

# A New Home for Academic Physical Therapy: ACAPT's First 7 Years

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**Background and Purpose.** The American Council of Academic Physical Therapy (ACAPT) emerged in 2011 as a new entity in the American Physical Therapy (APTA). Since then, ACAPT has been dedicated to enhancing the impact of the academic enterprise in physical therapy as it pursues visions for excellence in education, research, and practice. To frame the context for change in which ACAPT emerged, this position paper briefly traces the history of its 2 organizational precursors. Then, key actions taken in ACAPT's first 7 years are presented as a record of how this new organization has responded to the challenges of a profession in change.

**Position and Rationale.** Rapid changes in health and health care over the past 50 years have demanded new responses in education that prepares the next generations of physical therapists (PTs). ACAPT was developed to invigorate and unite the academic community under a self-governing structure within APTA that would be the "home" of innovation and advocacy for all aspects of the academic enterprise. These aspects include teaching and learning, scholarship and research, and service, all of which manifest our collective commitment to excellence. It is only through collective action that the "voice" of the academy can speak to the needs of our ultimate stakeholders – the consumers whose health is our primary concern.

**Conclusion.** Beyond a historical review, the future of ACAPT rests in creative thought, bold action, and sustained col-

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laboration to meet the imperatives for the future. Although the "voice" of ACAPT may not have resonated the same in all sectors of our community, ACAPT's strategic imperatives remain directed at its founding purpose to unify around excellence in education for PTs. This report constitutes an invitation to the academic community to transform physical therapy education together, and move the profession toward greater effectiveness in health care. Unity is the ideal conclusion.

**Key Words:** Academic leadership, Professional education, Excellence.

## INTRODUCTION

### Academic Physical Therapy: A New Beginning

In 2013, the American Council of Academic Physical Therapy's (ACAPT) was formally approved by the House of Delegates of the American Physical Therapy Association (APTA) to serve as a new point of contact for the members of the physical therapist (PT) academic community and a source of energy for change and innovation. ACAPT's current structure and culture are unique, but also similar to the structures and contexts that housed PT academic leadership in the past. A central unique characteristic of ACAPT is that its members are institutions, a first for any component of APTA and a signal that the academy is built upon a foundation of all aspects of the academic enterprise, including its individual leaders. This position paper briefly traces the origin(s) and impetus for ACAPT's development, and its structure and activity over its first 7 years of operation. Outcomes of ACAPT's work continue to reflect a balance of the significant effort required for change as well as the inertia that can impede change in any new organization. The invitation to unify institutional action in academic physical therapy issued upon ACAPT's creation is strengthened by seeing early successes and reinforced with knowledge of the work that must follow this new beginning.

## HISTORICAL CONTEXT

Historically, ACAPT grew out of the strengths and weaknesses of 3 different organizational contexts. The first was the Council of Physical Therapy School Directors ("Council"), an organization developed in the 1960s that operated entirely outside the walls of APTA to serve the needs of those who administered physical therapy education programs. The Council wielded considerable influence in matters relating to curriculum construction and funding for program development, but in working externally, it lacked the broad resource base of APTA. Decommissioned in 1973, members of the Council integrated its interests into APTA's Education Section by creating an Academic Administrator's Special Interest Group (AASIG) that served as the "home" for academic leaders.<sup>1</sup> The primary function of AASIG was to share information important for program directors as they wrestled with topics such as accreditation requirements, varying premises on which to build curricula, and communication with a fluctuating membership.<sup>2</sup> AASIG also carried the responsibility to represent the interests of both the PT and the physical therapist assistant (PTA) communities. Although there are shared interests and intersections in the businesses of professional PT and technical PTA education (eg, clinical education), the differences challenged AASIG's ability to "define a common direction."<sup>3(p4)</sup> Hence, the term academic physical therapy in the context of ACAPT refers only to PT education programs. The third organizational context emerged from the influence of the Education Department of APTA, which has continually invested in initiatives to address and obtain consensus on issues associated with clinical education, consistency in curriculum models, faculty development, growth of new programs, and the complexities of making the transition to a doctoring profession. These investments were critical in our academic development and excellent in outcomes, but they lacked a shared impetus from the academic community that was perceived to

