

Recent ABPTRFE Accreditation Actions

January 17, 2024 – Corrected Version 2/1/2024

Candidacy Granted	Effective Date
American Family Childrens Hospital and University of Wisconsin Waisman Center Pediatric Residency	January 31, 2024 to May 31, 2026
Bay Pines VA Healthcare System Orthopedic Residency	January 31, 2024 to May 31, 2026
Kettering Health Neurologic Residency	January 31, 2024 to May 31, 2026
Prisma Health Orthopaedic Manual Physical Therapy Fellowship	January 31, 2024 to May 31, 2026
Southeast Louisiana Veterans Health Care System Neurologic Residency	January 31, 2024 to May 31, 2026
St. Lukes University Health Network Pediatric Residency	January 31, 2024 to May 31, 2026
University of Wisconsin Hospitals and Clinics Acute Care Residency	January 31, 2024 to May 31, 2026
VA Northern California Health Care System Residency in Geriatrics	January 31, 2024 to May 31, 2026
Candidacy Denied (Actions are Subject to Appeal and Are Not Yet Final) <i>See Attached ABPTRFE Decision Letters</i>	Effective Date
None	
Initial Accreditation Granted	Effective Date
ActivePT Orthopedic Residency	January 31, 2024 to January 31, 2029
Birmingham VA Geriatric Residency	January 31, 2024 to January 31, 2029
Corewell Health East Orthopedic Residency	January 31, 2024 to January 31, 2029
Corewell Health East Pediatric Residency	January 31, 2024 to January 31, 2029
Corewell Health East Women's Health Residency	January 31, 2024 to January 31, 2029
Ivy Rehab and Hospital for Special Surgery Orthopedic Residency	January 31, 2024 to January 31, 2029
Midwest Orthopedics at Rush Orthopaedic Residency	January 31, 2024 to January 31, 2029
North American Institute of Orthopedic Manual Therapy and Messiah University Orthopedic Residency	January 31, 2024 to January 31, 2029
Northwestern University Sports Division 1 Fellowship	January 31, 2024 to January 31, 2029
Rocky Mountain University of Health Professions Faculty Residency	January 31, 2024 to September 30, 2028
St. Luke's University Health Network Neurologic Residency	January 31, 2024 to January 31, 2029

The Rehabilitation Institute of Michigan Sports Residency	January 31, 2024 to January 31, 2029
University of Southern California Oncology Residency	January 31, 2024 to January 31, 2029
University of Wisconsin Health Neurologic Residency	January 31, 2024 to January 31, 2029
Utica College and Sunnyview Rehabilitation Hospital Neurologic Residency	January 31, 2024 to January 31, 2029
VA Long Beach Health Care System Neurologic Residency	January 31, 2024 to January 31, 2029
VA Puget Sound Health Care System Neurologic Residency	January 31, 2024 to January 31, 2029
Initial Accreditation Denied (Actions are Subject to Appeal and Are Not Yet Final) See Attached ABPTRFE Decision Letters	Effective Date
None	
Renewal of Accreditation Granted	Effective Date
Baylor Scott and White Institute for Rehabilitation Acute Care Residency	September 30, 2023 to September 30, 2033
Kaiser Permanente Northern California Neurologic Residency	January 31, 2024 to January 31, 2034
Rehabilitation and Performance Institute, PSC and the University of Evansville Orthopaedic Residency	January 31, 2024 to January 31, 2034
University of Michigan - Michigan Medicine Cardiovascular and Pulmonary Residency	September 30, 2023 to September 30, 2033
University of Southern California Sports Division 1 Fellowship	September 30, 2023 to September 30, 2033
Renewal of Accreditation Denied (Actions are Subject to Appeal and Are Not Yet Final) See Attached ABPTRFE Decision Letters	Effective Date
None	
Voluntary Withdrawal of Accreditation (by Program)	Effective Date
Florida Gulf Coast University Orthopedic Residency	December 31, 2023
Florida Gulf Coast University Orthopaedic Manual Physical Therapy Fellowship	December 31, 2023
Houston Methodist Hospital Critical Care Fellowship	January 9, 2024
Kaiser Permanente Vallejo Orthopaedic Manual Physical Therapy Fellowship	January 1, 2024
Saint Francis University Orthopaedic Residency	January 19, 2024
Sports Residency at Vanderbilt Orthopaedic Institute and Belmont University	December 31, 2023
United States Air Force Fellowship in Orthopaedic Manual Physical Therapy	January 23, 2024
University of Miami Geriatric Residency	October 20, 2023
Administrative Withdrawal of Accreditation (Non-Compliance)	Effective Date
None	
Change in Ownership (Previous Owner)	Current Owner
None	

