

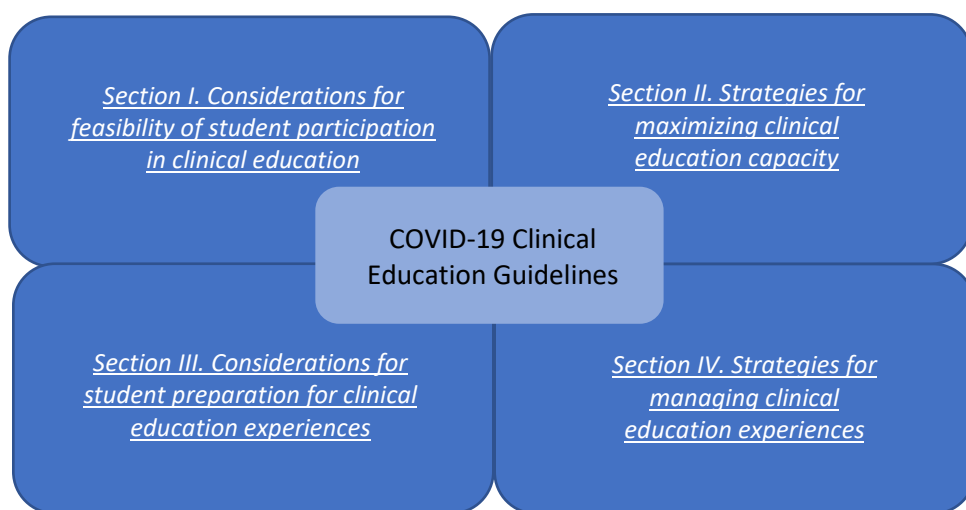


# AMERICAN COUNCIL OF ACADEMIC PHYSICAL THERAPY

## Guidance on participation in clinical education experiences in physical therapy education

This document was developed at the request of the American Council of Academic Physical Therapy (ACAPT) Board of Directors to assist physical therapist and physical therapist assistant academic and clinical educators in their decision-making related to participation in clinical education (CE) experiences during the COVID-19 pandemic. Because the situation can vary significantly by region, it is anticipated that each institution and stakeholder will apply the following recommendations and suggestions to their unique circumstances. These guidelines should be used in conjunction with the Commission on Accreditation in Physical Therapy Education (CAPTE) COVID-19 guidance documents ([resource: CAPTE COVID-19 Response](#)) to ensure compliance with their Standards and Required Elements. These guidelines were developed based on the *best available evidence as of May 2020*. Given the continually evolving nature of the current situation, adaptation of these recommendations is the responsibility of all stakeholders and will be needed as situations change and new evidence becomes available.

This document is organized in four categories for consideration of student participation, capacity issues, student preparation, and managing CE experiences during COVID-19 (Figure). Each category includes recommendations and suggestions. Recommendations are proposals for best course of action and suggestions, while not an exhaustive list, are intended to provide ideas for implementing recommendations. Due to the interconnectedness of recommendations across categories, the document should be reviewed in its entirety. References and resources are provided at the end of the document to assist stakeholders with tailoring these recommendations to their setting. Hyperlinks are provided within the document for ease of navigation.



ACAPT and the National Consortium of Clinical Educators (NCCE) would like to thank the CE stakeholders that contributed to the development of this document. A dedicated group of academic and clinical partners from across the country devoted several weeks to reviewing resources, consulting other stakeholders in their regions, and discussing findings to arrive at this final product. We hope that the guidance provided is helpful for action planning as our profession's CE community continues to navigate through the COVID-19 pandemic.

