

Proposal for Doctorates in Physical Therapy

Approved by the Faculty in the Program in Physical Therapy
February 1999

Approved by the School of Health Sciences Assembly
November 2000

Approved by the Graduate Council
February 2001

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PROPOSAL FOR DOCTORATE IN PHYSICAL THERAPY (DPT)

I. INTRODUCTION

Changes in medical care are creating both challenges and opportunities for the health professions. Many health professions are examining the ways in which they can best address the challenges they face and are determining how to make the most of the opportunities available. With increased scrutiny of health care costs, all disciplines are being required to demonstrate efficacy of the treatments they provide. At the national level, the profession of physical therapy has determined that the clinical doctorate is the best means to position the profession to begin to meet these challenges. The American Physical Therapy Association's governing body is the House of Delegates. In June 2000, this body adopted a vision statement for 2020 which included the phrase "doctors of physical therapy" (See Appendix A). More specifically, the Vision Statement stated the following:

By 2020, physical therapy will be provided by physical therapists who are doctors of physical therapy, recognized by consumers and other healthcare professionals as the practitioners of choice to whom consumers have direct access for diagnosis of, interventions for, and prevention of impairments, functional limitations, and disabilities related to movement, function, and health. (APTA House of Delegates, 2000, p. 10)

The proposed clinical doctorate in physical therapy at Oakland University will prepare clinicians with the advanced evaluation and examination skills necessary to make physical therapy differential diagnoses of movement related impairments affecting the neuromusculoskeletal system. In addition, they will provide effective care in the areas of prevention, screening, rehabilitation, and community reintegration for their clients. Finally, they will be able to interpret and conduct clinical research needed to demonstrate the reliability and validity of physical therapy evaluation tools and to determine the effectiveness of physical therapy interventions. It is expected that graduates of the clinical doctorate will be primary providers of physical therapy care, assume leadership roles in the profession and the health care industry, identify, advocate, and actively participate in clinical research in physical therapy, evaluate health policies, and be better able to react, adapt to, and shape new practice environments.

A. History and Overview of the Current Programs

Oakland University's Program in Physical Therapy (PT) was first established in 1979. Like the majority of PT programs at that time, students who successfully completed the program received a BS in Physical Therapy. In 1990, in order to keep pace with the changes in the profession, the program was moved to an entry-level masters of physical therapy (MPT) degree and the BS program was eliminated. To demonstrate its commitment to post-baccalaureate education, the Commission on Accreditation in Physical Therapy Education (the accrediting body of the American Physical Therapy Association) has determined that as of 2002, programs at the BS level will no longer be accredited.

In addition to the entry-level program, the Program in Physical Therapy also offers a number of post-professional programs. In 1995, in order to provide post-professional educational

opportunities for practicing clinicians educated at the BS level, the MSPT program was established. This is a 36-credit masters degree for licensed physical therapists. In addition, two 17 credit certificates, one in Orthopedic Manual Physical Therapy and the second in Pediatric Rehabilitation are available for clinicians interested in advancing their clinical skills. Either certificate can be applied toward completion of the MSPT degree if the student decides to go further in the educational process. The MPT (entry-level) program currently graduates 40 students per year and the MSPT and certificates jointly graduate approximately 8-10 students per year. Overall, Oakland University's PT program enjoys a reputation as one of the strongest PT programs in the state of Michigan.

To meet the needs of clients and the profession, and to keep Oakland University at the forefront of PT programs both regionally and nationally, we are proposing the initiation of two clinical doctorates (entry-level DPT and post-professional DScPT) in physical therapy. The first will be to move the entry-level education program to the clinical doctorate. Similar to the situation that occurred in 1990 when the entry-level education moved from BS to MPT, this will create a gap in the clinical setting. Clinicians who are currently practicing may feel a need to increase their education in order to keep up with the advanced training received by entry-level therapists. To help fill this void, we are proposing a second clinical doctorate (DScPT) that will be designed for licensed physical therapists who want to advance their knowledge and skills in physical therapy. Currently there are no post-professional doctoral level programs in physical therapy in Michigan.

The move from the entry-level masters' degree to the entry-level DPT is occurring rapidly in Michigan and nationwide. Andrews University plans to enroll students in an entry-level doctoral program in fall 2001. The University of Michigan- Flint has submitted a proposal for an entry-level DPT program to the School of Health Professions for review and approval and has indicated it will move as quickly as possible to admit a class in 2001. Central Michigan University will also begin admitting students as soon as approval is received. All other schools in Michigan are in the process of making this same change. We anticipate that the schools that move most quickly will be the first to fill their classes and attract the most qualified students. This was our experience when the move from the BS to MPT occurred. Over the past 2 years we have lost highly qualified students who were accepted to both Oakland University and DPT programs. In all cases they chose to attend the DPT program over Oakland's master's degree.

B. Environmental Issues

The last five years have resulted in significant changes in employment in all areas of health care. In the 1980's physical therapy was experiencing rapid growth which continued for approximately 15 years. In the past 5 years, there has been a dramatic decline in job opportunities available to new graduates. However, to date, all Oakland University graduates of the entry-level Program in Physical Therapy who want employment in the field have found it within 3 months of graduation. Much of the reduction in jobs for physical therapists is believed due to changes in reimbursement for medical care and in particular the balanced budget act. More recently, the arbitrary \$1500 cap was removed for a period of three years while the impact of this cap on health care is being studied. Job opportunities immediately improved with the removal of this cap. Unemployment rates for physical therapists are estimated to be 3.0% nationwide. (The nationwide unemployment rate for all occupations is 4.5%). Unlike previous years, therapists must now compete for jobs and those with the best credentials will be the

successful candidates. This environment of increased competition has the potential to increase interest in the entry-level DPT, the certificate programs and the post-professional clinical doctorate program. Therapists with a higher level of education may be more attractive to employers, particularly as it is estimated that the advanced degree will not immediately result in a greater salary to newly graduated therapists. As more programs make the transition to the DPT, class sizes will be decreased, resulting in fewer overall physical therapy graduates. This too has the potential to increase the availability of jobs for physical therapists.

II. RATIONALE

A. National Trends

Nationwide there is a trend toward moving entry-level PT education programs to the clinical doctorate or DPT. According to the American Physical Therapy Association, as of October, 2000, there are 16 accredited DPT programs, 3 developing DPT programs and 21 MPT programs in transition toward that degree. Eleven other programs have indicated they will make the transition from MPT to DPT in the year 2000.

There is also a trend for states to move to direct access to physical therapy services. Currently 33 states allow physical therapists to evaluate and treat patients without prescription from a physician. Several additional states are making legislative efforts in this direction. Michigan is among them. (For more information about Direct Access in Michigan, please see Appendix B) A doctoral education will better prepare clinicians to work autonomously.

A DPT will allow increased content in the areas of differential diagnosis of movement dysfunction, clinical research, managed care and management issues, consultation, delegation and supervision, as well as increased clinical internships that will prepare clinicians to carry a full clinical load on entry into the job market. Further, it will better prepare graduates to work in new and different areas that have not traditionally involved physical therapy such as health and fitness centers. These clinicians will be better prepared to meet the challenges and opportunities as they occur in the ever-changing health care environment.

It is the responsibility of the Program in Physical Therapy to prepare students to work in all states, not just Michigan. The DPT will better prepare students to screen patients for physical therapy and determine whether or not they should be referred to another practitioner for care. Currently our students are educated to perform an extensive neuromusculoskeletal evaluation and differentially diagnose neuromusculoskeletal problems. The DPT will expand upon this knowledge base. The intent of the DPT program is to prepare students to triage those patients who are most appropriate for physical therapy and refer those who are not back to their physician for a medical diagnosis.

B. Comparison of the DPT to other Clinical Doctorate Degrees

At the October 1999 meeting of Academic Administrators in Physical Therapy Programs, the move to the DPT was a major theme. Dr. Beth Domholdt presented the following information, which compares pre-requisite requirements, time spent in clinical internships, research requirements, and overall credit requirements for the following degrees, DPT, DScPT, PharmD, MD, and DDS.

	DPT	DScPT	MD	DDS	PharmD
Pre-requisites	BS + pre-reqs	BS or MS + pre-reqs	3-4 yrs BS + pre-reqs	3 yrs +pre-reqs	4 yrs + pre-reqs
Research	Scholarly project	Scholarly project	Scholarly project	Consumer of research	Consumer of research
Credits	122-126 semester credits	86-137 semester credits	120 semester credits	168 semester credits	96 semester credits
Clinical time	24 weeks	Variable	54 wks w/ 1 year internship	Variable	Variable

The information above indicates that the proposed programs are similar in requirements to clinical doctoral degrees in other professions.

C. Survey results

Needs assessments were completed for both the entry-level and post-professional programs and are presented below.

1. Entry-level Program

75 current students at Oakland University who have indicated an interest in Physical Therapy were surveyed regarding the entry-level doctorate. These students were identified through the Banner program and were listed as pre-physical therapy, undecided health sciences, or undecided nursing students. This survey had a 44% response rate. Mean age of respondents was 21.4 years (+/- 3.8) and 93% were female. Eighty-four percent of respondents indicated that Oakland University should move to the DPT and 77% indicated they would apply to it if it were in place. Please refer to Appendix C for a copy of the survey and results for each item.

2. Post-professional Program

Students who have graduated from our program with an MPT are our most likely pool of post-professional students. For this reason we surveyed our current second and third year students to determine their interest in a post-professional DScPT program. There are 39 students in the final year of the program and 40 students in the second year. On the day of the survey, only 38 of the 39 third year students, and 38 of the 40 second year students were present for a total population of 76 students. Of those, 32 third year students and 35 second year students returned the completed survey. This gives a total response rate of 89%. Students ranged in age from 21 to 43 with a mean age of 25.58 years and a standard deviation of 3.64 and 82% were female. Of these respondents, 96.2% indicated that Oakland University should provide a post-professional DScPT and 72.1% indicated they would consider applying for it immediately or in the next 5 years. Please refer to Appendix C for a copy of the survey with results for all items.

In 1997, the University of Michigan –Flint conducted a survey of 3,318 licensed physical therapists in Michigan, 1,909 licensed therapists in Ohio, and 1,124 licensed therapists in Indiana for a total of 6,351. Response rates were 62% for Michigan, 38% for Ohio, and 33% for Indiana therapists. Their survey asked questions about a PhD rather than the DPT. Their results indicated that 72% are interested in pursuing a PhD in Physical Therapy, 63.3% were interested in evening classes and 77% were interested in weekend courses. Seventy-one percent indicated they have access to a computer with a modem and 56.1 % indicated they would be interested in internet courses. These results are very similar to those of the Oakland University post-professional study described above, indicating there is considerable interest in post-professional education at the doctoral level in physical therapy.

Finally, interest in the pursuit of a post-professional doctorate has been demonstrated in the Physical Therapy literature. A study by Detweiler, Jensen, Baird, and Threlkeld (1999) found that respondents were interested in completing a post-professional degree and that perceived benefits included development of advanced skills required for current practice situations as well as career advancement.

D. Program Goals

1. Entry-level Program

The goal of the entry-level program in physical therapy is to prepare physical therapists who are generalists and can work in any state in the United States. Currently, 33 states have direct consumer access to physical therapy. This means that patients can see physical therapists without a referral from a physician for both evaluation and treatment. In Michigan, physical therapists have been able to evaluate patients without referral since the late 1980's, but are required by law to have a prescription to treat. The Michigan Physical Therapy Association is working diligently to change this and allow for full direct consumer access to physical therapy services.

In response to the move toward more autonomous practice and to meet the growing consumer demand for accountability in health care, the American Physical Therapy Association (1997) has published *The Guide to Physical Therapist Practice* (copy available upon request). This comprehensive document is the definitive work on the practice of physical therapy in the twenty-first century. It is based on a disablement model that emphasizes loss in function related to impairment, functional limitation, and disability, rather than a medical model of disease that emphasizes treatment of a medical diagnosis.

The overall purpose of the Guide is

1. To describe generally accepted physical therapist practice and to standardize terminology (and)
2. To delineate preferred practice patterns that will help physical therapists (a) enhance quality of care, (b) improve patient/client satisfaction, (c) promote appropriate utilization of health care services, (d) increase efficiency and reduce unwarranted variation in the provision of services, and (e) promote cost reduction through prevention and wellness initiatives. (p.viii)

More specifically, the *Guide* describes currently "preferred practice patterns" for patients with neuromuscular, musculoskeletal, cardiopulmonary, and integumentary problems that may lead to movement related dysfunction. The practice patterns are related to the World Health Organization's International Classification of Disease, Ninth Revision, Clinical Modification (ICD-9-CM). The practice patterns provide guidelines for examination procedures; criteria for evaluation, diagnosis, and prognosis; possible interventions for movement related dysfunction; desired outcomes related to improvements in functional limitations and disability, as well as client satisfaction; and criteria for discharge. The *Guide* is intended to be used to provide a standard for making physical therapy diagnoses based on comprehensive examinations and evaluations that will ultimately lead to the alleviation of problems related to problems with movement. The proposed clinical doctorate will prepare graduates to function according to

“generally accepted physical therapist practice” (p. viii) as described in *The Guide to Physical Therapist Practice*.

In addition to allowing sufficient time and credit hour allotment for this “Guide-based” curriculum, the DPT will provide increased education for entry-level students in the areas of differential diagnosis and screening of movement dysfunction in order to recognize systemic problems that are outside the scope of physical therapy practice. For example, most, if not all neuromusculoskeletal injuries such as the after effects of trauma, overuse, joint change and nerve irritation are associated with, and often perpetuated by, movement-related impairments. These movement-related impairments often manifest themselves as symptomatic aberrant motions and clinically dysfunctional movement patterns. It is the role of the physical therapist to implement a plan of therapeutic biomechanical and/or neurophysiological intervention when a comprehensive patient examination reveals a symptomatic movement-related impairment. If upon comprehensive patient assessment the physical therapist is not able to provoke or alleviate symptoms and/or make a definitive biomechanical or neurophysiologic movement-related diagnosis, the possibility of disease process must be entertained. Physical therapists must be educated to recognize pathological processes that are not related to movement dysfunction and refer patients with these problems to a physician whose role it is to examine, evaluate, assess, and intervene when a disease process is apparent.

In addition to changes directly related to patient care, this degree will emphasize administrative management with increased credits for clinical research, and increased time for clinical internships.

As future clients will have direct access to physical therapists, their interests will be best met by graduates with a clinical doctorate.

2. Post-professional DScPT

The goal of the post-professional DScPT is to offer advanced, graduate level courses to physical therapists interested in obtaining a doctorate degree after completion of a bachelor’s or master’s degree in physical therapy. This program can be designed to accomplish the goals of the individual student by either emphasizing an advanced general course of study aimed to produce an autonomous general physical therapy practitioner or an advanced specialized course of study for those interested in developing clinical specialization in a particular area. Current specialty tracks available within the program include Orthopedic Manual Physical Therapy, Pediatric Rehabilitation, and Rehabilitation Leadership and Administration. Development of an Adult Neurorehabilitation/Geriatrics tract is underway.

If these proposals are accepted, Oakland University will be among the first of the six accredited PT programs in Michigan to move to the post-professional clinical doctorate level.

E. Oakland University’s Strategic Plan

The proposed DPT and DScPT degrees in Physical Therapy are consistent with the goals stated in the *Oakland University Strategic Plan, 1995-2005* and in particular with strategies 2 and 4. *Strategy 2* states that “resources will be focused on creating and strengthening areas of graduate study in a manner that is responsive to regional and national needs”. The emphasis on clinical

research in this proposal is consistent with the goals of *strategy 4*, which states that research, scholarship, and creative endeavors will be aggressively encouraged and supported.

F. Source of Expected Students

1. Entry-level students

Since the inception of the program at Oakland University, there have been sufficient numbers of qualified applicants. Approximately 90% of past applicants have been OU students. It is anticipated that this supply of applicants coming directly from undergraduate OU students will continue and be given priority for admission. Ideas for recruitment of OU students include early admission, as well as the opportunity for students to take selected courses ahead of time while completing pre-requisites in order to lighten their load during the professional portion of the program. Further, we will market the program nationwide with the goal of attracting a broader base of qualified applicants, particularly in those colleges and universities that do not offer PT. It is anticipated the program would enroll approximately 28 students per year.

2. Source and number of Post-professional Students

Currently, there are approximately 40 students enrolled in various stages of Oakland University's certificate and MSPT programs with approximately 10 new students per year. Of these 40 students, approximately 8-10 students complete these programs per year. These students are community clinicians interested in advancing their clinical skills and knowledge. There are over 4,000 licensed therapists in the state of Michigan, the majority of whom are educated at the BS and MPT level. The post-professional DPT will offer flexibility with both on campus and distance education opportunities available, therefore increasing the potential pool of applicants by attracting part-time and more non-traditional students and potentially students nationwide. The community at large has already expressed interest in this level program. It is anticipated that the post-professional programs (both certificate programs, MSPT, and the post-professional DScPT) will continue to attract a combined enrollment of 10 new students per year and continue at the current completion rate.

G. Advise and Consultation

Discussions related to development of a doctoral level program in Physical Therapy have been on-going for more than two years. During that time, a number of individuals and entities have been consulted (see Appendix D, Record of Meetings).

In December 1998, a committee composed of PT faculty and area clinicians was formed to formulate the program proposal. Members of this Committee include:

- Ron Olson, PhD, Dean, School of Health Sciences
- Beth Marcoux, PT, PhD, Associate Professor and Director, Program in Physical Therapy
- Chris Stiller, PT, PhD, Special Instructor, Program in Physical Therapy
- Kris Thompson, PT, MPH, Special Instructor, Program in Physical Therapy
- Cathy Larson, PT, MS, Visiting Instructor, Program in Physical Therapy
- Kathy Galloway, PT, CSE, Visiting Instructor, Program in Physical Therapy
- John Krauss, PT, OCS, FAOMPT, Visiting Instructor, Program in Physical Therapy
- Beth Black, PT, MS, Visiting Instructor, Program in Physical Therapy
- Martha Schiller, PT, MS, Lecturer and Senior Clinical Instructor, Oakland University
- Edgar Tores, PT, MS, Supervisor, Athletic Medicine, Henry Ford Health System

Helene Rosen, PT , Director of Physical Therapy, Beaumont Hospital
Cheryl Strong, PT, MS Center Coordinator for Clinical Education, Beaumont Hospital
Alexandria Sciaky, PT, CCS, Supervisor, University of Michigan Hospitals
Linda Brabant, PT, Co-owner, Clegg, Guest, and Brabant
David Denny, PT, St. John's Hospital
Paul Josephchek, PT, Cottage Hospital
Frank Kava, PT, MS, Clinical Assistant Professor of Physical Therapy, Oakland
University; Owner, Oakland Physical Therapy
Kristi Kava PT, MS, Clinical Assistant Professor of Physical Therapy, Oakland
University; Owner, Oakland Physical Therapy
Jennifer Nikita, PT, Grace-Sinai Hospital
Jennifer Turner, PT, St. John's Northshore

This committee met first on December 10, 1998 and again Jan 28, 1999. A first draft of the proposal was presented to the PT faculty for review in April 1999. A revised version was reviewed at the faculty retreats held August 31 and Sept. 1, 1999.

The idea of the clinical doctorate was also discussed at the following forums:

SHS Board of Visitors meeting October 26, 1998

OU hosted state-wide presentation given by Joe Black and Jody Gandy of APTA on DPT
May 6, 1999

SHS Board of Visitors May 24, 1999

For a complete record of meetings please refer to Appendix D.

III. OVERVIEW OF THE PROPOSED PROGRAMS

A. Entry-level Program

The proposed entry-level DPT was developed with input from all faculty in the program in physical therapy and following a review of all currently accredited and developing DPT programs. Please refer to Appendix E. In order to be competitive with all other programs nationwide, the proposed DPT must be similar in regard to pre-requisite requirements, overall credits, and time required for completion. The proposed program meets these requirements.

1. Changes in the program that reflect the move from an MPT to a DPT as the entry-level degree are related to the following:

- a. Program Mission - The current mission statement of the entry-level program reflects the intent of the faculty to "progressively prepare students in the arts and sciences area". While the faculty continue to believe that preparation in the arts and sciences is an important foundation for any student in higher education, course content and expectations in the DPT curriculum will move to more of an emphasis on the "applied sciences". Next, while students in the MPT were expected to graduate as "consumers of research", graduates of the DPT will be expected to go beyond this basic skill and be "capable of conducting and determining the effectiveness of physical therapy evaluative tools and interventions". Two other areas within the mission that will be altered in practice (although not in the wording since they are included in the current mission) include the ability of graduates to actively participate in community and

professional issues and the ability of students to function as reflective and autonomous professionals. This change will take place as a result of changes in course content and expectations for students learning (see “b” and “c” below).

- b.** Changes in content resulting in an expansion of student knowledge and increased credit hour production (See Appendix F for a specific changes in MPT versus DPT credit hours and content) - The current MPT with a credit hour requirement of 187 credits (140 BSHS and 47 MPT) well exceeds typical requirements for these degrees. Over the past three years, the curriculum has been refined and updated to reflect current changes in practice. Advanced examination and evaluation skills were added to meet the challenge of changes in physical therapy practice acts across the nation that allow physical therapists to practice more autonomously through evaluation and intervention without referral from a physician. Currently the Michigan Practice Act allows only evaluation and consultation without referral, however efforts are underway to change our practice act to reflect national trends for both evaluation and treatment. Additional course work such as Professional Issues was added to reflect changes in standards of practice which have now been delineated. Other courses related to patient management have been altered to include additional content reflective of changes in technology, health care management, and physical therapy intervention. Changes in credit hour allotment and degree requirements in the current MPT Program have not kept pace with these curricular changes.
- c.** A teaching philosophy of the faculty that will result in increased independence in, reflections upon, and expectations for student learning - As with curricular changes in content described above, student expectations for learning and course requirements have been changing over the past several years. The ability of students to master lecture and laboratory material through written and practical examinations remains an integral component of the DPT curriculum in order to ensure that graduates meet practice standards for safe and effective patient treatment. However, the ways in which students are expected to acquire this information as well as information related to other areas of practice, such as teaching, research, involvement in community and professional issues, and administration, has, and will continue to change to reflect principles of case based and adult learning and reflective practice. Some examples of this change in teaching philosophy include the move in Clinical Medicine from a lecture based format involving primarily “physicians with a set of slides” to a more case management/problem based learning approach in which students are more involved in the learning process. Students in several courses, Life Cycle I and Community Health, are required to be involved in and reflect upon their experiences in community oriented activities through observations and service learning activities. Reflective journals are used more extensively in Emotional Aspects, and portfolios that are the basis for student self assessment have become an integral component of the clinical education and professional issues courses.
- d.** An increased emphasis on scholarship - Significant changes in the research courses have been made over the past 3 years. Initially, students were educated as consumers of research. The more recent changes in the curriculum as well as the proposed DPT

will emphasize the need for students to understand as well as contribute to evidence-based practice.

2. Prerequisite Requirements

Students must enter the program with a baccalaureate degree. The following minimum prerequisites will be required:

One 3 or 4 credit course in Biology with lab

One 3 or 4 credit course in Human Anatomy

One 3 or 4 credit course in Physiology

One 3 or 4 credit course in Exercise Physiology

Two 3 or 4 credit courses in Physics with lab

Two 3 or 4 credit courses in Chemistry with lab

Math through Pre-calculus level

Statistics/Research Design course

Two 3 or 4 credit courses in Psychology – including an Introductory and Developmental course

Two courses in Rhetoric/Composition

20 credits of Humanities and Social Sciences

3. Admissions Requirements

- a. Students will be considered for admission if they will be completing their baccalaureate degree and all prerequisite courses prior to the start of the program.
- b. An overall GPA of 3.0 is required. Applicants must have received a minimum grade of 2.0 in all prerequisite courses
- c. Foreign-educated must meet all university requirements for proficiency in English. They will be required to take and meet minimum standards for the Test of Written English and Test of Spoken English. In addition, they will be required to demonstrate an educational level equivalent to a BS degree in the United States.
- d. All students will take the GRE and GRE writing sample.
- e. All other current admission criteria currently in place for MPT students will remain. This includes satisfactory letters of recommendation, personal statement, proof of successful completion of first aid and CPR, etc.