September 22-23, 2023

Candidacy Granted	Effective Date
AdventHealth Sports Medicine and Rehabilitation Sports Residency	September 30, 2023 to January 31, 2026
Aurora Health Care Physical Therapy and Carroll University Women's Health Residency	September 30, 2023 to January 31, 2026
Illinois Bone and Joint Institute Orthopedic Residency	September 30, 2023 to January 31, 2026
Ochsner Health System Women's Health Residency	September 30, 2023 to January 31, 2026
Orlin and Cohen Medical Specialists Group and Northwell Health Orthopedic Residency	September 30, 2023 to January 31, 2026
Orlin and Cohen Medical Specialists Group and Northwell Health Sports Residency	September 30, 2023 to January 31, 2026
Samaritan Health Services Orthopaedic Residency	September 30, 2023 to January 31, 2026
St. Ambrose University Pediatric Residency	September 30, 2023 to January 31, 2026
University of Southern California Wound Management Residency	September 30, 2023 to January 31, 2026
Candidacy Denied (Actions are Subject to Appeal and Are Not Yet Final) See Attached ABPTRFE Decision Letters	Effective Date
University of Southern California Women's Health Residency	September 30, 2023
Initial Accreditation Granted	Effective Date
AdventHealth Sports Medicine and Rehabilitation Neurologic Residency	September 30, 2023 to September 30, 2028
Balance Physical Therapy Orthopaedic Residency	September 30, 2023 to September 30, 2028
Belmont University-Tennessee Orthopedic Alliance Sports Residency	September 30, 2023 to September 30, 2028
Boston University Orthopaedic Residency	September 30, 2023 to September 30, 2028
Durham VA Health Care System Neurologic Residency	September 30, 2023 to September 30, 2028
Hackensack Meridian JFK Johnson Rehabilitation Institute Neurologic Residency	September 30, 2023 to September 30, 2028
Hospital for Special Surgery and Stamford Health Orthopedic Residency	September 30, 2023 to September 30, 2028
Houston Methodist Baytown Hospital Sports Residency	September 30, 2023 to September 30, 2028
North Florida-South Georgia Veterans Health System Jacksonville OPC Geriatric Residency	September 30, 2023 to September 30, 2028
Orlando VA Orthopaedic Residency	September 30, 2023 to September 30, 2028
OrthoVirginia Orthopedic Residency	September 30, 2023 to September 30, 2028
Parkview Health Womens Health Residency	September 30, 2023 to September 30, 2028
Tampa General Hospital Acute Care Residency	September 30, 2023 to September 30, 2028
University of Utah Pediatric Residency	September 30, 2023 to September 30, 2028
Initial Accreditation Denied (Actions are Subject to Appeal and Are Not Yet Final) See Attached ABPTRFE Decision Letters	Effective Date
None	
Renewal of Accreditation Granted	Effective Date
Bellarmino University Geriatric Residency	September 30, 2023 to September 30, 2027
Brooks Rehabilitation Orthopaedic Residency	September 30, 2023 to September 30, 2033

Brooks Rehabilitation Sports Residency	September 30, 2023 to September 30, 2033
California State University-Long Beach Orthopaedic Residency	September 30, 2023 to September 30, 2033
Corewell Health East Oncology Residency	September 30, 2023 to September 30, 2033
Creighton University and Creighton Therapy and Wellness Womens Health Residency	September 30, 2023 to September 30, 2033
Duke University Health System Neurology Residency	January 31, 2024 to January 31, 2034
Duke University Health System Oncologic Residency	January 31, 2024 to January 31, 2034
East Tennessee State University and James H. Quillen VAMC Orthopaedic Residency	September 30, 2023 to September 30, 2033
Institute for Athlete Regeneration Orthopedic Residency	September 30, 2023 to September 30, 2033
Malcom Randall VA Medical Center Geriatric Residency	September 30, 2023 to September 30, 2033
Massachusetts General Hospital Physical Therapy Services Neurologic Residency	September 30, 2023 to September 30, 2033
Nationwide Childrens Hospital Neonatology Fellowship	September 30, 2023 to September 30, 2032
Nationwide Childrens Hospital Sports and Orthopedic Physical Therapy Sports Residency	September 30, 2023 to September 30, 2033
Optum Orthopaedic Residency	September 30, 2023 to September 30, 2033
Samaritan Athletic Medicine Center Sports Residency	January 31, 2024 to January 31, 2034
The LIVE EVERY DAY Orthopedic Residency	September 30, 2023 to September 30, 2033
The Ohio State University Wexner Medical Center Orthopaedic Residency	January 31, 2024 to January 31, 2034
Therapeutic Associates Orthopaedic Residency	September 30, 2023 to September 30, 2033
Therapy Partners Group Sports Residency	September 30, 2023 to September 30, 2033
UCSF Orthopedic Residency	September 30, 2023 to September 30, 2033
University of Central Florida and Orlando Health Neurologic Residency	September 30, 2023 to September 30, 2033
University of Chicago Medicine Orthopaedic Manual Physical Therapy Fellowship	September 30, 2023 to September 30, 2033
University of Kentucky Sports Residency	September 30, 2023 to September 30, 2033
UT Southwestern Cardiovascular and Pulmonary Residency	September 30, 2023 to September 30, 2033
Vail Health Howard Head Sports Residency	January 31, 2024 to January 31, 2034
Renewal of Accreditation Denied (Actions are Subject to Appeal and Are Not Yet Final) <i>See Attached ABPTRFE Decision Letters</i>	Effective Date
None	
Voluntary Withdrawal of Accreditation (by Program)	Effective Date
Mercy Health - Cincinnati Sports Residency	August 1, 2023
Thomas Jefferson University and Magee Rehabilitation Hospital Neurologic Residency (program merged with MossRehab Neurologic Residency due to health system acquisition)	August 18, 2023
Administrative Withdrawal of Accreditation (Non-Compliance)	Effective Date
None	
Change in Ownership (Previous Owner)	Current Owner

None	
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September 23, 2022

Eileen Johnson, PT, DPT
Program Director
University of Southern California Women's Health Residency
USC Physical Therapy- HRA 1640 Marengo St Suite 102
Los Angeles, CA 90033
UNITED STATES

Dear Dr. Johnson:

The American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE or Board) met on September 22-23, 2023 and considered granting candidacy to University of Southern California Women's Health Residency.

Upon review of the Self-Evaluation Report, Exhibits, and Accreditation Report Rubric, the Board took action to deny candidacy to University of Southern California Women's Health Residency. The reasons for the Board's decision to deny candidacy are outlined below.

1) Program Assessment

The program misinterpreted the intent of this question. The program needs to describe how it developed as well as who was involved in completing and submitted the Self-Evaluation Report.

2) **Standard 1: Mission, Goals, and Outcomes 1.1:** The mission statement communicates the program's purpose and commitment to providing quality advanced education to physical therapists in a defined area of practice that results in enhanced patient care.

The program's mission does not reflect the specialty of women's health.

3) **Standard 1: Mission, Goals, and Outcomes 1.3:** The program identifies goals that are reflective of the defined area of practice. The program goals support the achievement of the mission and communicate the ongoing efforts necessary to support continued sustainability.

Program goals 1, 3, and 5 along with the associated Key Indicators and Benchmarks do not reflect the specialty of women's health.