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ACCE = Academic Coordinator of Clinical Education  
DCE = Director of Clinical Education

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## Section I. Considerations for feasibility of student participation in clinical education

| General recommendations                                       |   |
|---|---|
| 1   | Evaluate regional COVID-19 data and surveillance information to determine feasibility   |
| 2   | Evaluate state public health orders and essential worker status to ensure nothing prohibits students from traveling and participating in CE experiences   |
| 3   | Evaluate availability of regional COVID-19 testing and management of infected individuals.<br><i>Suggestion: If COVID-19 testing is not readily available at the clinic site, communicate with academic program to ensure they can guide students to appropriate resources to obtain testing if needed (resource: <a href="#">CDC COVID-19 testing</a>)</i>   |
| 4   | Ensure systems for reporting exposures to academic-clinical partners and public health officials are established  |
| 5   | Seek consultation from academic program or clinic site legal counsel  |
| Recommendations for clinic sites, SCCEs and CIs               |   |
| 6   | Evaluate supply of Personal Protective Equipment (PPE) to determine if supply is adequate to accommodate students in the assigned clinic environment (inpatient vs outpatient)<br><i>Suggestion: If clinic site PPE supply cannot support students, communicate with academic program to determine if the program or student can provide needed PPE (resource: <a href="#">Personal Protective Equipment</a>)</i> |
| 7   | Ensure infectious disease preparedness and response plans are in place and updated to reduce risk of exposure   |
| 8   | Ensure infection control and decontamination procedures are in place and updated to mitigate risk of transmission   |
| 9   | Review patient census to determine exposure risk for vulnerable populations and sufficiency for student learning<br><i>Suggestion: If low census or vulnerable populations limit patient care opportunities, consider if capacity will provide sufficient direct patient care to achieve clinical competency and work with academic program to develop alternative learning experiences</i>                       |
| 10  | Ensure staffing levels and clinical instructor availability are adequate to support patient care and clinical teaching<br><i>Suggestion: Provide staff the opportunity to volunteer to serve as a CI and support them if they choose to opt out if they do not feel they are able to provide the mentorship and supervision needed during the current situation</i>   |
| 11  | Evaluate physical space to determine number and schedule of students to ensure compliance with clinic site requirements on social distancing  |
| Recommendations for academic programs, DCE/ACCEs and students |   |
| 12  | Ensure student readiness expectations for level of clinical education experience are met  |
| 13  | Obtain student consent for participation in CE experience<br><i>Suggestion: Provide students the opportunity to acknowledge risks and defer participation in CE during the current situation because of health, personal or travel concerns and ensure understanding of implications on progression through the curriculum (resource: <a href="#">Health Considerations</a>)</i>                                  |
| 14  | Ensure support services are available for faculty, staff and students   |
| 15  | Gather information about clinical site's policies, procedures and current clinical environment to confirm appropriate precautions are in place  |
| 16  | Ensure appropriate match exists between educational objectives and clinical learning experiences  |

## Section II. Strategies for maximizing clinical education capacity

| Recommendations about clinical education curriculum  |   |
|--|---|
| 17   | <p>Re-assess the entire CE curriculum to ensure CAPTE standards are met in an efficient manner</p> <p><i>Suggestions:</i></p> <ul style="list-style-type: none"> <li>• Consider what is necessary to meet educational objectives and CAPTE requirements (resource: <a href="#">CAPTE COVID-19 Response</a>)</li> <li>• Consider decreasing total length of CE curriculum to CAPTE minimum requirements</li> <li>• Re-consider programmatic requirements for “depth and breadth” of CE experiences</li> <li>• Consider competency-based expectations for end points instead of specifying number of weeks</li> </ul>   |
| 18   | <p>Use innovative scheduling and prioritization when arranging or rescheduling components of CE curriculum</p> <p><i>Suggestions:</i></p> <ul style="list-style-type: none"> <li>• Consider flexibility in start and end dates when curriculum allows</li> <li>• Repeat shortened CE experiences in the same system to reduce onboarding burden</li> <li>• Reduce or eliminate low priority curricular components (e.g. ICE vs. terminal experiences, fewer full-time experiences)</li> <li>• Collaborate with regional stakeholders (e.g. consortia, other physical therapist and physical therapist assistant programs) for scheduling, prioritizing and sharing of unused or extra CE experience offers</li> </ul> |
| 19   | <p>Use resource sharing models across academic programs and clinic sites</p> <p><i>Suggestions:</i></p> <ul style="list-style-type: none"> <li>• Share resources across academic programs and clinic sites and among regional consortia (e.g. alternative learning activities, clinical teaching strategies)</li> <li>• Develop regional mentor networks (e.g. for new CIs, collaborative model CIs)</li> <li>• Maintain collegial working relationships respecting all programmatic and clinical site needs</li> </ul>   |
| Recommendations about clinical education experiences |   |
| 20   | <p>Combine alternative learning experiences with direct patient care</p> <p><i>Suggestion: Think creatively and work collaboratively to include alternative learning experiences (e.g. telehealth, virtual grand rounds, simulation, interdisciplinary activities) especially when census is low or building</i></p>  |
| 21   | <p>Consider using the collaborative model of CE</p> <p><i>Suggestion: Think creatively regarding the collaborative model (e.g. 2 CIs : 1 student, 1 PT/1 PTA student : 1 CI, 2 or more students : 1 CI) (resource: <a href="#">Curricular Resources</a>)</i></p>  |
| 22   | <p>Use innovative scheduling during CE experience</p> <p><i>Suggestion: Creative scheduling may include staggering work hours/lunch breaks, use of alternative workweek schedules, etc.</i></p>   |