weaken the strength of its own leadership.<sup>3</sup>

These conditions resulted in a growing recognition about the need for a new solution to advance leadership, advocacy, and change in the academic community. This solution was to design an organizational context that preserved the partnerships with APTA and the Education Section, and set the course for ACAPT's influence and advocacy to be felt throughout the academy and the profession. Three phases of development were required to establish the current structure of ACAPT. The first involved the work of an Organizing Committee appointed by AASIG in 2008 to consider the multiple issues and implications of restructuring. This work led to a petition to the APTA Board of Directors to support governance changes that would allow 3 key structural characteristics: membership comprised of institutions (not individuals), self-governance within APTA, and a sole focus on PT education. Approval of this petition initially created the Academic Council in 2010 (an entity of the APTA Board of Directors), followed by approval of changes in the APTA bylaws by the House of Delegates in 2013<sup>4</sup> to form the American Council of Academic Physical Therapy.<sup>5,6</sup> Because of its institutional membership, ACAPT is an APTA entity unlike any other in the history of the profession. Thus, ACAPT is different, but also the same. It shares some structural similarities with the Council of PT School Directors, advocacy similarities with the APTA Education Department, and networking similarities with the Education Section. The differences, however, are striking and afford ACAPT a myriad of opportunities to drive change in the academy and in the communities served by the enterprise of academic physical therapy. A sample of these opportunities is addressed below.

## THE FIRST 7 YEARS

The creation of ACAPT involved a complex series of events, and the work that followed required many strategic decisions and actions. Full trust in the effectiveness of ACAPT to achieve its original vision is still emerging, but the aspirations for success remain clear. Membership now exceeds 95% of accredited programs,<sup>7</sup> and participation in achieving the organization's strategic direction is growing. The perspectives of many leaders who participated in the evolution of ACAPT express well the challenges and opportunities it faces.<sup>7</sup> Their views reinforce the importance of (1) developing leaders, (2) enhancing diversity within the academy and the profession, (3) unifying the academic enterprise around our expertise in movement, (4) engaging in education research, and (5) creating a true

partnership with all stakeholders who deliver clinical education. ACAPT's new beginning is manifested through its first 7 years of leadership, governance, and strategic planning.

## ACAPT Leadership

The individuals who have served the ACAPT Board of Directors since its inception are recognized in published minutes of the ACAPT Board of Directors.<sup>8</sup> Especially important here is to acknowledge the leadership of those who have served as president of ACAPT and have been at the helm to steer the course of action. As the first president of ACAPT, Leslie Portney, PT, DPT, PhD, FAPTA, issued a strong and persistent challenge for professional involvement and advocacy. Dr Portney then modeled those attributes in the early life of ACAPT with her untiring work to ensure design of all processes required to create the new home of academic physical therapy.<sup>9</sup> Terry Nordstrom, PT, EdD, FNAP, FAPTA, ACAPT's second president, guided the Board to establish the importance of planning priorities in an environment brimming with pressures and options. Dr Nordstrom consistently reminded the academic community that the obligation to advance practice through excellence in education and research must be foremost in ACAPT's portfolio.<sup>9</sup> In her role as ACAPT's third president, Barbara Sanders, PT, PhD, SCS, FAPTA, has fostered a visible commitment to leadership development for the current and future generations of academic PTs. Dr Sanders' belief in the importance of collaboration among the stakeholders in academic physical therapy led to a search for new vehicles to communicate and interact with member organizations.<sup>9</sup>

## Governance and Consortia

ACAPT's governance structure allows consortia to be created that serve the special interests of individuals from its member institutions. Although full engagement of these groups has yet to be realized, their approval and stated purposes correspond well to ACAPT's overall intention to be of enterprise-wide service to academic physical therapy. Eight consortia have been created since 2012.

**Research Intensive Programs in Physical Therapy (RIPPT).** Established in 2012, RIPPT is dedicated to "strengthening the community of research-intensive physical therapy programs."<sup>10</sup> RIPPT has been continuously active in considering issues associated with research funding, research faculty development, and recruitment of individuals to enroll in PhD programs.

**Early Assurance BS/DPT Programs.** Established in 2013, this consortium "represents

the faculty and admissions coordinators from DPT programs that are currently identified as 'Freshman entry.'"<sup>10</sup> Members have used this consortium to share information and issues faced by institutions offering this dual degree option; communication among these ACAPT members is a high priority.

