOMPT – The Regis Approach**

The FOMPT houses a comprehensive approach to OMPT practice that is not exclusive to other established theories and paradigms of manual therapy interventions. It is our intent to advance the didactic and psycho-motor skill set of each FiT within the field of OMPT, with emphasis to the following key elements:

1. Adherence to the APTA/AAOMPT, ABPTRFE/ACOMPTE & IFOMPT educational guidelines
2. Utilization of a clinical approach which embraces all three elements of evidence based/informed practice (EBP/EIP), being patient values, the available research literature and the clinical experience of our mentors and our mentees
3. Utilization of a dynamic test-re-test approach in patient intra-session assessment such that it is the patient response to a treatment/intervention versus a prescribed expectation of response that directs the ongoing treatment plan
4. Patient assessment with an emphasis to reproduction of an asterisk sign or reproducible functional movement, to enable quick identification of progress, regression or no change clinically with applied treatment
5. Integration of thrust, non-thrust, MET, soft tissue based, patient directed and specific exercise-based interventions which are both therapist and patient selective based upon the concept that both patient and therapist vantage matter within the body of acceptable practice approaches
6. Recognition that acceptable practice approaches within PT practice are currently housed within current clinical practice guidelines such as those produced within *JOSPT*, overall OMPT practice elements as outlined in the AAOMPT DASP-2018, and any OMPT approach utilized is patient centered and measurable with functional outcomes assessment tools utilized
7. Blending of specific axial and appendicular interventions in OMPT patient management with regional interdependence approaches
8. Safety in the delivery of OMPT interventions, noting that a step-wise progression from least to most aggressive is often optimal, but not absolute based upon clinical examination

9. Desiring to learn from the body of OMPT approaches within the available literature, with an eclectic approach to practice allowing for the maximal patient treatment options for the benefit of both patient and practitioner
10. Emphasizing an optimal mentoring experience in a hybrid distance based post-graduate education model
11. Finally, recognizing that future practice may not mimic current practice, and that contributions to the EBP literature by FiT's is encouraged and expected.

## **E. Admission**

Admission to the FOMPT program is granted on a competitive basis with selections made biannually. The following requirements apply:

- Evidence of current and valid physical therapist license to practice in the United States.
- Evidence of current APTA membership is required for admitted students (can be completed within thirty (30) days after acceptance).
- Evidence of current AAOMPT membership is required for admitted students (can be completed within thirty (30) days after acceptance).
- Two years' experience in primary orthopedic physical therapist practice.
- Board Certification by the American Board of Physical Therapist Specialists (ABPTS) – Orthopaedics preferred, SCS, GCS, NCS and others considered, or completion of and ABPTRFE approved Residency program.
- Evidence of commitment to advanced musculoskeletal practice, clinical research, and mentoring within physical therapist practice.

Application Process – All FOMPT applicants must submit application and all required admission information through the Residency and Fellowship Physical Therapy Centralized Application Service (RF-PTCAS). This, in part, includes the following:

1. Complete RF-PTCAS web-based application
2. Correct RF-PTCAS application fee
3. Official transcripts from every U.S. physical therapy college or university attended sent directly to RF-PTCAS. Official transcripts should not be sent directly to Regis University. Transcripts are not required for non-PT degrees for Regis University's FOMPT program. RF-PTCAS does not accept student-issued transcripts or faxed copies.
4. Three electronic letters of recommendation (eLOR's) sent directly to RF-PTCAS on standard form provided in the application. Two references at a minimum must be professional references. One reference may be a personal reference.
5. Address the three essay questions that are part of the RF-PTCAS application. Regis University does not require additional essays beyond those specified in the RF-PTCAS application.
6. Failure to submit all required materials as instructed may jeopardize eligibility for admission consideration.

## **Ranking**

Admission to the FOMPT is granted on a competitive basis.

Regis University reserves the right to deny admission, continued enrollment, or re-enrollment to any applicant or student who would pose an unreasonable risk of harm to self or others, or any unreasonable risk of disruption to the academic or clinical processes of the School of Physical Therapy, the Rueckert-Hartman College for Health Professions, or the University. Also, adherence to the Code of Ethics for the

Physical Therapist, and Standards of Practice for Physical Therapy as described by the American Physical Therapy Association is required for all students in the program.

## **F. Nondiscrimination**

In accordance with its Jesuit Catholic mission, Regis University is committed to maintaining a humane atmosphere in which civil rights of every individual are recognized and respected. Regis University complies with all local, state, and federal nondiscrimination laws and regulations in the provision of educational services and in employment practices.

## **G. Academic Certificate plan**

Following acceptance into the program, the FiT is orientated by the Program Director to the fellowship course work that is required for graduation. FiTs are provided a self-tracking form that allows them to track their progress through the program. Prior to sitting for the Clinical Practicum (DPT 910), the Fellowship Director and the Administrative Assistant to the program complete a review of completed coursework and the certificate transcript to ensure that the FiT completed the course work and requirements of the certificate plan.