### Section III. Considerations for student preparation for clinical education experiences

| General recommendations           |  |
|-----------------------------------|--|
| 23                                | <p>Ensure timely communication between academic and clinical partner about variations in curriculum (e.g. sequence of curriculum, changes to clinical learning activities, additional training and onboarding)</p> <p><i>Suggestion:</i></p> <ul style="list-style-type: none"> <li>• <i>Confirm the responsible party (academic program, clinical site and/or student) for verifying preparation and onboarding related to COVID-19 prior to a CE experience</i></li> <li>• <i>Communicate details about prior coursework, knowledge, skills, and readiness for CE experience</i></li> </ul>  |
| 24                                | <p>Confirm expectations of clinical education experience including type of setting, learning activities available (e.g. balance of direct patient care, telehealth and alternative learning activities), model of clinical supervision, and student performance expectations</p>   |
| Recommendations about preparation |  |
| 25                                | <p>Maintain integrity of student readiness for entry into the CE experience</p> <p><i>Suggestion: Develop alternative mechanisms to assess competency of clinical skills before CE experience if in-person laboratory practice and examinations are not possible</i></p>   |
| 26                                | <p>Ensure COVID-19 and PPE training is completed prior to CE experience</p> <p><i>Suggestion: Consider using training modules available from APTA Learning Center, CDC and other online sources (resources: <a href="#">COVID-19 Training Resources</a> and <a href="#">Personal Protective Equipment</a>)</i></p>   |
| 27                                | <p>Provide training on telehealth if student will be involved in this model of patient care delivery</p> <p><i>Suggestion: Review and use appropriate available resource (resource: <a href="#">Telehealth</a>)</i></p>  |
| 28                                | <p>Advise students about the current climate of clinic environment (e.g. possible low census, clinician stress, exposure risk) and emphasize importance of professional behavior</p> <p><i>Suggestion: Review and use appropriate available resources (resource: <a href="#">Mental Health Resources</a>)</i></p>  |
| 29                                | <p>Inform students of need for disclosure about and compliance with travel restrictions, social distancing and quarantine if required</p> <p><i>Suggestions:</i></p> <ul style="list-style-type: none"> <li>• <i>Clarify quarantine guidelines for any CE experience and arrange schedule to accommodate</i></li> <li>• <i>Students should avoid unnecessary travel and remain local to the clinic site for the entire CE experience</i></li> <li>• <i>Students should communicate any necessary travel with DCE/ACCE and SCCE</i></li> <li>• <i>Students must consider their living situation, analyze their ability to isolate, practice social distancing and abide by all local public health and clinic site guidelines</i></li> <li>• <i>Review and use appropriate available resources (resource: <a href="#">Quarantine Guidelines</a>)</i></li> </ul> |
| 30                                | <p>Inform students about the importance of and need to disclose health considerations</p> <p><i>Suggestion: Health considerations related to COVID-19 should include students with immunocompromised systems or those whose family members may also be vulnerable (resource: <a href="#">Health Considerations</a>)</i></p>  |
| 31                                | <p>Inform students about their responsibility for being proactive in obtaining updated information from clinical site and CDC</p> <p><i>Suggestions:</i></p> <ul style="list-style-type: none"> <li>• <i>Guide student to CDC resources (e.g. reporting, screening, quarantine) (resource: <a href="#">Health Considerations</a>)</i></li> <li>• <i>Require students to routinely inquire about clinical site policies and procedures</i></li> <li>• <i>Require students to know and follow procedures for monitoring health, reporting exposure and disclosing development of symptoms</i></li> </ul>   |