4. Entry-level DPT - Course Work

DOCTORATE PROGRAM IN PHYSICAL THERAPY CALENDAR

YEAR I

<u>FALL</u>	<u>CREDITS</u>
Professional Issues I	2
Gross Human Anatomy for PT	4
Pathology/Histology	4
Clinical Medicine	4
Functional Anatomy	4
<u>WINTER</u>	
Clinical Examination & Evaluation I	3
Patient Management	3
Neuroanatomy for PT	4
Critical Inquiry I	3
Movement Science I (Biomechanics)	3
<u>SPRING</u>	
Genetics and Embryology	2
Pharmacology	2
Clinical Examination & Evaluation II	4

YEAR II

<u>FALL</u>	
Physical Therapy Internship I	3
Foundations of Therapeutic Exercise Interventions	3
Foundations of Musculoskeletal Diagnosis & Interventions	3
Modalities and Electrotherapeutic Interventions	4
Lifespan Development	2
<u>WINTER</u>	
Critical Inquiry II	3
Clinical Neuroscience	3
Advanced Therapeutic Exercise Interventions	3
Educational Theory and Practice	3
Movement Science II (Motor Control & Learning)	2
Pediatric Examination & Interventions	4
<u>SPRING</u>	
Professional Issues II	3
Neuromuscular Interventions I	4
Integumentary Examination & Interventions	2

SUMMER

Physical Therapy Internship 3

YEAR III

FALL

Psychosocial Aspects of Patient Management 3

Advanced Musculoskeletal Diagnosis & Interventions 4

Health Promotion & Wellness in PT 4

Lifespan Development II 2

Research Practicum 3

WINTER

Cardiopulmonary Examination & Interventions 3

Differential Diagnosis & Referral Systems 4

Neuromuscular Interventions II 4

Administration & Practice Management 4

Prosthetic & Orthotic Interventions 2

SPRING/SUMMER/FALL

Physical Therapy Internship III 8

TOTAL CREDITS 130*

*Students may graduate with fewer than 130 credits if they have completed a pharmacology and/or pathology course prior to entry into the professional program.

B. Post-Professional Program

1. Pre-requisites

The Post-professional DScPT is designed for physical therapists who received a bachelors or masters degree in physical therapy and are interested in obtaining an advanced clinical doctorate. Pre-requisite requirements for the Post-professional DScPT will be determined on an individual basis. Students will be required to complete a range of credits based on prior preparation. An admissions committee composed of senior faculty in the PT program will review all applications.

2. Admission Requirements

Applicants for the post-professional DScPT must:

- a. Be licensed as a physical therapist in the United States
- b. Equivalent BS and MPT or MSPT degrees.
- c. Have completed the GRE (for BS students only)
- d. Achieve a score of 650 or higher on the TOEFL (foreign-trained only)
- e. Have worked for a minimum of 2 years as a physical therapist.

3. Recruitment and Retention of Underrepresented Students

Historically, the Program in Physical Therapy has used admission procedures to increase the number of underrepresented students. A primary method is the use of two part-time student positions that are offered on even numbered years. Students who are disadvantaged in any way

and are in need of an opportunity to complete the three-year professional program over five years on a part-time basis are eligible to apply. All admissions requirements are the same for these two positions as they are for the full time positions. This procedure will remain in place for the proposed DPT entry level program. Additional efforts to retain students of both full and part-time students will include one-on-one meetings with faculty advisors on a yearly basis to discuss the student's plan for completion of the degree requirements.

4. Course Work – Post-professional Doctorate of Science in Physical Therapy (DScPT)

PROPOSED DScPT CURRICULUM

This degree will require completion of 90 credits beyond a BS degree with up to 36 credits that can be earned from a qualified masters degree counting toward the DScPT degree. The transfer credit policy outlined in the graduate catalog will be followed. Per this policy, students may be allowed to transfer up to 9 semester hour credits. Students will be required to take the professional core courses, select a physical therapy concentration, and a cognate. Cognate courses should support or compliment the concentration and may be non-PT rubric courses. All students will develop a plan of study that outlines course work in the concentration and cognate. The student's advisor must approve this plan of study. All students will complete an individual research project under the direction of a committee chaired by physical therapy faculty.

PROFESSIONAL CORE COURSES:

Application of Educational Principles in PT	3
Advanced Scientific Inquiry	3
Professional Seminar	4
Community Practice in PT	3
Research Practicum	8
TOTAL	21

PT CONCENTRATION :

The total credit requirement of 90 credits can be reduced by up to 36 credits earned through prior coursework resulting in a qualified Masters degree.

All students must develop a concentration that may include:

- A certificate
- Advanced research practicum
- An approved set of related coursework

The certificates may be in the following areas:

- Orthopedic Manual Physical Therapy (OMPT)
- Graduate Certificate in Pediatric Rehabilitation (GCPR)
- Graduate Certificate in Rehabilitation Leadership and Administration
- Adult Neurorehabilitation
- Other PT certificates as developed

TOTAL 24- 60

COGNATES:

Non-PT courses that support or complement the DScPT degree. **TOTAL 6-9**

TOTAL CREDITS 90

IV. RESOURCES

A. Physical Facilities

In the fall of 1998, the Program in Physical Therapy was relocated to renovated space in Hannah Hall. Current space includes two teaching laboratories, a research lab, and office facilities for 2 secretaries, 9 full-time faculty and 3 part-time faculty. Should the proposed programs be approved, additional office space will be required.

The program was recently benefited by a significant donation of two motion analysis systems that are being used in both teaching and research. This equipment combined with previously purchased equipment has created the beginning of a sophisticated motion analysis laboratory. This lab will be the foundation for research in the PT program. All current students are required to complete group research project. Students in the proposed DPT and DScPT program will also be required to complete a project. This will result in greater demands on the current research space and equipment as well as faculty time.

B. Faculty

Of the 9.0 full time faculty in the program in physical therapy, three have Ph.D.s. A fourth faculty member is ABD and is in the final stages of writing her dissertation. She anticipates completion of her degree in early 2001. Of the other five faculty, four are APTA board certified clinical specialists, a certification that recognizes the highest level of clinical competence in the physical therapy profession. Two of the APTA clinical specialists are in the area of orthopedics, one is in neurology, and one in electrotherapy, giving a broad base of clinical expertise. The fifth faculty member, who directs the clinical internship portion of the program, is an APTA certified clinical instructor. This certification adds to our ability to deliver a quality clinical internship program. All five core faculty who do not hold a doctoral degree at this time are currently enrolled in doctoral programs (three in post-professional doctorates in physical therapy programs and two in PhD programs) and anticipate finishing their degrees within the next 2-5 years. This combination of faculty with clinical specialization and doctoral degrees is unique for physical therapy as many programs do not have this number of clinical specialists or doctorally prepared faculty. The diversity in our faculty's backgrounds has served Oakland well and accounts for our success in our entry-level and post-professional programs.

In addition to the academic and clinical preparation of the faculty, it should be noted that all faculty are highly active in a variety of professional associations, with eight of the nine providing national presentations in the past year. Members of our faculty are also involved in clinical practice and are well recognized for their expertise in the clinical community. All of the above make the faculty of the Program in Physical Therapy highly qualified to provide a clinical doctorate at the entry and post-professional levels.

In addition to our full time faculty, we have approximately 25 part-time faculty who assist by teaching full courses, serving as laboratory assistants and proctors for practical examinations. This community support is also a considerable strength of our program.

As one focus of the proposed program will be clinical research, a partnership with clinicians interested in being involved in clinical research is being developed. Several area clinicians are working with student groups actively conducting research on the effectiveness of PT in the

clinical setting. Efforts are being made to enhance and expand this network. In addition, cooperating faculty from other programs within the School of Health Sciences have been active in assisting students with and serving as advisors/committee members for research projects in the past. It is anticipated that this level of cooperation will continue in the future.

In order to meet the academic and research needs of students at both the entry-level and post-professional programs, two additional faculty will be needed to teach the additional courses that have been added to both programs and to meet advising needs for research projects. As indicated above, all students will be required to complete an individual research project that has clinical relevance. These projects will require close supervision of full-time faculty. The combined anticipated enrollment for both doctoral programs is 38 students (28 in the entry level and 10 in the certificate, MSPT and DScPT programs). All will require faculty advising for completion of clinical research projects, comprehensive exams (MSPT) or masters' theses.

Curriculum vitae for all faculty in the Program in Physical Therapy and cooperating faculty in the School of Health Sciences can be found in Appendix G.

C. Library Resources

As it is anticipated that the post-professional students will be doing a majority of their academic work from a distance, the need for on-line journal access is imperative. Additional library resources needed for implementation of these doctoral degrees will include subscriptions to on-line journals in clinical areas such as:

- Physical Therapy
- Pediatric Physical Therapy
- Journal of Physical Therapy Education
- Journal of Sports and Physical Therapy
- Physical and Occupational Therapy in Pediatrics
- Physiotherapy Research International
- Physiotherapy Theory and Practice
- Physical Therapy Case Reports

It is our understanding that the addition of on-line journals is in concert with the current goals of the library. Additional textbooks may be requested as well. The university librarian reviewed current holdings and has made suggestions for additional holdings. In addition she has developed a budget to support these changes. Her report is located in Appendix J.

D. Computer Resources

In 1995, the PT Program received a technology grant that was used to establish a small resource room for PT students. This room currently contains six computers with internet access. This is sufficient to meet the needs of the proposed programs.

E. Teaching

The post-professional DScPT will be taught using block scheduling, on-line, web-based, and distance learning formats through Oakland University. As the university moves forward with distance learning, the PT program will take advantage of these resources. In addition, faculty teaching web-based and distance format courses will participate in the development and implementation of these technologies as they become available.

V. COSTS ASSOCIATED WITH IMPLEMENTATION OF THE PROGRAM

A. Business related costs

In its early years, the Program in Physical Therapy had as many as 400 applications for 40 positions. As with many health care professions, the number of applicants has declined over the past few years. While we have been able to fill our classes with qualified students, we have identified a need for increasing funds for student recruitment for both the entry-level and post-professional masters' programs.

The physical therapy program has never had funding for marketing or recruitment activities since its inception. In the past few years there has been growing competition for entry-level and post-professional students in physical therapy. Resources for recruitment of students and marketing of the program will facilitate recruitment of highly qualified students at both levels. Our goal is to begin to more aggressively recruit both transfer students at the entry-level, particularly at universities where physical therapy is currently not offered, and post-professional students. Although the need for these funds is not tied to the proposed doctoral programs, we are identifying these expenses as ongoing needs. These expenses are not currently included in the budget for the Program in Physical Therapy. Specific items include development of brochures describing each doctoral and certificate program; funds for advertising these programs in quarterly newsletters of the Michigan Physical Therapy Association and other nationwide publications; funds to attend career fairs at schools that do not offer PT so that we can attract transfer students, etc.

B. Academic Costs

Financial support for two additional faculty positions will be generated through increased credit hour production as noted in section V C below. These two faculty members will also need office space. Library and marketing resources were discussed above.

C. Comparison of Credit Hour and Revenue Production

1. Entry-level MPT versus entry-level DPT Credit Hour Production

Current Credit Hour Delivery for the MPT (includes BSHS credits completed as part of the MPT)

64 undergraduate credits for BSHS portion of program X 40 students = 2560 credits X \$126.70 =	\$324,352.00
47 graduate credits for MPT portion of program X 40 students = 1880 credits X \$220.60 =	\$414,728.00
TOTAL	\$739,080.00

Proposed credit hour delivery for entry-level DPT

130 graduate credits X 28 students = 3640 credits X \$220.60 =	\$802,984.00
TOTAL	\$802,984.00

Students in the current MPT program receive a BSHS with a focus in physical therapy. The 64 undergraduate credits listed above are completed as part of this BSHS degree. With the graduate credits from the masters portion of the program, the total credit hours that students complete within the PT department is 111 (64 undergraduate and 47 graduate credits; does not include any pre-requisite course credits). Students receiving the entry-level DPT will be admitted into the program having completed a bachelor's degree. As a result, all of the 130 credits for the entry-level DPT will be delivered at the graduate level. This will generate an additional \$63,904.00 per year. See Appendix H for a detailed table describing the fiscal implications of this change.

2. BSHS in Pre-PT

Proposed credit hour delivery for BSHS with focus in Pre-PT

4 undergraduate credits X 40 students* = 160 credits X \$126.70 =	\$ 20,272.00
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The physical therapy program has proposed a BSHS with a focus in pre-PT to allow Oakland University applicants to the program to complete prerequisite courses and meet the requirement for completion of a bachelor's degree. As part of this degree, students will complete PT 321 Basic Athletic Training for 2 credits and PT 302 Physical Therapy as a Profession for 2 credits. This will generate 4 additional credits per pre-PT student. Currently there are approximately 175 pre-PT students on campus. It is estimated that at least 40 students per year will complete these two courses resulting in 160 credits per year being generated. It should also be noted that the BSHS with a focus in pre-PT will also generate additional credits both within the other programs in the School of Health Sciences (Exercise Science) and in other units across campus. The proposed BSHS with a focus in pre-PT will generate an additional \$20,272.00 in credit hour production for the program.

3. MSPT versus DScPT

Changes in credit hour production for DScPT

54 graduate credits X 5 students = 270 credits X \$220.60 = \$59,562.00

The total number of credits for MSPT is 36. The total credits required for completion of the DScPT degree will be 90 credits. It is anticipated that of the 8-10 students per year who graduate from all post-professional programs (certificate, MSPT, DScPT), 5 of these will be DScPT students. Those entering the DScPT program with a master's degree will receive credit for up to 36 credits for that degree, leaving 54 to be completed for the DScPT. The 270 additional credits for five students in the DScPT program will generate an additional \$59,562.00 for the program.

4. Total difference in revenue production

Additional revenue from the entry-level DPT	\$ 63,904.00
Additional revenue from the BSHS with Pre-PT focus	\$ 20,272.00
Additional revenue from the DScPT	<u>\$ 59,562.00</u>
TOTAL ADDITIONAL REVENUE	\$143,738.00

This additional revenue will be used to support the salary and fringe benefits of the two additional faculty requested as part of this proposal.

VI. PLANS FOR EVALUATION

The Program in Physical Therapy is fully accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE). On-going evaluation of the program through self-study is a major part of the accreditation requirements. Evaluation of the program is accomplished through student and instructor evaluations of all courses. In addition, students are surveyed upon completion of the program, at 10 months post graduation and again 3 years post graduation. Students participating in full-time affiliations are evaluated via a standardized evaluation form. This form is summarized to provide the faculty with input regarding student clinical performance. Finally, employers and co-workers are surveyed regarding job performance. All of this information is evaluated by the faculty and used in our yearly curriculum review. All changes made in the curriculum are based on these data. These various forms of evaluation will continue following the implementation of the doctoral programs. Self-study reports are available for review upon request.

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APPENDIX A APTA VISION STATEMENT

APTA VISION SENTENCE FOR PHYSICAL THERAPY 2020 AND APTA VISION STATEMENT FOR PHYSICAL
2020 HOD 06-00-24-35 (Program 01)

APTA Vision Sentence for Physical Therapy
2020

By 2020, physical therapy will be provided by physical therapists who are doctors of physical therapy, recognized by consumers and other healthcare professionals as the practitioners of choice to whom consumers have direct access for the diagnosis of, interventions for, and prevention of impairments, functional limitations, and disabilities related to movement. function. and health.

.APT A Vision Statement for Physical Therapy 2020

Physical therapy, by 2020, will be provided by physical therapists who are doctors of physical therapy and who may be board-certified specialists. Consumers will have direct access to physical therapists in all environments for patient/client management, prevention. and wellness services. Physical therapists will be practitioners of choice in clients' health networks and will hold all privileges of autonomous practice. Physical therapists may be assisted by physical therapist assistants who are educated and licensed to provide physical therapist-directed and -supervised components of interventions.

Guided by integrity. life-long learning. and a commitment LO comprehensive and accessible health programs for all people. physical therapists and physical therapist assistants will render evidence-based service throughout the continuum of care and improve quality of life for society. They will provide culturally sensitive care distinguished by trust. respect. and an appreciation for individual differences.

While fully availing themselves of new technologies. as well as basic and clinical research. physical therapists will continue to provide direct patient/client care. They will maintain active responsibility for the growth of the physical therapy profession and the health of the people it serves.



Michigan Physical Therapy

Shorelines

A Publication of the Michigan Physical Therapy Association

Volume 23, No. 3, Summer 2000

Direct Access: Just the Facts

What Members Should Know About Direct Access

submitted by Herman Triezenberg, PT; PhD, Task Force Chair, PT/PTA Education subcommittee

1. Effect on Public Safety.

A. Scope of Practice: The scope of our practice is not significantly changed in the new practice act. The act more clearly defines what is currently seen in practice. It also reinforces some advanced areas of current, practices.

B. Educational Preparation for

Direct access: In our defined practice area we are educationally the best prepared health care professionals to serve the needs of consumers. The length and intensity of our educational programs are equivalent to related professions to which the public has direct access.

C. The loss of the prescriptive relationship with physicians: Use of detailed prescription for Physical Therapy is inconsistent.. Seventy- five percent (75%) of prescriptions for physical therapy read evaluate and treat. In most situations the prescription more closely resembles a referral. That appears to be the practice pattern that the physician and physical therapist have already adopted as the most appropriate in most practice settings. The use of prescriptions or referrals will probably remain the usual practice in most settings. In many settings it will be the only practice. With Direct Access Physical Therapists may choose to practice with or without referral.

D. Differential diagnosis and referral: Physical therapist are prepared to make a differential diagnosis and recognize situations not appropriate for physical therapy services so that they can be referred to the appropriate health care professional. Within our scope of practice we are educated to identify the problems and complications that could arise. We are already being educated to screen patients for systemic problems. This is not an area that has been noted to have created any problems in the 34 states in which patients have direct access to physical therapy services.

E. Continuing competence: The proposed change in the practice act includes. a provision to assure continued competence of physical therapy practitioners.

2. Advantages for the public.

A. Access to physical therapy services: The public will have increased access to physical therapy services. They will have the option to directly seek physical therapy services.

B. Delayed intervention is

avoided: An individual who receives an injury or has a recurring problem will not lose the time associated with seeing a physician and obtaining a prescription. This will allow them to be treated sooner and decrease the time before recovery. This facilitates early intervention and will reduce the complications associated with treatment delays. Early intervention will also help a patient get back to normal activities sooner.

C. Cost of Health care: Information from other states with direct access indicate that the consumers have realized substantial savings after implementation of direct access legislation. There are additional savings to a decreased need for

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physician visits and reduced time before the consumer returns to normal activities. Total cost for physical therapy services have decreased by as much as fifty percent (50%) in states with Direct Access.

D. Improvement in the quality of physical therapy services: "Physical therapists practicing without referral acknowledge a heightened awareness of the need to practice the highest quality of care" (Texas Physical Therapy Association Fact Sheet, p.8) The continuing competence requirements included in the proposed practice act will also help raise the quality of care that consumers receive.

E. Choice of healthcare services: The consumer of healthcare is becoming more knowledgeable regarding his own health. They are demanding and searching out new options and alternatives for treatment. Physical therapy is one of the only healthcare choices to which the consumer does not have direct access. This severely limits consumer access to a highly trained and skilled profession. Physical therapists are the best choice for the treatment of a movement disorders, now being treated by less educated and less qualified practitioners.

3. Relationships with physicians.

A. The loss of the prescription requirement: The current practice pattern is not consistent in regards to how a prescription is used. In most practice environments, referrals read evaluate and treat. In some practice environments where there is a need for closely coordinated or specialized care the referral pattern may need to be more prescriptive. There is nothing in the proposed legislation preventing a physician from requesting a specific treatment plan.

B. The referral relationship: The

referral relationship between physical therapists and physicians is currently unidirectional, from physician to physical therapist. The proposed practice act provides for referral in both directions. Physicians will receive referrals from physical therapists as well as the other way around. This has a potential to provide access for physicians to patients with problems that may have been overlooked or were being inappropriately treated by another healthcare provider. Physical therapists are traditionally linked to medicine. Direct access to physical therapy provides the consumer with a link to traditional medical services versus seeking alternative medicine.

C. Medical Diagnoses: The proposed change in the practice act does not allow physical therapists to make medical diagnoses. This remains the domain of the physician. Physical therapists will have the authority to make decisions regarding the treatment and provision of physical therapy.

D. General relationship: With the passage of proposed legislation, our relationship with physicians will develop into one of mutual respect and collaboration in our joint efforts to care for patients. It will not be hierarchical but will reflect a relationship between partners with different areas of responsibility. The proposed practice act promotes this collaborative relationship which is in the best interest of the patient and both professions.

4. Relationship with related health professions.

A. Referral relationships: The proposed practice act will allow for physical therapists to refer patients to other health professions and for other health professions to refer to physical therapy. This will create an atmosphere of mutual respect and collaboration with a

B. Competition: The proposed practice act may be opposed by certain health professions because it will give the public direct access to physical therapy services. Practitioners who already have direct access, see direct access to physical therapy as competition for a patient population. The public should have the choice. Direct public access to physical therapy stimulates market competition and decreases the cost of care. Quality services provided by other health care practitioners should not be negatively effected. The public will choose where to access quality care with effective outcomes.

5. Effect on Reimbursement patterns.

A. Third party reimbursement: Third party payers will have the option to require physician prescriptions, physician referrals, or pay for patients with direct access. We will need to educate and convince the third party payers that direct access to physical therapy services is cost effective. States with direct access have had different levels of success in this process.

B. Direct pay practice: Direct pay for healthcare services is becoming a reality. This is seen most prominently in the areas of alternative or complimentary treatments. Direct payment of physical therapy practice is showing substantial growth. The proposed practice act will enhance our ability to use this payment option.

6. Effect on Malpractice

A. Malpractice lawsuits: There has not been an increase in malpractice complaints in the 34 states with direct access.

B. Malpractice insurance rates: Malpractice insurance rates have not increased in states with direct access.

Timing of proposed change in Practice Act

- A. National trend: At this time 34 states have direct access and a number of other states have legislation in progress. Michigan is one of a few states that does not provide direct access for their citizens to physical therapy services. This impacts on the quality of care provided in the state.
- B. Changes in healthcare delivery: Direct access will assist us in adjusting to new delivery patterns. It may provide new roles for us in

primary care in specific practice areas.

- C. Cost containment in healthcare: There is currently an emphasis on cost containment in the delivery of health care. The use of physical therapists as an entry point for assessment and intervention of specific movement disorders will save the patient and third party payers money by eliminating the need for redundant and higher cost evaluations which are currently needed to justify a referral to physical therapy.
- D. Consumer choice and the educated

consumer: There is much more information available to the consumer regarding their health. The internet has created a new industry related to health information and education. The consumer of healthcare is becoming better able to direct their own health care. Direct Access to physical therapy is a choice currently being denied to the consumer. Physical therapy is a major provider of healthcare, but it is one of the few professions to which direct access is denied. Proposed legislation will address these concerns.

North American Institute of Orthopaedic Manual Therapy Sessions for the Years 2000 & 2001

- **FUNCTIONAL SHOULDER GIRDLE**
— Eri Pettman, P.T., MCSP, MCPA, FCAMT
October 28-29, 2000
- **LEVEL III — UPPER QUADRANT — ADVANCED**
— James Meadows, BScPT, MCPA, FCAMT
November 3-5 & 10-12, 2000
- **LEVEL IV — ADVANCED TECHNIQUES***
— Eri Pettman, P.T., MCSP, MCPA, FCAMT
November 16-21, 2000
*Prerequisite: NAIOMT CMPT or equivalent
- **LEVEL I — PRINCIPLES OF DIFFERENTIAL DIAGNOSIS IN ORTHOPEDIC MANUAL THERAPY**
— James Meadows, BScPT, MCPA, FCAMT
March 30-April 1 & April 6-8, 2001
- **LEVEL III/IV — ORAL/PRACTICAL EXAMINATION**
April 2, 2001
- **CLINICAL RESIDENCY — 1, 2 OR 3-WEEK**
— James Meadows, BScPT, MCPA, FCAMT
August 6-31, 2001
- **SPINAL INSTABILITY — EFFICIENT CLINICAL APPROACHES**
— Ann Porter Hoke, P.T., OCS, FCAMT, FAAOMPT
— Bill O'Grady, M.S., P.T., OCS, MTC, COMT, FAAOMPT
October 27-28, 2001
- **LEVEL II — LOWER QUADRANT — INTERMEDIATE**
— James Meadows, BScPT, MCPA, FCAMT
November 2-4 & 9-11, 2001
- **STUDY GROUP — OPEN TO ALL INTERESTED PHYSICAL THERAPISTS**

Registration information:

Brian Macks, P.T., OCS: 810-582-9626 or
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**APPENDIX C
RESULTS OF SURVEYS**

RESULTS OF SURVEY FOR ENTRY-LEVEL PROGRAM
Oakland University Program in Physical Therapy -- Survey

1. If you had an opportunity to attend either a masters degree program or a doctoral program in physical therapy **that were the same length**, which would you choose?