## **H. Specific FOMPT Program Requirements**

The following items outline how Regis University FOMPT meets the accreditation and educational standards/requirements for APTA/AAOMPT/ABPTRFE/IFOMPT, and at the same time outlines the key components of the fellowship with further description as applicable. Due to the ongoing review of the AAOMPT/APTA/ABPTRFE/IFOMPT credentialing standards, the information provided is subject to ongoing review.

This section is organized according to the ABPTRFE/AOMPT/APTA requirements (2019), and the Regis University FOMPT Policy as applicable to each element. Where required elements are only required by some of the accrediting/reporting agencies, this is identified.

### Minimum/Maximum time in program

ABPTRFE/AAOMPT/APTA - Fellowship training should be completed in no less than 12 months and no longer than 60 months. FOMPT - The 60-month maximum is the standard. Should a FiT need to go beyond five years for completion of the FOMPT, they can petition the Program Director, describing the extenuating circumstances requiring additional time to complete the program. The Program Director makes the final decision on this petition, based on consultation with the program faculty members.

### Minimum total hours

ABPTRFE/AAOMPT/APTA - The fellowship will be a period of structured study and clinical supervision no less than 1000 hours. FOMPT - The requirement for completion of the Regis University FOMPT is 1200 hours based upon the structure of the program

### Theoretical instruction time

ABPTRFE/AAOMPT/APTA - A minimum of 150 (AAOMPT 200) hours of theoretical instruction in OMPT and related sciences. FOMPT - Exceeds this minimum expectation by incorporating 32 weeks of

OMPT course instruction, with time reserved for manual therapy labs, clinical mentored practice, and clinical one-on-one mentorship.

### Clinical Lab Hours

It was previously a requirement of an accredited FOMPT that FiTs complete 100 axial and 60 appendicular/peripheral manual therapy lab practice hours under ABPTRFE. This was eliminated for the 2019 standards.; but are still potentially considered under AAOMPT/ACOMPTE. As Regis University FOMPT is housed virtually, with components of physical on-site training and a majority of on-line instruction, the pre-clinical lab hours are divided between the weekend intensives housed within each of the four OMPT management courses, student practice post weekend intensives and also the instruction contained within the four same courses.

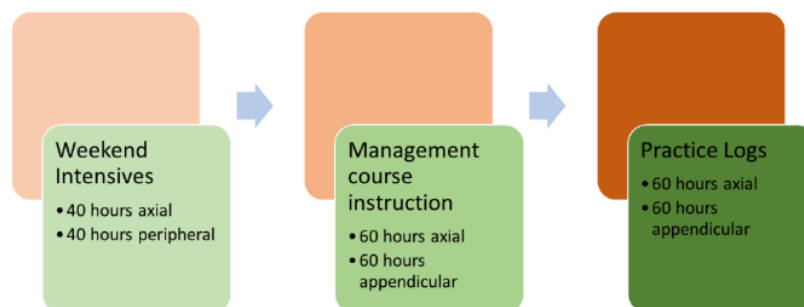
The overall instruction requirement is to obtain 360 hours of theoretical instruction in OMPT patient management, including 200 classroom hours and the 160 pre-clinical lab hours with 100 dedicated to the spine and 60 peripheral.

Of the 160 hours, FiTs accomplish 40 lab hours with a focus on the periphery and 40 lab hours with a focus on the spine through attendance at the four weekend intensive courses. The remaining 20 extremity hours (with 60 overall included) and 60 spinal hours are incorporated into the theoretical and direct feedback based instruction for OMPT management within the four courses.

Each of these courses covers eight weeks, and excluding the weekend intensives provides approximately 400 hours of instruction, exceeding the requirements for the credentialing of the Regis FOMPT and providing in-depth instruction in OMPT patient management for FiTs. Of the 400 hours, excluding the weekend intensives, pre-clinical lab instruction time is a further 40 hours within each of the four courses, totaling 112 for spinal and 112 for appendicular. The remaining classroom hours are 240 hours.

Further to these required hours, additional hours of clinical instruction can be obtained by Fellows in training by participating in other approved manual therapy/medicine courses. Fellows are able to log practice hours in their 1-1 hours and practice log tracking form by axial or appendicular body region with a recommendation to achieve 60 further hours in each region.

These hours are supplemental to the required hours and cannot replace any of the pre-clinical hours obtained through the four didactic OMPT courses. Total hours 40 + 60 + 60 = 160





## Indirect Mentored Clinical Practice

AAOMPT - Mentored OMPT patient practice across the spectrum of care from evaluation to completion of the episode of care, with tracking of patient categories of care. Minimum of 700 hours. Maximum instructor ratio 1:6. 40 hours interaction required. FOMPT - Completed in the Virtual Rounds environment with structured patient case discussions across the spectrum of care.

