

LIST OF ACAPT MOTIONS IN EFFECT

September 24, 2022

Motion AC-5-21

TITLE: Position on the structure of Doctor of Physical Therapy Programs with the Parent University

MOTION: The American Council of Academic Physical Therapy supports that all physical therapy educational units shall be a department, school, or college of physical therapy by 2030, and the leader of the educational unit shall be a physical therapist who serves as the chairperson/head of that department, dean of that school or college, or holds an equivalent administrative title consistent with the parent institution. The chairperson or dean of the physical therapy unit shall have autonomy of the fiscal resources and budgetary oversight of the CAPTE accredited Doctor of Physical Therapy program and report directly to either a dean, chief academic officer (i.e., provost, vice president of academic affairs), or an equivalent academic administrator within the parent institution.

Adopted Oct. 21, 2021

Motion AC-6-21

TITLE: Clarity of Hours of Observation in the Admissions Process

MOTION:

1. Admissions committees shall discontinue the practice of listing “Recommended” ObHr supplemental to “Required” ObHr.
2. Admissions Committees shall be explicit on how they utilize the criteria of Pre-admission observation hours (ObHr) so that applicants can use this information in making decisions regarding the use of their time and that of the clinical sites.

Adopted Oct. 21, 2021

Motion AC-1-20

TITLE: Minimum Duration of Professional DPT Education Programs

MOTION: The professional education program leading to the Doctor of Physical Therapy Degree shall consist of a minimum of 108 weeks of instruction, which (according to CAPTE’s definition) includes all weeks that students participate in class/laboratory/distance learning/independent study, exam weeks, and clinical education.

Adopted Oct. 16, 2020

MOTION AC-2-20

TITLE: National Equity, Diversity, and Inclusion Commission for Academic Physical Therapy

MOTION: That the American Council of Academic Physical Therapy (ACAPT) commit to the establishment of a National Equity, Diversity, and Inclusion Commission for Academic Physical Therapy (NEDIC) in order to increase enrollment, retention and graduation of racial/ethnic minority students (Black, Indigenous, Latinx) in physical therapy professional education programs and increase the number of racial/ethnic minorities among faculty and leadership in professional education. The purpose of the proposed Commission shall be to lead ACAPT in: (1) Developing effective programs to increase the representation of racial/ethnic minority students and faculty in physical therapist education programs and (2) creating new anti-racist policies and programming that will stimulate academic programs to strive for equity, diversity, and inclusion and support them in that effort.

The proposed Commission shall be co-chaired by the Chair of the ACAPT Diversity, Equity, and Inclusion Consortium and one member of the ACAPT Board of Directors. Three additional members will be elected by the ACAPT membership through a special election to be held by no later than January 15, 2021. Those 17 elected shall assume office by February 2021. The charge to the Commission will be:

1. Review and prioritize the recommendations from the 2016 Final Report from the Diversity Task Force,
2. Provide budget estimates to fund the 2016 recommendations,
3. Suggest new recommendations for action beyond the 2016 recommendations with associated budget estimates,
4. Submit a report by June 2021 to the ACAPT Board of Directors that includes the Commission's 5-year plan to address the identified priorities with associated budget requests, and
5. Submit a report to the ACAPT membership at the Annual Business Meeting at ELC in 2021 detailing the Commission's approved 5-year plan, budget, and progress to date. The priorities should include those that can be accomplished within a 1-2 year timeframe (short-term activities and initiatives) and those that will take 3-5+ years (longer-term activities and initiatives).

Adopted Oct. 16, 2020

Motion AC-3-20

TITLE: Opposition to direct monetary payment for clinical education experiences

MOTION: The American Council of Academic Physical Therapy opposes direct monetary payment for the provision of clinical education experiences in entry-level physical therapist education. Monetary payment includes any form of currency (e.g. cash, check, direct deposit, gift card) given to a clinic site or clinical instructor based on negotiations prior to the clinical education experience. Monetary payment does not include costs associated with clinic site onboarding or payment provided for special projects, such as grant funded research or training grants.