Masters degree program **(3.2%)**
 Doctoral degree program **(96.8%)**

2. Which would you choose if the DPT program **took one year longer** to complete?

Masters degree program **(31%)**
 Doctoral degree program **(65.5%)**

3. What are the top 3 factors in your determining which program you would attend? Please rank the top 3 with "1" being most important.

Offers a MPT degree
 Offers a DPT degree
 Overall cost of attending
 Total length of time to complete the program
 Reputation of the University
 Reputation of the Program
 Location

4. What do you believe would be the advantages of a doctoral degree in physical therapy?
Increased knowledge, increased skill, independence of practice, increased prestige and respect, increased marketability.

5. What do you believe would be the disadvantages of going to school for a doctoral degree?

Time to complete the program and cost of the education.

6. Do you think Oakland University should develop an entry-level DPT ?

Yes **(83.9%)**
 No **(12.9%)**

7. If Oakland University offered an entry-level DPT program, would you apply to it? (It is likely that admission to this program will require a BS degree prior to entry into the 3 year professional program.)

Yes **(77.4)**
 No **(19.4%)**

8. Are you a:
 male (6.5%)
 female (96.8%)
9. How old were you on your last birthday? **mean = 21.39** (+/- 3.8) years.
10. Please indicate the highest level of degree you have completed as of May 2000.
 associates degree (33.3%)
 bachelors degree (9.5%)
 masters degree
 doctoral degree
 other. Please explain ____57.1%*_____.

***Majority were undergraduates currently enrolled at Oakland University.**

RESULTS OF POST-PROFESSIONAL SURVEY
Post-professional DPT Survey – Oakland University

1. Are you interested in getting a clinical doctoral degree in PT in the future?
 Yes, in the immediate future (16.4%)
 Yes in the next 5 years (56.7%)
 Not in the foreseeable future (26.9%)
- *If you chose “not in the foreseeable future”, please go to item #10.**
2. Have you ever explored or considered a doctoral degree program in physical therapy?
 Yes (64.7%)
 No (35.3%)
3. Would you be more interested in getting a:
 DPT (78%)
 PhD (22%)
4. What are the primary reasons you would pursue a post-professional DPT? Please rank the top 3 reasons with “1” being most important.
 [1] to increase my clinical knowledge and expertise
 [2] to increase my employment opportunities in the clinical setting
 to increase my employment opportunities in the academic setting
 to gain knowledge and skill in clinical research
 [3] to meet personal goals
 other _____

5. What format would be most acceptable to you? Please rank the top 3 methods with “1” being most acceptable.
 [2] Blocked class times (one four day weekend per month)
 [] Traditional full-day program
 [1] Evening program
 [3] Web-based instruction
 [] Distance learning/ video conferencing
 [] Other _____
6. Which of the following focus areas would be of interest to you? (Check all that apply)
 [] Orthopedics (78.8%)
 [] Geriatrics (31.9%)
 [] Pediatrics (29.8)
 [] Adult neuro-rehabilitation (31.4%)
 [] Leadership and Administration (20.0%)
 [] Education (22.9%)
7. Do you have convenient access to the internet that would allow you to complete web-based instruction?
 [] Yes (94.2%)
 [] No
8. Do you think Oakland University should offer a post-professional clinical doctorate in Physical Therapy?
 [] Yes (96.2%)
 [] No
9. If Oakland did offer a post-professional DPT, would you consider applying to this program?
 [] Yes (73.5%)
 [] No (3.8 %)
missing 23.5%
10. Are you:
 [] Female (82.4%)
 [] Male (17.6%)
11. How old were you on your last birthday? **mean age = 25.58 +/- 3.64 years.**
12. Please indicate your highest earned degree.
 [] bachelors degree (92.6%)
 [] masters degree (7.4%)
 [] other _____
13. Please provide any comments or suggestions.

Thank you!

APPENDIX D
RECORD OF MEETINGS

Record of Meetings: The idea of moving the current entry-level MPT program to a clinical doctorate was discussed informally at many PT faculty meetings. Once a decision to move forward was made by the faculty, it was discussed formally at the following meetings.

Faculty Meeting August 18 & Sept 3, 1998

SHS Board of Visitors meeting October 26, 1998

DPT Committee established and met December 10, 1998

Advisory Committee for DPT established and first meeting held Jan 28, 1999

Draft of DPT given to faculty for review April 1999

OU hosted state-wide presentation given by Joe Black and Jody Gandy of APTA on DPT
May 6, 1999

SHS Board of Visitors May 24, 1999

DPT Committee meeting June 11, 1999

Faculty Retreat August 31 and Sept 2, 1999

DPT Subcommittees for the entry-level and post-professional doctorate met every other week for 2 hours in the Fall and Winter semesters 2000 in developing this proposal.

APPENDIX E
COMPARISON OF ACCREDITED AND DEVELOPING DPT PROGRAMS WITH PROPOSED DPT PROGRAM

DPT Curriculum Benchmarking

School	Pre-req credits or degree	Program Terms	Program Format	Program Credits	Electives	Research Requirements	Clinical Education
Andrews Univ	92 semester	9 semesters	3 + 3	117	2	Thesis	40 weeks
Arizona SHS	90 semester	9 quarters	3 + 3	105*	0	Thesis	36 weeks
Beaver College	BS	8 semesters	4 + 3	102	4 (optional)	Case Report	36 weeks
Creighton	90 semester	8 semesters	3 + 3	129	Optional	Group Case Report	36 weeks
Duke	BS	9 semesters	4 + 3	126	2	Research Paper	40 weeks
Finch U	BS	11 quarters	4 + 3	105*	No	No	52 weeks
Hampton U	BS	8 semesters	4 + 3	113	2	Group Project	27+weeks
Loma Linda U	BS	11 quarters	4 + 3 1/2	126*	0	Group Project	53 weeks
MC Hahnemann	BS	8 semesters	4 + 3	145	2	Optional	42 weeks
New York Univ	BS	9 semesters	4 + 3 1/2	133	No	No	30 weeks
Oakland Univ.	BS	8 semesters	4 + 3	130	Optional	Project	36 weeks
Regis University	BS	8 semesters	4 + 3	110	2	Group Project	38 weeks
Simmons	BS	9 semesters	4 + 3	97	Concentration	Proposal only	30 weeks
Slippery Rock	BS	9 semesters	4 + 3	131	2	Yes	28+weeks
U of I – Chicago	BS	8 semesters	4 + 3	120	No	No	43 weeks
U of Nebraska	90 semester	9 semesters	3 + 3	104	1	No	31 weeks
U of So. California	BS	8 semesters	4 + 3	122	2	No	44 weeks
U of So. Carolina	BS	11 semesters	4 + 4	130	2	Dissertation	36 weeks
Washington U	BS	8 semesters	4 + 2 1/2	114.5	1	“Reliability Project”	32 weeks
Widener U	BS	8 semesters	4 + 3/ 3+ 3*	116	1	Project	28 weeks.

**APPENDIX F
COMPARISON OF MPT/DPT CREDITS/CONTENT**

APPENDIX F: COMPARISON OF CREDIT HOURS/CONTENT IN MPT VERSUS DPT

MPT COURSES (CREDITS)	DPT COURSES (CREDITS)	CONTENT CHANGES
Foundational sciences (27) PT 381 Anatomy (4) PT 300 Kinesiology (4) PT 460 Neuroanatomy (4) HS 401 Pathology (4) PT 333 Clinical Medicine (3) HS 331 Pharmacology (2) PT 420 Clinical Neuroscience (3) PT 311 Biomechanics (3)	<u>Foundational Sciences (33)</u> PT XXX Anatomy (4) PT XXX Functional Anatomy (4) PT XXX Neuroanatomy (4) HS 401 Pathology (4) PT XXX Clinical Medicine (4) PT XXX Pharmacology (2) PT XXX Clinical Neuroscience (3) PT XXX Movement Science I (Biomechanics) (3) PT XXX Genetics and Embryo. (2) PT XXX Movement Science II (Motor Control and Learning) (2)	<p>Anatomy – Gross anatomy with cadaver dissection. Emphasis on the neuromusculoskeletal system with focus on understanding clinical significance for effective physical therapy practice.</p> <p>Pathology – increased emphasis on histology</p> <p>Clinical Medicine-1 additional credit added (increase from 3 to 4 credits); format is changing from didactic to case study approach; additional material will be added in the area of symptomatology, laboratory/diagnostic tests; additional systems (GI and GU) will be covered</p> <p>Genetics and Embryology added as a 2 credit course to give students more background information on normal development and implications for physical therapy practice</p> <p>Movement Science II (Motor Control and Learning) added as a 2 credit course – This course will absorb some material that was previously covered in the MPT Neuromuscular Systems course. In addition, the material on motor control and motor learning will be covered in more depth with additional emphasis on research related to this area and how the results of this research relates to physical therapy practice</p>

<p>Transcurricular Courses (24)</p> <p>PT 331- Examination and Evaluation I (3)</p> <p>PT 334 Examination and Evaluation II (4)</p> <p>PT 330 Introduction to Patient Management (3)</p> <p>PT 332-Physical Agents (3)</p> <p>PT 370-Therapeutic Exercise I (2)</p> <p>PT 470-Therapeutic Exercise II (3)</p> <p>PT 533 Electrotherapy (3)</p> <p>PT 577 Differential Diagnosis and Treatment Planning (3)</p>	<p>Transcurricular Courses (24)</p> <p>PT XXX Examination and Evaluation I (3)</p> <p>PT XXX Examination and Evaluation II (4)</p> <p>PT XXX Patient Management (3)</p> <p>PT XXX Modalities and Electrotherapeutic Interventions (4)</p> <p>PT XXX Foundations of Therapeutic Exercise Interventions (3)</p> <p>PT XXX Advanced Therapeutic Exercise Interventions (3)</p> <p>PT XXX Differential Diagnosis and Referral systems (4)</p>	<p>Significant changes have already been made in the Examination and Evaluation courses over the last several years to reflect changes in practice related to physical therapy diagnosis of movement dysfunction</p> <p>PT 332 Physical Agents and PT 533 Electrotherapy combines into a 4 credit course called Modalities and Electrotherapeutic Interventions. The combining of Physical Agents and Electrotherapy reflects a change in clinical practice in which the use of these modalities is declining in comparison with more exercise based approaches. In addition, much of this work is being delegated to supportive personnel. While PTs still need to understand the physiological basis for the use of physical agents and electrotherapy and need to be proficient in their use, it is felt that it is possible to deliver this information at a quicker pace.</p> <p>PT 370 and PT 470 Therapeutic Exercise I/II (5 credits) will be replaced with Foundations of Therapeutic Interventions and Advanced Therapeutic Interventions (6 credits). The addition of one credit to the Therapeutic Exercise course sequence will allow the addition of content on more advanced therapeutic exercise interventions such as advanced spinal stabilization and closed kinetic chain exercises</p> <p>Differential Diagnosis and Referral Systems, a 4 credit course will replace the current 3 credit course. This will allow additional time for a more practical and problem based approach in which physical therapists in different areas of practice will come in to teach sections of the course using cases related to their expertise in the field. Examination, evaluation, diagnosis of movement related impairments, and design and implementation of interventions will be included; Recognition of problems outside the scope of physical therapy and an understanding of appropriate referral sources will be included</p>
<p>Research (6)</p> <p>PT 588 Research I (3)</p> <p>PT 589 Research II (2)</p> <p>PT 591 Research III (1)</p>	<p>Research (9)</p> <p>PT XXX Critical Inquiry I (3)</p> <p>PT XXX Critical Inquiry II (3)</p> <p>PT XXX Research Practicum (3)</p>	<p>The content for the new research sequence will consist of the following courses:</p> <p>Critical Inquiry I will be essentially the same as the current Research I course. This course will emphasize the ethical principles in research, basic components of research with an emphasis on critiquing the literature and basic analytic techniques needed for interpreting the professional literature. Students will critique clinical research articles in PT. Application of clinical research in physical therapy will be emphasized.</p> <p>Critical Inquiry II will emphasize the process of research. Students will complete a review of the literature, develop a research proposal and complete an application for institutional review for use of human subjects in research on a topic of their choice. This proposal may serve as the basis for the project to be completed in Research Practicum.</p> <p>Research Practicum will involve completion of an individual research project under the direction of a physical therapy faculty advisor. Students will collect, analyze, and present data both in oral and written formats. There is an expectation that students will submit their final papers in publication format.</p>

<p>Neuromuscular System(8) PT 521 Neuromuscular System (4) PT 572 Rehabilitation Procedures (4)</p>	<p>Neuromuscular Diagnosis and Interventions (8-does not include credit hours for Movement Science II, Motor Control and Learning or Clinical Neuroscience –these are included under Foundational Courses) PT XXX Neuromuscular Interventions I (4) PT XXX Neuromuscular Interventions II (4) PT XXX Clinical Neuroscience (3) - previously listed above under Foundational Sciences PT XXX Movement Science II (Motor Control and Learning (2) - previously listed above under Foundational Sciences</p>	<p>10 credits –Content related to treatment of patients with neuromuscular dysfunction will be reorganized into a foundational course, Neuromuscular Interventions I (4 credits) and a more applied course, Neuromuscular Interventions II (4); some content from the current PT 521/572 will be moved to Movement Science II (Motor Control and Motor Learning); This reorganization of content will allow more time to present more in depth information on disabilities that were only able to receive limited time (e.g., Parkinson's, Guillain Barre, Multiple Sclerosis); reinforcement of content from Clinical Neuroscience and Movement Science II (Motor Control and Learning) and its relationship to movement dysfunction resulting from neuromuscular disorders will be emphasized; the implications of findings of diagnostic tests such as PET scans, CAT scans and MRIs for patients with movement impairments due to neurological pathology will be included; information about neurological treatment techniques related to the treatment of children will be moved to Pediatric Examination and Interventions</p>
<p>Musculoskeletal System (8) PT 512 Arthrology (2) PT 513 Musculoskeletal System (4) PT 522 Prosthetics and Orthotics (2)</p>	<p>Musculoskeletal Diagnosis and Interventions (9) PT XXX Foundations of Musculoskeletal Diagnosis and Interventions (3) PT XXX Advanced Musculoskeletal Diagnosis and Interventions (4) PT XXX Prosthetic and Orthotic Interventions (2)</p>	<p>Arthrology and Musculoskeletal System will be reorganized in the new curriculum and will be offered as Foundations of Musculoskeletal Diagnosis and Intervention I (3 credits) and Advanced Musculoskeletal Diagnosis and Intervention II (4 credits). These courses will include an integrated approach to examination and interventions for clients with movement dysfunction related to problems with the musculoskeletal system. Content will be delivered in lecture and laboratory format and will include introductory and advanced discussions on common orthopedic pathologies and joint arthrology. We will continue to expand the time spent in cadaver dissection of deep joint and nerve plexuses to facilitate students' understanding, evaluation and treatment of movement related dysfunction. Interventions will be introduced and integrated including joint mobilization, muscle stretching, soft tissue massage and selected extremity manipulation.</p> <p>Prosthetic and Orthotic Interventions – Evaluation of patients and prescriptions of prosthetics and orthotics will continue, however the content of this course will be changed so there is more of an emphasis on intervention with patients who require the use of prostheses and orthotics.</p>
<p>Cardiopulmonary System (3) PT 571 Cardiopulmonary System (3)</p>	<p>Cardiopulmonary Diagnosis and Interventions (3) PT XXX Cardiopulmonary Evaluation and Interventions (3)</p>	<p>More case studies will be used to enhance student understanding of evaluation and intervention with patients with cardiopulmonary problems, as well as understanding the implications of a comprised cardiopulmonary system for patients with neuromuscular or musculoskeletal problems.</p>

<p>Integumentary Diagnosis and Intervention (0)</p>	<p><u>Integumentary Diagnosis and Interventions (2)</u> PT XXX Integumentary Diagnosis and Interventions (2)</p>	<p>This content is currently covered in various courses throughout the MPT curriculum, however there is no course that pulls all the information together and time available to cover this information is limited. The addition of this new course will allow the addition of content that reflects current practice in the field related to wound care, burn, diabetic ulcers, and the lymphatic and systems.</p>
<p>Professional Issues/Administration (7) PT 301 Introduction to PT (2) PT 580 Professional Issues in Physical Therapy (2) PT 534 Administration (3)</p>	<p>Practice Management (9) PT XXX Professional Issues I (2) PT XXX Professional Issues II (3) PT XXX Administration and Practice Management(4)</p>	<p>Current content will be reorganized and additional information added as the professional issues series is increased from two 2 credit courses (Professional Issues I, II) to one 2 credit (Professional Issues I) and one 3 credit (Professional Issues II) course. Professional Issues I will replace the current Introduction to Physical Therapy course, with the content remaining largely unchanged; Professional Issues II will include content related to consultation, pro-bono services, legal and ethical issues in health care, professional development, and completion of a professional portfolio.</p> <p>Administration and Practice Management (4 credits) replaces the MPT Administration course (3 credits); there will be new content on health career economics, marketing, and strategic planning.</p>

<p>Lifecyle (6) PT 460 Life Cycle I (4-pediatrics) PT 561 Life Cycle II (2 –adulthood and aging)</p>	<p>Lifespan Development and Treatment (8-does not include credits for Genetics and Embryology) PT XXX Lifespan Development I (2) PT XXX Pediatric Examination and Inteventions (4) PTXXX Lifespan Development II (2) PTXXX Genetics and Embryology – previously listed above under Foundational Sciences</p>	<p>Lifespan Development I (2 credits-understanding developmental theories and parameters of normal development in the cognitive, affective, and psychomotor domains and their application to physical therapy); this is information that is currently taught in several courses throughout the curriculum; for example, in the current Life Cycle I course, there is an overview of normal developmental milestones in cognition, gross, fine and oral motor skills, speech and language, and social-emotional development. In addition, theories of development are currently presented in Teaching and Learning in Physical Therapy (e.g., cognitive theories such as Piaget and Behaviorism, social cognitive theory) and in Emotional Aspects of Disability (e.g. Kohlberg’s theory of moral development, Erikson’s stages of development)</p> <p>Pediatric Examination and Intervention (4 credits)-This course will expand the information on developmental disabilities presented in the current Life Cycle I, with more emphasis on diagnosis and intervention (information specifically related to treatment of children with neurological disabilities will be moved from the MPT Neuromuscular System courses to this course-see explanation under Neuromuscular System above); content on genetics and embryology will be moved to and expanded in the new 2 credit Genetics and Embryology course, and content on normal developmental theories and milestones will be moved to the new 2 credit Lifespan Development I; information on involving children with disabilities in recreational and other community activities will be included</p> <p>Lifespan Development II (2 credits-issues related to adulthood and aging) – In addition to discussion of normal age related changes of clients, there will be an emphasis on how evaluation tools and interventions need to be adapted to accommodate these changes. A case study format will be used to increase problem solving skills.</p>
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<p>Professional Practice (7) PT 324 Teaching and Learning in Physical Therapy (2) PT 442 Emotional Aspects (3) PT 555 Community Health (2)</p>	<p>Professional Practice (10) PT XXX Educational Theory and Practice (3) PT XXX Psychosocial Aspects of Disability (3) PT XXX Health Promotion and Wellness in Physical Therapy (4)</p>	<p>Educational Theory and Practice (formerly Teaching and Learning in Physical Therapy)- content will be added to enhance students' understanding of the application of teaching and learning for peers, students, colleagues, legislators, and patients. Other content to be added will relate to the use of home program instruction and patient compliance. Content on understanding theories of development and their relationship to the teaching and learning process will be covered in the Lifespan Development I course (see description above), leaving more time in this course to expand information related to application of these theories to physical therapy practice</p> <p>Psychosocial Aspects of Disability (formerly Emotional Aspects of Disability)-content added will be related to patient empowerment and advocacy; content on understanding theories of development and their relationship to understanding issues of patient care related to psychological adjustment to disease and disability and to establishing a good rapport with patients will be covered in Lifespan Development I, leaving more time in this course to discuss the application of these theories to patient care</p> <p>PT 555 will be increased 2 credits and name will be changed to Health Promotion & Wellness in PT; additional content will be added to include ergonomics, injury prevention, and an emphasis on service learning</p>
<p>Clinical Education (15) PT 351 Clinical Education I (3) -Seminar plus 4 week internship PT 452 Clinical Educaiton II (3) -6 week internship PT 554 Clinical Education III (9) -16 week internship</p>	<p>Clinical Education (14) PT XXX Physical Therapy Internship I (3) -Seminar plus 4 week internship PT XXX Physical Therapy Internship II (3) -6 week internship PT XXX Physical Therapy Internship III (8) -26 week internship</p>	<p>The current number of clinical internship weeks is 26. This will increase to 36 weeks due to addition of 10 weeks to the final internship.</p>
<p>TOTAL CREDITS 111 (64 UNDERGRADUATE AND 47 GRADUATE)</p>	<p>TOTAL CREDITS 130</p>	

APPENDIX G
CURRICULUM VITAE
CURRICULUM VITAE - January 2001

Ruth Elizabeth Ellen Black

Program in Physical Therapy
School of Health and Science
Oakland University
Rochester, Michigan 48309
(248) 370-4042

Home Address:
3245 East Breckenridge Lane
Bloomfield Hills, MI 48301
(248) 645-6086

EDUCATION:

- | | |
|-----------|---|
| BS | University of Western Ontario, London, Ontario, Canada, 1976
BS in Physical Therapy |
| MS | McMaster University, Hamilton, Ontario, Canada, 1995, MS in Design,
Measurement and Evaluation |

Institutes And Short Term Courses Attended

1977 E1, Canadian Physiotherapy Association, Toronto, Canada

1979 E2, Canadian Physiotherapy Association, Toronto, Canada

1981 The Management of the Injured Hand, Toronto General Hospital and the University of Toronto

1990 Aging into the 21st Century, National Conference, Ottawa, Canada

1993 Faculty of Health Sciences, McMaster University and Affiliated Teaching Hospitals, Niagara Falls, Ontario, Canada, Management Leadership Course

1998 Assessing Student Performance in Physical Therapy Education, University of Michigan, Flint and Oakland University

1999 The Professional Clinical Doctorate and Alternative Models of Clinical Education, Oakland University

1999 American Physical Therapy Association Clinical Instructor Education and Credentialing Program, Auburn Hills, Michigan.

2000 Research 2000: Developing the Future of Research at Oakland University, Oakland University

2000 Social Epidemiology, University of Michigan, School of Public Health

2000 Community Organization for Health Education, University of Michigan, School of Public Health

LICENSURE IN PHYSICAL THERAPY

Michigan Board of Physical Therapists 4673953
Ontario College of Physiotherapists - 4356

EMPLOYMENT and POSITIONS HELD

Academic: Lecturer, Physical Therapy Program, University of Toronto, School of Rehabilitation Medicine, Toronto, Ontario, Canada, 1979 - 1982

Lecturer, Physical Therapy Program, Oakland University, Rochester, Michigan, 1997 – 1999.

Clinical Lecturer (re-appointment), School of Rehabilitation Science, Faculty of Health Sciences, McMaster University, Hamilton, Ontario, Canada, 1998 – 2001

Oakland University, Visiting Instructor, Physical Therapy Program, Rochester, Michigan
1999 – 2001

Clinical: Staff Physiotherapist, Norfolk General Hospital, Simcoe, Ontario, Canada, 1976 – 1977

Staff Physiotherapist, Toronto General Hospital, Toronto, Ontario, Canada, 1977 – 1979

Clinical Associate, Physiotherapy, Toronto General Hospital, Toronto, Ontario, Canada 1979 - 1982.

Director of Physiotherapy, St. Joseph's Hospital, Hamilton, Ontario, Canada, 1982 – 1995

PUBLICATIONS

i) Peer Reviewed

Girouz, J., Lewis, S., Holland, L., Black, E., Gow S., Langlotz, J., Pomfret, M., Vanderkooy, C., (1987) Postoperative Chest Physiotherapy for Abdominal Hysterectomy Patients. Physiotherapy Canada, 39, 89 – 93.

ii) Submitted for Publication

Black, B., Marcoux, B., Feasibility of Using Standardized Patients in Physical Therapy Educational Programs.

GRANT ACTIVITY

Funding agency: St. Joseph's Hospital Foundation, Hamilton, Ontario

Amount: \$3,500.00

Funding Period 1982 – 1986

Department where funds held: Physiotherapy Department, St Joseph's Hospital

Project Title: Chest Physiotherapy following Abdominal Hysterectomy

Investigators: S. Lewis, K. Holland, J. Giroux, E. Black, S. Gow, J. Langlotz, M.