- Hours are tracked on a shared document shared to the Clinical Faculty
- Time is only counted of OMPT practice when the Fellow in Training is active in virtual rounds/FOMPT Hub
- Tabulated by FiTs representing reporting based on a weekly basis across body regions

## Clinical Mentorship

During the program, FiTs complete a total of 150 mentored hours based upon the standards of ABPTRFE/ACOMPTE/APTA. Due to the varying standards between ABPTRFE and ACOMPTE a hybrid approach to mentoring requirements is ed based upon the two standards.

All mentoring hours are completed with a FAAOMPT under AAOMPT/ACOMPTE, though FAAOMPT is not required under ABPTRFE. For 75 hours the FiT is required to be the primary provider, during one-to-one mentorship, actively engaged in OMPT patient care. Up to 20 hours are obtained through observation/discussion at weekend intensives (as part of the 75 non 1-1 hours).

Mentoring is in approved clinics, with Regis-approved clinical mentors who are all currently FAAOMPT:

- Verified on signed form by FAAOMPT (attestation form)
- Feedback forms received from Fellow and FiT throughout the educational process
- A total of at least 850 patient care clinical hours is to be completed in the program

***ABPTRFE Standards - Fellowship Program Hours:*** *The program offers a comprehensive curriculum that meets minimum required hours within the program's area of practice. Fellowship programs require participants to complete a minimum of 1,000 total program hours including 150 educational hours and 850 patient-care clinic hours inclusive of 150 hours of one-on-one mentoring throughout the program. Mentoring is conducted in-person and the participant is the primary patient/client care provider for 75 of the minimum 150 mentoring hours.*

***ACOMPTE Standards*** - *The participant is the primary patient/client care provider for 75 of the minimum 150 mentoring hours. Mentoring is with a Fellow of AAOMPT.*

- *At least 75 of the 150 mentoring hours must be in-person (one-on-one)*
- *The remaining mentoring hours may occur in-person or using synchronous or asynchronous methodologies.*

## Scholarly Activity

ABPTRFE/AAOMPT/APTA - Required but product to be determined by individual program.

The FOMPT requires a submission of a research presentation at a National forum, with AAOMPT, CSM and APTA national conferences preferred. We do not require acceptance of the submission, but for non-selected submissions internal development of the presentation with submission into the FOMPT Hub or another venue, such as a local chapter or state meeting, is required. Prior presentations are stored within Virtual Rounds (FOMPT Hub); and serve as templates for ongoing and future scholarly presentations.

## Competency Evaluation – Practicum examination

ABPTRFE/AAOMPT/APTA – Two live patient examinations are completed during the fellowship timeframe. One is to have an axial focus and one an appendicular focus.

The FOMPT requires two live patient examinations to be completed during mentoring hours, one with an axial focus and one with an appendicular focus. In the completion of the competency examination the following occurs: FiT technique review at weekend intensives for all four body regions, examination and evaluation reviews with mentors during mentoring hours, a reflective summary examination prior to practicum and regional OMPT examinations for each of the four OMPT regions.

### **Practicum Examination**

Formal final practicum examination with a minimum of 12 technique reviews, one oral case vignette review, oral review of OMPT evidence and a written review of the overall fellowship training process. The patient case vignettes are designed to integrate both spinal and peripheral impairments and the FiT will be required to demonstrate both spinal and peripheral techniques relevant to the case, as well as verbal defense and articulation of the OMPT management of the spinal and peripheral components with both thrust and non-thrust techniques. The practicum examination will be delivered by the core primary Faculty, approved in advance by the Fellowship Director. The patient assessment and technique demonstrations will be live, whilst the oral aspects of the examination (OMPT evidence, patient vignette and oral defense of OMPT practice) may be live in person with faculty or over the phone/internet.

#### Elements of the examination are:

Detailed patient case vignette with oral review.

- Technique demonstration on provided subject relative to vignette; with assessment as indicated relative to the vignette.
- Technique demonstration of thrust and non-thrust manual interventions of at least 12 techniques through all body regions.
- FiT identification of the axial and appendicular portions of the presented case vignette with discussion of intervention to both regions and combined interventions
- Evidence based discussion relative to the body region covered in vignette.

Pass/fail – it is required that the FiT demonstrate in depth knowledge of OMPT practice throughout the clinical practicum examination. All techniques must be safe, demonstrate optimal communication to the patient of the techniques to be completed, include no excessive force or range in thrust or non-thrust techniques and demonstrate advanced clinical practice for hand placement, technique selection, oral case defense, body mechanics, articulation of the elements of OMPT practice and appropriate patient education for ongoing self-management. FiT's must meet the expectations of the above mentioned elements in all techniques demonstrated within the examination. Grading has three levels: does not meet expectations, meets expectations or exceed expectations for each element and each technique. No “does not meet” grades are allowed in a passing examination.

Only approved clinical affiliate or primary faculty may administer the clinical practicum under the selection of the Fellowship Coordinator. Any remediation required will be completed following review of

the examination by the Fellowship Coordinator with an established remediation plan developed once the FiT and the Fellowship Coordinator have reviewed the examination results.