4) **Standard 1: Mission, Goals, and Outcomes 1.4:**

Program outcomes 1, 3, and 4 along with many Key Indicators for all outcomes do not reflect the specialty of women's health.

5) **Standard 2: Curriculum Design and Instruction 2.1: Curriculum Development:** The program's comprehensive curriculum is developed from and addresses the most recent version of the Description of Residency Practice (DRP) or the Description of Fellowship Practice (DFP). All curriculum components complement each other to enhance the participant's learning. The program's curriculum organization ensures congruency between didactic and clinical components. The curriculum provides a structure for the designation of types, lengths, and sequencing of learning experiences that ensures the achievement of the program's outcomes.

The program failed to describe its curriculum in detail, depth, length, and structure. In addition, it is not evident that the program's curriculum is development from the most recent DRP for Women's Health.

- 6) **Standard 2: Curriculum Design and Instruction 2.1.1: Program Structure:** The didactic and clinical curriculum permits participants to gain experience with a diverse patient population and a range of complexity of patient populations as characterized by the Description of Residency Practice (DRP) or the Description of Fellowship Practice (DFP).

The information located within the Self-Evaluation Report and corresponding Participant Practice Site chart are in conflict. Therefore, it is not clear from the information provided the breadth and depth of the patient population served at the program's participant practice sites and how the mentioned collaborations support the program and its curriculum.

- 7) **Standard 2: Curriculum Design and Instruction 2.1.2: Patient Outcomes:** The curriculum design provides the participant with the knowledge, skills, and affective behaviors to manage patient care in support of improved patient outcomes through the integration of didactic instruction, focused practice, and application of evidence-based practice principles. The program effectively uses mentoring to guide the participant through developing patient care plans based on best practices.

The program's response to this Key Element refers back to Key Element 2.1. However, the program's response to Key Element 2.1 within the Self-Evaluation Report does not include this information.

The program failed to describe how the resident's will use patient outcomes to assess the success of their patients and their own success with their patients. The program speaks to weekly mentoring and didactic instruction on various topics. They speak about lab practice including anatomy lab. The program speaks to teaching the resident on how to properly assess and analyze research to apply evidence-based examination and treatment for improved outcomes. The program also speaks to helping the residents to understand both simple and complex diagnoses for improved clinical pattern recognition.

In addition, the program within its response refers to a primary mentor being located at the "inpatient site"; however, the program's corresponding Participant Practice Site Chart does not include an inpatient site.

- 8) **Standard 2: Curriculum Design and Instruction 2.1.3: Educational Methods:** The program integrates a variety of educational methods, traditional or innovative, to ensure the participant's advancing level of mastery. Educational methods are appropriate to each of the curriculum content areas and reflective of the program outcomes.

The program has failed to describe the curriculum, integration of didactic and clinical components, and how they will progress the resident through the program to the women's health specialist level.

- 9) **Standard 2: Curriculum Design and Instruction 2.1.5: Residency Programs – Domains of Competence:** The program integrates the following competencies when evaluating achievement of the participant's goals and outcomes. The program monitors and measures the achievement of the participant's seven domains of competence.

The program identifies that they will cover the Competencies of the Physical Therapist Resident, but they do not state within Exhibit 3 how they will do this.

- 10) **Standard 2: Curriculum Design and Instruction 2.4: Mentoring Focus:** The program emphasizes the professional benefit of advanced clinical education through mentoring. The curriculum offers the participant individualized guidance on emerging and current best practices,

patient care, and evidence-based practice in a defined area of practice. Mentors provide comprehensive oversight and consistent feedback throughout the length of the program focused on advancing the participant's knowledge and expertise in a defined area of practice.

The program did not clearly describe its mentoring structure.

- 11) **Standard 3: Program Delivery, Director, and Faculty 3.1.2: Program Contract/Agreement/Letter of Appointment:** The program ensures each participant signs a contract/agreement/letter of appointment prior to commencing the residency/fellowship program. The contract/agreement/letter of appointment is in compliance with the ABPTRFE's Admissions Offer Disclosures Check List.

The resident contract does not reflect the Women's Health area of practice or the approved program name.

- 12) **Standard 3: Program Delivery, Director, and Faculty 3.3.3: Termination Policy:** The program implements an appropriate termination policy and procedures including termination of the participant who becomes ineligible to practice due to loss of license or for identified clinical or academic reasons (e.g., consistent underperformance or inability to successfully remediate participant). The program establishes procedures and timelines followed for termination. The program identifies the employment status of the participant should program termination occur.

The program did not identify the procedures and timelines followed for termination.

- 13) **Standard 3: Program Delivery, Director, and Faculty 3.3.5: Leave Policy:** The program establishes appropriate professional, family, and sick leave policies including how these leaves could impact the participant's ability to complete the program.

The program did not describe how a leave of absence would impact the resident's ability to complete the program.

- 14) **Standard 3: Program Delivery, Director, and Faculty 3.6: Faculty:** Individuals qualified by education and experience comprise the program's faculty based on their roles and responsibilities. The program's faculty possess the academic background, professional experience, and ongoing professional development to ensure the delivery of quality residency/fellowship education. Programs do not discriminate on the basis of race, color, national origin, religion, sex, gender, sexual orientation, disability, age, and identities and/or statuses. Programs strive for diversity and a culture of inclusion among faculty, particularly with regard to historically underrepresented groups.

The program needs to provide recent professional development activities for faculty member Rashmi Bandekar.

- 15) **Standard 4: Program Commitment and Resources 4.1: Patient Population:** The program's patient population is sufficient in number and variety to meet the mission, goals, and outcomes. The program provides sufficient mentored clinical practice experiences for the most common diagnoses or impairments identified in the Description of Residency Practice (DRP) or the Description of Fellowship Practice (DFP). Other learning experiences (observation, patient rounds, surgical observations, etc.) provide sufficient exposure to less commonly encountered practice elements.