Pomfret, C. Vankerkooy

Funding agency: Ministry of Health, Province of Ontario

Amount: \$33,000.00

Funding Period: 1987 – 1990

Department where funds held: Medicine, McMaster University

Project Title: Exercise and Osteoporosis

Investigators: J.D. Adachi, J. Bornor, B. Black, B. Dilworth

Funding agency: Oakland University

Amount \$2,220.00

Funding Period: 1998 – 1999

Department where funds held: School of Health Sciences

Project Title: The use of Simulated Patients to Teach Psychomotor Skills to Physical Therapy Students

Investigators: Beth Black, Beth Marcoux

RESEARCH ACTIVITY:

The Use of Standardized Patients in the Physical Therapy Program

MEMBERSHIPS IN PROFESSIONAL SOCIETIES

Canadian Physiotherapy Association, 1976 - 1995

Member, Division of Directors, Canadian Physiotherapy Association, 1981 - 1995

Michigan Board of Physical Therapists, 1999 - present

American Physical Therapy Association, 1999 - present

American Association of University professors, 1999 - present

POSITIONS HELD IN PROFESSIONAL SOCIETIES:

Secretary, National Executive Committee, Division of Directors, Canadian Physiotherapy Association, 1983 – 1985

CONSULTATIVE AND ADVISORY POSITIONS HELD:

Surveyor for the Canadian Physiotherapy Association, Hospital Physiotherapy Department Accreditation, 1981 – 1986

Member, Rehabilitation Committee, St. Joseph's Hospital, Hamilton, Ontario, Canada, 1982 – 1993

Surveyor for the Ministry of Health, Private Physiotherapy Clinic, London, Ontario, Canada, 1983

Member, Palliative Care Committee, St. Joseph's Hospital, Hamilton, Ontario, Canada, 1983 – 1986

Member Physiotherapy Advisory Committee, Mohawk College, Hamilton, Ontario, Canada, 1985 - 1986

Chair, Physiotherapy Advisory Committee, Mohawk College, Hamilton, Ontario, Canada, 1986 - 1990

Admissions Committee, School of Occupational Therapy and Physiotherapy, McMaster University, Hamilton, Ontario, Canada, 1990 – 1995

Member, Registration and Re-entry Committee, Board of Directors of Physiotherapy, Drugless Practitioners Act, Province of Ontario, Canada, 1988 – 1991

Chair, Department Head Meetings, St. Joseph's Hospital, Hamilton, Ontario, Canada, 1991 – 1993

Chair, Rehabilitation Committee, St. Joseph's Hospital, Hamilton, Ontario, Canada, 1993 – 1995

Physiotherapy clinical representative, Executive Committee, School of Occupational Therapy and Physiotherapy, McMaster University, 1993 – 1995

Chair, Musculoskeletal Center of Excellence Task Force, St. Joseph's Hospital, Hamilton, Ontario, Canada, 1993 – 1995

Member, Research Committee, St. Joseph's Hospital, Hamilton, Ontario, Canada, 1993 – 1995

Member, Advisory Committee, Mohawk Physical Therapy Assistant Program, 1994 – 1995

Admissions Committee – School of Health and Sciences, Program in Physical Therapy, Oakland University – 1998 – present

Organizing Committee – Basic Clinical Instructor Training Course, Eastern District,
Michigan Physical Therapy Association – Special Interest Group – Clinical Education –
2000

COMMUNITY SERVICE

Detroit Habitat for Humanity

Detroit Inner City Social Action Group: MOSES; Transportation Task Force

PRESENTATIONS

- i) Invited
 1. Black, B. “Assessment and Management of Lower Back Pain in Primary Care”, Nurse Practitioner Program, Wayne State University, Detroit, MI 1999
- ii) Contributed
 - a) Peer-reviewed
 1. Black B, Marcoux, B. Poster Presentation: Feasibility of Using Standardized Patients in Physical Therapy Education Programs. Combined Sections Meeting, American Physical Therapy Association, San Antonio, TX, 2001
 2. Black, E., Chapman, J., Adachi, R. “Osteoporosis and Exercise” Aging into the 21st Century Conference, Ottawa, Ontario, 1990
 - b) Not Peer-reviewed
 1. Black, E., Sanford, J., Chapman, J. “Job Satisfaction in Physical Therapy Department” Ontario Physiotherapy Association Convention, Windsor, Ontario, 1994
 2. Black, E., Bailey, A, “Patient Satisfaction Questionnaires” Ontario Section, Division of Directors of Physiotherapy, Stratford, Ontario, 1991

HONORS AND AWARDS

Award for best clinical research paper published in Physiotherapy Canada,
1987

CONTINUING EDUCATION WORKSHOPS CONDUCTED/ORGANIZED

April 1991 – Lifting: Sense or Nonsense, St. Joseph’s Hospital, Hamilton, Ont.

March 1992 – Management of Sports and Work Related Injuries of the Shoulder and Knee, St. Joseph’s Hospital, Hamilton, Ontario.

May 1993 – Lower Quadrant Closed Kinetic Chair Syndromes, St. Joseph’s Hospital, Hamilton, Ontario

October 1994 – Hypomobility Syndromes of the Cervical Spine, St. Joseph’s Hospital, Hamilton, Ontario.

August 1995 – Muscle Imbalance, Level 1, St. Joseph’s Hospital, Hamilton, Ont.

Oakland University

February 1998 – Adhesive Capulitis, Advances in Treatment

February 1998 – Electrotherapy and Thermal Agents: A Review of Fundamental and Current Concepts

April 1998 – Training Patients with Low Back Dysfunction

May 1998 – Management of Cervicogenic Headaches and Cervical Dysfunctions

May 1998 – Myofascial Release

October 1998 – Advanced Neurologic Observational Gait Analysis

February 1999 – Adhesive Capsulitis

March 1999 – Training the Patient with Spinal Dysfunction

May 1999 – Myofascial Release

October 1999 – Guide to Physical Therapy Practice

December 1999 – Management of Cervicogenic Headaches and Cervical Dysfunctions

April 2000 – Training the Patient with Spinal Dysfunction

May 2000 – Clinical Applications of Motor Learning Concepts

June 2000 – Myofascial Release

September 2000 – Evaluation and Treatment of the Shoulder

October 2000 – Management of Cervicogenic Headaches and Cervical Dysfunctions

November 2000 – Teaching Functional Movements to Rehabilitation Patients

CURRENT TEACHING RESPONSIBILITIES IN THE PHYSICAL THERAPY PROGRAM

PT 333 – Clinical Medicine and Physical Therapy - Fall Semester

PT 452 – Clinical Education II – Fall Semester

PT 554 – Clinical Education III – Winter Semester

CURRICULUM VITAE - January 2001

Douglas S. Creighton, M.S. PT OCS FAAOMPT

Program in Physical Therapy
School of Health and Sciences
Oakland University
Rochester, Michigan 48309
(248) 370-4325

Home address:
35229 Valley Forge
Farmington Hills, MI 48336
(248) 489-5599

EDUCATION

BS Oakland University, Rochester, MI. BS in Physical Therapy 1985

MS University of Detroit, Detroit, MI. MS in Health Care Education 1991

Institutes And Short Term Courses Attended

November 1985 "Introduction to Spinal Examination and Manipulation", 72 hours, Institute of Graduate Health Sciences

April 1986 "Advanced Manipulation of Subcranial, Midcervical and Upper Thoracic regions, 32 hours Institute of Graduate Health Sciences

June 1986 "Introduction to Extremity Examination and Manipulation" 32 hours, Institute of Graduate Health Sciences

September 1986 "McKenzie Part A" 24 hours Detroit Michigan.

October 1986 "Myofacial Manipulation" 16 hours, Institute of Graduate Health Sciences

February 1987 "Advanced Examination and Manipulation of the Thoracic, Lumbar, and S.I. joints 32 hours, Institute of Graduate Health Sciences,

August 1987 "Manual Therapy Review", 40 hours, Institute of Graduate Health Sciences

August 1987 **Tested and Certified in Manual Therapy**, Institute of Graduate Health Sciences, Atlanta, GA.

February 1988 "Principal of Manual Medicine", 40 hours Michigan State University.

April 1988 "Low Back Pain Differential Diagnosis" Michigan State University, 32 hours

April 1989 "Shoulder Anatomy, Biomechanics, Examination, Treatment" Detroit, Michigan, 24 hours

February 1990 “Foundations of Clinical Orthopedics” Institute of Graduate Physical Therapy, Lab Assistant

October 1990 “Ankle/Foot Anatomy and Biomechanics, Orthotic Evaluation and Treatment” Detroit, Michigan, 16 hours

February 1991 “Post Certification Thrust Manipulation”, 40 hours, Institute of Graduate Physical Therapy

February 1991 “Foundations of Clinical Orthopedics” Institute of Graduate Physical Therapy, Lab Assistant

March 1991 “E-1” Oakland University, 32 hours

May 1991 “E-2” Oakland University, 48 hours

June 1991 “E-3” Oakland University, 32 hours

July 1991 “Rehab Strategies” Oakland University, 24 hours

September 1991 “S-1” Oakland University, 32 hours

January 1992 “S-2” Oakland University, 4 hours

February 1992 “Pharmacology” Oakland University, 16 hours

June 1992 “S-3/S-4” Oakland University, 40 hours

June 1992 “C-1” **Clinical Residency** of approximately 200 hours, Oakwood Sports Medicine

September 1992 “S-5” Oakland University, 16 hours

December 1992 “E-4” Oakland University, 16 hours

March 1993 “S-6” Oakland university, 40 hours

July 1993 “S-7” Oakland University, 40 hours

November 1993 “S-8” Oakland University, 40 hours

March 1994 “C-2” **Clinical Residency** of approximately 240 hours, Oakwood Sports Medicine

April 1994 “S-9” Oakland University, 40 hours

August 1994 **Tested and Certified** International Seminar of Manipulative Therapy.
Examined by Freddy Kaltenborn and Olaf Evjenth.

February 1995 Ankle/Foot Biomechanics, Orthotic Evaluation and Fabrication, 24 hours

May 1995 “OMPT Instructors Course”, 8 hours, Manual Therapy techniques, reviews
and updates Oakland University

1995 “S-1” OMPT Program at Oakland University, Lab Assistant

January 1996 “Applied Movement Science” 3 credit course at Oakland University

May 1996 “OMT Instructors Course”, 8 hours, Review of manipulative techniques and
teaching strategies in manual therapy Oakland University

September 1996 “Advanced Differential Diagnosis” 3 credit course at Oakland
University

1996 “E-4” OMPT Program at Oakland University, Lab Assistant for Olaf Evjenth, PT

May 1997 “Australian Manual Therapy Approach to Spinal Evaluation and
Manipulation, 32 hours, Chicago.

July 1997 “OMPT Instructors Course”, 8 hours Review and Update of Manual Therapy
techniques

1997 “S-8” OMPT Program at Oakland University, Lab Assistant for Olaf Evjenth, PT

1998 OMPT Program at Oakland University, E – Z, Lead Instructor

January 1999 Faculty Development course, Oakland University “Writing Test
Questions”, 3 hours

May 1999 Faculty Development course, Oakland University, 4 hours, Teaching
Strategies and Curriculum Development

1999 OMPT Program at Oakland University

1999 “S-2” OMPT Program at Oakland University, Lead Instructor

1999 “S3/S4” OMPT Program at Oakland University, Lab Assistant for Olaf Evjenth, PT

1999 “Integrated Therapeutic Exercise – The Extremities” Co-developed this course and
assisted John Krauss who was the instructor of record

LICENSURE IN PHYSICAL THERAPY

Michigan #550100969

EMPLOYMENT and POSITIONS HELD

Staff Physical Therapist, Henry Ford Hospital, Fairlane, MI, July 198 – August 1988

Supervisor of Physical Therapy at Orthopedic Rehabilitation Out Patient orthopedic private practice, August 1988 – October 1990

Part time Instructor at Wayne State University, Detroit, MI, Lead Instructor of orthopedic curriculum, January 1992 – April 1998

Staff Physical Therapist at Oakwood Sports Medicine and PT, November 1990 – November 1992

Senior Staff Physical Therapist at Oakwood Sports Medicine and PT, November 1992 – November 1993

Clinical Faculty Appointment, Oakland University, Rochester, MI, 1996 – present

Clinical Orthopedic Specialist at Oakwood Sports Medicine and PT, November 1993 – August 1998

Clinical Orthopedic Specialist at Oakwood Sports Medicine and PT, part time position, 20 hours/week, August 1998 – present

Full time visiting instructor in Program for Physical Therapy, Oakland University, Rochester, MI, August 1998 - present

PUBLICATIONS

Creighton D, Olson V: Evaluation of Range of Motion at the First MTP in runners with Plantar Fasciitis. JOST 8:7 357-361, 1986

Creighton D: Positional Distraction, A Radiologic Confirmation. The journal of Manual and Manipulative Therapy 1:3 Summer 1993

Effect of 10%, 30% and 60% Bodyweight Traction on the Straight Leg Raise Test of Symptomatic Patients with Low Back Pain. JOST 2000:30 (10) 595-601

RESEARCH ACTIVITY

Advisor for numerous student research projects

MEMBERSHIPS IN PROFESSIONAL SOCIETIES

American Physical Therapy Association (APTA), member 1985 – present

APTA Orthopedic section member 1985 – present

American Academy of Orthopedic Manual Physical Therapists (AAOMPT), associate member 1995 – 1997

American Academy of Orthopedic Manual Physical Therapists, Fellow 1997 - present

CONSULTATIVE AND ADVISORY POSITIONS HELD

Orthopedic Clinical Specialist, Oakwood Sports Med., part time, 1993 – present

COMMUNITY SERVICE

Past Member of the MPTA Eastern District Inservice Exchange Program

PRESENTATIONS

Common Spinal Syndromes, Spinal Orthotics and Spinal Surgery, presented to PY I students at Oakland University, 1996

“E-2” Lead instructor for this 32 hour course at Oakland University’s Orthopedic Manual Physical Therapy Program, 1996

“Lower Cervical Evaluation and Treatment”, presented to the physical therapy clinicians at Oakwood Hospital, 1996

“TMJ: Lead Instructor for this 16 hour course in Oakland University’s Orthopedic Manual Physical Therapy Program, 1997

“Common Orthopedic Conditions Affecting the Lumbar Spine”, a 14 hour continuing education course presented at Oakland University 1997

“E-2” Lead instructor for this 32 hour course in Oakland University’s Orthopedic Manual Physical Therapy Program, 1998

“TMJ” Lead instructor for this 32 hour course in Oakland University’s Orthopedic Manual Physical Therapy Program, 1999

“Cervical Spondylosis, Examination, Diagnosis and Treatment” present 2 break out sessions for the American Academy of Orthopedic Manual Physical Therapists. Scottsdale, AZ, 1999

“Integrated Therapeutic Exercise – The Spine” Lead Instructor for this 16 hour course. Co-developed course with John Krauss at Oakland University, 1999

“Spinal Disorders and Spinal Surgery” a 4 hour lecture to PY I students at Oakland University, 1999.

“Translatory Manipulation of the Lumbar Spine” a two day course presented to the AAOMPT, Charlottesville, Virginia, October 2000

HONORS AND AWARDS

Outstanding Research Clinician, State of Michigan 1992

CONTINUING EDUCATION WORKSHOPS CONDUCTED/ORGANIZED

“Evaluation and Treatment of the TMJ” and 8 hour course presented to the physical therapy clinicians at Oakwood Hospital, 1998

“Evaluation and Treatment of the Wrist and Forearm” a four hour course presented to the clinicians at Oakwood Hospital, 1997

SERVICE TO THE UNIVERSITY

Men’s Hockey Club training advisor

CURRENT TEACHING RESPONSIBILITIES IN THE PHYSICAL THERAPY PROGRAM

Fall

PT 512	Arthrology, Lead Instructor
PT 331	Examination I, Instructor and Lab Assistant
PT 510	Advanced Orthopedics I – Graduate Class
PT 511	Advanced Orthopedics II – Graduate Class

Winter

PT 370	Therapeutic Exercise, Lead Instructor
PT 334	Examination II, Lead Instructor
PT 510	Advanced Orthopedics I – graduate class
PT 511	Advanced Orthopedics II – graduate class

Spring
PT 510 Advanced Orthopedics I – graduate class
PT 511 Advanced Orthopedics II – graduate class

PAST TEACHING RESPONSIBILITIES

Part time instructor at Wayne State University, School of Physical Therapy

Lead Instructor:

PT 510

PT 511

TMJ

E-1

E-3

S1

S – Z

Co-Instructor:

E – 3

E – 4

S – 6

S – 7

S - 8

CURRICULUM VITAE – January 2001

Kathleen M. Galloway

Visiting Instructor
Program in Physical Therapy
School of Health Sciences
Oakland University
Rochester, Michigan 48309
(248) 370-4316

Home address:
425 Cove View Drive
Waterford, MI 48327
(248) 683-5882

EDUCATION

BA Biological Science and Psychology, Southern Illinois University, Carbondale, IL,
1988

MPT Baylor University, San Antonio, TX 1991

Institutes and Short Term Courses Attended

US Army Academy of Health Sciences, Certificate in Physical Therapy, San Antonio,
TX, 1991

Office Management of Common Orthopedic Conditions, February 1991

The future of Military Medicine, April 1991

When the Foot Hits the Ground Everything Changes, July 1991

Hand Evaluation and Treatment, Review, September, 1991

Combined Sections Meeting of the American Physical Therapy Association, February,
1992

The Pelvic Girdle, April 1992

When the Foot Hits the Ground Everything Changes – take the next step (advanced
course, October 1992

Cervical, Thoracic and Lumbar Muscle Energy Techniques, May 1993

Basic and Intermediate Electroneuromyographic Evaluation course (four weeks), June
1994

Doug Kersey – US Army Musculoskeletal Evaluation course (two weeks), September 1994

EMG/NCV Symposium – September 1995

Lower Extremity Anatomy Review course, May 1997

Combined Sections Meeting of American Therapy Association, February 1998

Clinical Education Symposium, May 1999

Rocky Mountain University, Doctoral Study in Clinical Electrophysiology, initiated February 2000

LICENSURE INFORMATION/REGISTRATION NUMBER

EMPLOYMENT and POSITIONS HELD

Staff Physical Therapist, US Army, April 1991 – December 1991

Assistant Chief, Physical Therapy, US Army, December 1991 – June 1992

Registry Therapist, On-Call Therapists, Oakland, CA, April 1992 – May 1993

Chief Physical Therapy, US Army, June 1992 – December 1993

Assistant Chief, Physical Therapy, US Army, December 1993 – July 1995

Staff Physical Therapist, Great Northern Rehab, Ironwood, MI, July 1995 – May 1996

Staff Physical Therapist, Great Lakes Physical Therapy, Lapeer, MI, October 1997 – August 1998

Staff Physical Therapist, Prescription Fitness, Waterford, MI, July 1998 – present

Staff Physical Therapist, Neurolab, Waterford, MI, May 1996 – present

Visiting Instructor, Oakland University, Rochester, MI, August 1998 - present

PUBLICATIONS

Review article – “Common upper extremity nerve entrapment syndromes” published in Rehab Management, July 1997

Original research “Ulnar neuritis at the elbow in patients with carpal tunnel syndrome: a silent neuropathy published in the Journal of Clinical Electrophysiology, Spring 1999

GRANT ACTIVITY

RESEARCH ACTIVITY

Presented original research titles “Upper extremity tendinitis in patients with ulnar neuritis at the elbow” at the 1998 American Physical Therapy Association Combined Sections Meeting.

Currently performing foot dissection in human cadaver laboratory, with the emphasis on locating the motor points to the flexor hallucis brevis and first dorsal interosseous muscles.

MEMBERSHIP IN SCIENTIFIC/PROFESSIONAL/HONORARY SOCIETIES

American Physical Therapy Association – 1990 – present
Orthopedic Section 1999 – present
Clinical Electrophysiology Section 1994 – present
Hand Section 1999 – present

POSITIONS HELD IN SCIENTIFIC/HONORARY SOCIETIES

CONSULTATIVE and ADISORY POSITIONS HELD

COMMUNITY ACTIVITIES

PRESENTATIONS

AWARDS

CONTINUING EDUCATION WORKSHOPS CONDUCTED/ORGANIZED

SERVICE TO THE UNIVERSITY

CURRENT TEACHING RESPONSIBILITIES IN THE PHYSICAL THERAPY PROGRAM

CURRICULUM VITAE – January 2001
John R. Krauss, MS, PT, OCS, FAAOMPT

Visiting Instructor
Program in Physical Therapy
School of Health Sciences
Oakland University
Rochester, Michigan 48309
(248) 370-4044

Home Address:
232 Arlington Drive
Rochester Hills, MI 48307
(248) 652-9406

EDUCATION

BS Oakland University, Rochester, MI, Physical Therapy 1990

Graduate Certificate in OMPT

MS Oakland University, Rochester, MI, Physical Therapy, 1995

Professional Certifications

Board Certified in Orthopedic Physical Therapy, APTA 1997

Credentialed Clinical Educator, APTA 1997

Institutes and Short Term Courses Attended

May 1990 “Manual Mobilization of the Extremity Joints, Advances Techniques”

May 1990 Osteopathic Muscle Energy Procedures

November 1990 “Anatomical Basis for Different Diagnosis of Somatic Dysfunction”

January 1991 E1 “Manual Mobilization of the Extremity Joints”: Kaltenborn – Evjenth system

May 1991 E2 “Manual Mobilization of the Extremity Joints, Upper Extremities”:
Kaltenborn – Evjenth system

September 1991 “Rehabilitative Strategies for Orthopedic Patients – Stabilization
Techniques”: Kaltenborn - Evjenth system

October 1991 “Myofascial Reorganization”

November 1991 S1 “Spinal Evaluation”: Kaltenborn – Evjenth system

December 1991 “Muscle Stretching of Peripheral Joints”: Kaltenborn – Evjenth system

February 1992 “E2 Manual Mobilization of the Extremity Joints, Lower Extremities”
practical examination: Kalenborn – Evjenth system

March 1992 S2 “Spinal Treatment”: Kaltenborn – Evjenth system

April 1992 E3 “Advanced Peripheral Joint Mobilization”: Kaltenborn – Evjenth system

June 1992 S3/S4 Spinal Mobilization and Stretching”: Kaltenborn – Evjenth system

September 1992 S5 “Spinal Mobilization and Stretching”: Kaltenborn – Evjenth system

September 1992 “The Knee and Shoulder”: Evaluation and Treatment

December 1992 E4 Extremity Manipulation: Kaltenborn – Evjenth system

February 1993 OMPT written midterm: Kaltenborn – Evjenth system

March 1993 OMPT Practical Exam, midterm: Kaltenborn – Evjenth system

March 1993 S6 Introduction to Spinal Manipulation: Kaltenborn – Evjenth system

July 1993 S7 Cervical, Thoracic and Lumbar Manipulation: Kaltenborn – Evjenth system

November 1993 S8 Spinal Manipulation: Kaltenborn – Evjenth system

February 1994 S9 Spinal Manipulation: Kaltenborn – Evjenth system

June 1994 OMPT Final Written Examination

August 1994 OMPT Final Practical Examination

August 1995 Instructors Course: Kalenborn – Evjenth system

May 1996 Instructors Course: Kalenborn – Evjenth system

November 1996 “The Upper Quarter” Presented by AAOMPT

November 1996 “Anatomy of the Cervical and Upper” Presented by AAOMPT

March 1997 “Voluntary Training and Credentialing for Clinical Educators, Wisconsin
Clinical Education Consortium

March 1997 “Assessing the Future of Physical Therapy” The Next Step in Clinical Education”, Wisconsin Clinical Education Consortium

October 1997 “Moving in the Right Direction” Presented by AAOMPT

October 1999 “Bringing Manual Physical Therapy into the Next Millennium” Presented by AAOMPT and the Orthopedic Section

OMPT Clinical Education

June 1992 OMT Group B Clinical Internship II

August 1993 OMT Group B Clinical Internship II

September 1993 – May 1994 OMT Group B Supervised Clinical Hours

October 1993 OMT Group B Clinical Internship II

September 1993 OMT Group B Clinical Internship II

LICENSURE INFORMATION/REGISTRATION NUMBER

Michigan # 5501004288

EMPLOYMENT and POSITIONS HELD

Home Physical Therapist, Metrostaff Home Health Agency, Southfield, MI, July 1990 to 1996

Staff Physical Therapist, Metro Medical Group Southfield, Southfield, MI, July 1990, March 1995

Senior Physical Therapist, Henry Ford Rehabilitation, Southfield West, Southfield, MI, March 1995 – present

Clinical Instructor in Physical Therapy, Oakland University, Rochester, MI, August 1995 – June 1996

Visiting Instructor in Physical Therapy, Oakland University, Rochester, MI June 1, 1996 – August 2000

Coordinator of the Graduate Certificate in Orthopedic Manual Physical Therapy, Oakland University, Rochester, MI, August 1, 1997 – present

Instructor in Physical Therapy, Oakland University, Rochester, MI, August 2000 - present

PUBLICATIONS

The application of Manipulation in the Management of Distal Upper Extremity Disorders, Orthopedic Physical Therapy Clinics of North America, W.B. Saunders Vol. 7/No.4, December 1998

Massage and Soft Tissue Mobilization, Orthopedic Physical Therapy Secrets, Hanley & Belfas, January 2001

RESEARCH ACTIVITY

“A Comparison of the Effectiveness of Traditional Laboratory Instruction vs. Video Augmented Laboratory Instruction in the Acquisition of Manual Lumbar Traction Skills”. Pilot Study 40 subjects, fall 1999.