## **I. Mentorship Hours Provision**

During the 1-1 mentorship hours, time that is counted towards the 150 hour total, which is accumulated in clinic, requires that the FiT is primary in the provision of care for a minimum of 75 hours. The minimal standard is that the FiT provides primary OMPT patient management for all of the hours counted towards the clinically mentored hours. During all counted mentored hours, it is a requirement that the FAAOMPT is always available for direct interaction. As the mentoring hours occur in clinical practice the following aspects are considered:

FiT attending to the FAAOMPT's clinic – the patient caseload is presumed to be attending to the clinic to see the FAAOMPT's and to ensure the optimal patient treatment experience, it is acceptable that the Mentor establish which patients the FiT will interact with, and structures the patient care in such a way as not to disrupt the clinic flow. All attempts to maximize the OMPT patient management exposure for the FiT by the mentor is greatly appreciated, especially across the spectrum of patient care types.

FiTs hosting FAAOMPTs in their own practice setting – in this circumstance it is the expectation that the FiT will have no obstacle to being primary in OMPT patient management for every patient.

Remuneration to Mentor – The FOMPT sets no requirement for payment to a mentor for the provision of one-on-one mentoring hours. Any remuneration to the mentor by the FiT/mentee for expenses, housing etc. is totally at the discretion of the FiT/mentee.

## **J. Integrating the Regis approach**

For both our clinical mentors and our FiTs, it is the Regis University FOMPT policy that an open educational forum be established between the mentor and the mentee such that the core elements of the research approach and didactic material from the OMPT courses is brought into clinical practice, at the same time that the clinical experience of the mentor (and as applicable the OMPT background of the mentee) is utilized as a platform to further develop OMPT patient management skills. For our mentors who are not past graduates of the Regis University FOMPT, the attending mentee to the mentor's clinic, or in the reverse, is expected to define for the mentor the Regis approach as outlined in this manual. The Regis approach will be outlined to mentors in the mentor articulate and in the initial orientation with the Fellowship Coordinator.

## **K. Safety in Treatment Delivery**

As the primary hands-on treatment interventions desired within the Regis University FOMPT is the utilization of manual treatment interventions, including thrust manipulative interventions, the following is strongly recommended for FiTs when obtaining 1-1 clinical hours, and also during any practice sessions:

- The patient or colleague on whom the technique is delivered will be aware at all times that the FiT is involved in advanced OMPT education, noting that the FiT is licensed as a PT (required in program) and delivering treatment interventions which fall within the scope of entry level practice (thrust and non-thrust manipulation). If the FiT is utilizing a technique in which they do not have a level of clinical proficiency for which they self-determine (as they are a licensed professional), or which the mentor notes, direct supervision will be present at all times and the patient/colleague will be informed.

- Relative to cervical thrust manipulation – it is recommended through the course of didactic education within the Regis University FOMPT that the preferred approach to cervico-thoracic regional interventions is thoracic thrust and non-thrust interventions, and cervical mobilization in the initial treatment sessions, with progression to thrust manipulative interventions reserved until clear establishment of no negative sequelae to manual interventions (as able) has been established.
- The decision to use cervical manipulation is primarily the clinician’s responsibility, but the affirmation to proceed is derived from firstly no red flags within the clinical presentation (ongoing) and may be further supported with no regression in a pre-manipulative holds, positive or neutral response to non-thrust interventions, or non-cervical regional thrust interventions and no patient objection to thrust interventions with constant communication.

## **L. Mentor vs. Mentee roles**

### Mentor:

1. Support the Regis approach to OMPT practice within their practice setting, or as a visitor to the mentee’s clinic
2. Be forthright in challenging the mentee’s OMPT practice, providing feedback on the clinical 1-1 examination, evaluation and summary forms in a timely manner to the Fellowship Coordinator/mentee (within 30 days of the completion of the 1-1 hours)
3. Be open as a lifelong learner for the mentee’s clinical development time, using a peer approach to instruction to optimize the experience for all participants
4. Support the three pillars of EBP, research, clinician experience and patient values
5. Immediately contact the Fellowship Coordinator with any concerns regarding clinical performance of the mentee
6. Be flexible, as able, in allowing the mentee to experience a diverse OMPT patient experience
7. Be a FAAOMPT in good standing with the AAOMPT prior to any mentoring experience for a mentee.