Adopted Oct. 16, 2020

Motion AC-4-20

TITLE: Promotion of non-monetary benefits for clinical education experience

MOTION: The American Council of Academic Physical Therapy (ACAPT) promotes the provision of non-monetary benefits to clinical education sites and clinical instructors (CIs) for providing clinical education experiences in entry-level physical therapist (PT) education. Non-monetary benefits, unlike promotional materials, demonstrate an institutional investment in clinical sites/instructors and advance clinical teaching and practice to ensure excellence in PT clinical education. These benefits, which are provided in a non-cash form (e.g. certificate of service, continuing education courses, guest lecture opportunities, library access, CI credentialing courses, research opportunities, tuition vouchers), must be relevant, useful, and accessible to clinical education sites and clinical instructors. ACAPT supports, in collaboration with other stakeholder groups, further investigation to identify benefits that are meaningful and easily accessible to clinical education sites and CIs. ACAPT supports collaborative development and open access resource sharing among academic programs to facilitate equitable access to and distribution of non-monetary benefits.

Adopted October 16, 2020

Motion AC-7-20

TITLE: Endorsement of the Environmental Physiotherapy Agenda 2023

MOTION: That the American Council of Academic Physical Therapy supports the Environmental Physiotherapy Agenda 6 2023 which is built around a single aim:

To ensure that every student beginning entry-level physiotherapy (physical therapy) education from 2020 onwards will have education regarding the relationship between the environment, human health and functioning, and how this pertains to physiotherapy (physical therapy) as part of their programme.

Proviso: If the motion is adopted then ACAPT will become a signatory organization

Adopted October 16, 2020

Motion AC-8-20

TITLE: Physical Therapist Clinical Education Glossary

Motion: That ACAPT work collaboratively with the APTE PTA SIG to develop a resource that maintains the ACAPT Physical Therapist Clinical Education glossary in concert with a document created by the APTE PTA SIG reflective of the PTA clinical education terms unique to the PTA designation and determine a method of distribution that ensures ready access while maintaining the integrity and independence of each organization's respective documents.

Motion AC-4-18

TITLE: Alternate Approval Process

Motion: That ACAPT promotes the Alternate Approval Process developed by the Federation of State Boards of Physical Therapy to ease the administrative burden of various stakeholders during the initial processes of students entering the physical therapy community.

Adopted October 12, 2018

Motion AC-2-17

TITLE: Common Terminology

Motion: That the Physical Therapist Clinical Education Glossary be adopted and used for discussion and description of physical therapist clinical education.

[Link to Glossary](#)

Adopted October 13, 2017

Motion AC-3-17

TITLE: Definition of Integrated Clinical Education (ICE)

Motion: That the following definition of integrated clinical education (ICE) be adopted as the definition for use within the profession:

Integrated clinical education (ICE) is a curriculum design model whereby clinical education experiences are purposively organized within a curriculum. In physical therapist education, these experiences are obtained through the exploration of authentic physical therapist roles, responsibilities and values that occur prior to the terminal full time clinical education experience. Integrated experiences are coordinated by the academic program and are driven by learning objectives that are synchronous aligned with didactic content delivery across the curricular continuum. These experiences allow students to attain professional behaviors, knowledge and/or skills within a variety of environments. The supervised experiences also allow for exposure and acquisition across all domains of learning and include student performance assessment. For integrated clinical education experiences to qualify towards the minimum number of full-time clinical education weeks required by accreditation (CAPTE) standards, it must be full time and supervised by a physical therapist within a physical therapy workplace environment or practice setting.

Adopted October 13, 2017

Motion AC-5-17

TITLE: Parameters of Integrated Clinical Education (ICE)

MOTION: That the 8 parameters presented as baseline expectations for integrated clinical education be adopted and disseminated for use by physical therapist educational programs.

These include:

1. Integrated clinical education may occur in any academic term prior to the completion of the didactic coursework leading to the completion of a terminal full time clinical education experience.
2. Integrated clinical education experiences will have specific desired outcomes that correspond to course and/or programmatic objectives.
3. Integrated clinical education experiences may be represented as a component of a didactic course or a standalone course that occurs in a synchronous aligned fashion with other didactic coursework.
4. Integrated clinical education experience time frames are developed by the academic program based upon the course and/or programmatic objectives. Integrated clinical education may include full time and/or part time experiences.
5. Integrated clinical education experiences may occur in a variety of learning environments including campus or community based clinical or non-clinical settings, based upon the course and/or programmatic objectives. Integrated full time clinical education experiences that qualify for a program's minimum number of clinical education weeks shall be completed in a physical therapy workplace environment or practice setting.
6. Integrated clinical education experiences shall include student assessments that are designed to link to the course or program objectives with expected student progression in professional behaviors, clinical knowledge, and/or skills.
7. Integrated clinical education experiences are coordinated by a faculty member of the academic program, in partnership with a coordinator from the clinical education site.
8. Integrated clinical education experiences are typically supervised by a course instructor and a preceptor. The preceptor may be an academic course faculty member, a clinical instructor, or other healthcare professional at the site the student is engaged in the experience, depending upon the course and/or programmatic objectives. Integrated full time clinical education experiences that qualify for a program's minimum number of clinical education weeks shall be supervised by a licensed physical therapist.

Adopted October 13, 2017

Motion AC-6-17

TITLE: Student Readiness

MOTION: That the list of knowledge, skills and abilities (KSAs) and their recommended level of competency be published as a guideline for considering student readiness prior to entering first full-time clinical experiences.

Adopted October 13, 2017

Motion AC-7-17

TITLE: Movement System Position Statement

MOTION: The American Council of Academic Physical Therapy endorses the concept that the movement system is core to physical therapist practice, education, and research. ACAPT, therefore, supports inclusion of the movement system as: (1) an identifiable element in every physical therapist educational program, and (2) a visible component of each program's public-facing web presence (e.g., as part of a program description, program goals, curricular threads or proposed graduate outcomes).

Adopted October 13, 2017

Motion AC-8-17

TITLE: Opposition to Recommendation 1 in Best Practices for Physical Therapist Clinical Education

MOTION: That ACAPT opposes Recommendation 1 in "Best Practice for Physical Therapist Clinical Education" ("That formal preparation for practice includes physical therapist professional education, followed by a clinical internship and mandatory post professional residency, and is accomplished through a process of staged licensure and specialty certification") on the grounds that it would result in removal of the most significant portion of clinical education from academic oversight and accountability.

Adopted October 13, 2017

Motion AC-9-17

TITLE: Resilience

MOTION: That ACAPT will develop a plan to enhance academic programs awareness of to the mental health and wellness needs of DPT physical therapy students and identify best practices for by academic programs to support and improve students' health and well-being.

Adopted October 13, 2017

Motion AC-2-16

TITLE: Creation of a National Student Honor Society

MOTION: That the American Council of Academic Physical Therapy (ACAPT) develop a National Student Honor Society for the profession of physical therapy.

Adopted October 8, 2016

ACAPT Honor Society established in 2018

Motion AC-2-15

TITLE: Early Assurance BS-DPT Program

MOTION: The preferred terminology to describe DPT programs that offer early admission status for selected high school students into a combined BS/DPT program is Early Assurance.

Adopted October 2, 2015

Motion AC-5-15

TITLE: Task Force to Explore Graduate Outcomes

MOTION: ACAPT implement a task force to explore the possibility of a common, standardized set of expected graduate outcomes to be adopted by all programs.

Adopted October 2, 2015

Report received in 2018

Motion AC-10-15 (A)

TITLE: Admissions Traffic Rules for Physical Therapist Education Programs

MOTION: That the Members of the American Council of Academic Physical Therapy adopt the following Admissions Traffic Rules for Physical Therapist Education Programs:

1. Programs may begin extending offers of admission on applications deemed complete by the program at any time during the admissions cycle.
2. Programs cannot require a deposit prior to January 15 of the year of enrollment or January 15 of year prior to enrollment for January and February start programs.
3. Programs must indicate to applicants whether deposits are non-refundable, including those voluntarily paid before the deposit deadline.
4. The maximum, cumulative deposit amount an entry-level PT education program may require accepted applicants to pay as a commitment to enroll is \$1,500.