MEMBERSHIP IN SCIENTIFIC/PROFESSIONAL/HONORARY SOCIETIES

Fellow - The American Academy of Orthopedic Manual Physical Therapists.

Member - The Orthopedic Section of the American Physical Therapy Association

POSITIONS HELD IN SCIENTIFIC/HONORARY SOCIETIES

Vice President of the American Academy of Orthopedic Manual Physical Therapist (AAOMPT),

CONSULTATIVE and ADISORY POSITIONS HELD

One of eight expert panel members responsible for developing the content for the AAOMPT's Description of Advanced Clinical Practice n Orthopedic Manual Physical Therapy, 1998

Member of the AAOMPT's Examination & Standards Committees

PRESENTATIONS

Provocation and Alleviation: A Guide to Diagnosis of Cervical Dysfunction, AAOMPT Second Annual Conference, Biloxi, Mississippi, November 1986

The role of Physical and Occupation Therapy as a Member of Today's Health Care Team, sponsored by Michigan Academy of Physical Assistants, Traverse City, MI, October 1997

The Integrated Spine, Sponsored by MPTA Eastern District, 2 days, 13 contact hours, May 1999

Identifying and developing the Physical Therapist's role in managing spinal dysfunction in today's turbulent health care environment. Sponsored by MPTA Eastern District, May 1999.

Functional Massage: A Norwegian Approach, Sponsored by the American Academy of Orthopedic Manual Physical Therapists and the Orthopedic Section of the APTA, Scottsdale, Arizona, 16 contact hours, October 21, 1999.

Functional Massage for the Shoulder Girdle and Cervical Spine, Sponsored by the American Accademy of Orthopedic Manual Physical Therapists and the Orthopedic Section of the APTA, Scottsdale, Arizona, 3 contact hours, October 23, 1999.

AWARDS

Outstanding Clinical Instructor of the Year: 1999 MPTA

Nominated Outstanding Clinical Instructor of the Year 1996: MPTA

Nominated Outstanding Clinical Instructor of the Year 1995: MPTA

CONTINUING EDUCATION WORKSHOPS CONDUCTED/ORGANIZED

Integrated Functional, Traditional and Manual Therapeutic Exercise for the Extremities, sponsored by Oakland University, November 1999

Functional Massage for the Shoulder Girdle and Cervical Spine, Sponsored by the American Academy of Orthopedic Manual Physical Therapists and the Orthopedic Section of the APTA, Scottsdale, AZ, October 23, 1999

Functional Massage: A Norwegian Approach, Sponsored by the American Academy of Orthopedic Manual Physical Therapists and the Orthopedic Section of the APTA, Scottsdale, AZ, October 20-21, 1999

The Integrated Spine, Sponsored by MPTA Eastern District, 2 days, May 1999

Identifying and developing the physical therapist's role in managing spinal dysfunction in today's turbulent health care environment. Sponsored by MPTA Eastern District, May 1999

A Functional Approach to the Management of Soft Tissue Dysfunction, sponsored by Oakland University, 2 days, November 1998

The Integrated Spine, sponsored by Oakland University, 2 days, November 1998

Back Pain Revisited, sponsored by Oakland University, 2 days, March 1998, March 1997

Diagnosis, Prognosis & Treatment of Common Cervical Dysfunctions, sponsored by Oakland University, November 1997

Differential Diagnosis of the Cervical Spine and Upper Extremity, First Annual Henry Ford Rehabilitation Conference, November 1997

Differential Diagnosis of the Lumbar Spine, First Annual Henry Ford Rehabilitation Conference, November 1997

The Role of Physical and Occupational Therapy as a Member of Today's Health Care Team, sponsored by Michigan Academy of Physician Assistants, Traverse City, MI, October 1997

Provocation and Alleviation: A guide to Diagnosis of Cervical Dysfunction, AAOMPT Second Annual Conference, Biloxi, MS, November 1996

CURRENT TEACHING RESPONSIBILITIES IN THE PHYSICAL THERAPY PROGRAM

PT 677	Advanced Differential Diagnosis, 2 credits, Fall Semester
PT 602	Clinical Internship II, 2 credits, Fall, Winter, Spring/Summer Semesters
PT 601	Clinical Internship I, 2 credits, Fall, Winter, Spring/Summer Semesters
PT 520	Advanced Orthopedics III, 2 credits, Fall, Winter, Spring/Summer Semesters
PT 511	Advanced Orthopedics II, 2 credits, Fall, Winter, Spring/Summer Semesters
PT 510	Advanced Orthopedics I, 4 credits, Fall, Winter, Spring/Summer Semesters
PT 513	Musculoskeletal Systems, 4 credits, Fall Semester

PAST TEACHING RESPONSIBILITIES IN PHYSICAL THERAPY

Oakland University

PT 677	Advanced Differential Diagnosis, 2 credits, Fall Semester, 1996, 1998, 1999
PT 650	Independent Study, 4 credits, Winter, Spring and Summer Semesters, 1992
PT 602	Clinical Internship II, 2 credits, Fall, Winter, Spring and Summer Semesters, 1996, 1997, 1998, 1999
PT 601	Clinical Internship I, 2 credits, Fall, Winter, Spring and Summer Semesters, 1996, 1997, 1998, 1999

- PT 577** **Advanced Differential Diagnosis, 2 credits, Fall semester, 1997**
- PT 570** **Musculoskeletal Biomechanics, 3 credits, Winter Semester, 1999**
- PT 520** **Advanced Orthopedics III, 2 credits, Fall, Winter, Spring and Summer Semesters, 1996, 1997, 1998, 1999**
- PT 511** **Advanced Orthopedics II, 2 credits, Fall, Winter, Spring and Summer Semesters, 1996, 1997, 1998, 1999**
- PT 510** **Advanced Orthopedics I, 4 credits, Fall, Winter, Spring and Summer Semesters, 1996, 1997, 1998, 1999**
- PT 513** **Musculoskeletal Systems, 4 credits, Fall Semester, 1997, 1998, 1999**
- PT 360** **Introduction to Computers, 1 credit, Summer Semester, 1997**
- PT 311** **Biomechanics of the Musculoskeletal System, 3 credits, Fall 1990, Winter 1991, Winter 1992, Laboratory Instructor**
- PT 332** **Physical Agents, 3 credits, Winter Semester, 1993, 1994, 1995, 1996**
- PT 513** **Musculoskeletal Systems, 4 credits, Fall Semester, 1995, 1996**

Guest Lecturer, Oakland University

- PT 334** **Examination and Evaluation, 4 credits, winter 1999**
- PT 332** **Physical Agents, 3 credits, winter 1997, 1998, 1999**
- PT 311** **Biomechanics of the Musculoskeletal System, winter 1993, 1994, 1995, 1996, 1997, 1998, 1999**
- PT 300** **Kinesiology, summer 1997, 1998**

CURRICULUM VITAE - January 2001

Cathy A Larson

Program in Physical Therapy
School of Health and Science
Oakland University
Rochester, Michigan 48309
(248) 370-4392
larson@oakland.edu

Home Address:
6890 Willis Road
Ann Arbor, MI 48197
(734) 483-8019

EDUCATION:

BS Michigan State University, East Lansing, MI., BS in Physiology 1978

MS University of Alabama in Alabama, Birmingham, Alabama, MS in
Physical Therapy, 1980

Doctoral Candidate, Division of Kinesiology – Center for Human Motor
Research, University of Michigan, Ann Arbor, MI 1994 – 2000

Institutes And Short Term Courses Attended

Neurophysiological Principles underlying the Treatment of CNS Disorders, B. Bishop;
University of Alabama, January 1980

Soft Tissue Evaluation and Treatment of the Neck and Knee, J. Cyriax, Nashville, TN, May 1980

Neurophysiological Care of the Stroke Patient, K. Kirkman; Detroit, MI, 1982

The Learning Tree Course: A Neurophysiological Approach to Patient Care, S. Randolph & M.
Heiniger, Detroit Medical Center, 1982

Modalities, J. Griffin, Detroit Medical Center, 1982

PSYCH 310 – Human Neurophysiology, University of Michigan, 1983

APTA Combined Sections Pre-Conference Course, Muscular and Neurological Factors in
Normal and Pathological Movement, S. Rose and S. Sahrman, 1983

APTA Combined Sections Meeting, Atlanta, GA, 1983

Prosthetic Patient Management, P. Savage & L. Kolada, Detroit, MI, 1983

Clinical Supervisors Mid-West Meeting, Madison, WI, 1983

Towards More Effective Discipline: A Management Seminar, MDS & Associates, Detroit, MI,

1983

Trancutaneous Electrical Nerve Stimulation (TENS) update, Detroit, MI, 1983

Soft Tissue Mobilization, A. Grodin; Rehabilitation Institute of Detroit, Detroit, MI, 1984

Rehabilitation Institute of Michigan, series of 15 in-services/workshops and updates on neuroanatomy, neurophysiology, evaluation and treatment techniques in neurorehabilitation, 1984 – 1985

Principles of Neurophysiology Applied to Therapeutic Exercise; S. Burkhardt, Detroit, MI, 1985

Therapeutic Principles for Geriatric Rehabilitation (Feldenkrais), O. Jackson, Detroit, MI, 1985

Integrated Approaches to Treating the Neurological Patient; S. Attermeier, P. Sullivan and A. VanSant. AREN video conference, Detroit, MI, 1985

Update in the Management of the Neurological Client; P. Sweeney, S. Sahrman, P. Duncan, N. Urbscheit and D. Stuart; Cleveland, OH, 1985

Spasticity: Etiology, Evaluation and Treatment.; T.I. King, University of Michigan Hospitals, Ann Arbor, MI, 1986

“When the Foot Hits the Ground, Everything Changes”: An Applied Foot Biomechanics course; APRN; Toledo, OH, 1986

APTA Annual Conference, Chicago, IL, 1986

Isokinetics, G. Davies; Detroit, MI, 1986

Balance and Coordination: New Perspectives in Evaluation & Treatment. F. Horak and A. Shumway-Cook; Pittsburgh, PA, 1987

Dynamic Splitting of the UE: Fabrication of wrist-hand orthoses; C. Rasmussen; Rehabilitation Institute of Detroit, 1988

Clinical Application of Neurophysiology and Neuroanatomy; D. Umpred and O. Jackson, Oakland University, Rochester, MI, 1988

APTA Annual Pre-Conference course, B. Bishop, Neurophysiology of Pain, 1988

APTA Annual Conference, Las Vegas, NV, 1988

Sensory Integration, V. Scardina, Rehabilitation Institute of Detroit, Detroit, MI, 1988

Facilitation of UE Function using the NDT Approach; An Advanced Course J. Utley and N. Schmidt; William Beaumont Hospital, Warren, MI, 1988

Fundamentals of Clinical Orthopedics; S. Paris, Ypsilanti, MI, 1989

Spinal Mobilization 1; S. Paris, Romulus, MI, 1989

Extremity Evaluation and Manipulation; S. Parism, Romulus, MI, 1989

Advanced Peripheral Joint Mobilization; Kaltenborn, Oakland University, Rochester, MI, 1989

Update of Rehabilitation Treatment Techniques; Rehabilitation Institute of Detroit
Detroit, MI, 1990

II Step Conference-Contemporary Management of Motor Control Problems, APTA Sections for
Neurology and Pediatrics; Foundation for Physical Therapy 1990

Evaluation and Treatment of the Shoulder; K. Timm; Rehabilitation Institute of Detroit, Detroit,
MI, 1991

PT 311- Biomechanics; K. Kulig, Oakland University, Rochester, MI, 1991

“Capstone Knowledge of Kinesiology” University of Michigan, Division of Kinesiology, 1992

Insights: Motor Learning and Motor Control; C. Harro and C. Worringham; OHEP Center for
Medical Education, Providence Hospital; Southfield, MI 1992

Deafferentation and the Role of Sensory Afferent in Human Motor Control; Quebec Symposium,
Canada, 1993

NASPSA conference, Brainard, MN, 1993

Recreational Therapy and Music Therapy with Patients with Dementia and Alzheimer’s Disease,
Glacier Hills Long Term Care Facility, 1993

University of Michigan; Center for Human Motor Research, P. Wei, Dec 3; S. Tashman, Nov 5;
W. Lee, October 1; W. Aldrdge, October 1; A. Tyler, September 17; J. Flach, March 26; M.
Thaut, March 5, 1993

NASPSA Conference, Brainard, MN, 1993

University of Michigan; Center for Human Motor Research, F. Mussa-Invalidi; Vector
summation of Force field – a paradigm for learning and representing motor repertoires; October
28; A. Kuo; Biomechanics and Motor Control, October 2; D. Cooke; Languages of Voluntary
Movement; April 15, 1994

Teaching Strategies, W. McKeache, Oakland University, 1995

University of Michigan, Center for Human Motor Research, E. Thelan, September 29 W.

Aldridge; Role of the Basal Ganglion for Movement Planning; March 31; K. Clark, February 10; Diggles-Buckles; December 5, 1995

Motor Learning and Control: Implications for Practice in Adult Rehabilitation L. Quinn; RehabExcel; Southfield, MI, 1995

Grant Writing Workshop, University of Michigan, Division of Kinesiology, 1995

Mental Health Research Institute Symposium, University of Michigan, 1995

Functional Outcome Measurement Tools, Rehabilitation Institute of Chicago, P. Duncan, 1996

Balance Dysfunction and Motor Control: Implications for Neurological and Geriatric Rehabilitation, Rehabilitation Institute of Chicago, P. Duncan, 1996

APTA Annual Conference, Minneapolis, MN, 1996

Pre Conference Course: Functional Outcomes in Stroke Rehabilitation; J. A. Hembree and P.S. Smith, 1996

University of Michigan; Center for Human Motor Research; Spirduso, February 23, Kerr, January 19, 1997

Warren May; Generic Abilities of a Physical Therapy Student, Oakland University, Rochester, MI, 1997

Manual Muscle Testing; F. Kendall, Oakland University, MI, 1997

Labview Software Training, University of Michigan; Center for Human Motor Research, 1997

MPTA Fall Conference, Lansing MI, 1997

LICENSURE IN PHYSICAL THERAPY

Michigan #002124

EMPLOYMENT and POSITIONS HELD

Teacher's Aid, Bad Axe Elementary School System, Bad Axe, MI, 1975 – 1977

Nurse's Aid, Huron Memorial Hospital, Bad Axe, MI, 1973 – 1976

Sales, Marketing, Disc Jockey, Copy Writing, WLEW Radio Station, Bad Axe, MI, 1974 – 1979

Staff Physical Therapist, Rehabilitation Institute of Michigan, Detroit, MI,
1980 – 1983

Guest Lecturer, Oakland University, Rochester, MI, 1983

CVA and Chronic Pain Team Supervisor, Rehabilitation Institute of Michigan, Detroit,
MI, 1984 – 1987

Senior Clinical Instructor, Oakland University, Rochester, MI, part time, 1984 – 1995

Out Patient Orthopedics, Rehabilitation Institute of Michigan, Detroit, MI,
1987 – 1991

Out-patient Team Manager and Out-patient Staff Physical Therapist, RehabWest,
Westland, MI, 1991 – 1993

Staff Physical Therapist, Bixby Hospital, Adrian, MI, 1994 – 1995

Lecturer – Physical Therapy, Andrews University, Berrien Springs, MI, 1986 – 1997

Visiting Instructor, Oakland University, Rochester, MI 1996 - present

PUBLICATIONS

Abstract – American Physical Therapy Association – Psychological Stress and
Progressive Relaxation Exercises on Total Serum Cholesterol and High Density
Lipoprotein Cholesterol - 1981

Abstract – American Physical Therapy Association – Obstacle Clearance in Persons with
Essential Tremor – C.A. Larson, C.W. Worringham and S.H. Brown – 1999

Abstract – Society for Neuroscience meeting – Clearance and Prehension in Essential
Tremor – C.A. Larson, C.W. Worringham and S.H. Brown, 1999

Abstract – Society for Neuroscience meeting – Task-dependent changes in Reaching
Kinematics Tremor – C.A. Larson, C.W. Worringham and S.H. Brown, 2000

- Several papers currently in preparation: 2000
 - Clinical Review Paper of Essential Tremor
 - Center of Pressure Excursions during Gait Initiation
 - Effectiveness of a Portable Biofeedback Pressure Sensor in Measuring Percentage of Weight Bearing during Gait
 - Measurement of Leg-length Discrepancy using X-ray, tape measure versus Block Method in Children with Cerebral Palsy

RESEARCH ACTIVITY:

1996 – 2000, University of Michigan, Center for Human Motor Behavior

- Currently working on dissertation – Obstacle Clearance, Pehension and Aimed Reach in Essential Tremor.
- Charles Worringham Ph.D. Advisor-investigation of single and multi-joint Movement
 - Two lab rotations
 - Susan H. Brown, Ph.D. – Kinematic (position and EMG) measurement of upper extremity movements during discrete and continuous tasks
 - Bernard Martin Ph.D. – a study of translation of vibration to the Upper Extremity in workers using Trimmers and Brush cutters; saccadic eye movements; Impact forces in the UE of construction

1993 – 2000, Oakland University – Mentored numerous MPT graduate student/theses

- The effects of Various Observational Feedback Techniques on Motor Learning of an Aimed Reaching Task – Moneach Surber (2000)
- Gait Initiation – Jennifer Jaques, Tim Shannahon, Kelly Reed, Scott and Dale Waltman (1999)
- Effectiveness of Portable Biofeedback Pressure Sensor in Measuring Percentage of Weight-bearing during Gait – Amy Block (1999)
- Measurement of Leg-length Discrepancy using X-ray, tape measurer versus Block Method in Children with Cerebral Palsy (1998)
- Static versus proprioceptive neuromuscular facilitation stretching: An electromyographic investigation – J. Brussone, C. Garry and L. Hoebeke (1996)
- The effects of long term ankle bracing on postural control – Gordon and Hrynick (1996)
- Comparison of an aimed reaching task in persons status-post cerebral vascular accidents and in healthy subjects (1994)
- An Investigation into components of upper quarter aimed reaching movements – T. Linebaugh, M. Wutke and T. Evans (1993)

University of Western Ontario, London, Canada,

D.Cooke Ph.D. and S.H. Brown Ph.D.

Equipment design for eye movement and multi-joint movement measurements

1995

University of Michigan.

M. Hoy (Gross); Analysis of Chair Rise in Young and Old Adults

Motion Analysis data processing and analysis

1993

University of Michigan; Center for Human Motor Behavior
MVS 411 – Instrumental and Measurement in Biomechanics & Motor Control Optotrak
Motion Analysis
1993

Oakland University
PT 311 – Biomechanics; K. Kulig; Analysis of Sit to Stand using Peak Performance Motion
Analysis equipment
1992

Rehabilitation Institute of Michigan
Inter- & Intra-rator reliability of the Fugl-Meyer assessment tool
Inter- & intra-rator reliability of the Functional Independence Measure (FIM)
1988

Rehabilitation Institute of Michigan
Research Coordinator-special project-APTA national research center application
1987

University of Alabama in Birmingham
Authored, presented and orally defended a thesis entitled “The effects of Psychological Stress
and Progressive Relaxation Exercises on total serum cholesterol and high density lipoprotein
cholesterol
1980

Michigan State University
Department of Physiology
Independent study-Renal physiology & ATP in rate
1978

MEMBERSHIPS IN PROFESSIONAL SOCIETIES

American Physical Therapy Association 1980 – 2000

Michigan Physical Therapy Association 1980 – 2000

American Physical Therapy Association, Section for Education, Section for Neurology,
Section for Research 1987 - 2000

American Physical Therapy Association, Section for Orthopedics 1988 – 1995

North American Society for the Psychology of Sport and Physical Activity (NASPSPA)
1994 – 2000

American Heart Association, Stroke Group 1995 - 1997

Eastern District Neurology Study Group 1995 – 1997

POSITIONS HELD IN PROFESSIONAL SOCIETIES:

Chairperson, Detroit Medical Center, Neurorehabilitation Journal Club 1985 – 1987

MPTA Institute for Education Committee Member 1984 - 1987

Chairperson, MPTA Institute for Education 1987 – 1990

Co-Chairperson, Eastern District Neurology Study Group 1995 – 1997

Treasurer, MPTA Research Special Interest Group 1996 – 2000

Co-Chairperson, Motor Behavior Group-Journal Club 1997

Treasurer, PT Horizons/PT Clearinghouse 1999 – 2000

COMMUNITY SERVICE

Food Basket Committee, Family Activities Committee, St. Joseph's Catholic Church
1994 - 1996

Chairperson, Harvest Festival and Chicken Broil, St. Joseph's Catholic Church. 1991 -
1997

Sensory Awareness Day, Lincoln Later Elementary School, 1997

Gardening for the Disabled, Hidden Lake Gardens, 1997

BeFriender Ministry, St. Joseph's Catholic Church, 1996 – 1999

Career Day Committee and Presenter, Lincoln Middle School, 1994 – 2000

PRESENTATIONS

Macomb Hospital Center, NDT Update – 4 day course, 1986

Joseph N. Schaffer Lectureship, Clinical Management of the Stroke Patient, 1986

MPTA Fall Conference, Presenter and Research Presentation Coordinator 1997 - 1999

Society for Neuroscience Meeting – Clearance and Prehension in Essential Tremor –
C.A. Larson, C.W. Worringham & S.H. Brown - 2000

Society for Neuroscience Meeting – Task-dependent changes in Reaching Kinematics in
Essential Tremor – C.A. Larson, C.W. Worringham & S.H. Brown - 2000

American Physical Therapy Association – Obstacle Clearance in persons with Essential
Tremor – C.A. Larson, C.W. Worringham & S.H. Brown – 2001

HONORS AND AWARDS

Psychology Research Award Michigan State University 1978

Student Research Recognition Award, Physical Therapy University of Alabama 1980

Rackum Graduate Student Award University of Michigan 1996

Ruth Harris Award University of Michigan, Horace H. Rackum School of Graduate Studies 1998

CONTINUING EDUCATION WORKSHOPS CONDUCTED/ORGANIZED

Neurodevelopmental Treatment (NDT) of Adult Neurologically Involved Patients, NDT Association certification; L. LaPitts & J. Davis, Pittsburgh, PA, 1984

“Essential Tremor Poster” KinDay, University of Michigan, 1997

“Motor Control and Motor Learning as Applied for Clinical Practice”, Macomb Hospital, May 1997

“Cortical Areas Involved in Movement Production” University of Michigan, Center for Human Motor Research, 1998

“Clinical Applications of Motor Learning Concepts, Oakland University, May 12-13, 2000

SERVICE TO THE UNIVERSITY University of Michigan

Ph.D. Curriculum Committee, 1995 – 1996

Coordinator for Center for Human Motor Behavior seminar series, 1995 – 2000
Kinesiology Graduate Student Association, 1995 – 2000

Oakland University

Curriculum Committee, Program in Physical Therapy 1985 – 2000

Admissions Committee, Program in Physical Therapy 1985 – 2000

Promotions and Honors Committee, Program in Physical Therapy 1997 – 2000

Health and Sciences Assembly 1990 - 2000

CURRENT TEACHING RESPONSIBILITIES IN THE PHYSICAL THERAPY PROGRAM

PT 334 - Evaluation Procedures II (Winter PY1)

PT 420 - Clinical Neuroscience/Motor Control (Fall PY11)

PT 572 - Rehabilitation Procedures (Fall PY111)

PT 504 - Clinical Applications of Motor Learning Concepts (Spring MSPT)

PT 505 - Management of Neurological Disorders: Application of Motor Control Concepts (Fall MSPT)

PAST TEACHING RESPONSIBILITIES

Oakland University 1997 - 2000

PT 420 - Clinical Neuroscience

PT 589 - Research II

PT 572 - Rehabilitation procedures

PT 334 - Evaluation procedures II

HS 324 - Clinical Application of Learning Theories – guest lecturer – Motor Learning

PT 544 - Neuromuscular Systems (guest lecturer)

PT 505 - Teaching Functional Movements to Rehabilitation Patients (Motor Control)

PT 505 - Clinical Applications of Motor Learning Concepts

Independent Studies – three MSPT graduate students

Curriculum Vitae - January 2001
Beth Marcoux, Ph.D., MS PT

Associate Professor and Director
Program in Physical Therapy
Oakland University
School of Health Sciences
Rochester MI. 48309
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Home Address:
3695 Creekside Ct.
Ann Arbor, MI. 48105
marcoux@oakland.edu

EDUCATION

- BS** Russell Sage College Troy, N.Y. BS in Physical Therapy 1974
- MS** University of Alabama in Birmingham, Birmingham, AL. MS in Physical Therapy, Thesis topic: "Clinical Education and Cognition of a Physical Therapy Procedure" 1979
- Ph.D.** University of Michigan, Ann Arbor, MI. Ph.D. in Health Behavior and Health Education, Dissertation: "Application of the Theory of Planned Behavior to Adolescent Use and Misuse of Alcohol". December 1988

Institutes And Short Term Courses Attended

July 1976 "Seminar in Chest Physical Therapy" Massachusetts General Hospital Boston, MA. One week

July 1976 "Integration of Therapeutic Methods for Evaluation and Treatment of Motor Disorders" Mass. General Hospital, Boston, MA.