The program's response indicates residents assume responsibility for ensuring that they find and negotiate opportunities to treat and/or obtain other learning experiences to acquire exposure to the required type and variety of patient diagnoses and categories during their residency year. However, distinct medical condition charts are not available

for each outpatient practice site listed within the Participant Practice Site Chart. In addition, there is no indication of how the resident can use the other sites mentioned (hospital collaborations) to fill any gaps or any overall plan for the resident to know if they are getting adequate exposure to the range of conditions required by the Women's Health DRP. The program's response also mentions "MD mentored time." The program needs to clarify how much mentoring time is provided by a physical therapist mentor versus a physician, and provide assurance that the physician mentored time is not included within the minimum 150 hours of mentoring.

- 16) **Standard 4: Program Commitment and Resources 4.4: Financial Resources:** The program maintains financial resources that are adequate to achieve the mission, goals, and outcomes and supports the academic integrity resulting in continued program sustainability.

The program's response appears to be cut and pasted from another document as it includes information on a 2020-2021 fiscal budget. The program needs to demonstrate current financial support from the sponsoring organization.

- 17) **Standard 5: Assessment, Achievement, Satisfaction, and Effectiveness 5.7: Outcomes Publication:** The program annually publishes outcomes data that communicates program performance indicative of participant achievement. Outcomes data must be published on the program's website. Information shall be no more than one "click" away from the program's home webpage. At a minimum, programs publish their program completion rate.


The program needs to provide the outcomes they expect to publish on their website that communicate performance indicative of participant achievement.

Denial of candidacy status is an appealable decision. A developing program may appeal this adverse decision following procedures detailed in 6.4 of the ABPTRFE Processes and Procedures.

Per ABPTRFE Processes and Procedures 2.5.2, if a developing program denied candidacy decides to continue pursuing ABPTRFE-accredited status, the program is required to revise the Self-Evaluation Report and Exhibits incorporating feedback from the ABPTRFE Accreditation Report Rubric and reapply for initial accreditation following ABPTRFE's published procedures.

ABPTRFE's approach to accreditation emphasizes practices of continuous improvement and quality enhancement driven by the program's mission. The accreditation process does not assume a single model for improvement, but reflects an understanding that continuous improvement is a process that can follow various paths to demonstrate excellence in residency and fellowship education. Should you have any questions, please feel free to contact ABPTRFE staff.

Sincerely,



Matt Briggs, PT, DPT, ATC, PhD
Board-Certified Clinical Specialist in Sports Physical Therapy
Chair, American Board of Physical Therapy Residency & Fellowship Education

cc: James Gordon

May 21-22, 2023

Candidacy Granted	Effective Date
Adams Sports Medicine and Physical Therapy Sports Residency	May 31, 2023 to September 30, 2025
Atrium Health Sports Residency	May 31, 2023 to September 30, 2025
Belmont University-Tennessee Orthopedic Alliance Orthopedic Residency	May 31, 2023 to September 30, 2025
Corewell Health West Orthopedic Residency	May 31, 2023 to September 30, 2025
Creighton University Sports Residency	May 31, 2023 to September 30, 2025
Duke University Health System Acute Care Residency	May 31, 2023 to September 30, 2025
Georgia State University Pediatric Residency	May 31, 2023 to September 30, 2025
Midwest Orthopedics at Rush Sports Residency	May 31, 2023 to September 30, 2025
Minneapolis Veterans Affairs Healthcare System Geriatric Residency	May 31, 2023 to September 30, 2025
National Sports Medicine Institute Sports Residency	May 31, 2023 to September 30, 2025
St. Louis Childrens Sports Residency	May 31, 2023 to September 30, 2025
The Ohio State University Wexner Medical Center and Bellarmine University Neurologic Movement Disorders Fellowship	May 31, 2023 to September 30, 2025
University Hospitals Sports Residency	May 31, 2023 to September 30, 2025
University of Maryland Neurologic Residency	May 31, 2023 to September 30, 2025
University of North Dakota Faculty Residency	May 31, 2023 to September 30, 2025
University of Texas at El Paso and Paso del Norte Orthopedic Residency	May 31, 2023 to September 30, 2025
Washington University School of Medicine in St. Louis Orthopaedic Residency	May 31, 2023 to September 30, 2025
Winston-Salem State University and Novant Health Orthopedic Residency	May 31, 2023 to September 30, 2025
Candidacy Denied (Actions are Subject to Appeal and Are Not Yet Final) See Attached ABPTRFE Decision Letters	Effective Date
Houston Methodist Upper Extremity Athlete Fellowship	May 31, 2023
Madison Wisconsin VA Geriatric Residency	May 31, 2023
UT Health San Antonio Residency in Orthopedics	May 31, 2023
Initial Accreditation Granted	Effective Date
Aurora BayCare Medical Center Sports Residency	May 31, 2023 to September 30, 2028
Encompass Health Rehabilitation Hospital of Middletown Neurologic Residency	May 31, 2023 to January 31, 2028
James A Haley Veterans Hospital Acute Care Residency	May 31, 2023 to September 30, 2028
Lawrence Memorial Hospital Sports Residency	May 31, 2023 to January 31, 2028
Milwaukee VA Medical Center Orthopedic Residency	May 31, 2023 to January 31, 2028
North Florida-South Georgia Veterans Health System Jacksonville OPC Orthopedic Residency	May 31, 2023 to January 31, 2028
Ochsner Clinic Foundation and Ochsner Health Rehabilitation Hospital Neurologic Residency	May 31, 2023 to September 30, 2028
Portland VA Healthcare System Orthopedic Residency	May 31, 2023 to September 30, 2028