**National Consortium of Clinical Educators (NCCE).** Established in 2013, the NCCE is comprised of academic and clinical partners who are responsible for delivering clinical education. Their stated purpose is to be "a resource and forum for individuals who have professional interest and responsibilities for the implementation and evaluation of clinical education for physical therapists."<sup>10</sup> NCCE participated in the 2014 Clinical Education Summit,<sup>11</sup> and in APTA's 2015 Best Practices in Physical Therapy Clinical Education Task Force,<sup>12</sup> and is providing leadership for ACAPT's Strategic Initiative Panels charged with addressing priorities of the clinical education community.

**Clinical Reasoning Curricula and Assessment (CRCAC).** This consortium was established in 2013 to serve educators "interested in best practice for teaching and assessing clinical reasoning skills."<sup>10</sup> This focus of CRCAC has led to collaboration with the Education Section in providing faculty development in clinical reasoning, and with RIPPT in establishing best practices through multi-institutional research initiatives

**National Inter-professional Education Consortium (NIPEC).** Also established in 2013, NIPEC grew out of an ACAPT Task Force seeking strategies to improve interprofessional collaboration. NIPEC's purpose is to "advance physical therapy as an integral component of inter-professional education and practice."<sup>10</sup> NIPEC is committed to exploring new strategies for implementing collaborative education and seeing that collaboration translated into practice.

**Education and Pedagogy Consortium (EPiC).** Established in 2014, the leaders of this consortium are focused on "exploring and promoting best practices of pedagogy and education delivery of physical therapy education."<sup>10</sup> This purpose addresses directly a concern of the entire academic community that best practice in education should be held to the same standards as best practice in patient care. EPiC has supported ACAPT's strategic initiative to define elements of excellence in education through its "benchmarking" project.

**DPT Terminal Internship Consortium.** This consortium emerged in 2014 from discussion about how to standardize clinical education and whether alternative approaches are needed to develop productive academic-clinical

partnerships. The members of this consortium specifically aim to serve as a “resource for discussions related to implementation of extensive terminal clinical education experiences.”<sup>10</sup> Because of its focus on clinical education this consortium shares many of its interests and concerns with NCCE.

**Consortium for the Humanities, Ethics and Professionalism (CHEP).** ACAPT’s newest consortium was founded in 2015 with the philosophy that “excellence in clinical practice requires the ability to make a meaningful connection with the patient and make decisions in uncertain circumstances.”<sup>10</sup> The commitment to embedding this philosophy in a structural component of ACAPT demonstrates that leadership in the academy recognizes the breadth of knowledge that affects practice.

### Strategic Planning for ACAPT Action

For ACAPT, strategic planning is a dynamic process, requiring attention to critical concerns in academic physical therapy, as well as operational issues, such as staff capacity and financial implications. Across the years, academic PTs have voiced concern about the need to (1) develop leadership in all segments of the educational community, (2) increase research and scholarship in support of teaching and learning and the effectiveness of practice, (3) test the viability of current models of didactic and clinical education, (4) balance the growth of new programs against limited resources nationwide (ie, faculty shortages and clinical sites), and (5) address clinical education capacity. To address these topics (and more), ACAPT has engaged in several cycles that confirmed its interests in the short- and long-term planning required to respond to a fluctuating professional environment.

ACAPT adopted its first strategic plan in 2011 when it was still a Council of the APTA Board of Directors (ie, the “Academic Council”). This plan featured initiatives to develop procedures for budgeting and finances, a structure and approval process for consortia, and methods to cultivate and increase membership. The plan also aimed to pursue excellence through advocacy, frameworks for innovation, and accrual of data to be used for comparative benchmarks. This first plan was updated in 2013 after ACAPT became a self-governing component of APTA. Specific priorities were established to acknowledge the importance of refining ACAPT’s organizational structure, developing effective communication, and seeking routes to advocate positions and policies important to membership. It was during this time that ACAPT openly supported a standardized set of 10 course prerequisites to be required for admis-

sion to any PT education program, addressed CAPTE to express concerns about new program development, and stated opposition to PTA programs teaching peripheral mobilization in the curricula. A major outcome of this first plan was to implement a collaboratively sponsored summit<sup>13</sup> to “define a new path toward a shared vision for clinical education in physical therapist education.”<sup>14(p2)</sup>

ACAPT’s next strategic plan was drafted by its leadership in 2015. This plan called for investment in a funded study of engagement as an expression of academic excellence to be conducted by an appointed Benchmarks for Excellence Task Force. Significant effort was required to devise appropriate survey questions for administrators, faculty, and students that would test levels of engagement in the academic environment. An even greater effort, perhaps, was required to create and manage the technology associated with data collection and analysis. This project was met with some skepticism, best expressed, perhaps, with the question: “Comparison for what purpose?” Its development, however, demonstrated a large-scale response to a felt need of members for way to measure excellence. As of this date, the data collection process continues, now enabled by having a portal through which programs can access and compare their results with those of other institutions.