October 1976 "Spinal Cord Injury" Boston University Medical Center Boston, MA. Two day seminar

Sept. 1977 "Clinical Instructors Seminar" University of Alabama, Birmingham. 8 hours

April 1977 "Cancer and Rehabilitation" Framingham MA.

Fall 1977 "Case Presentations" Massachusetts General Hospital, Boston MA. Series of presentations

March 1978 "The Burn Patient and the Family" American Burn Association Meeting
Birmingham, AL.

June 1978 "Transcutaneous Electrical Nerve Stimulation" Pain Management Seminars
Atlanta, GA

June 1979 APTA National Conference, Atlanta, GA

Fall 1979 "Integrated Approaches in Therapeutic Exercises" University of Vermont, Burlington VT.

November 1979 "Competency Based Clinical Education" Medical College of Georgia, Augusta, GA

Oct 1980 "Fresh Concepts of Evaluation and Treatment for Low Back Pain" State Chapter Meeting, Burlington VT

June 1981 APTA National Conference, Washington D.C.

April 1984 "Basic Mobilization and Detailed Evaluation of Extremity Dysfunction" Institute of Graduate Health Sciences (Paris and Patla) Boston, MA.

May 1984 "Evaluation of Musculoskeletal Dysfunction" by Florence Kendall. MPTA Spring Conference

June 1985 APTA National Conference, New Orleans, La.

November 1988 American Public Health Association National Meeting, Boston, MA.

October 1989 American Public Health Assoc. Annual Meeting Chicago, IL.

November 1989 MPTA Fall Conference, Grand Rapids, MI.

May 1990 MPTA Spring Conference, Ypsilanti, MI.

May 1990 "Symposium on Rehabilitation Research Methods" 2 day conference, Ann Arbor, MI.

June 1990 "Neuroscience Review: Concepts, Principles, and Clinical Applications" one day seminar, Ann Arbor, MI. sponsored by Allied Health Services.

May 1991 MPTA Spring Conference, East Lansing MI.

May 1991 "Managing Negative Thinking", Romulus MI.

June 1991 American Physical Therapy Association National Conference, Boston, MA.

June 1991 "2nd Annual Symposium on Rehabilitation Research Methods" 2 day conference, Ann Arbor, MI.

November 1991, MPTA Fall conference, Grand Rapids, MI.

February 1992, "Clinical Instruction", A workshop sponsored by College Educators' Consortium. Speaker: Dan Gerbens, MA

April 1992, "NDT: Applied to Gait and Its Preparatory Phase" sponsored by MPTA Eastern District. Speaker: Gloria Esse, P.T.

May 1992, MPTA Spring Conference, Troy, MI. "Electrical Stimulation in the Management of Dermal Wound/Ulcers and in Peripheral and Central Nervous System Patients" Speaker: Dr. Gad Alon.

October 15-16 1992, MPTA Fall Conference, Kalamazoo, MI.

March 27, 1993 "Motivating Students to Learn and Practical Teaching Tips. Speaker: Sister Eileen Rice. Sponsored by The Michigan College's Consortium for Faculty Development.

April 2 - 4, 1993, "Developmental Manual Therapy for Physical Rehabilitation for the Neurologic Patient". Speaker: Sharon Weiselfish, PhD, P.T.

June 1993, American Physical Therapy Association National Conference, Cincinnati, OH.

September 1993, MPTA Fall Conference, Dearborn, MI.

November 1993, PTA Educators Colloquium, Philadelphia, PA.

January 31 - February 3, 1994, Training for On-Site Evaluators for Accreditation, New Orleans, LA.

September 1994, MPTA Fall Conference, Flint, MI.

May 9, 1995 "On the Road with Joe" Discussion of the Normative Model of Physical Therapist Education", Detroit, MI.

Oct 29 - Nov 3, 1995. American Public Health Association Annual Meeting, San Diego, CA, Sept 1995, MPTA Fall Conference, Macinac Island, MI.

February 13, 1996 Training Workshop for Educational Consultants, APTA Atlanta GA

March 30, 1996 “Myofascial Release” presented by Teresa Stayer, P.T. sponsored By the MPTA Eastern District, Rochester, MI.

APTA Scientific Meeting and Exposition, June 14-18, 1996, Minneapolis, MN.

MPTA Fall Conference, September 26-27, 1996, Lansing Michigan.
“Assessment of the Geriatric Patient” by Tim Kauffman, MS, PT.

MPTA Fall Conference, September 4-6, 1997, Traverse City, Michigan

APTA Scientific Meeting and Exposition, June 1997, San Diego, CA.

APTA Leadership Workshop April 1998, Washington DC

Combined Sections Meetings of the APTA, February 11-15, 1998, Boston, MA.

APTA Scientific Meeting and Exposition, June 1998, Orlando, FL.

APTA House of Delegates and Scientific Meeting and Exposition, June 1999, Washington, DC.

APTA Academic Administrator Special Interest Group Forum “Creating the Curriculum for the Next Century” Sept. 24-26, 1999, Chicago, IL.

Oakland University Spring Research 2000. A development workshop designed to assist faculty develop skills in proposal development and grant writing. Keynote speaker was David Bauer. April 21, 1999

MPTA Spring Educational Meeting “Using the Guide to Physical Therapist Practice”, Lansing, MI. May 2000.

APTA House of Delegates, June 2000, Indianapolis, IN.

Everything You Always Wanted to Know About Assessment Methods: What Works, What Doesn't and Why. Three hour presentation by Linda Suskie. October 3, 2000, Oakland University.

“Evaluating Student Writing”. Two hour presentation by the Oakland University Teaching and Learning Committee. November, 2000, Oakland University.

“Helping New Faculty Get Off to a Good Start”. Two hour presentation by Rebecca Brent EdD and Richard Felder, PhD at Oakland University, December 2, 2000.

LICENSURE IN PHYSICAL THERAPY

Massachusetts #2398
Michigan #2471

EMPLOYMENT and POSITIONS HELD

Staff Physical Therapist, Malden Hospital, Malden Ma. Sept. 1974 - Aug. 1976

Assistant Chief Physical Therapist, Malden Hospital, Malden Ma. Sept. 1976 - May 1977

Physical Therapist II, University Hospital, Birmingham Al., June 1977 - April 1978

Acting Assistant Director of Physical Therapy, University Hospital, Birmingham Al.,
April 1978 - July 1978

Supervisor of Education in Physical Therapy, University Hospital, Birmingham, Al.,
Aug 1978 - Aug 1979

Clinical Instructor, University of Alabama, Birmingham, Al. 1977-1979

Clinical Instructor, University of South Alabama Mobile Al. 1978 –1979

Instructor and Academic Coordinator of Clinical Education, Physical Therapy Program,
University of Vermont Sept 1979 - June 1982 (Promoted to Assistant Professor, effective
7/1/82)

Staff Physical Therapist, Medical Center Hospital of Vermont, Burlington, VT.
(16 hrs/wk) May 1982 - Oct. 1982

Lecturer, Physical Therapy Program, University of Michigan - Flint
Jan 1983 - Aug. 1984, Summer 1985

Acting Assistant Director of Physical Therapy, University of Michigan Hospitals,
(temp 15 hrs/wk) Nov. 1985 - March 1985

Staff Physical Therapist, University of Michigan Hospitals, (temp 20 hrs/wk)
April 1985 - June 1985)

Childbirth Educator, Lamaze Association of Ann Arbor, 1985-1987 (part time)

Teaching Assistant, Department of Health Behavior and Health Education, University of
Michigan for Marshall Becker, Ph.D. Sept 1986 - April 1988 (part time)

Interim Instructor, Department of Health Behavior and Health Education, University
of Michigan, Oct - Dec. 1989 (part time)

Data Manager, Department of Health Behavior/Health Education, University of Michigan, "School based substance abuse prevention project" with Jean T. Shope, Ph.D. Oct. 1987 - 1989 (part time)

Research Associate, Department of Health Behavior and Health Education, University of Michigan, Nov. 1988 - Nov. 1989 (full time)

Health Educator and Research Associate II, Michigan Alzheimer's Disease Research Center - Training Core, University of Michigan, Nov 1989 - Aug 1990

Lecturer in Physical Therapy and Health Care, University of Michigan-Flint, Sept-Dec. 1990

Private Practice in Physical Therapy - Contract services to the Michigan Institute for Spinal Cord Injury Sept 1990 - 1992.

Allied Health Supervisor III in Physical Therapy, University of Michigan Hospitals, Ann Arbor MI. Jan 1991 - Feb 1992

Lecturer, Physical Medicine and Rehabilitation, University of Michigan, Medical School Oct 1991 - Oct 1993

Instructor and ACCE, Physical Therapist Assistant Program, Henry Ford Community College. Feb 1992 - Aug 1995

Associate Professor and Director, Physical Therapy Program Oakland University, Rochester, MI. Aug 1995 – present (tenured 1997)

PUBLICATIONS

Marcoux BC, Pinkston D: "A study to determine the relationship between clinical experience and cognition of a physical therapy procedure." Physical Therapy, April 1980. (abstract of presentation)

Marcoux B, Pinkston D: Clinical experience and cognition of a physical therapy procedure. *Physical Therapy* 64:1545-1548, 1984

Becker MH, Janz NK, Detullio PA, Marcoux BC, Billi JE: Electronic alarm pillbox versus an instruction sheet: Acceptability and usefulness. *J of Pharm Technology*, May/June 1988:114-117.

Marcoux BC, Trenkner LL, and Rosenstock IM: Social networks and social support in weight loss. *Patient Education and Counseling* 15:229-238, 1990.

Janz NK, Becker MH, Anderson LA, Marcoux BC: Breast self-examination intervention studies: A review. *Public Health Reviews* Volume 17 numbers 2-3:89 – 163, 1989/90.

Sayre RS and Marcoux, BC: Exercise and autologous bone marrow transplants. *Clinical Management in Physical Therapy* Volume 12 July/August 1992

Anderson LA, DeVellis RF, Sharpe PA, Marcoux BC: Multi-dimensional health locus of control scales: Do they measure expectancies about control or desire for control? *Health Education Research Theory and Practice* Volume 9 (1):145-151, 1994.

Shope JT, Copeland LA, Marcoux BC, and Kamp ME: Effectiveness of a school-based substance abuse prevention program. *Journal of Drug Education* Volume 26(4):323-327, 1996

Nieuwenhuijsen ER, Marcoux BC and Krause V: Twelve Golden Tips for Office Workers
The University of Michigan Board of Regents, 1/24/96

Marcoux BC and Shope JT: Application of the theory of planned behavior to adolescent use and misuse of alcohol. *Health Education Research Theory and Practice* 12(3): 323-331, 1997.

Baker, P and Marcoux BC: The effectiveness of home cervical traction on relief of neck pain and impaired cervical range of motion” *Physical Therapy Case Reports* 2(4): 145-151, July 1999.

Marcoux BC, Krause V, Nieuwenhuijsen ER: Effectiveness of an educational intervention to increase knowledge and reduce use of risky behaviors associated with cumulative trauma in office workers. *Work* 14: 127-135, 2000.

GRANTS RECEIVED

\$70,000 received from private donors in June 1999 in partial support of a study titled “Comparison of Conductive Education, Intensive Therapy, and Special Education Services in the Treatment of Children with Cerebral Palsy”. Co-investigator with Christine Stiller-Sermo, PT, PhD and Ronald Olson, PhD.

\$1300 received from Oakland University June 1998 to support a feasibility study to assess the use of simulated patients in Physical Therapy education. Co-investigator with Ruth E. Black.

\$65,000 received from Oakland University in 1995-1996 to support the Educational Technology Advancement Proposal submitted in response to calls for initiatives consistent with the University’s vision and strategic plan. I am a co-author on this grant with Mr. Art Griggs, Dean Ronald Olson, and Dr. Kornelia Kulig. A pre-test, post-test design is being used to assess the effectiveness of this grant.

\$76,000 received from M- Care and the University of Michigan Hospital in 1993-1995 for the "Work Wise with Care Project". I was a Co-investigator and co-author of the grant proposal. The Principal investigator was Els Nieuwenhuijsen, OTR at University of Michigan Center for Occupational Rehabilitation and Health (CORH).

"Introduction to Developmental Manual Therapy for the Neurological Patient"
\$300.00 grant received from the Department of Education (HE-4185, Section III, Part 4) for attendance at above conference April 2-4, 1993. I was the author of this grant.

"Personnel Shortage in Physical Therapy in Michigan" \$200.00 received from the Michigan Physical Therapy Association to study manpower shortages in physical therapy ; a report to the association, 1993. I was a co-author on this grant with Dr. Richard E.Darnell from the University of Michigan - Flint.

RESEARCH ACTIVITY

Stiller CS, Marcoux BC. "Comparison of Conductive Education, Intensive Therapy, and Special Education in Children with Cerebral Palsy". Paper is under review
"*Developmental Medicine and Child Neurology*" August 2000. This project used three standardized tools to compare the effectiveness of these three programs for children with cerebral palsy. Funding was through private donations.

Black RE, Marcoux BC. "Feasibility of Using Standardized Patients in Physical Therapy Education Programs". Paper was submitted to the *Journal of Physical Therapy Education* September 2000. Funding was obtained through two small grants at Oakland University.

Thompson KA, Marcoux BC. We are working on developing a proposal to explore the impact of returning exams to physical therapy students on students and faculty in the hopes of determining the best way to maximize this as a learning experience.

Marcoux BC. I am developing a proposal to examine the correlates of passing the NPTE for students in the program in physical therapy. Multiple years will be examined.

MEMBERSHIP IN PROFESSIONAL SOCIETIES

Member, APTA 1974 – present

Member, American Society for Psychoprophylaxis in Obstetrics, member, 1981-1983

Member Society of Public Health Education (SOPHE) 1986 - 1989

Member and book reviewer American Physical Therapy Association, Section for Obstetrics and Gynecology, 1987 - 1989

Member, International Society for Behavioral Science in Physical Therapy 1990 – present

Member American Physical Therapy Association, Neurology Section 1990-1995

Member, American Public Health Association, 1986-1991, 1995 – present

Member American Physical Therapy Association, Section for Education, 1991 - present

Member, American Physical Therapy Association Women's Health 1996 – present

POSITIONS HELD IN PROFESSIONAL SOCIETIES

Michigan Physical Therapy Association, Eastern District, Nominating Committee, 1999-2000.

Michigan Physical Therapy Association, Speaker of the Membership Meeting, 1999

Michigan Physical Therapy Association, Treasurer November 1996 - Present

Michigan Physical Therapy Association, Delegate to the APTA 1997, 1998, 1999, 2000.

Ad Hoc Reviewer, National Institutes of Health, Ethical, Legal and Social Implications of Human Genome Research, Nov 12, 1996

Manuscript reviewer, Journal of Physical Therapy Education, 1996 - present

Grant Reviewer, Michigan Physical Therapy Association Institute for Education and Research, 1985 - present

Member, Annual Conference Committee, Michigan Physical Therapy Association, 1996 - present

Member, Academic Administrators Advisory Committee, Michigan Physical Therapy Association, 1995 - present

On-site Evaluator Commission on Accreditation in Physical Therapy Education, 1994 – 1996 (PTA Programs)

Director #2, Michigan Physical Therapy Association, Board of Directors 1991 - December 1996 (elected office)

Chairperson, (1985 - 1988), Research Awards Committee, Michigan Physical Therapy Association Institute for Education and Research, member 1989 - 1995

Vice President, Special Interest Group on Research, Michigan Physical Therapy Association, 1996 - present (elected office)

Article Reviewer Health Education Quarterly, 1988-1994

Member Michigan Physical Therapy Association Institute for Education and Research
Program Projects Committee 1985 - 1988

CONSULTATIVE AND ADVISORY POSITIONS HELD

Educational Consultant, American Physical Therapy Association, Section for Education
1995 - present

COMMUNITY SERVICE

Parent Representative – Men’s Track – Ann Arbor Huron High School Booster Club
1998-1999.

Participant, Walk - a - thon for Stephanie Smith, sponsored by the Oakland University PT
Students, Paint Creek Park, Rochester, MI. Oct. 1996

Field Hockey Coach, Ann Arbor Rec and Ed Department, Grade 5-6, Spring 1996

University of Michigan Hospitals, Employee Wellness Program Scheduling coordinator
and feedback volunteer, 1991

Daisy Girl Scout Co-leader, Ann Arbor, MI. 1989 - 1990

Board of Directors, Early Learning Center, Ann Arbor, MI., 1986 - 1989

PRESENTATIONS

Marcoux BC: "A study to determine the relationship between clinical experience
and cognition of a physical therapy procedure." A poster presentation at the
APTA June 1981.

Trenkner, Marcoux, and Rosenstock: "Self-efficacy and Relapse Prevention"
A poster presented at the American Public Health Association Annual Meeting
Nov 1988.

Marcoux BC, Trenkner LA, Rosenstock IM: "Social Support in Weight Loss"
A poster presented at the American Public Health Association Annual Meeting
Nov 1988.

Nieuwenhuijsen, ER, Krause V, and Marcoux, BC: "Preventing Office Work-related Injuries: The ICIDH as a Powerful Tool for Decision Making in Public Health". A Panel presentation at the American Public Health Association annual meeting, in San Diego, Nov. 1995.

Marcoux, BC, Nieuwenhuijsen, ER, and Kruase, V: "Work Wise With Care" A poster presentation at the American Public Health Association annual meeting, San Diego, Nov. 1995.

Marcoux, BC: "Role, supervision, and delegation of the PTA". An invited presentation at Mott Community College, Fenton MI. May 16, 1996.

Marcoux, BC: "Surveying All That You Do: Gathering Data for Decision Making". An invited presentation to the MPTA, September 27, 1996.

Stiller-Sermo CP, Marcoux BC, Lundy M, and Olson R: "Behavioral versus trait interviewing: Applications for physical therapy admissions" This work was presented at the 1997 annual meeting of the American Physical Therapy Association as a poster.

Marcoux, BC: "Patient Satisfaction Surveys in Physical Therapy". An invited presentation MPTA, September, 1997.

Stiller, CS, Marcoux BC, Glenn C, Khali M, Wineka B. "A Comparison of Conductive Education with Traditional Services" 1999 Michigan POHI/SXI Professional Development Conference October 7-8, 1999.

Stiller, CS, Marcoux BC, Glenn C, Khali M, Wineka B. "A Comparison of Conductive Education, Intensive Therapy, and Special Education in the Treatment of Children with Cerebral Palsy". Presented at grand rounds, Mary Freebed Hospital, Grand Rapids, MI. August 25, 2000.

HONORS AND AWARDS

Golden Key National Honor Society	Oakland University. Inducted 11/2000.
Marjorie N. Stamm Award	Michigan Physical Therapy Association 1998 For outstanding contributions to the profession
Presidents Award	Michigan Physical Therapy Association, 1996 For service contributions to the chapter
Service Award	Michigan Physical Therapy Association, 1991 For service through role as member, Board of Directors

Alpha Eta Society	University of Alabama, Birmingham
Kellas Scholar	Russell Sage College
Dean's List	Russell Sage College

CONTINUING EDUCATION WORKSHOPS CONDUCTED/ORGANIZED

Marcoux BC, Stiller CS "Understanding Professional Literature". This was a two-day course given to orthopedic manual therapy students for Bjorn Svendson's OMPT program in Indianapolis, IN. March 2000.

Marcoux, BC: "Issues in Survey Research in Rehabilitation Medicine"
A presentation at the 2nd Annual Symposium on Rehabilitation Research Methods
Ann Arbor, MI. June, 1991 (invited)

Marcoux, BC: "Survey Research Methods in Rehabilitation Medicine"
A presentation at the Symposium on Rehabilitation Research Methods
Ann Arbor, MI. May 1990 (invited)

"Compliance in Physical Therapy" A presentation to the Physical Therapy staff at the University of Michigan Hospitals, 1990 (invited)

"Compliance and Motivation in Physical Therapy" presented to members of the Eastern District of the MPTA, 1987 (invited)

"The Role of the Physical Therapist in Obstetrics" presented to students in Physical Therapy at the University of Michigan - Flint, March 1987 (invited)

"Basic Burn Care " A lecture presented to physical therapy students University of Michigan - Flint, March 1985 (invited)

"Exercises in Pregnancy" A workshop presented to Lamaze Childbirth Educators March 1984 (invited)

"Skills of a Clinical Educator" A series of workshops presented to community clinicians at the University of Vermont March 2 1981 - April 2, 1981

"Use of the Medcosonalator" An inservice presentation to Physical Therapy Staff at Medical Center Hospital of Vermont, July 1980 (invited)

"Physical Therapy Management of Burned Patients" A workshop to senior Physical Therapy students at the University of Alabama, Birmingham February 1979 (invited)

"Chest Physical Therapy for the High Risk Infant" Inservice to Nursing personnel, University Hospital, Birmingham, Al. January 1978 (invited)

SERVICE TO THE UNIVERSITY

Oakland University

Member, Task Force to Explore Merger of School of Nursing and School of Health Sciences. May 2000 – present

Member, University Committee on Academic Conduct, 1999 – 2000, Co-chair 2000 -

Member, Community Building Task Force, 1999 – present

Member, Search Committee for the Vice President for Academic Affairs and Provost, 1998.

Member, University Committee on Undergraduate Instruction, 1996-1999.

Member, University Research Committee, Jan 1996-1997.

Chair, School of Health Sciences, Search Committee for Program Director Industrial Health and Safety, fall, 1996

Member, School of Health Sciences, Search Committee for Faculty in Physical Therapy, Fall 1996

Reader, Spring Commencement May 1996

Participant Open House, Go for the Gold Fall 1995, Spring and Fall 1996

Member School of Health Sciences, Search Committee for Program Director Medical Laboratory Sciences, Spring 1996

Chair Program in Physical Therapy, Curriculum Committee, 1995 - present

Member and interviewer Program in Physical Therapy, Admissions Committee, 1995 - present

Member FPAC School of Health Sciences, Winter, 1996

Member Management Committee, School of Health Sciences, 1995 - present

Henry Ford Community College

Member, Environmental Scanning Committee 1995

Member Allied Health Scholarship Committee 1994-1995

University of Michigan - Flint

Chairman, Physical Therapy Program, Search Committee, 1983

Member Physical Therapy Program Admissions Committee, 1983

University of Vermont

Member Physical Therapy Program Curriculum Committee, 1979 - 1982

Member Physical Therapy Program Research Committee, 1979 - 1982

Department Representative to Faculty Senate, Physical Therapy Program 1979 - 1982

Member (1979 - 1980), Chairperson, School of Allied Health, Faculty Standards Committee, 1981 - 1982

Chair, Physical Therapy Program Committee for Development of Competency – Based Clinical Education, 1980 - 1982

CURRENT TEACHING RESPONSIBILITIES IN PHYSICAL THERAPY

PT 589 Research II – 2 credits fall semester

PT 488 Research I –3 credits Winter

PT 555 Community Health – 2 credits (Winter semester 1995-2000)

Guest lecturer in the following courses:

PT 333 Clinical Medicine – Physical Therapy Management of Burns –2 hour presentation

PT 301 Introduction to Physical Therapy – The Role of the PTA – 2 hour presentation

PT 330 Introduction to Patient Management – Wounds/ sterile technique – 3 hour presentation.