### Mentee:

1. Bring the Regis approach, within the overall context of the practitioners OMPT skill set, to the mentorship experience, and define this as need to allow the mentor to best understand the needs and vantage of the mentee
2. Be respectful of the variant approaches to OMPT practice, that exist, and may be offered by the mentor, actively engaging as an adult learner to compare and contrast and professionally develop in clinical settings of differing approaches
3. Actively pursue, and be responsible for obtaining the 1-1 clinical mentored hours feedbacks forms and to provide these to the Fellowship Coordinator in a timely manner (within 30 days of the completion of the 1-1 hours)
4. Support the three pillars of EBP, research, clinician experience and patient values
5. Immediately contact the program Fellowship Coordinator with any concerns re. the clinical experience provided by the mentor
6. Be flexible, as able, in allowing the mentor to deliver a diverse OMPT patient experience
7. Be an active learner, reflecting on the mentorship process and seeking feedback directly and openly from the mentor.
8. Ensure that the 1-1 clinical mentoring hour’s feedback form is signed off by the Mentor for the 1-1 primary OMPT hours completed.

## **M. Examinations**

Regional OMPT Written Examinations (4) – each of the four regional OMPT courses is followed by a twenty (20) question, multiple choice examination conducted within virtual rounds. The required grade for each of the four examinations is 77%. Should a fellow in training receive a grade less than 77% on this examination, he/she will be required to remediate the course in accordance with the School remediation policy described in the Handbook. The online examination is to be completed by the end of week eight (8) of the applicable regional OMPT online course, after the weekend intensive. The examination score accounts for 25% of the final grade for the FiT in the regional OMPT course

Reflective Examination – the reflective examination completed prior to undertaking the practicum examination is not graded directly; but serves as a mechanism for the FiT to review their professional growth within the program, and also to provide points of discussion and review for faculty and students as to the impact of the fellowship program on professional behaviors. The information obtained also may be utilized for program overview.

## **N. Professional Activity**

ABPTRFE/ACOMPTE/APTA – Requires that FIT's and Faculty, including mentors, stay actively engaged in the activities of the AAOMPT and APTA and be members.

FOMPT - Regis University FOMPT faculty and FiTs have been highly active in the AAOMPT conferences, CSM, and many advocacy activities in AAOMPT. This is reinforced throughout the program. FIT's are required to be APTA and AAOMPT members in good standing throughout their time in the program.

## **O. Fellowship Training Sites**

ABPTRFE/AAOMPT/APTA – all sites that provide mentored educational instruction, mentored patient care counted towards program hours and 1-1 mentoring are considered clinical sites. Mentored sites are added in the approved process to meet the ABPTRFE/ACOMPTE guidelines for credentialing of OMPT programs.

FOMPT - All sites for mentored 1-1 clinical hours have an established contract for 1-1 hours which promulgates the values espoused by AAOMPT, APTA and Regis University. FAAOMPT members are required to be in good standing with AAOMPT.

Any new mentoring sites to the program complete an orientation process to develop a familiarity to the Regis University F OMPT that includes the establishment of a site contract, receipt of the Student Handbook, information supplied on mentoring and the student orientation presentation prior to the FiT obtaining 1-1 hours. New mentoring sites undergo a two-step process for approval by ABPTRFE. No mentoring shall occur at a site until initial approval has been granted in step-one of this process.

Clinical practice sites which do not provide mentoring or direct instruction will not be required to have a contract in place for student instruction.

## **P. Completion Process**

Once all didactic and mentored requirements are met, the Program Director will review completion of all academic requirements before approval to sit for the final practicum examination. The academic transcript

will be reviewed by the Program Director and the Administrative Assistant to the program. Following the successful completion of the Clinical Practicum, and verification of all course requirements, including the review of the self-tracking form for the FIT, the Fellowship Director will support a graduate's application for Fellowship status with the AAOMPT.

### **Q. Course Enrollment/WebAdvisor**

Newly accept FiTs are provided an orientation at the beginning of the program and are then enrolled in the first course through the WebAdvisor system. FiTs are responsible for enrolling in subsequent courses, and tracking their ongoing enrollment and completion of the required elements of the program.

Once the student is officially enrolled in a course, the Registrar's Office will notify the School that the student can now be added to expected student list for that course. At this time, which should be no later than 2 weeks prior to the beginning of the course, the student will be sent information about the online course. Typically done via email, this introductory information may include: required textbooks and how to access them; instructional tutorials on the use of D2L, the current online delivery software; technical support contact information; and other course-relevant content. Once the student has received this information, it is expected that they will take the necessary steps ensuring they are ready to participate in the first day of class. If the student registers within the 2 weeks of the course start date, they will need to contact the faculty directly regarding preparation for the course.

In addition to course enrollment, WebAdvisor is also the online mechanism whereby students can view their past courses (including official grades given), current term course schedule, and a comprehensive list of upcoming online courses.

### **R. Regis FOMPT Outcomes Reporting**

It is important not only to administer outcomes, but to track outcomes of patients over time to improve the quality and value of managing patients. FiT's are recommended to utilize validated patient outcomes tracking for all patients throughout their episode of care. The prior requirement of FiTs to complete patient outcomes tracking in ROMS was rescinded during 2022 due to the inherent challenges of a time based process within a flexible program with varied student timelines of completion..

### **S. Fellowship in Orthopaedic Manual Therapy Course Descriptions**

For completion of the Regis University FOMPT, the following courses are required to be completed with a passing grade of at least 77% (C+) attained in each course. This is the academic requirement of the Regis University FOMPT.