Adopted October 2, 2015

Amended October 16, 2020

Motion AC-10-15 (B)

TITLE: Admissions Traffic Rules for Applicants

MOTION: That the Members of the American Council of Academic Physical Therapy adopt the following Admissions Traffic Rules for Applicants to Physical Therapist Education Programs:

1. Each applicant shall comply with the application, acceptance, and admission procedures at each physical therapist education program to which the applicant has applied, including PTCAS rules and requirements, as appropriate.
2. Each applicant shall provide accurate and truthful information in all aspects of the application, acceptance, and admission processes for each physical therapist education program to which the applicant has applied.
3. Each applicant is responsible for the collection and timely submission of all application requirements to each physical therapist education program and PTCAS, as appropriate, by or prior to the established deadline dates.
4. Each applicant shall promptly notify the physical therapist education program and PTCAS, as appropriate, of any changes, permanent or temporary, in contact information.
5. Each applicant shall respond promptly to a physical therapist education program's invitation for interview, as required. Any applicant who cannot appear for a previously scheduled interview should notify the physical therapist education program immediately of the cancellation of the appointment in the manner requested by the program.

Adopted October 2, 2015

Amended October 16, 2020

Motion AC AC-2-14

TITLE: CAPTE Standards of Excellence

MOTION: That in order to assure minimal levels of quality in entry-level physical therapist education, physical therapist education, the Commission on Accreditation in Physical Therapy (CAPTE) consider key criteria when revising the “Rules of Practice and Procedure” and the “Evaluative Criteria, Physical Therapist Programs”:

Category 1) accreditation;

Category 2) Category 3) and establishing and revising procedures for achievement of and maintenance of candidate for establishing the accreditation criteria during the current criteria revision; establishing and revising procedures for achievement and maintenance of accreditation;

Category 4) to increases in enrollment; establishing and revising procedures for approval of substantive program change relative

The American Council of Academic Physical Therapy (ACAPT) recommends that the following guidelines are reflected in CAPTE standards, criteria and procedures for programs seeking candidacy:

Recommendations Category 1: Procedures standards for achievement and maintenance of candidate for accreditation status:

- 1) That the program has employed 100% of the core faculty members necessary to deliver the academic and administrative components of the first two years of the curriculum, in addition to Program Director and Director of Clinical Education, at least one year prior to offering admission to the first students to the program.

- 2) That these core faculty members, Program Director and Director of Clinical Education, individually and collectively, meet the CAPTE criteria for accreditation for these three categories of faculty.
- 3) That the institution in which the program will be established submits evidence that it has in place the necessary financial resources, facilities, equipment, technology, and materials for faculty scholarly work and delivery of the entire curriculum prior to enrolling the first students in the program.
- 4) That the institution submits clear and compelling evidence of the need for physical therapists in the workforce within the region the program serves.
- 5) That the program has established contracts with sufficient clinical placements to meet the needs of all planned clinical experiences for the entire curriculum. Moreover, these contracts should be endorsed by the physical therapist/s where the clinical placements will actually take place, and the physical therapists confirm that accepting students from this developing program will not impact their ability to support their current contracts with other fully accredited programs.

Recommendations Category 2: Accreditation criteria during the current criteria revision:

- 1) That all newly revised accreditation criteria, when considered in the aggregate, set higher standards than the current criteria.
- 2) That all revisions of accreditation criteria include a minimum standard for the first-time pass rate on the National Physical Therapy Examination as an indicator of minimal quality.

Recommendations Category 3: Procedures for achievement and maintenance of accreditation:

- 1) That CAPTE take meaningful actions, including the option of restricting program enrollment, when a program does not meet accreditation criteria during the submission for re-accreditation process.
- 2) That CAPTE establish standards and processes by which the Commission can take action relative to a program's continued accreditation should there be evidence of a change in the program that indicates a program may fail to meet accreditation criteria, such as the number of vacant faculty positions or the qualifications in the core faculty or program director.
- 3) That CAPTE establish standards and processes by which the Commission can take action relative to a program's continued accreditation should there be evidence of a change in the program that indicates a program may fail to meet accreditation criteria, such as the number of vacant faculty positions or the qualifications in the core faculty or program director.
- 4) That programs required to complete a compliance report as a result of an accreditation review are not guaranteed to receive the maximum length of time for re-accreditation.

Recommendations Category 4: Procedures for approval of substantive program change relative to standards for programs seeking to substantially increase enrollment: When programs seek approval to increase enrollment by more than 10%, they must secure a CAPTE review date that occurs at least one full admission cycle prior to the intent of expansion. All evidence must be in place prior to recruiting students.

- 1) Evidence that they have hired all the necessary faculty for the first two years of that enrollment increase prior to enrolling those additional students in the program.
- 2) Evidence that they have the necessary facilities, equipment, technology, and other physical resources to meet the needs of the additional students.