CURRICULUM VITAE - January 2001

Susan E. Saliga

Program in Physical Therapy
School of Health and Sciences
Oakland University
Rochester, Michigan 48309
(248) 370-4051

Home address:
1483 Mountain Estates Court
Leonard, MI 48367-3222

EDUCATION

BS Wayne State University, Bachelor of Science Degree in Physical Therapy, 1984.
Graduated with high distinction.

MHS University of Indianapolis, Master of Health Science Degree - Neurology Tract
1993

Michigan State University investigating doctorate options

St Augustine University pursuing a Doctorate in Health Science

Institutes and Short Term Courses Attended

An Integrated Approach to Central Nervous System Dysfunction, April 1985

S-I Introduction to Spinal Evaluation and Mobilization, November 1985

Recognizing and Managing Problems in Clinical Education October 1986

Dynamic Management of the Lower Extremity and Foot in Children with Cerebral Palsy
September 1986

Introduction to PNF - Orthopedics and Neurological Application, 1986

Physical Therapy Assessment and Treatment of the Female Patient: Obstetrical and
Gynecological Implications" March 1986

Advances in Electrical Stimulation March 1987

Planning for and Evaluating Performance – a TIPS Workshop, May 1987

Clinical Application of Facilitory and Inhibitory Casting, July 1987

Treatment of CHI using the NDT Approach, August 1987

New Dimensions in Support for the Childbearing Year, November 1987

NDT Certification Course - Adult Hemiplegia, 1988

Advanced NDT - Function in the Upright Posture, 1990

Geriatric Physical Therapy Ohio PT Spring Conference, April 1996

Functional Training Using the NDT Approach, October 1997

The Aging of the Brain The Aging of the Mind, November 1997

PNF 1: The Functional Approach to PNF, May 1998

Faculty Retreat – Current Trends in the NPTE: Implications for PT Faculty, May 1998

Faculty Retreat – Teaching Strategies, May 1999, Joe Quinn PhD

APTA Combined Sections Meeting New Orleans February 2000

- Self Study Workshop for Accreditation
- Recovery from Walking after Central Nervous System Insult
- Evidenced Based Practice
- Creative Teaching Strategies for Enhancing Clinical Teaching
- Transfer vs. Specificity
- How Revolutions in Science Contribute to Changes in Practice of Neurological Rehabilitation
- Updating Neurological Coursework Using a Peer Review Process
- Exercise and the Aging Immune System

SIG – Neurology Stroke

- Academic Administrators
- Academic Faculty

Research 2000 – Writing Successful Grants – Oakland University, September, 2000

One Step Ahead – An Integrated Approach to Lower Extremity Prosthetics and Amputee Rehabilitation, November 2000

Effective College Teaching Workshop, December 2000

Faculty Workshop – Combat Cheating December 2000

LICENSURE IN PHYSICAL THERAPY

Michigan #5501002927.

EMPLOYMENT and POSITIONS HELD

Staff Therapist Macomb Hospital Center, Warren, MI, January 1985 – June 1987

Supervisor of Closed Head Injured Program, Macomb Hospital Center, June 1987 – March 1991

Supervisor of Outpatient Care Macomb Hospital Center, Warren, MI, March 1991 – June 1992

Staff Therapist, Crittenton Hospital, Rochester Hills, MI, September 1992 – present.

Lecturer, Oakland University, Rochester, MI, August 1998 – July 2000

Visiting Instructor, Oakland University, Rochester, MI. August 2000 - present

PUBLICATIONS

“A hospital based, post-graduate fellowship program: The Frank Cullis Memorial Physical Therapy Fellowship.” Journal of Physical Therapy, Vol 71 No 6 Sup 1991.

MEMBERSHIP IN PROFESSIONAL SOCIETIES

American Physical Therapy Association, Neurological, Geriatrics and Education Sections.

CONSULTATIVE AND ADVISORY POSITIONS HELD

Consultant to “New Beginning” Stroke Club
Consultant for “Body Response” a computer generated individualized home exercise video program

COMMUNITY SERVICE

Conduct exercise program for the New Beginnings Stroke Club
Sunday School Teacher
Title I, Math and Reading Tutor in elementary School

Math Pentathlon Instructor in elementary school
Cub Scout Special Events Coordinator

PRESENTATIONS

“Neurophysiological Ankle Foot Orthosis.” Eastern District Meeting, 1987

“Prosthetics and Orthotics for Physicians and Therapists.” Wright and Filippis, 1987.
Topic - Tone Reducing AFO’s

“Orthotic Update - Techniques in Seating, Tone Reduction, Sports.” Oakland Health
Education Program, 1987. Topic - Tone reducing AFO’s

“NDT Philosophy and Gait” Eastern District Meeting, January 1989

HONORS AND AWARDS & CERTIFICATIONS

NDT Certified 1988

Clinical Specialist – Neurologic Physical Therapy 1994

CONTINUING EDUCATION WORKSHOPS CONDUCTED/ORGANIZED

Cottage Hospital - Presented NDT Seminar for OT and PT Staff, Spring 1989

Oakwood Hospital - Presented NDT Seminar of OT and PT Staff, Fall 1989

SERVICE TO THE UNIVERSITY

“Go for the Gold” fall 1999

Representative of the Clinical Community at the Health Sciences Assembly, September
1998 – September 2000.

Physical Therapy Admissions Committee – 1999 – present

Physical Therapy Program Essential Functions Task Force 1998

CURRENT TEACHING RESPONSIBILITIES IN PHYSICAL THERAPY PROGRAM

PT 521	Neuromuscular Systems – winter
PT 522	Prosthetics and Orthotics (winter 2001 first time) – winter
PT 561	Life Cycles II – spring
PT 400	Kinesiology – spring/summer

PAST TEACHING RESPONSIBILITIES

Wayne State University. PT 451 Evaluation of the Neurological Patient, Fall 1990

Macomb Community College. PTA 217 Advanced Therapeutic Exercise - Neurological Section, 1986-1991

Wayne State University. Member of the Academic Clinical Coordinator of Education Consortium, 1994.

CURRICULUM VITAE – January 2001

Christine Stiller, PT, Ph.D.

Special Instructor
Program in Physical Therapy
School of Health Sciences
Oakland University
Rochester, Michigan 48309
(248) 370-4047

Home Address:
1891 Farmbrook
Troy, Michigan 48098
(248) 641-5313

EDUCATION

Ph.D. Michigan State University, East Lansing, MI, in Educational Psychology, 1998

MA Wayne State University, Detroit, MI, in Human Growth and Development, 1982

NDT Certificate Pediatrics, Georgetown University, Washington DC 1979

BS Wayne State University, Detroit, Michigan, in Physical Therapy, 1976

Institutes and Short Term Courses Attended

1971 - 1973 University of Michigan, Dearborn, Michigan, Pre-Physical Therapy Curriculum

1975 Michigan Physical Therapy Association-Annual Conference, Ann Arbor, MI

1975 Ohio Physical Therapy Association-Annual Conference, Akron, OH

1976 Early Intervention Program (National Collaborative Project- United Cerebral Palsy) United Cerebral Palsy), Detroit, MI

1976 Sensory Integrative Dysfunction (A. Jean Ayres), Ann Arbor, MI

1976 American Physical Therapy Association-Annual Conference, New Orleans, LA

1976 Care of the Burned Patient (Towsley Center), Ann Arbor, MI

1976 Michigan Physical Therapy Association-Annual Conference, Detroit, MI

1977 Introduction to Neurodevelopmental Treatment (Joan Mohr), Southfield, MI

1977 – 1987 Orthopedic Clinic Day (Co-sponsored by Children's Hospital of Michigan and Detroit Institute for Children)-Yearly meetings, Detroit, MI

1977 An Interdisciplinary Approach to the Optimal Development of Infants, Ann Arbor, MI

1977 – 1981 Detroit Area Pediatric Special Interest Group-Monthly Meetings, various sites Metropolitan Detroit area

1978 – present Michigan Alliance of School Physical and Occupational Therapists
Spring and Fall meetings, variety of cities in Michigan

1978 – 1983 Spina Bifida Association of Metropolitan Detroit, Monthly meetings, Detroit, MI

1978 American Academy for Cerebral Palsy and Developmental Medicine
Annual Conference, Toronto, Ontario, Canada

1978 Michigan Physical Therapy Association-Annual Conference, Southfield, MI

1978 Prevention and Care of Athletic Injuries (4 credit course), Wayne State University, Detroit, MI

1979 Developmental Reflexes: Their Role in Motor Control (Jan Wilson), Detroit, MI

1979 Georgetown University, Washington, D.C., Neurodevelopmental Treatment Certificate

1980 Early Childhood Conference, Oakland University, Rochester, MI

1981 Early Childhood Conference, Oakland University, Rochester, MI

1981 American Academy for Cerebral Palsy and Developmental Medicine Annual Conference, Detroit, MI

1983 Cost Analysis and Program planning for Physical Therapy Education in the 1990's (American Physical Therapy Association) San Antonio, TX

1983 A Neurophysiological Approach to the Evaluation and Treatment of Central Nervous System Dysfunction (A. Joy Huss), Milwaukee, WI

1983 Michigan Physical Therapy Association-Annual Conference, Kalamazoo, MI

1983 American Physical Therapy Association-Combined Section Meeting, (including pre-instructional course, "The Development and Treatment of Pre-Speech Functions-Leslie Davis), Nashville, TN

1983 Adaptive Seating (Adrienne Bergen), Romulus, MI

1984 and 1986 Mobilization Applied to the Neurologically Impaired Child, Sandy Brooks, Rochester, MI

1984 American Physical Therapy Association-Combined Sections Meeting (including pre-instructional course, "Developmental Biomechanics- Barney LeVeau and Donna Bernhardt), Houston, TX

1984 "When the Feet Hit the Ground, Everything Changes", Toledo, OH

1984 "Clinical Education Evaluation", Rehabilitation Institute of Detroit, Detroit, MI

1984 "Physical Therapy in Pediatrics", Eastern District- MPTA

1985 "The Use of Neurophysiological Techniques in Patient Treatment", Rehabilitation Institute of Detroit, Detroit, MI

1985 Management of the Neurologically Impaired Child, Sandy Brooks, Southfield, MI

1985 Developmental Treatment in Pediatrics, Chris Carlson, Gretchen Dahl Reeves, Ann Grady, Lezlie Adler, Rochester, MI

1986 Developmental Biomechanics, Barney Laveau/Donna Bernhardt, Pontiac, MI

1986 Management of the Upper Extremity in Cerebral palsy, Regi Boehme, Pontiac, MI

1986 "Pediatric Evaluation and Treatment, D & D Health Associates, Centerline, MI

1987 Respiratory-Phonatory Functioning in Children with C.P., Rona Alexander, Pontiac, MI

1987 Sensorimotor Development, Gretchen Dahl Reeves, Rochester, MI

1987 Adaptive Equipment and Seating, Cheryl Colangelo, Pontiac, MI

1988 Myelomeningocele Conference, Children's Hospital of Michigan, Detroit, MI

1988 Update on the Neurologically Impaired Child, Wayne County Intermediate School District, Detroit, MI

1989 Neurobiological Foundation for Sensory Integration/Sensory Integration and Praxis Test Administration, Detroit, MI

1991 "PNF Applied to Children with Neurological Disabilities", Sponsored by Lifespan Health Consultants Inc., Rochester, MI

1991 Sensorimotor Assessment of Infants and Young Children, Georgia DeGangi
Mt. Clemens, MI

1991 Pediatric Rehabilitation, Children's Hospital of Michigan and Rehabilitation
Institute of Michigan, Detroit, MI

1992 Assessment of Visual Dysfunction, Rhoda Erhardt, Mt. Clemens, MI

1992 American Physical Therapy Association Annual Conference, Denver, CO

1994 American Physical Therapy Association, Annual Conference, Toronto, Ontario

1994 Pediatric Myofascial Release, Jodi Collins, Laurie Levine, Troy, MI

1994 Standardized Measurement in Pediatrics, Pediatric Section, APTA, Ann Arbor, MI

1995 World Confederation of Physical Therapists, Washington, DC

1995 Qualitative Research in Physical Therapy, American Physical Therapy Association
Philadelphia, PA

1995 Educational Outcomes Assessment and Curriculum Development, American
Physical Therapy Association, Denver, CO

1996 American Physical Therapy Association Annual Conference (including one day
pre-instructional course on Mobility Opportunities Via Education), Minneapolis, MN

1996 Educational Consultant Training Workshop, Section for Education, American
Physical Therapy Association, Atlanta, GA

1996 Advancing Cultural Diversity in Physical Therapy Education, American Physical
Therapy Association, Alexandria, VA

1997 American Physical Therapy Association, Annual Conference, San Diego, CA

1999 American Physical Therapy Association, Combined Sections Meeting, Seattle, WA

2000 Michigan Physical Therapy Association, Annual Spring Conference

2000 American Educational Research Association, Annual Conference, New Orleans, LA

2000 American Physical Therapy Association, Scientific Meeting and Exposition,
Indianapolis, IN

2000 Oakland University, Effective Teaching: A Workshop, Richard Felder/Rebecca
Brent, Rochester, MI

2000 Oakland University, Assessing Learning, Barbara Walvoord, Rochester, MI

2001 American Physical Therapy Association, Combined Sections Meeting, San Antonio, TX

LICENSURE INFORMATION/REGISTRATION NUMBER

Michigan License #0001471

EMPLOYMENT and POSITIONS HELD

Staff Therapist, Detroit Institute for Children, Detroit, Michigan, 1976-1978

Staff Therapist/Center Coordinator of Clinical Education-Utica Community Schools
Utica, Michigan, 1978-1982

Lecturer, Wayne State University, Program in Physical Therapy 1979-1980

Director/Therapist, Summer Recreation Program for Physically, Impaired Children-Utica
Community Education, Utica, Michigan, summer, 1980 and 1981

Staff Therapist, St. Anthony Nursing Home/ D & D Health Associates
Centerline, Michigan, summer 1982

Special Instructor, Oakland University, Rochester, Michigan, 1982-present (Academic
Coordinator 1982-1986; Acting Director 1985-86, 1989-90, 1994-95)

Staff Therapist/Consultant, Utica Community Schools (part-time), Utica, Michigan
1982-1985

Co-owner, Lifespan Health Consultants, Inc., Madison Heights, Michigan, 1984-1995

Owner, Pediatric Health Consultants, Inc. (Formerly Lifespan Health Consultants, Inc.)
Troy, Michigan, 1995-present

PUBLICATIONS

Co-author: *About Spina Bifida*, slide-tape presentation, produced by the Spina Bifida
Association of Metropolitan Detroit, 1982

Pillow, C, Case 3.2: School Case in Walter, J. *Physical Therapy Management. An
Integrated Science*, Mosby Yearbook, Chicago, IL 1993.

Stiller, C. Exploring the Ethos of the Physical Therapy Profession in the United States: Social, Cultural and Historical Influences and their Relationship to Education. *Journal of Physical Therapy Education*. 2001;14:7-16.

GRANT ACTIVITY

Stiller, C., Marcoux, B., Olson, R. \$70,000.

“The Effect of Conductive Education, Intensive Therapy and Special Education Services on Motor Skills in Children with Cerebral Palsy”.

June 1999. Private Donation

RESEARCH ACTIVITY

Stiller CS., Marcoux, BC. “The Effect of Conductive Education, Intensive Therapy, and Special Education on Motor Skills in Children with Cerebral Palsy”. Paper is under review “Developmental Medicine and Child Neurology” August 2000. This project used three standardized tools to compare the effectiveness of these three programs for children with cerebral palsy. Funding was through private donations.

MEMBERSHIP IN SCIENTIFIC/PROFESSIONAL/HONORARY SOCIETIES

Member, American Physical Therapy Association – 1975 - present

Member, Michigan Physical Therapy Association – 1975 - present

Member, Detroit Area Pediatric Interest Group – 1977 - 1981

Member, Michigan Alliance of School Physical and Occupational Therapists - 1978 - present

Member, Neurodevelopmental Treatment Association - 1979 - present

Member, Michigan Myelodysplasia Association – 1983 - 1984

Member, Sensory Integration International - 1989 - 1995

Member, American Educational Research Association – 1995 - present

POSITIONS HELD IN SCIENTIFIC/HONORARY SOCIETIES

Chair, Detroit Area Pediatric Interest Group, 1977 – 1981

Co-Chair, Michigan Alliance of School Physical and Occupational Therapists
1978 – 1980

Chair, Michigan Alliance of School Physical and Occupational Therapists, Committee on the Utilization of Aides and Assistants, 1990 - 1993

CONSULTATIVE and ADVISORY POSITIONS HELD

Professional Consultant
Spina Bifida Association of Metropolitan Detroit
1978- 2000

Educational Consultant, Notre Dame College, Manchester, NH
Consultant to Program Director - Provided consultation regarding Accreditation process and organization of self study. October 4-7, 1996, ongoing as requested by Director.
October 1996 - 1997

COMMUNITY ACTIVITIES

Member of Board of Directors, Spina Bifida Association of Metropolitan Detroit
1978 - 1990

Member, Fund Raising Committee, HAVEN Abuse Center
1982 - 1984

Speaker Utica Community Schools - Stevenson High School. Careers in the Health Education Course.

Lectures to high school students regarding profession of physical therapy
1985 - 1986

Troy School District liaison to American Heart Association. Jump Rope for Heart
1995 - 1996

Participated in monitoring Jump Rope for Heart at local school
1993 - 1997

Speaker, Troy Community Schools, Boulan Park Middle School
Career Day
1998 - 2000

Member, Board of Directors
Figure Skating Club of Birmingham
2000 - 2001

SCIENTIFIC AND PROFESSIONAL PRESENTATIONS

"Introduction to the Competency Assessment Report", Detroit Area Clinical Educators' Workshop-cosponsored by Oakland, University and Wayne State University, Detroit, Michigan, 1983

Panel Discussion on "Clinical Supervision of Students in the Public School Setting"
Michigan Alliance of School Physical and Occupational Therapists, October, 1991

Poster Presentation APTA Scientific Meeting and Exhibition. Sermo, C.S., Marcoux, B.C., Lundy, M., Olson, R.E. "Trait Versus Behavioral Interviews for Admission to Physical Therapy Programs." 1977

Qualitative Research Methods in Physical Therapy (Presenter and Moderator)
Michigan Physical Therapy Association Annual Conference, September, 1998

Qualitative Research - How to Do It : Using Interviews in Qualitative Research.
American Physical Therapy Association Combined Sections Meeting, February, 1999

Methods of Survey Research for Exploring Physical Therapy Issues (Presenter and Moderator). Michigan Physical Therapy Association Conference, September, 1999

A Comparison of Conductive Education with Traditional Services., Michigan POHI/SX1 Conference, October, 1999

Review of Results of Recent Research at Oakland University Physical Therapy Program Comparing Conductive Education, Special Education and Intensive Therapy. Oakland County Therapists Association Spring Meeting, March, 2000

A Tale of Six Students: Perceptions About Professional Socialization in Two Physical Therapy Programs Presented as part of a symposium entitled Socialization and Identity Formation: Moving through Space and Time, (Clark, C., Jensen, G., Stiller, C., Mostrom, E., Thompson, K.) American Educational Research Association, April 2000

Value Negotiation as the Basis for Professional Socialization in Physical Therapy, Platform Presentation. American Physical Therapy Association, Scientific Meeting and Exposition, June, 2000

Conductive Education Research, Grand Rounds, Mary Free Bed Hospital, August, 2000

Comparison of Three Methods of Therapeutic Intervention for Children with Cerebral Palsy, Macomb County Therapists Group, January 2001

Professional Socialization and Identity Formation in Physical Therapy Education and Practice: Students, Clinician and Academicians, (Graham G., Jensen G., Mostrom E.,

Stiller, C., Thompson K.) American Physical Therapy Association Combined Sections Meeting, February 2001.

Complementary Methods for Investigating Interventions in Pediatrics: Seeking an Expanded View (Mostrom C., Marcoux B., Stiller C.) American Physical Therapy Association Combined Sections Meeting February 2001

HONORS AND AWARDS

Award for Excellence, Michigan Alliance of School Physical and Occupational Therapists 1989

University Graduate Recruiting Fellowship, Michigan State University, 1994

Post-Professional Doctoral Scholarship, American Physical Therapy Association 1995

CONTINUING EDUCATION WORKSHOPS CONDUCTED/ORGANIZED

New Parent Assistant Training Workshop, Children's Hospital of Michigan, Spina Bifida Association of Metropolitan Detroit, Detroit, Michigan, 1982

“Using Play to Encourage Your Child’s Potential”, Michigan Myelodysplasia Association/Spina Bifida Association of Metropolitan Detroit-Annual Conference, Detroit MI, 1983

“Home Adaptions”, Michigan Myelodysplasia Association/Spina Bifida Association of Metropolitan Detroit, Annual Conference, Detroit, MI 1983

Panel Discussion Leader “Use of Aides and Assistants in the Public School Setting”, Michigan Alliance of School Physical and Occupational Therapists 1990

Panel Discussion on “Clinical Supervision of Students in the Public School Setting:”, Michigan Alliance of School Physical and Occupational Therapists, October 1991

“Helping Children Achieve Independence Through Assistive Devices” Fifth Annual Conference on Children with Special Health Care Needs, Michigan State University, November 6, 1991

“A University Perspective on the Role of the Pediatric Physical Therapy – Educational vs Medical Models” Wayne County Schools, December 6, 1991

Introduction to Pediatric Treatment, Henry Ford Hospital, West Bloomfield, MI, June 2000

Understanding Professional Literature (Marcoux, B. and Stiller, C.), Two Day Course for Bjorn Svendsen, OMPT Program, Indianapolis, IN, March, 2000

SERVICE TO THE UNIVERSITY

Physical Therapy Program

Admissions Committee, 1982 – 2001, (Chair 1985-88, 1994-95, 1997-1999)

Curriculum Committee, 1982 – 1986, and 1990 – 2001

Search Committee, 1982 – 1983, 1985 – 1986 and 1995 – 1996, (Chair 1985-1986, 1995 – 1996)

Promotions and Honors Committee – 1983- 1988 and 1990-1995

Graduate Certificate in Pediatric Rehabilitation Admissions/Planning Committee, 1995 – 1996

Technical Standards Committee, Chair 1998 –1999

DPT, Chair 1999 – 2001

School of Health Sciences

Grievance Procedure Committee 1983-1985

Exercise Science Search Committee 1983-1984

Committee on Instruction 1984-1989

Committee on Appointments and Promotions 1985-1986 and 1988-1990

Merit Committee 1985-1986 1987-1988 1992-1995, (Chair 1995 – 2001)

Faculty Personnel Action Committee 1987 – 1988, 1993 – 1995, 1996 – 2001
(Chair 1987-1988, 1994 – 1995 and 1999 -2001)

Management Committee 1989-1990

Executive Committee – 1999-2001

Oakland University

Senate Committee on Academic and Career Advising 1983 – 1985
Senate Committee on Admissions and Financial Aid 1985-1987
Search Committee – Dean of School of Health Science 1985-1986
Member – University Senate 1986 –1988
Teaching Excellence Award Committee 1990-1991
University Representative to Michigan Early on Interdisciplinary Faculty Committee
1994-1996
Institutional Review Board for the use of Human Subjects in Research 1998-2001
University Task Force on Assessment 1999-2001
University Task Force on Teaching and Learning 1999-2001

CURRENT TEACHING RESPONSIBILITIES IN THE PHYSICAL THERAPY PROGRAM

Entry Level Program

PT 301 – Introduction to Physical Therapy (2 credits) PY1 – Spring Semester
PT 460 – Life Cycle 1 (3 credits) PYI – Winter Semester
PT 324 – Teaching and Learning in Physical Therapy (2 credits) PYII – Fall
Semester
PT 442 – Emotional Aspects of Disability (3 credits) PYII – Fall Semester

Post Professional Program

PT 570 – Developmental Aspects of Pediatric Rehabilitation (3 credits) – Taught
every 2 years
PT 590 - Advanced Clinical Research (4 credits) – taught every 2 years

Coordinator – Pediatric Track for Graduate Certificate and MSPT

PAST TEACHING RESPONSIBILITIES

Clinical Education I – IV
Evaluation Procedures I
Evaluation Procedures II
Introduction to Patient Care Management
Clinical Medicine
Therapeutic Exercise
Neuromuscular System

CURRICULUM VITAE – January 2001

Kristine A. Thompson

Program in Physical Therapy
School of Health Sciences
Oakland University
Rochester, Michigan 48309
(248) 370-4096