For each management course, a required component to be completed is the weekend intensive (WI) which occurs at the end of the 3<sup>rd</sup>, 4<sup>th</sup> or 5<sup>th</sup> week of the eight (8) week courses. It is preferred that the WI be completed at the time that the course is provided for the semester enrolled in, but recognized that on rare occasions a FiT may not be able to travel to the Denver, CO campus to complete a WI. In these circumstances, based upon **prior approval from the Program Director**, a FiT may complete a management course and enter into a formal learning contract to complete the WI the following year when the course is next offered to be able to continue overall work towards completion of the FOMPT.

DPT 900/901/902 Virtual Rounds (1 credit each – 3 total credits)

Advanced clinical practice experience in manual physical therapy focusing on advanced decision making regarding clinical care in orthopedic manual physical therapy in a collaborative virtual environment. Virtual rounds provide a faculty supported environment for the development and completion of research presentations for national presentations.

#### DPT 903 Management of Lower Extremity Disorders (3 credits)

Integrates manual therapy and exercise intervention techniques in the management of individuals with lower extremities disorders. Note: Intensive laboratory included and a mandatory written examination within the final week of the course. Participation in each weekend intensive requires the provision of a laboratory release. Regional dry needling included.

#### DPT 904 Management of Upper Extremity Disorders (3 credits)

Integrates manual therapy and exercise intervention techniques in the management of individuals with upper extremity disorders. Note: Intensive laboratory included and a mandatory written examination within the final week of the course. Participation in each weekend intensive requires the provision of a laboratory release. Regional dry needling included.

#### DPT 905 Management of Lumbopelvic Disorders (3 credits)

Integrates manipulative intervention techniques in the management of individuals with lumbosacral disorders. Classification systems, diagnosis and outcomes assessment tools, within the framework of evidence-based practice are included. Note: Intensive laboratory included and a mandatory written examination within the final week of the course. Participation in each weekend intensive requires the provision of a laboratory release. Regional dry needling included.

#### DPT 906 Management of Cervical and Thoracic Disorders (3 credits)

Integrates manipulative intervention techniques in the management of individuals with cervical and thoracic disorders. Includes the application of diagnostic imaging as a component of the diagnostic process. Classification systems and outcomes assessment tools, within the framework of evidence-based practice is included. Note: Intensive laboratory included and a mandatory written examination within the final week of the course. Participation in each weekend intensive requires the provision of a laboratory release. Regional dry needling included.

#### DPT 910 Clinical Fellowship Practicum (3 credits)

Overall management of the completion of the 150 1-1 mentored hours is integrated into the faculty load and cost of this course. Once demonstrated completion of the 150 1-1 hours and the 310 indirect mentored hours is verified, the Fellow in Training (FiT) will sit for the final practicum examination. The final practicum examination includes a live examination of a minimum of 12 OMPT techniques, an oral case vignette challenge with regional EBP examination, and a pre-test reflective of the overall fellowship training process.

#### DPT 911 FOMPT Fulfillment (0 credits)

This course is provided each semester to allow for active enrollment to be obtained for on-site attendance to complete any missed in-person weekend intensives in the program, or to attend to any delayed learning opportunities such as in-person educational opportunities delayed or cancelled by the COVID pandemic.

The utilization of this course to provide an option for the completion of any other missed elements within the program is at the discretion of the Program Director.

Each online management course has a set Syllabus for the course which is posted in the Worldclass platform. It is the responsibility of each student to review and meet the requirements of the course syllabus. The syllabus contains the required posting activity, assignments, individual and group requirements and the graded activities for each course.

## **T. On-campus Weekend Intensives**

There are four courses that include three day on-campus weekend intensives:

- DPT 905 Management of Lumbopelvic Disorders;
- DPT 906 Management of Cervical and Thoracic Disorders;
- DPT 903 Management of Lower Extremity Disorders;
- DPT 904 Management of Upper Extremity Disorders;

Because of the vital role these weekend intensives play in the overall learning experience of the course, all students enrolled in a course with a weekend intensive will be expected to participate in the entire intensive. To facilitate planning, the scheduling of the weekend intensives will be made as much in advance as possible. If an enrolled student is unexpectedly unable to attend the weekend intensive (due to illness or weather-related travel interruptions, for example), the student will receive a pro-rated grade at the completion of the eight-week course, and be required to complete the subsequent weekend intensive for the same course at a satisfactory level. The student will be able to complete the remainder of the online course component. In addition, all students MUST complete a Lab Release prior to participating in the weekend intensive course.

### Student's Consent to Participate – Lab Releases

Due to the nature of this professional program, students are expected to practice and serve as subjects for PT evaluation and intervention techniques and participate in other laboratory experiences throughout the program. Demonstration of a variety of clinical practices are required in the classroom to demonstrate student competence prior to clinical rotations. Students are required to complete the form as instructed by the course coordinator prior to the first lab session. Students will not be permitted to participate in lab until the form has been submitted. Students have the right to refuse occasional participation for documented medical or personal reasons. These consent forms are discussed in each appropriate course.