- 3) Evidence that they have established contracts with sufficient clinical placements for all clinical experiences that occur throughout the curriculum without having negative consequences to other accredited programs.
- 4) Clear and compelling evidence of the regional needs for increased physical therapists in the workforce
- 5) Evidence of institutional approval to secure needed resources listed in 1-3 prior to admission of the additional students does not constitute adequate evidence. Additional students must not be accepted into the program until all resources have been secured.
- 6) Programs granted approval for expansion must report confirmation that resources have remained in place for the entire program cycle that brings in additional students. Once this group graduates, reporting can return to reaffirmation schedule.
- 5) Programs will be placed on probation should they not be able to illustrate continued evidence of resources secured in the expansion application.

ACAPT recommends that CAPTE assure it has the necessary resources to monitor, affirm, and enforce its Rules of Practice and Procedure, including those that are more rigorous or that require additional resources. If it does not have these resources, then it should establish priorities for administering the activities of the Commission specifically within these procedures, with first priority given to reaffirmation of accreditation, second priority to review and approval of substantive change requests to increase class size, and third priority to candidates for accreditation. These priorities could include limits on the number of requests for programs seeking candidacy for accreditation or for seeking to substantially increase their class size.

Additionally, that ACAPT promote these standards, criteria and procedures broadly within the higher education community, including to all institutions with accredited programs, those with programs in candidacy for accreditation, and those that have expressed the intention to initiate an entry-level physical therapist education program.

Adopted October 10, 2014

Motion AC-1-13

TITLE: Definition of Underrepresented Minority (URM)

MOTION: That Underrepresented Minority (URM) in physical therapy means those racial and ethnic populations that are underrepresented in the PT profession relative to their numbers in the general population, as well as individuals from geographically underrepresented areas, lower economic strata, and educationally disadvantaged backgrounds.

Adopted October 5, 2013

MOTION: AC-3-13

TITLE: IPEC Core Competency

MOTION: That the American Council of Academic Physical Therapy endorses the four Interprofessional Education Collaborative (IPEC)¹ Core Competency² domains and their respective general competency

statement; all physical therapist education programs shall use the IPEC Core Competencies in the curriculum.

¹The Interprofessional Education Collaborative (IPEC) consists of the American Association of Colleges of Nursing (AACN), American Association of Colleges of Osteopathic Medicine (AACOM), the American Association of Colleges of Pharmacy (AAP), the American Dental Education Association (ADEA), the Association of American Medical Colleges (AAMC), and the Association of Schools of Public Health (ASPH).

² Interprofessional Education Collaborative Expert Panel. (2011). Core competencies for interprofessional collaborative practice: Report of an expert panel. Washington, DC: Interprofessional Education Collaborative.

Adopted October 5, 2013

MOTION AC-3-12

TITLE: New Physical Therapy Education Programs

MOTION:

Whereas, there will be increased pressure to educate more physical therapists due to increased market demand including the need for increased access with health care reform;

Whereas, market demand has been the catalyst for the expansion of existing programs and development of new physical therapist education programs;

Whereas, there is a documented shortage of required resources in physical therapist education, including program directors, qualified faculty, and clinical instructors at clinical education sites; and

Whereas, this resource shortage can compromise the quality of physical therapist education in the United States;

Resolved, that institutions must have in place an appropriate budget, a qualified director and faculty, necessary clinical education sites and commitments, and all the necessary physical resources for physical therapist entry-level education, before an institution approves expansion of an existing physical therapist education program or develops a new physical therapist education program.

Resolved, in order to meet the societal needs for more physical therapists, the Council supports increased class size of established programs that have all the appropriate resources.

Adopted October 6, 2012

MOTION AC-4-12

TITLE: Standard Prerequisite Courses for Admission in Entry-Level Physical Therapist Education Programs.

MOTION: That the Academic Council of the APTA supports the following list of courses as the standard prerequisite courses required for admission into an entry level physical therapist education program.

- One course in anatomy with Lab
- One course in physiology with Lab
- Or a two-course sequence in anatomy and physiology with Lab
- Two courses in biological sciences (not botany)
- Two courses in general chemistry with Lab
- Two courses in general physics with Lab
- One course in psychology
- One course in statistics

Adopted October 6, 2012