Also in 2015, the ACAPT Board introduced a set of “admissions traffic rules” that addressed acceptance and deposit processes. This effort was intended to increase transparency among institutions about admissions and clarify for applicants the obligations associated with acceptance. That same year, the Board created 3 Strategic Initiative Panels to set in motion the priority recommendations made at the 2014 Clinical Education Summit. To avoid diluting stakeholder support for change in clinical education, deliberate and transparent action was required to maintain and extend the enthusiasm generated during the Summit. Always as a backdrop, the administrative requirements and complexities received attention in ACAPT’s strategic planning to enable smooth and effective operations. Financial management, integrity, and transparency were high priorities of the 2015 strategic plan. This plan was reexamined in April 2016, and again in October 2016 to select Board priorities. These priorities specified the following elements for 2017, ordered for their contemporary importance to the organization and its members:

- **Communication** with internal and external stakeholders using online and personal strategies to engage participation, discover interests and talents

of members, and begin to document and honor the contributions of leaders involved in creating ACAPT;

- **Leadership** across the career continuum developed through mentoring programs, a formalized summit planned for 2017, activities at the National Student Conclave (NSC), and a proposed alliance with APTA’s Educational Leadership Institute (ELI);
- **Clinical education** change that is meaningful to the community, expressed by investing in the Strategic Initiative Panels, supporting grass roots initiatives developed by regional clinical education consortia, and collaborating with APTA and the Education Section through the Education Leadership Partnership (ELP) that was created in 2016;
- **Benchmarks** for excellence in the academy that are primarily focused on continuing to develop and implement the engagement survey, collaborating with CAPTE on access to comparative data, and orchestrating<sup>15</sup> a community spirit of working together to achieve excellence in academic physical therapy;
- **Education research** to support excellence, a priority that focused on disseminating work done by collaborative task forces and in strategy meetings aimed at enhancing the scholarship of teaching and learning (SOTL), and using strong leadership from the Education and Pedagogy Consortium (Epic).

## OUTCOMES OF THE FIRST 7 YEARS

### Accomplishments

To date, the academic physical therapy community has resided in its new “home” for nearly 7 years. ACAPT’s structure has been refined and business operations have been developed. Additional organizational components of ACAPT, filled with member talent and interest, have been approved. New alliances and collaborative relationships have been created. On behalf of the membership, the ACAPT Board has developed an aggressive agenda for change that is congruent with the needs of the academy and the vision of the APTA of “transforming society by optimizing movement to improve the human condition.”<sup>16</sup>

### Challenges

On balance, ACAPT’s work to “re-engineer AASIG”<sup>2</sup> has been affected by internal and external factors that temper any early conclu-

sions that it has transformed the culture of academic physical therapy. Clearly, ACAPT is not singularly responsible for solving all issues facing academic physical therapy. The following 4 factors are a sample of areas that continue to challenge the community and drive the work of ACAPT and its strategic partners.

#### **DPT Student Applications and Admissions.**

Three changes discussed and advocated by ACAPT await community acceptance. First, in 2013, ACAPT's membership approved use of a standard set of course prerequisites prior to admission to DPT programs. However, to date, only 12% of programs have matched their prerequisites to this standard.<sup>17</sup> Second, in 2015 the academic community embraced a set of "rules" to guide admissions, acceptance, and deposit deadlines that would clarify responsibilities of institutions and admitted students. Anecdotal information suggests that considerable variation in use of these rules continues. Data are soon to be published to confirm whether the community is truly ready to adopt change in this area. Third, consistent with the academic community in medicine,<sup>18</sup> some in the academic community in physical therapy have questioned the viability of requiring prospective applicants to complete observation in a clinical practice to confirm the choice of physical therapy as a personally appropriate career prior to admission. Although 83.6% of programs do have this requirement,<sup>19</sup> continuing this practice places additional responsibility on members of the clinical education community (who are already responsible for many other levels of education) to prepare and advance the training of PTs. Especially in the face of increasing productivity expectations and administrative burdens in practice, ACAPT's advocacy for change in this requirement could reduce stress for clinical educators.