## **U. Course Delivery**

Each course in the FOMPT curriculum will have an online component. In addition, some courses, especially those where hands-on learning is important, will include on-campus components. Students will be expected to have computer access that will allow them to regularly participate in the online learning environment, including but not limited to, web-based delivery of handouts, multimedia presentations, and other learning resources; online discussion activities; and access of medical and science databases and research articles. Each student will be expected to follow the Regis University policy regarding appropriate use of technology and will use computer resources that meet or exceed the University-determined technical specifications.



## Access to Online Courses

Students will be notified, via their regis.edu email address, when they can access the online course. This email will typically be sent on the Friday before the first day of class. This early access is provided so students can review the course syllabus and content prior to the start of the course. However, students should not expect to have faculty access prior to the start of the course on Monday, Week 1. Students will be expected to access the course within 48 hours of this initial email notification, which will indicate to the faculty that students could successfully access the course content. If students will not be able to meet this expectation, they should notify the faculty in advance.

At the completion of the course, students will have access to the online course for up to 5 days after the last day of the course. During this time, students are expected to make final postings, download appropriate postings (for personal and portfolio uses), and communicate with other faculty or students.

After this 5-day post course period, the course will be inaccessible to the student. Therefore, students should make every attempt to download and save components of the course that they will want to use in the future.

## Online Expectations of the Student

Although online learning is a relatively new phenomenon, several components are critical for successful learning to occur. One of the primary assertions is that technology underlying the online learning process should be very transparent; students should be able to quickly master the technology so that subsequent activities can be fully devoted to the course content. In addition, the online environment should encourage students to be active learners. Similarly, the online discussions and interactions need to occur in an environment of collaboration and mutual respect.

All online courses will have a significant portion of the grade coming from online activity. Therefore, students will be expected to access the online component of the course (e.g., D2L site) several times per week. If students know they will be unable to access the course for several days, the primary course instruction should be notified in advance.

At the completion of each course, students will be required to complete a course and faculty evaluation form. This form will be emailed to each student (to the student's regis.edu email account) during Week 8 of the course. Students must submit the online survey within one week of the completion of the course.

## Online Expectations of the Faculty

Faculty will be responsible for developing all course content, facilitating online discussions, providing student feedback, and grading all required coursework, along with turning in final grades to the Registrar. Faculty will be expected to access the online course several times per week. In addition, when students submit a specific question to the faculty, a response can be expected within 48 hours. If this expectation cannot be met, the student will be notified by the faculty or staff member of a possible delay.

Faculty will also provide feedback, including a grade, for all assignments in the course. This feedback will be within two weeks of the completion of the assignments, unless previous arrangements have been made between the faculty and the students. Faculty engagement in online courses is in alignment with Regis University and Rueckert-Hartman College for Health Professions (RHCHP) expectations for Faculty engagement.

## Computer Literacy

Students need an understanding of computers as computer applications are addressed in several classes. Students need computer skills by the beginning of the second semester. These skills should include the use of Windows word processing programs such as Microsoft Word, the use of spreadsheets preferably Excel and the use of Adobe Acrobat Reader to manage files in pdf format. For students unfamiliar with these computer software applications, courses can be taken through community colleges, continuing education programs at colleges, universities and neighborhood schools, or through private companies. Although evidence of course work for academic credit is not required, it is highly recommended.

Students are assigned an e-mail account in their first semester of the program. Students are expected to be literate in using online activities such as e-mail, Internet, and database services. Although broadband-internet access is not currently required, students will find that higher-speed internet access will make your online time much more efficient and enjoyable.

## Course and Faculty Evaluations

Students are expected to evaluate each OMPT management course and faculty at the conclusion of the course. Evaluations are used to assist with course and overall curriculum development and review. Within the final two weeks of the online course Distance Learning will send an email to the student's regis.edu email inviting them to complete the online evaluations. Students will have at least one week to complete and submit the online evaluations. Distance Learning then compiles the summative evaluation data and generates reports to the Fellowship Coordinator.

## Adding/Dropping of courses

Students typically have one full week after the official start date of a course to drop their enrollment from a specific course. This process can be achieved through the WebAdvisor system or by contacting the Academic Records and Registration 303-458-4126 (out of state: 1-800-568-8932) or email at [enrolsvc@regis.edu](mailto:enrolsvc@regis.edu).

Students will not be allowed to add a course after the registration deadline (Wednesday one week prior to course start date) unless approved by the Dean of the School

## Course Withdrawal

Students may withdraw from a course beginning the first business day following the add/drop deadline through the published withdrawal deadline for the academic period. Requests to withdraw from a course require the signature of the Fellowship Director. If a student withdraws from a course, a grade of "W" is posted on the transcript. This grade is not calculated in the grade point average (GPA). Tuition refunds are calculated on a sliding scale. Additional information regarding refund policies is available from Enrollment Services.