## Section IV. Strategies for managing clinical education experiences

| General recommendations   |   |
|---|---|
| 32  | <p>Follow CDC guidelines, local public health orders and all policies and procedures of academic program and clinic site</p> <p><i>Suggestions: Review CDC guidelines with students (resource: <a href="#">Health Considerations</a>)</i></p> <ul style="list-style-type: none"> <li>• <i>Emphasize importance of compliance both during and outside of work hours</i></li> </ul>   |
| 33  | <p>Determine appropriateness of having students working with COVID+ patients</p> <p><i>Suggestions: Follow academic program and clinic site policies</i></p> <ul style="list-style-type: none"> <li>• <i>Ensure PPE availability</i></li> <li>• <i>Consider student-specific health related factors</i></li> <li>• <i>Consider student knowledge, skills and training (resource: <a href="#">COVID-19 Training Resources</a>)</i></li> </ul>  |
| 34  | <p>Create a supportive environment for clinic staff and students that fosters individual well-being</p> <p><i>Suggestions: Encourage open communication, promote supportive leadership and culture, provide emotional support and encourage team building and connectedness</i></p>   |
| Recommendations about clinic site, SCCE and CI responsibilities               |   |
| 35  | <p>Manage student learning</p> <p><i>Suggestions:</i></p> <ul style="list-style-type: none"> <li>• <i>Schedule alternative learning experiences that enhance professional development by incorporating increased research, reflection and clinical reasoning activities during times of low census</i></li> <li>• <i>Incorporate telehealth when available, ensuring student access to telehealth technology platform</i></li> <li>• <i>Provide closer supervision when needed in the current healthcare environment</i></li> </ul> |
| 36  | <p>Manage student performance assessment</p> <p><i>Suggestions:</i></p> <ul style="list-style-type: none"> <li>• <i>Emphasize clinical reasoning and quality of patient care during alterations in caseload expectations (use professional judgement to determine student's <u>capability</u> to manage required caseload)</i></li> <li>• <i>Communicate with academic program if student may meet expectations prior to planned end date</i></li> </ul>  |
| 37  | <p>Maintain integrity of student CE experience completion</p> <p><i>Suggestions: Ensure students meet required level of performance</i></p> <ul style="list-style-type: none"> <li>• <i>Consider tracking mechanism to capture amount of direct patient care and other learning activities over the course of the CE experience</i></li> </ul>  |
| Recommendations about academic program, DCE/ACCE and student responsibilities |   |
| 38  | <p>Consider strategies to reduce clinic site and CI burden</p> <p><i>Suggestions: Develop and share resources for alternative learning activities with clinic site</i></p> <ul style="list-style-type: none"> <li>• <i>Encourage student self-directed learning</i></li> <li>• <i>Facilitate student self-reflection to increase CI efficiency during performance assessment</i></li> <li>• <i>Streamline performance assessment when appropriate</i></li> </ul>  |
| 39  | <p>Consider strategies for supporting clinic site, CI and student</p> <p><i>Suggestions:</i></p> <ul style="list-style-type: none"> <li>• <i>Determine current preference for frequency and mechanism of communication</i></li> <li>• <i>Use early and frequent virtual meetings to check in with students and as desired with CI</i></li> <li>• <i>Consider meeting with SCCE instead of individual CI if multiple students at same clinic site</i></li> </ul>   |
| 40  | <p>Ensure students meet all expectations and competencies for entry level clinical practice in the current healthcare environment prior to graduation</p> <p><i>Suggestions: Maintain integrity of program requirements and CAPTE standards</i></p> <ul style="list-style-type: none"> <li>• <i>Expand mechanisms to track patient care and learning experiences across the CE curriculum</i></li> </ul>  |



## References:

American Physical Therapy Association. Physical therapist residency and fellowship education and COVID-19. <http://www.abptrfe.org/uploadedFiles/ABPTRFEorg/Homepage/ABPTRFE-Guidance-COVID-19.pdf>.