**Capacity of the Academic Community.** The Physical Therapy Centralized Application Service (PTCAS) reports a 31.7% increase in the number of education programs and a 38.5% increase in applications for DPT education since 2012.<sup>20</sup> Although ACAPT has communicated strong and formal support for CAPTE to adopt more stringent requirements for program development, expansion, and continued accreditation,<sup>21</sup> the increase in programs challenges the limited resources required for professional education. Paired with existing shortages of individuals qualified to serve as faculty,<sup>22</sup> and shortages of academic leaders, growth and expansion of programs remains a serious issue. The situation is further complicated in view of recent data suggesting that applicant rates may be slowing. Preliminary data from the 2016-

2017 applicant cycle show that, across the 214 programs participating in PTCAS, 57% of programs experienced a mean decrease in applications of 10.6%, and 41% have shown a mean increase of applications of 15.7%. Unlike previous years, the overall mean change is an increase of only .5%. ACAPT already has alerted the academic community of the risks of program growth and the need the monitor the adequacy of resources (ie, faculty, students) to deliver excellent professional education.

**Evidence of Educational Quality.** ACAPT has invested heavily in a study of engagement as a measure of academic excellence. Although participation is increasing, technological and administrative problems have slowed the intended outcome of being able to have comparative data for programs to use in judging and enhancing their own quality. Presentations of preliminary outcomes have been well-received, and a publication of these data is expected in 2017.<sup>23</sup> However, expectations of what "comparisons" are desired may not be the same across institutions. Thus, the search for measures of quality and excellence continues to be a concern for ACAPT. This is particularly true for the clinical education community, which currently awaits outcomes of the Strategic Initiative Panels working diligently against the perception of inertia after the Clinical Education Summit.<sup>24</sup>

Change does not occur quickly in a system as complicated as clinical education in physical therapy. ACAPT has joined with the Education Section and APTA to fund the National Study of Excellence and Innovation in Physical Therapist Education, providing valuable data and recommendations about excellence.<sup>25,26</sup> Another important endeavor ACAPT shares with APTA and the Education Section is to see ELP succeed. As adopted in February 2017, the purpose of ELP is to "reduce unwarranted variation in practice by focusing on best practices in education."<sup>27</sup> As a participant in 8 of the 9 ELP priorities, ACAPT will be helping to address essential issues such as defining and assessing competencies expected as outcomes of DPT education, the rising debt burden from professional education, faculty development needs, and solutions to clinical education problems raised in the 2014 summit. Addressing quality and excellence is a shared endeavor requiring the voices of all stakeholders in physical therapy education.<sup>15</sup>

**ACAPT Governance.** Since its inception, ACAPT has approved 8 consortia that represent special interests of the academic or clinical community. Each has engaged in its own development process by creating rules, procedures, leadership, and concerns about

resources. In addition, there have been committees, task forces, and panels created to accomplish the work of ACAPT, all of which require administrative management and high-level communication. Although the work of ELP may reduce the risk of duplication, it is currently high and a potential waste of resources. The profession at large already has seen several groups addressing clinical education and more than 1 task force on excellence in education. The profession cannot afford duplication.

## **CONCLUSION AND COMMUNITY CHALLENGE**

Many leaders in physical therapy have challenged the academic community to transform education to meet contemporary expectations associated with health care.<sup>28</sup> Although ACAPT acts with a deep and abiding commitment to excellence in education and leadership in the academy, its agenda is at risk if the culture does not fully embrace the need to proactively transform education in ways that anticipate the changes we will continue to see in health and health care. Early signs of success and satisfaction must be paired with vigilance to avoid the frustration and inertia that characterized AASIG.<sup>2</sup> The ACAPT Board of Directors has entered a new phase of planning that will set forth the organization's action portfolio for 2018 to 2021. Although still in refinement, the elements of this plan are built upon the power of education to transform health and the absolute necessity of unifying the academic enterprise if ACAPT is to be successful. The entire academic community must engage in the transformative process for physical therapy education. Unity is the ideal conclusion.

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