## **V. Payment of Course Tuition**

Soon after the student officially enrolls in a course the student will receive confirmation via mail, with instructions of when tuition payment is due, which is typically one week after the online course begins. Failure to meet the tuition payment due-date will result in a late payment fee. All late fees and tuition must be settled with the University before students are able to register for additional courses. If students

have questions about billing, they are strongly encouraged to contact the Academic Records and Registration 303-458-4126 (out of state: 1-800-568-8932) or email at [enrolsvc@regis.edu](mailto:enrolsvc@regis.edu).

## **W. Progression and Retention**

### Student Advising

Students in the FOMPT program will primarily receive student advising from the Fellowship Director, which will occur in a group format during the program orientation session and during weekend intensive sessions, and in one-on-one advising as needed. In addition, the Program Administrative Assistant will assist students with information related to course logistics, hour documentation, and other tasks as identified by the Fellowship Director.

## **X. Practice Authority**

Each participant in the Regis University FOMPT is required to have an active license to practice in the United States for one-on-one mentoring, and in their regulatory jurisdiction for clinical practice, in good standing, in their home state/country. For FiTs who undertake mentorship in a US state different from their home state during their time in the program, they are required to be aware of the requirements to practice in each jurisdiction and are required to present proof of their legal status to practice to their member/host site.

## **Y. Retention Policy**

The Regis University FOMPT is designed as an asynchronous program with defined learning modules and course-work. Should a fellowship student require an extended time-frame to complete the fellowship due to accepted extenuating circumstances which are not grounds for program suspension or dismissal, an individual plan will be developed in consultation with the Program Director and the Dean's office of the School of Physical Therapy.

Should a FiT require remediation, the academic remediation policies of the School of Physical Therapy, as outlined in the School handbook shall be applied including the remediation process as outlined in Appendix G and Section V of the handbook.

### Termination Policy

A FiT may be terminated in the FOMPT based upon violation of the academic progression and behavioral conduct policies of the School of Physical Therapy DPT Student Handbook Section V. ACADEMIC PROGRESSION AND BEHAVIORAL CONDUCT. A FiT who loses the ability to practice due to loss of license will undergo academic progression review to establish if an alternate plan for completion, which may require a six-month or longer deferment to the next student cohort. If the loss of licensure is based upon a violation of the School policy for FiTs, determination will be made in consultation with the Assistant Dean as to potential withdrawal or termination of the FiT.

## **Z. Grievance and Appeals Process**

ABPTRFE Grievance Policies are contained within Virtual Rounds. The following link is provided: <http://www.abptrfe.org/complaints/>

Appeal Procedure: Academic Suspension/Dismissal

Upon being notified in writing of suspension or dismissal, students who wish to appeal the decision should do the following:

Write a letter of appeal to the Program Director within thirty (30) working days of the date on the letter of notification. This letter of appeal should include:

The FiT assessment of how the academic problems came about.

A description of any extenuating circumstances that affected the student/resident's academic record.

A clear plan to address the student/resident's academic deficiencies.

The student may submit supporting statements from their advisor, other faculty members, or external medical providers with letter of appeal by the designated deadline to the Assistant Dean/Dean's office.

The Assistant Dean/Dean's office makes a final decision and notifies the resident in writing of the decision regarding the appeal.

### Final Appeal Procedure/Dismissal

All decisions by the Program Director regarding a student's suspension or dismissal may be appealed in writing to the School Dean. The appeal should be submitted to the School Dean within 5 business days of notification by the Program Director. The School Dean may require a personal interview with the student/resident before a decision is reached. The decision of the School Dean is final.

### Petition for Readmission

A FiT who wishes to petition for consideration of readmission to the program following a suspension must complete a three-phase process.

1. The FiT must meet with the Program Director and the Assistant Dean to formulate a guidance plan to address academic and behavioral needs during the period of suspension. In addition, the student/resident may be requested to meet with course coordinators to assist with providing academic guidance in this process.
2. The FiT must follow the written guidance plan formulated by the Director/Assistant Dean during the period of the suspension.
3. The FiT will complete a letter to formally petition for readmission. This letter, detailing the student/resident's actions and outlining plans that were completed to correct his/her previous academic difficulties must be submitted to the Program Director and Assistant Dean *at least two months prior to the beginning of the semester* for which the student is requesting readmission.

Requests for readmission are considered on a case-by case basis. Readmission will be approved when prospects for better academic performance can be demonstrated. **A FiT readmitted after suspension re-enters the program on probation, ineligible for remediation or further probationary semesters.** *Readmission may also include independent study course enrollment and completion of competency exams to ensure retention of previously completed material, while taking new coursework.*

Readmission is granted in very limited circumstances when an applicant has clearly demonstrated that they can and is likely to continue to perform academic work that meets acceptable program standards.

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