Association of American Medical Colleges (AAMC) *Guidance on Medical Students' Participation in Direct Patient Contact Activities* - <https://www.aamc.org/system/files/2020-04/meded-April-14-Guidance-on-Medical-Students-Participation-in-Direct-Patient-Contact-Activities.pdf>

Association of Schools Advancing Health Professions (ASAPH) webinar *Health Professions Clinical Education in the Time of COVID-19* - <https://static1.squarespace.com/static/57a64a023e00beb95af13929/t/5e9a00189a8eed425adffa79/1587150880694/Clinical+Education+in+the+Time+of+COVID-19+4.17.20.pdf>

United States Department of Labor. Guidance on preparing workplaces for COVID-19. <https://www.osha.gov/Publications/OSHA3990.pdf>

## Resources:

### Academy of Physical Therapy Education COVID-19 resources

- <https://aptaeducation.org/members/covid-19-physical-therapy-education.cfm#>

### American Council of Academic Physical Therapy (ACAPT) COVID-19 resources

- <https://acapt.org/covid19-response>

### American Physical Therapy Association Resources (APTA) CORONAVIRUS (COVID-19)

- <http://www.apta.org/coronavirus/>

### CAPTE COVID-19 Response

- Commission on Accreditation in Physical Therapy Education COVID-19 response: <http://www.capteonline.org/uploadedFiles/CAPTEorg/Homepage/CAPTEResponsetoCOVID19.pdf>

### CDC COVID-19

- Centers for Disease Control and Prevention: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

### COVID-19 Testing

- <https://www.cdc.gov/coronavirus/2019-ncov/testing/index.html>

### COVID-19 Training Resources

- APTA Learning Center (<https://learningcenter.apta.org/default.aspx>) – watch for additional resources
  - Acute Care PT & COVID Part 1 & 2
  - COVID-19: Clinical Best Practices in PT Management
  - COVID-19: Minimizing the Impact of Social Distancing for the Older Adult
  - Overview of Prone Positioning: Why it Works and Lessons Learned
  - Physical Therapy Consideration for Inpatient Rehab with COVID-19
  - Managing Your Practice Through the Pandemic - Next Steps
  - PACER Series:
    - Cardiovascular & Pulmonary Examination
    - COVID-19 Specific Considerations
    - Geriatric Considerations: COVID-19



- Pediatric Considerations
- Pulmonary Rehabilitation
- Home Health Considerations
- Vital Signs, Oxygen and Exercise Prescription, How are These Impacted by COVID-19
- PT Considerations of COVID-19 in the Post-Acute Setting
- PT Considerations of Neurologic Presentations in COVID-19
- Physiotherapy Virtual Cardiorespiratory ICU Update
- Tips on Drips - Integrating ICU Pharmacology into PT Practice
- Arterial Blood Gasses
- Putting the Value Back in Lab Results
- Topics, Discussions, and Resources for Beyond COVID-19 World (Part 1)

#### Curricular Resources

- Pabian PS, Dyson J, Levin C. Physical Therapist Productivity Using a Collaborative Clinical Education Model Within an Acute Care Setting: A Longitudinal Study. *Phys Ther.* 2017;31(2):11-17.
- Rindflesch AB, Dunfee HJ, Cieslak KR, Eischen SL, Trenary T, Calley DQ, Heinle DK. (2009). Collaborative model of clinical education in physical and occupational therapy at the Mayo Clinic. *J of Allied Health*, 38(3), 132-142.

#### Health Considerations

- CDC: Healthcare Professionals (<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>)
- CDC: People Who Need Extra Precautions (<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html>)
- CDC - Symptoms of Coronavirus (<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>)

#### Mental Health Resources

- Shanafelt T, Ripp J, Trockel M. Understanding and Addressing Sources of Anxiety Among Health Care Professionals During the COVID-19 Pandemic. *JAMA*. Published online April 07, 2020. doi:10.1001/jama.2020.5893
- US CDC Mental Health and Coping During COVID-19 (<https://bit.ly/2QPetzY>)
- American Psychiatric Association Coronavirus & Mental Health: Taking Care of Ourselves During Infectious Disease Outbreaks Article (<https://bit.ly/2WIXjYy>)
- Harvard Business Publishing Education Educators, It's Time to Put on Your Compassion Hats (<https://hbsp.harvard.edu/inspiring-minds/educators-its-time-toput-on-your-compassion-hats>)
- Harvard Business Review Article "How to Reassure Your Team When the News is Scary" article on tips for communicating as leadership during uncertain times (<https://bit.ly/33MIAXm>)