Twin Cities Orthopedics Orthopedic Residency	May 31, 2023 to January 31, 2028
Twin Cities Orthopedics Sports Residency	May 31, 2023 to January 31, 2028
University of Chicago Medicine Acute Care Residency	May 31, 2023 to September 30, 2028
University of Colorado Anschutz Medical Campus Faculty Residency	May 31, 2023 to September 30, 2028
University of Nebraska Medical Center Orthopedic Residency	May 31, 2023 to January 31, 2028
University of Southern California Upper Extremity Athlete Fellowship	May 31, 2023 to September 30, 2028
UCSF Neurologic Residency	May 31, 2023 to September 30, 2028
UTMC Sports Residency	May 31, 2023 to January 31, 2028
Initial Accreditation Denied (Actions are Subject to Appeal and Are Not Yet Final) See Attached ABPTRFE Decision Letters	Effective Date
None	
Renewal of Accreditation Granted	Effective Date
Cincinnati VA Medical Center Neurologic Residency	September 30, 2023 to September 30, 2033
Kaiser Permanente Southern California Orthopaedic Residency	September 30, 2023 to September 30, 2033
Mary Free Bed Rehabilitation Hospital and Grand Valley State University Neurologic Residency	September 30, 2023 to September 30, 2033
Minneapolis Veterans Affairs Healthcare System Neurologic Residency	September 30, 2023 to September 30, 2033
Riverside Physical Therapy Sports Residency	September 30, 2022 to September 30, 2032
The Ohio State University Wexner Medical Center Womens Health Residency	September 30, 2023 to September 30, 2033
University of Miami Sports Residency	September 30, 2023 to September 30, 2033
University of Montana Orthopedic Residency	September 30, 2023 to September 30, 2033
VA Palo Alto Health Care System Geriatric Residency	September 30, 2023 to September 30, 2033
Renewal of Accreditation Denied (Actions are Subject to Appeal and Are Not Yet Final) See Attached ABPTRFE Decision Letters	Effective Date
None	
Voluntary Withdrawal of Accreditation (by Program)	Effective Date
None	
Administrative Withdrawal of Accreditation (Non-Compliance)	Effective Date
None	
Change in Ownership (Previous Owner)	Current Owner
None	

May 21, 2023

Corbin Hedt, PT, DPT
Program Director
Houston Methodist Upper Extremity Athlete Fellowship
5505 W. Loop South
Houston, TX 77081
UNITED STATES

Dear Dr. Hedt:

The American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE or Board) met on May 21, 2023 and considered granting candidacy to Houston Methodist Upper Extremity Athlete Fellowship.

Upon review of the Self-Evaluation Report, Exhibits, and Accreditation Report Rubric, the Board took action to deny candidacy to Houston Methodist Upper Extremity Athlete Fellowship. The reasons for the Board's decision to deny candidacy are outlined below.

1) **Program Organizational Structure**

The program did not outline an organizational structure that includes the sponsoring organization and how the program fits within that organizational structure.

2) **Quality Standard 1: Mission, Goals, and Outcomes: 1.2:** The program's mission statement aligns with the sponsoring organization's mission statement.

The program does not have a mission that identifies the targeted physical therapy population, speaks to enhancing patient care, or speaks to supporting growth, continuous improvement, and strategic initiatives.

3) **Quality Standard 2: Curriculum Design and Instruction: 2.1 Curriculum Development:** The program's comprehensive curriculum is developed from and addresses the most recent version of the Description of Residency Practice (DRP) or the Description of Fellowship Practice (DFP). All curriculum components complement each other to enhance the participant's learning. The program's curriculum organization ensures congruency between didactic and clinical components. The curriculum provides a structure for the designation of types, lengths, and sequencing of learning experiences that ensures the achievement of the program's outcomes.

The program did not demonstrate how its curriculum components complement each other to enhance participant learning. In addition, the organization of the didactic and clinical aspects of the program's curriculum does not demonstrate how it supports effective learning. The curriculum structure does not demonstrate that it supports achievement of the program's outcomes. Last, the program's curriculum does not designate types, lengths, and sequences of learning experiences in an established sequence that ensures achievement of the program's outcomes.

4) **Quality Standard 2: Curriculum Design and Instruction: 2.1.1: Program Structure:** The didactic and clinical curriculum permits participants to gain experience with a diverse patient population and a range of complexity of patient populations as characterized by the Description of Fellowship Practice (DFP).

The program did not describe how it will provide robust didactic and clinical training for fellows. The program did not provide Exhibit 4: Medical Condition Charts for each participant practice site. The program did not describe how the curriculum promotes exposure to a range of complexity as characterized by the DFP.

- 5) **Quality Standard 2: Curriculum Design and Instruction: 2.1.2: Patient Outcomes:** The curriculum design provides the participant with the knowledge, skills, and affective behaviors to manage patient care in support of improved patient outcomes through the integration of didactic instruction, focused practice, and application of evidence-based practice principles. The program effectively uses mentoring to guide the participant through developing patient care plans based on best practices.

The program did not describe its curriculum and identify how the program promotes fellow achievement of knowledge, skills, and affective behaviors. In addition, the program did not identify the knowledge, skills, and affective behaviors that improve patient outcomes through effective integration of the didactic instruction with focused practice.

- 6) **Quality Standard 2: Curriculum Design and Instruction: 2.1.4: Assessments:** The program implements assessments designed to evaluate the participant's performance based on established measures. The program's formative and summative methods evaluate the participant's mastery of curriculum content based on performance measures and feedback provided in a timely manner. A variety of assessments evaluate the participant's initial and advancing levels of knowledge, practice, application of evidence-based practice principles, and competence as characterized in the Description of Fellowship Practice (DFP). At a minimum, one written examination and two live patient practical examinations are required throughout the program.

The program alludes to providing both live patient and written examinations but does not specify the number of each examination administered. However, within the program's response to Key Element 5.2, it clearly identifies and exceeds requisite number of written exams and meets expectations with required number of live patient examinations.

- 7) **Quality Standard 2: Curriculum Design and Instruction: 2.3: Program Delivery:** The program is conducted in settings or affiliated clinical sites where management and professional staff are committed to seeking excellence in education and patient care by demonstrating substantial compliance with professionally developed and nationally applied practice and operational standards while maintaining sufficient resources to achieve the mission, goals, and outcomes.

The program did not describe how it will ensure consistent and quality learning at all practice sites. Specifically, the program did not demonstrate that it ensures affiliated practice sites engage management and professional staff who are committed to seeking excellence in education and patient care; ensure all settings demonstrate substantive compliance with professionally developed and nationally applied practice and operational standards; or that the program takes steps to ensure sufficient resources to achieve its mission, goals, and outcomes.