#### Personal Protective Equipment

- CDC: Optimize PPE Supply (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>)
- Rush University Medical Center PPE for COVID-19 Care (<https://youtu.be/84CydmuHxD8>)
- Sunnybrook Hospital Novel pathogens: donning & doffing PPE for aerosol-generating procedures (<https://www.youtube.com/watch?v=syh5UnC6G2k>)

#### Quarantine Guidelines

- CDC: Coronavirus and Travel in US (<https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-in-the-us.html>)
- Social Distancing Measures - State by State ([https://www.kff.org/health-costs/issue-brief/state-data-and-policy-actions-to-address-coronavirus/?gclid=EAlaIqObChMI862JwbKq6QIV1eDICH2lgAnNEAAYASAAEgIsCPD\\_BwE#socialdistancing](https://www.kff.org/health-costs/issue-brief/state-data-and-policy-actions-to-address-coronavirus/?gclid=EAlaIqObChMI862JwbKq6QIV1eDICH2lgAnNEAAYASAAEgIsCPD_BwE#socialdistancing))

## Telehealth Resources

- APTA The Learning Center (<https://learningcenter.apta.org/default.aspx>)
  - Digital Telehealth Practice - Connect for Best Practice, Compliance, & Healthcare
  - HIPAA & Telehealth
  - Implementing Telehealth in Your Practice STAT: Practical Guidance from Experienced Telehealth PTs
  - Increasing PT Acceptance of Telehealth
  - Medicare Telehealth Update During COVID-19 Public Health Emergency
  - Moving Forward with Telehealth in PT
- Payer-specific resources (*disclaimer: only in effect during current Pandemic; up to date resources must be obtained directly from source*)
  - Aetna <https://www.apta.org/PTinMotion/News/2020/04/02/AetnaTelehealthCOVID/> and [https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq/telemedicine.html#acc-link-content-section-responsivegrid-copy-responsivegrid-accordion-639178852\\_1](https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq/telemedicine.html#acc-link-content-section-responsivegrid-copy-responsivegrid-accordion-639178852_1)
  - BC/BS Anthem <https://anthempc-attachments-prod.s3.us-west-2.amazonaws.com/pdf/articles/Information%20from%20Anthem%20for%20Ca...%20-%20ga4382.pdf>
  - Cigna <https://www.cigna.com/newsroom/news-releases/2020/cigna-takes-additional-actions-to-protect-customers-and-communities-against-covid-19>
  - Humana <https://press.humana.com/press-release/current-releases/humana-takes-steps-care-members-response-coronavirus>
  - Medicare / Medicaid <https://www.apta.org/PTinMotion/News/2020/4/30/CMSOpensTelehealth/>
  - United Health Care <https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19/covid19-telehealth-services/covid19-telehealth-pt-ot-st.html>
- Other telehealth resources:
  - State by state telehealth and practice closure mandates [https://www.fsbpt.org/Portals/0/documents/news-events/Jurisdiction Telehealth LawsGuidance for PTs and PTAs.pdf?fbclid=IwAR0oVQlu8NFlaYJERpCuyLSr4UXF228oYummQG72Wj251oWL53TzMlxyPbo](https://www.fsbpt.org/Portals/0/documents/news-events/Jurisdiction%20Telehealth%20LawsGuidance%20for%20PTs%20and%20PTAs.pdf?fbclid=IwAR0oVQlu8NFlaYJERpCuyLSr4UXF228oYummQG72Wj251oWL53TzMlxyPbo)
  - State by State Parity Laws for Telehealth and PT <http://legacy.americantelemed.org/policy-page/state-policy-resource-center>
  - FAQs on Telehealth for PTs <https://ppsapta.org/userfiles/File/Telehealth%20FAQ.pdf>