- 8) **Quality Standard 3: Program Deliver, Director, and Faculty: 3.3.1: Retention Policy:** The program implements appropriate retention policies and procedures including academic and clinical requirements the participant must fulfill to maintain active status through graduation.

The program's retention policy does not identify all reasons and procedures retention would occur. In addition, the retention policy does not include remediation for clinical performance issues.

- 9) **Quality Standard 3: Program Deliver, Director, and Faculty: 3.3.2: Remediation Policy:** The program implements appropriate remediation policies and procedures including criteria for program dismissal if remediation efforts are unsuccessful. The program establishes methods and timelines to identify and remedy unsatisfactory clinical or academic performance. The remediation policies are distributed to and acknowledged in writing by the participant. The program documents and implements any necessary adjustments to the participant's customized learning plans, including remedial action(s).

The program's remediation policy does not include timeframes or remediation policies and procedures for clinical performance issues.

- 10) **Quality Standard 3: Program Deliver, Director, and Faculty: 3.3.4: Grievance Policy:** The program implements an equitable grievance policy including procedures for appeal that ensures due process for the participant, faculty, and staff. Additionally, the program publishes ABPTRFE's grievance policy that a participant can follow if issues are not resolved at the program level.

The program did not provide its grievance policy that a fellow would utilize prior to filing a grievance with ABPTRFE.

- 11) **Quality Standard 3: Program Deliver, Director, and Faculty: 3.3.5: Leave Policy:** The program establishes appropriate professional, family, and sick leave policies including how these leaves could impact the participant's ability to complete the program.

The program's leave policy does not describe how a leave of absence could affect the fellow's ability to complete the program.

- 12) **Quality Standard 4: Program Commitment and Resources: 4.1: Patient Population:** The program's patient population is sufficient in number and variety to meet the mission, goals, and outcomes. The program provides sufficient mentored clinical practice experiences for the most common diagnoses or impairments identified in the Description of Residency Practice (DRP) or the Description of Fellowship Practice (DFP). Other learning experiences (observation, patient rounds, surgical observations, etc.) provide sufficient exposure to less commonly encountered practice elements.

The program has not demonstrated it has a sufficient patient population as the program did not submit Exhibit 4: Medical Condition Charts for each of its practice sites.

- 13) **Quality Standard 4: Program Commitment and Resources: 4.4: Financial Resources:** The program maintains financial resources that are adequate to achieve the mission, goals, and outcomes and supports the academic integrity resulting in continued program sustainability.

The program did not describe its procedures for funding the program in order to meet its mission, goals, and outcomes.

- 14) **Quality Standard 5: Assessment, Achievement, Satisfaction, and Effectiveness: 5.2: Participant Progress:** The program establishes a consistent process for tracking the participant's level of achievement of the program outcomes against identified benchmarks. Overall participant progress is assessed at regular intervals to ensure timely completion and appropriate progression of participant advancement.

The program did not describe the procedure for assessing progression and advancement of the fellow or the time intervals for when it administers the various assessments. In addition, the program did not describe how the fellow's progress informs curricular improvements.

- 15) **Quality Standard 5: Assessment, Achievement, Satisfaction, and Effectiveness: 5.3: Program Director and Coordinator Evaluation:** The program establishes an annual process for evaluating the program director and coordinator (as applicable) including adequate administrative program oversight, evaluation of program participants, and appropriate allocation of resources against identified benchmarks based on responsibilities.

The program did not describe its process for annual evaluations of the program director and program coordinator. In addition, the program did not provide benchmarks for administrative oversight that the program director is evaluated in.

- 16) **Quality Standard 5: Assessment, Achievement, Satisfaction, and Effectiveness: 5.4: Faculty Evaluation:** The program establishes an annual process for evaluating faculty which may include an assessment of teaching ability, professional activities, clinical expertise, mentoring, and adequate participant support. When determining faculty effectiveness, the program identifies benchmarks and gathers data from multiple sources. Mentor performance is evaluated through direct observations by the program director/coordinator. Annually, faculty receive feedback results for continuous improvement purposes.

The program did not clearly describe how it evaluates each mentor on an annual basis. In addition, the program did not identify benchmarks used to measure faculty effectiveness.

- 17) **Quality Standard 5: Assessment, Achievement, Satisfaction, and Effectiveness: 5.5: Participant Post-Completion Performance:** The program regularly collects information about the post-completion performance of the residency/fellowship graduate which is used for program evaluation and continuous improvement.

The program did not describe what information is collected from graduates, or how it utilizes that information, to inform the effectiveness of the program and results in continuous program improvement.

- 18) **Quality Standard 5: Assessment, Achievement, Satisfaction, and Effectiveness: 5.7: Outcomes Publication:** The program annually publishes outcomes data that communicates program performance indicative of participant achievement. Outcomes data must be published on the program's website. Information shall be no more than one "click" away from the program's home webpage. At a minimum, programs publish their program completion rate.

The program did not describe the program outcomes it will publish on its website.

Denial of candidacy status is an appealable decision. A developing program may appeal this adverse decision following procedures detailed in 6.4 of the ABPTRFE Processes and Procedures.

Per ABPTRFE Processes and Procedures 2.5.2, if a developing program denied candidacy decides to continue pursuing ABPTRFE-accredited status, the program is required to revise the Self-Evaluation Report and Exhibits incorporating feedback from the ABPTRFE Accreditation Report Rubric and reapply for initial accreditation following ABPTRFE's published procedures.

ABPTRFE's approach to accreditation emphasizes practices of continuous improvement and quality enhancement driven by the program's mission. The accreditation process does not assume a single model for improvement, but reflects an understanding that continuous improvement is a process that can follow various paths to demonstrate excellence in residency and fellowship education. Should you have any questions, please feel free to contact ABPTRFE staff.

Sincerely,

A handwritten signature in black ink that reads "Matthew S. Briggs". The signature is written in a cursive style with a large, looping initial "M".

Matt Briggs, PT, DPT, ATC, PhD
Board-Certified Clinical Specialist in Sports Physical Therapy
Chair, American Board of Physical Therapy Residency & Fellowship Education

May 21, 2023

Jamie McKeon, PT
Program Director
Madison Wisconsin VA Geriatric Residency
2500 Overlook Terrace
Madison, WI 53705
UNITED STATES

Dear Mr. McKeon:

The American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE or Board) met on May 21, 2023 and considered granting candidacy to Madison Wisconsin VA Geriatric Residency.

Upon review of the Self-Evaluation Report, Exhibits, and Accreditation Report Rubric, the Board took action to deny candidacy to Madison Wisconsin VA Geriatric Residency. The reasons for the Board's decision to deny candidacy are outlined below.

- 1) **Quality Standard 2: Curriculum Design and Instruction: 2.1.1: Program Structure:** The didactic and clinical curriculum permits participants to gain experience with a diverse patient population and a range of complexity of patient populations as characterized by the Description of Fellowship Practice (DFP).

The program did not provide Exhibit 4: Medical Condition Charts for the participant practice site demonstrating a resident will have adequate exposure to a range of complexity as characterized by the DRP.

- 2) **Quality Standard 3: Program Deliver, Director, and Faculty: 3.1: Admissions Criteria:** The program publishes equitable and inclusive admissions policies and verifies the participant is eligible to practice based on state requirements. The program implements consistent procedures for evaluating each prospective participant's ability to be successful in the program and achieve their educational goals. Programs advance diversity and promote a culture of *inclusion* and equity, particularly with groups historically underrepresented in the profession.

The program's policies refer to a cardiovascular and pulmonary residency program, not geriatrics.

- 3) **Quality Standard 3: Program Deliver, Director, and Faculty: 3.1.2: Program Contract/Agreement/Letter of Appointment:** The program ensures each participant signs a contract/agreement/letter of appointment prior to commencing the residency/fellowship program. The contract/agreement/letter of appointment is in compliance with the ABPTRFE's Admissions Offer Disclosures Check List.

The resident contract does not include the attestation that the resident receives the resident handbook before signing the agreement letter.

- 4) **Quality Standard 3: Program Deliver, Director, and Faculty: 3.3.3: Termination Policy:** The program implements an appropriate termination policy and procedures including termination of the participant who becomes ineligible to practice due to loss of license or for identified clinical or academic reasons (e.g., consistent underperformance or inability to successfully remediate participant). The program establishes procedures and timelines followed for termination. The program identifies the employment status of the participant should program termination occur.

The program did not provide its termination policy.

- 5) **Quality Standard 3: Program Deliver, Director, and Faculty: 3.3.4: Grievance Policy:** The program implements an equitable grievance policy including procedures for appeal that ensures due process for the participant, faculty, and staff. Additionally, the program publishes ABPTRFE's grievance policy that a participant can follow if issues are not resolved at the program level.

The program's grievance policy does not include the link to ABPTRFE's grievance policy that a resident can follow if issues are not resolved at the program level.

- 6) **Quality Standard 3: Program Deliver, Director, and Faculty: 3.3.5: Leave Policy:** The program establishes appropriate professional, family, and sick leave policies including how these leaves could impact the participant's ability to complete the program.

The program's leave policy does not describe how a leave of absence could affect the resident's ability to complete the program.

- 7) **Quality Standard 5: Assessment, Achievement, Satisfaction, and Effectiveness: 5.5: Participant Post-Completion Performance:** The program regularly collects information about the post-completion performance of the residency/fellowship graduate which is used for program evaluation and continuous improvement.

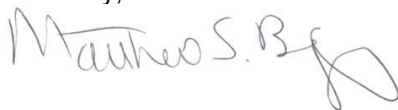
The program did not describe its process for collecting post-completion performance of its geriatric residents, rather it provided the process for a cardiovascular and pulmonary residency.

Denial of candidacy status is an appealable decision. A developing program may appeal this adverse decision following procedures detailed in 6.4 of the ABPTRFE Processes and Procedures.

Per ABPTRFE Processes and Procedures 2.5.2, if a developing program denied candidacy decides to continue pursuing ABPTRFE-accredited status, the program is required to revise the Self-Evaluation Report and Exhibits incorporating feedback from the ABPTRFE Accreditation Report Rubric and reapply for initial accreditation following ABPTRFE's published procedures.

ABPTRFE's approach to accreditation emphasizes practices of continuous improvement and quality enhancement driven by the program's mission. The accreditation process does not assume a single model for improvement, but reflects an understanding that continuous improvement is a process that can follow various paths to demonstrate excellence in residency and fellowship education. Should you have any questions, please feel free to contact ABPTRFE staff.

Sincerely,



Matt Briggs, PT, DPT, ATC, PhD
Board-Certified Clinical Specialist in Sports Physical Therapy
Chair, American Board of Physical Therapy Residency & Fellowship Education

May 21, 2023

Sheri Huehn, PT, DPT
Program Director
UT Health San Antonio Residency in Orthopedics
Medical Arts Research Center
7703 Floyd Curl Drive MSC 6247
San Antonio, TX 78229
UNITED STATES

Dear Dr. Huehn:

The American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE or Board) met on May 21, 2023 and considered granting candidacy to UT Health San Antonio Residency in Orthopedics.

Upon review of the Self-Evaluation Report, Exhibits, and Accreditation Report Rubric, the Board took action to deny candidacy to UT Health San Antonio Residency in Orthopedics. The reasons for the Board's decision to deny candidacy are outlined below.

- 1) **Quality Standard 1: Mission, Goals, and Outcomes: 1.2:** The program's mission statement aligns with the sponsoring organization's mission statement.

The program did not use the current ABPTRFE Template for Exhibit 2 found on the [ABPTRFE website](#).

- 2) **Quality Standard 1: Mission, Goals, and Outcomes: 1.4:** The program develops outcomes that identify measurable behaviors reflective of the defined area of practice which describe the knowledge, skills, and affective behaviors participants gain upon completion of the program.

The program did not use the current ABPTRFE Template for Exhibit 3 found on the [ABPTRFE website](#). The program did not use the appropriate program name within Exhibit 3. The program did not identify within Exhibit 3 how many live patient examinations and written examinations are administered over the course of the program.

- 3) **Quality Standard 1: Mission, Goals, and Outcomes: 1.5:** The program identifies key indicators it uses to annually monitor and measure the achievement of the program's mission, goals, and outcomes. Key indicators form the basis for evaluating participant performance and determining program effectiveness.

The program did not identify how it assesses resident performance within the Core Competencies of a Physical Therapist Resident.

- 4) **Quality Standard 2: Curriculum Design and Instruction: 2.1 Curriculum Development:** The program's comprehensive curriculum is developed from and addresses the most recent version of the Description of Residency Practice (DRP) or the Description of Fellowship Practice (DFP). All curriculum components complement each other to enhance the participant's learning. The program's curriculum organization ensures congruency between didactic and clinical components. The curriculum provides a structure for the designation of types, lengths, and sequencing of learning experiences that ensures the achievement of the program's outcomes.

The program did not demonstrate how its curriculum components complement each other to enhance participant learning. In addition, the organization of the didactic and clinical aspects of the program's curriculum does not demonstrate how it supports effective

learning. The curriculum structure does not demonstrate that it supports achievement of the program's outcomes. Last, the program's curriculum does not designate types, lengths, and sequences of learning experiences in an established sequence that ensures achievement of the program's outcomes.

- 5) **Quality Standard 2: Curriculum Design and Instruction: 2.1.2: Patient Outcomes:** The curriculum design provides the participant with the knowledge, skills, and affective behaviors to manage patient care in support of improved patient outcomes through the integration of didactic instruction, focused practice, and application of evidence-based practice principles. The program effectively uses mentoring to guide the participant through developing patient care plans based on best practices.

The program did not describe how residents use patient outcome measures to determine the success of the patient and their own success with the patient's plan of care.

- 6) **Quality Standard 2: Curriculum Design and Instruction: 2.1.5: Residency Programs – Domains of Competence:** The program integrates the following competencies when evaluating achievement of the participant's goals and outcomes. The program monitors and measures the achievement of the participant's seven domains of competence.

The program did not describe how it integrates, monitors, and measures resident performance in, and achievement of, the core competencies.

- 7) **Quality Standard 3: Program Deliver, Director, and Faculty: 3.3.1: Retention Policy:** The program implements appropriate retention policies and procedures including academic and clinical requirements the participant must fulfill to maintain active status through graduation.

The program's retention policy does not outline that the resident must meet 1,500 patient-care practice hours and 300 educational hours.

- 8) **Quality Standard 3: Program Deliver, Director, and Faculty: 3.3.2: Remediation Policy:** The program implements appropriate remediation policies and procedures including criteria for program dismissal if remediation efforts are unsuccessful. The program establishes methods and timelines to identify and remedy unsatisfactory clinical or academic performance. The remediation policies are distributed to and acknowledged in writing by the participant. The program documents and implements any necessary adjustments to the participant's customized learning plans, including remedial action(s).

The program's remediation policy does not describe the remediation policies and procedures including criteria for program dismissal if remediation efforts are unsuccessful. In addition, the program has not established methods and timelines to identify and remedy unsatisfactory clinical or academic performance.

- 9) **Quality Standard 3: Program Deliver, Director, and Faculty: 3.3.3: Termination Policy:** The program implements an appropriate termination policy and procedures including termination of the participant who becomes ineligible to practice due to loss of license or for identified clinical or academic reasons (e.g., consistent underperformance or inability to successfully remediate participant). The program establishes procedures and timelines followed for termination. The program identifies the employment status of the participant should program termination occur.

The program's termination policy does not outline the procedures and timelines for implementing termination.

- 10) **Quality Standard 3: Program Deliver, Director, and Faculty: 3.3.4: Grievance Policy:** The program implements an equitable grievance policy including procedures for appeal that ensures

due process for the participant, faculty, and staff. Additionally, the program publishes ABPTRFE's grievance policy that a participant can follow if issues are not resolved at the program level.

The program did not include within its grievance policy the ABPTRFE grievance policy residents would follow if issues are not resolved at the program level.

- 11) **Quality Standard 5: Assessment, Achievement, Satisfaction, and Effectiveness: 5.3: Program Director and Coordinator Evaluation:** The program establishes an annual process for evaluating the program director and coordinator (as applicable) including adequate administrative program oversight, evaluation of program participants, and appropriate allocation of resources against identified benchmarks based on responsibilities.

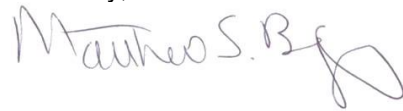
The program did not describe its process for annual evaluations of the program director by an individual that supervises the program director. In addition, the program did not provide benchmarks for the program director demonstrating administrative oversight, evaluation of residents, and appropriate allocation of resources.

Denial of candidacy status is an appealable decision. A developing program may appeal this adverse decision following procedures detailed in 6.4 of the ABPTRFE Processes and Procedures.

Per ABPTRFE Processes and Procedures 2.5.2, if a developing program denied candidacy decides to continue pursuing ABPTRFE-accredited status, the program is required to revise the Self-Evaluation Report and Exhibits incorporating feedback from the ABPTRFE Accreditation Report Rubric and reapply for initial accreditation following ABPTRFE's published procedures.

ABPTRFE's approach to accreditation emphasizes practices of continuous improvement and quality enhancement driven by the program's mission. The accreditation process does not assume a single model for improvement, but reflects an understanding that continuous improvement is a process that can follow various paths to demonstrate excellence in residency and fellowship education. Should you have any questions, please feel free to contact ABPTRFE staff.

Sincerely,



Matt Briggs, PT, DPT, ATC, PhD
Board-Certified Clinical Specialist in Sports Physical Therapy
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