20094 Carriage Lane
Beverly Hills, MI 48025
(248) 540-8321
kathomps@oakland.edu

EDUCATION

- Ph.D.** Michigan State University. E. Lansing, Michigan, College of Education
Department of Educational Administration Higher Adult and Lifelong
Education, Graduated with Doctor of Philosophy 2000
- MS** University of Michigan, Ann Arbor, Michigan, School of Public Health
Department of Health Education and Health Behavior, Graduated with Master of
Public Health, 1983
- BS** University of Michigan, Ann Arbor, Michigan, Graduated with Certificate in
Physical Therapy and Bachelor of Science Degree with Distinction, 1975

Institutes And Short Term Courses Attended

Combined Sections Meeting, American Physical Therapy Association, 1985-1991, 1996,
1997, 1998, 1999, 2000

National Conference, American Physical Therapy Association, 1985-1991, 1993, 1994,
1997, 1999

Fall Conference, Michigan Physical Therapy Association, 1982, 1984-1991, 1996, 1998,
1999

Spring Conference, Michigan Physical Therapy Association, 1985-1988, 1997, 2000

Stimulating Spinal Cords, Southfield, Michigan, 1990

National Academic Coordinators of, Clinical Education Meeting, Boston, MA, 1990

APTA Component Leadership Workshop, Washington D.C., 1990

Advanced Clinical Instructor Training Course on Clinical Decision Making
Grand Rapids, Michigan, 1991

Grand Valley State University, Clinical Faculty Conference, Grand Rapids, Michigan
1991

Insights: Motor Learning and Motor Control, OHEP Center for Medical Education,
Southfield, Michigan, 1992

Teaching/Learning Interactions for, Effective Clinical Education, Oakland University and
University of Michigan-Flint, Clinical Faculty Conference, Flint, Michigan, 1992

Collaborative Learning, Michigan Physical Therapy Association, Special Interest Group
for Clinical Education, Lansing, Michigan, May 1994

National Academic Coordinators of, Clinical Education Conference, Manhattan Beach,
California, April 1994

World Confederation of Physical Therapy, Washington DC, June 1996

Train the Trainer, Credentialing Program, American Physical Therapy Association San
Diego, California, June 1997

National Clinical Education Conference, Milwaukee, Wisconsin, March 1997

Midwest Research-to Practice Conference, in Adult, Continuing and Community
Education, Michigan State University, E. Lansing, Michigan, October 1997

Empowering Clinical Educators, Michigan Physical Therapy Association, Special Interest
Group for Clinical Education, Lansing, Michigan, April 1998

National Clinical Education Conference, Orlando, Florida, January 1999

American Educational Research Association, New Orleans, Louisiana, April 2000

CREDENTIALS/LICENSURE IN PHYSICAL THERAPY

Michigan #001329

Credentialed Clinical Trainer, American Physical Therapy Association, San Diego, CA
June 1997

Credentialed Clinical Instructor, American Physical Therapy Association, Milwaukee, WI
March 1997

EMPLOYMENT And POSITIONS HELD

Staff Physical Therapist, Rehabilitation Institute, Inc. Detroit, Michigan
October, 1975 - October, 1978

Physical Therapy Team Coordinator, Rehabilitation Institute, Inc. Detroit, Michigan
October, 1978 to August, 1979

Physical Therapy Instructor, Center Coordinator of Clinical Education, Hutzel Hospital
Detroit, Michigan, August, 1979 to June, 1981

Physical Therapist II (part time), University Health Service, Ann Arbor, Michigan
January, 1982 - August, 1983

Physical Therapy Education Coordinator, Center Coordinator of Clinical Education
Rehabilitation Institute, Inc., Detroit, Michigan October, 1983 - September, 1985

Acting Assistant Director of Physical Therapy, Rehabilitation Institute, Inc., Detroit,
Michigan, September, 1985 - January, 1986

Director of Physical Therapy, Rehabilitation Institute, Inc., Detroit, Michigan, January,
1986 - May, 1990

Staff Physical Therapist, Home Health Outreach, Home Care Agency, Rochester,
Michigan, January, 1991-1993

Consultant to Wayne State University, Program in Physical Therapy, Detroit, Michigan
Fall, 1993

Academic Coordinator of Clinical Education and Special Instructor, Program in Physical
Therapy, School of Health Sciences, Oakland University, Rochester, Michigan, June,
1990

Special Instructor, Oakland University, Rochester, Michigan, August 2000 - present

PUBLICATIONS

“Defining Collegiality within the Academic Setting”

Abstract Review

Journal of Physical Therapy Education. Vol. 11, No. 2, Fall 1997

GRANTS RECEIVED

Academic advisor for student grant and research project on clinical education
Awarded Grant of \$500.00, From Michigan Physical Therapy Association
Special Interest Group for Clinical Education for Degree Bias Study
1993

RESEARCH ACTIVITY

Academic advisor for Cheryl Cerwonka, PT, Master's student at University of Detroit
for Learning Style Inventory Study, 1998 – present

Finding Vocation in Academic Work: Early Career in the Evolving Field of Physical
Therapy. Doctoral Dissertation, Michigan State University 2000.

MEMBERSHIPS IN PROFESSIONAL SOCIETIES

American Physical Therapy Association, 1975 – present

Michigan Physical Therapy Association, 1975 - present

Detroit Area Clinical Educator's Forum, 1979-1981, 1983-1986, 1990 to present

Section for Education, APTA, 1980 - 1981, & 1984 - present

Section on Administration, APTA, 1986 - 1994

Management Special Interest Group, MPTA, 1987 - 1990

Michigan Academic Coordinators of Clinical Education Consortium, 1990 - present

Michigan Physical Therapy Association, Special Interest Group for Clinical Education
1990 - present

American Educational Research Association 1996 – present

Section for Research, APTA, 1998 - present

POSITIONS HELD IN PROFESSIONAL SOCIETIES

Section for Education, APTA, Program Committee Member, 1984 - 1986

Michigan Physical Therapy Association, Nominating Committee Chairman, 1985 - 1987

Section on Administration, APTA, Program Committee Member, 1986 - 1991

Section on Administration, APTA, Program Chairman, 1988, 1991

Nominating Committee, Section for Education, APTA, Special Interest Group for Clinical Education, 1995 – 1999

COMMUNITY SERVICE

American Cancer Society, Lecturer, “I Can Cope Series”, 1981

Michigan Wheelchair Games, Timer, 1983 - 1984

University of Michigan, Alumnae Society of Oakland County, Regents - Alumni Scholarship Interviewer, 1989 – 1999

Healthy Heart Presentation. Beverly School, May 1999

PRESENTATIONS

“Student Handbook and Student Orientation”, Clinical Faculty Conference, Grand Valley State College, 1984

Panel member representing Center Coordinators, “Alternative Models for Clinical Education in 1990” Combined Sections Meeting 1985

Poster Presenter, “Development of a Senior Clinician Position”, APTA National Conference, 1989.

Presenter, Competency Assessment Report Training, for Clinical Instructors, Oakland University, 1990, 1991, 1992

Presenter, “What’s New at Oakland University: Educating the Physical Therapy Clinician of Tomorrow” Oakland University, 1990

Presenter “Effective Supervision of Students with Two Clinical Instructors” Detroit Area Clinical Educators Forum Oakland University 1991

Session Chair, Improving Attitudes Toward the Disabled, National APTA Conference Cincinnati, Ohio, 1993

Panel Chair, Clinical Education Presentations National APTA Conference, Cincinnati, Ohio 1993

Presenter, “Effective Clinical Instruction”, Clinical Instructor Training Program, Prescription Fitness. Waterford, Michigan, 1993

“Volunteer Hour Requirement for Admissions to Physical Therapy Program” Poster Presentation American Physical Therapy Association, APTA National Conference 1994

“Community Health in the Masters Entry Level Curriculum” Poster Presentation World Confederation of Physical Therapy Washington DC 1996

Physical Therapy in Health Prevention Presentation, Michigan Physical Therapy Association, Lansing, Michigan May 1997

Clinical Instructor Credentialing Program, Program Presenter, Oakland University, November 18 and 25, 1997,

“Clinical Education for a Student with a Disability” Poster Presentation Combined Sections Meeting APTA Dallas Texas, 1997

Clinical Instructor Credentialing Program, Program Presenter, Oakland University, November 18 and 25, 1998

Clinical Instructor Credentialing Program, Program Presenter, Oakland University, November 11 and 12, 1999

Socialization and Identity Formation in Professional Education: Moving through time and space. American Educational Research Association, New Orleans, Louisiana April, 2000

Program Planner and Presenter, Oakland University Clinical Faculty Conference, University of Michigan, Dearborn, Michigan. May, 2000

HONORS AND AWARDS

Adopt-A-Doc Scholarship Recipient

Education Section

American Physical Therapy Association 1999

CONTINUING EDUCATION WORKSHOPS CONDUCTED/ORGANIZED

Program Coordinator, "Health Hazards in the Arts and Crafts", University of Michigan, Ann Arbor, Michigan, 1983

Program Coordinator, "PNF 1", Rehabilitation Institute, Inc., Detroit, MI, 1984

Program Coordinator, "Soft Tissue Mobilization", Rehabilitation Institute, Inc., Detroit, Michigan, 1984

Program Presenter and Coordinator, Clinical Instructor Training Program, Rehabilitation Institute, Inc., Detroit, Michigan, 1984 - 1986

Program Coordinator, "Extremity Gross Anatomy Review" Wayne State University, Detroit, Michigan, 1984, 1985

Program Coordinator, "Therapeutic Principles for Geriatric Rehabilitation", Rehabilitation Institute, Inc., Detroit, Michigan, 1985

Program Presenter, Clinical Instructor Training Program, Rehabilitation Institute, Inc., Detroit, Michigan, 1987 – 1989

Program Planner, "What's New at Oakland University", Educating the Physical Therapy Clinician, of Tomorrow", Oakland University, Rochester, Michigan, 1990

Program Planner and Presenter, Competency Assessment Report Training, for Clinical Instructors, Oakland University, Rochester, Michigan, 1990, 1991, 1992, 1995, 1997

Program Planner, DACEF Meeting and Physical Therapy Program Reception, Oakland University, Rochester, Michigan, 1990, 1991, 1992, 1993

Program Committee Member, OHEP Insights: Motor Learning and Motor Control Providence Hospital, Southfield, MI, 1992

Program Planner, Clinical Faculty Conference, “Teaching/Learning Interactions for Effective Clinical Education”, Oakland University and University of Michigan – Flint 1992

Program Planner and Presenter, Assessing Student Performance, Clinical Faculty Conference, Oakland University, May, 1998

Program Planner and Presenter, Clinical Performance Instrument Training, Oakland University, Rochester, Michigan, 1999

Program Planner and Presenter, Clinical Faculty Conference, Dearborn, MI, May, 2000

SERVICE TO THE UNIVERSITY

Physical Therapy Program

Committee Member, PT Advisory Committee, Oakland University, Physical Therapy Program 1989

Subcommittee member to look at outcome, measures for the volunteer experience
Physical Therapy Admissions Committee, 1991

Committee Member, 1992 Fall Reunion Committee, Physical Therapy Program
1991 to 1992

Faculty Advisor, 1992 Student Conclave, Physical Therapy Program, 1991 to 1992

Committee Member, Accreditation Committee, Physical Therapy Program
1992 - 1993

Presenter, Physical Therapy Club, Oakland University, 1991, 1993

Chair, Search Committee for Physical Therapy Director, Physical Therapy Program
1994 – 1995

Committee Member, Physical Therapy Admissions Committee, 1990 - 1999

Chair, Curriculum Committee, Physical Therapy Program, 1991 - 1996

Faculty Advisor, Physical Therapy Program, 1990 to present

Committee Member, Curriculum Committee, 1991 to present

Committee Member, Technical Standards Committee, 1998 - present

Committee Member, DPT Advisory Committee, 1998 - present

Chair, Faculty Search Committee, 1999 – 2000,

Chair, Physical Therapy Admissions Committee, 1999 to present

School of Health Sciences

Member, Writing for Success Awards Committee, May, 2000

Member, Faculty Personnel Action Committee, 1999 - present

Member, Executive Committee, of the Health Sciences Assembly, 1999 - present

Member, Health Science Assembly, 1990 to present

North Central Accreditation Subcommittee for the, School of Health Sciences, 1997 - 1999

Member, Committee on Appointments and Promotions, 1997 to 1999

Committee Member, Merrill Palmer Institute Early Intervention, 1996

Committee Member, Faculty Promotion and Appointment Committee, 1996 - 1997

Executive Committee Member, Health Science Assembly, 1996 - 1997

Committee Member, OHEP Center for Medical Education, 1990 to 1993

Committee Member, Program Director Search Committee, Physical Therapy Program 1989 - 1990

Oakland University

Committee Member, University Committee on Undergraduate Instruction, Oakland University, 1992 – 1994

Task Force Member, President's Blue Ribbon Task Force, On Undergraduate Education, Oakland University, 1993 to 1994

Committee Member, Editor of the Teaching and Learning Newsletter, Senate Teaching and Learning Committee, Oakland University, 1998 - present

Phone Caller, Oakland University, Fund Raising Drive, 1990, 1991, 1994, 1999

Committee Member, Library Committee 2000 - present

Professional/Community

Forum Member, Detroit Area Clinical Educators Forum and MPTA Special Interest Group for Clinical Education, 1990 to present

Committee Member, Advanced Clinical Instructor Training Program, Program Committee, MPTA Special Interest Group for Clinical Education, 1993

Committee Member, MPTA Professional Development Committee, 1990 to 1992

Committee Member, Publications Committee, Section of Administration, APTA, 1991 to 1992

Co-Editor, CAR Form Revision Committee, Detroit Area Clinical Educators Forum 1990 - 1991

Committee Member, Outstanding Clinical Instructor Award Committee, MPTA Special Interest Group for Clinical Education, 1990 - 1991

Committee Member, Advanced Clinical Instructor Training Program, Committee MPTA Special Interest Group for Clinical Education, 1990 – 1991

CURRENT TEACHING RESPONSIBILITIES IN PHYSICAL THERAPY

Winter Semester, 1999 - 2001

PT 351 Clinical Education I, Instructor of Record - 3 credit hours
1990 – present

PT 554 Clinical Education IV
1990 - 1999

PT 452 Clinical Education II, Instructor of Record
1990 – present

PT 330 Introduction to Patient Management, Instructor of Records
1990 – present

PT 580 Professional Issues, Instructor of Record
2000 – present

PT 555 Community Health, Instructor of Record
2001

PAST TEACHING RESPONSIBILITIES

PT 555 Community Health
1992 – 1995

PT 333 Clinical Medicine
1991

CURRICULUM VITAE

Name: Ronald Edwin Olson, Ph.D. **Date Prepared:** Nov 3, 2000
Address: 525 Sheldon Court **Rank and Title:** Professor, Dean,
Rochester Michigan, 48306-2169 School of Health Sciences

Academic Training:

B.S., Mathematics, Illinois Institute of Technology, 1964
M.S., Psychology, Illinois Institute of Technology, 1966
Ph.D., Psychology, Illinois Institute of Technology, 1970

Professional Experience:

- 87-Pres Dean and Professor, School of Health Sciences, Oakland University. 1) Undergraduate bachelor of science degrees in Health Sciences, Industrial Health and Safety and Medical Laboratory Sciences (includes specializations in Cytotechnology, Histotechnology, Medical Technology, Nuclear Medicine Technology, and Radiation Therapy. 2) Master of Science degrees in Exercise Science and Physical Therapy and entry-level Master of Physical Therapy degree. 3) Meadow Brook Health Enhancement Institute, an organization of exercise scientists, physical therapists, nutritionists and physicians to promote and improve health and prevent disease. Includes physical evaluation and counseling about healthy lifestyle; individualized exercise programs with a running track, exercise bicycles, stair masters, circuit weights, etc.; and specialized programs in stress management, weight control, smoking cessation, diabetes control through diet and exercise, and phase three cardiac rehabilitation.
- 94-Pres On-site evaluator for accreditation for programs in physical therapy for the Commission on Accreditation in Physical Therapy Education (CAPTE).
- 87-Pres Member, Executive Board and Board of Directors of OHEP Center for Medical Education, a consortium of community hospitals and three universities.
- 88-99 Member, Institutional Review Board, Providence Hospital, Southfield, Michigan.
- 88-Pres Member, Institutional Review Board, St. Joseph Mercy Hospital, Pontiac, Michigan.
- 64-Pres Statistical consultation to firms and individuals on the design of experiments, the analysis of data, and the preparation of reports.
- 90-91 President, Michigan Association of Allied Health Professions.
- 86-87 Director, Project DaVinci, A Multidisciplinary Center for Anatomical Modeling, University of Illinois at Chicago (UIC).
- 84-87 Assistant Dean for Research, College of Associated Health Professions, UIC.
- 83-87 Professor, College of Associated Health Professions, UIC.
- 74-87 Full faculty member, Graduate College, UIC.
- 84-85 Administrative consultant to implement the Office of Research Administration, Illinois State Psychiatric Institute.
- 84-85 Executive secretary, Institutional Review Board, Illinois State Psychiatric Institute.
- 79-84 Research consultant (microgenesis of schizophrenic thought processes, with T. Brown, M.D., Illinois State Psychiatric Institute).
- 81-84 Assistant Dean for Graduate Programs, College of Associated Health Professions, UIC.

- 82-83 Acting Dean, College of Associated Health Professions, UIC. Undergraduate bachelor of science degrees in Biocommunication Arts, Medical Laboratory Sciences, Medical Record Administration, Nutrition and Medical Dietetics, Occupational Therapy, and Physical Therapy. Graduate master's degree in Biocommunication Arts, Medical Laboratory Sciences, Nutrition and Medical Dietetics, and Occupational Therapy. Hospital service departments in Social Work, Occupational Therapy and Physical Therapy.
- 74-82 Associate Professor, UIC. Half-time, Chief Psychologist in the Temporomandibular Joint and Facial Pain Research Center, College of Dentistry. Half-time, College of Associated Health Professions.
- 74-81 Teach physiological, general, personality and clinical and counseling psychology, Elmhurst College.
- 73-74 Director of Information Services, Chicago-Read Mental Health Center.
- 71-73 Coordinator of Evaluation and Research, Chicago-Read Mental Health Center.
- 70-71 Research psychologist, Chicago-Read Mental Health Center.
- 68-69 Director of a day-treatment program for seriously emotionally disturbed children.
- 67-68 APA approved predoctoral clinical internship, Billings Hospital, Chicago.

Professional Affiliations:

- Member, Michigan Association of Allied Health Professions, President (90-91)
 Member, Association of Schools of Allied Health Professions

Professional Recognition:

- Research Consultant for American Occupational Therapy Association (81-Pres)
 Contributing Editor for **Potential Patterns**, *Journal of Allied Health* (88-90)
 Editorial Board for the *Journal of Allied Health* (83-90)
 Reviewer for *Archives of Oral Biology* (83)
 Reviewer for *Journal of the American Dental Association* (82-85)
 Grant reviewer for National Institute for Dental Research (82)
 Statistical reviewer for *Journal of Oral and Maxillofacial Surgery* (79-88)

Research Grants:

- Consultant investigator: I was responsible for about one-third of the studies in Dr. Laskin's Grant, Pathophysiology of MPD and other Facial Pain Syndromes, PHS 5679, 1981-1983, \$203,600.
 Principal investigator: Evoked Brain Potentials to Tonic Nociceptive Stimulation in MPD Patients, Edward C. Wach Research Fund, 1980-1981, \$3,845.

Administrative Grants:

- Providence Hospital Physical Therapy Fellowship, 1993-1995, \$190,000.
 Clinical Research Program, Horizon Health System, 1987-2001, \$248,852.
 Topographical EEG Display System, PHS RR02841, 1985-1986, \$123,490.
 Biomedical Research Support, PHS RR05847, 1985-1986, \$23,028.

Publications: Peer-reviewed Articles

1. Orbach, J., Zucker, Ellen, and Olson, R. Reversibility of the Necker Cube: VII. Reversal rate as a function of figure-on and figure-off durations. *Perceptual and Motor Skills*, 1966, **22**, 615-618.
2. Orbach, J., Traub, A.C., and Olson, R. Psychophysical studies of body image. II. Normative data on the adjustable body-distorting mirror. *Archives of General Psychiatry*, 1966, **14**, 41-47.
3. Olson, R., and Orbach, J. Reversibility of the Necker cube: VIII. Parts of the figure contributing to the perception of reversals. *Perceptual and Motor Skills*, 1966, **22**, 623-629.
4. Traub, A.C., Olson, R., Orbach, J., and Cardone, S.S. Psychophysical studies of body-image. III. Initial studies of disturbances in a chronic schizophrenic group. *Archives of General Psychiatry*, 1967, **17**, 664-670.
5. Schwartz, R. and Olson, R. Are single solution anagrams really single solution? *Journal of Verbal Learning and Verbal Behavior*, 1968, **7**, 567-569.
6. Cardone, S.S., and Olson, R.E. Psychophysical studies of body-image: IV. Disturbances in a hemiplegic sample. *Archives of General Psychiatry*, 1969, **21**, 464-469.
7. Cardone, S.S., and Olson, R.E. Chlorpromazine and body-image: Effects on chronic schizophrenics. *Archives of General Psychiatry*, 1969, **20**, 576-582.
8. Antelman, S.M., Olson, R., and Orbach, J. Orientation-specific mechanisms in the human visual system. *Perception and Psychophysics*, 1969, **6**, 206-208.
9. Orbach, J., and Olson, R. Perceptual reversal, eye blinks, and "preferred orientation". *Perceptual and Motor Skills*, 1969, **29**, 902.
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58. Stiller, C, Marcoux, B.C., and Olson, R.E. The effect of conductive education, intensive therapy and special education on motor skills in children with cerebral palsy. Submitted for publication to *Developmental Medicine and Child Neurology*.
59. Savin, M.A., Panicker, H.K., Sadiq, S., Albeer, Y.A., and Olson, R.E. Vena caval filter placement: technical success and immediate complications – operator variations. Submitted for publication to the *Journal of Vascular and Interventional Radiology*.
60. Craig, R.J., and Olson, R.E. Adjectival descriptions of personality disorders: A convergent validity study of the MCMI-III. *Journal of Personality Assessment* (In press).
- 61.

Publications: Invited Position Paper

61. Olson, R.E. Behavioral examinations in MPD. In *The President's Conference on the Examination, Diagnosis and Management of Temporomandibular Disorders*, Laskin, D., Greenfield, W., Gale, E., Rugh, J., Neff, P., Alling, C., and Ayer, W.A. (eds.), American Dental Association, 1983, 104-105.

Publications: Editorials

Broski, D.C., Olson, R.E., and Savage, A.A. Increasing research productivity in university-based colleges of allied health. *Journal of Allied Health*, 1985, **14** (1), 160-162.

Savage, A.A., Broski, D.C., and Olson, R.E. Exploring faculty practice plans in schools of allied health. *Journal of Allied Health*, 1986, **15** (1), 71-73.

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Publications: Invited Book Chapters

Olson, R.E. Myofascial pain-dysfunction syndrome: psychological aspects. Chapter 15 in *The Temporomandibular Joint*, Sarnat, B.G., and Laskin, D.M. (eds.), third edition, Charles C. Thomas, Springfield, Ill., 1980, 300-314.

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Publications: Monograph, Manual

Olson, R., and Schwartz, R. Single and multiple solution five-letter words. *Psychonomic Monograph Supplements*, 1967, 2, 8 (Whole No. 24), 105-152.

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Melzack, R., and Perry, C. Psychological control of pain. *Journal of Oral and Maxillofacial Surgery*, 1982, **40**, 192.

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Publications: Abstracts of presentations (* is presenter)

*Olson, R.E. Biofeedback for MPD patients non-responsive to drug and biteplate therapy. *Journal of Dental Research*, 1977, **56**: (Special Issue B), B61 (Abstract 40).

*Olson, R.E. and Schwartz, R.A. Depression in patients with myofascial pain dysfunction syndrome. *Journal of Dental Research*, 1977, **56**: (Special Issue B), B160 (Abstract 434).

*Prentky, Shana and Olson, R.E. Predictability of treatment outcome in MPD patients. *Journal of Dental Research*, 1977, **56**: (Special Issue B), B160 (Abstract 435).

*Laskin, D.M. and Olson, R.E. Allergy and bruxism in MPD patients. *Journal of Dental Research*, 1978, **57**: (Special Issue A), A132 (Abstract 229).

*Olson, R.E. and Laskin, D.M. Patient expectations from orthognathic surgery. *Journal of Dental Research*, 1978, **57**: (Special Issue A), A190 (Abstract 464).

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*Malow, R., Olson, R., and Grimm, L. Signal detection analysis of pain perception in psychophysiological pain patients. Presented at the 88th Annual Convention of the American Psychological Association, Montreal, 1980.

Malow, R. M., and *Olson, R.E. Changes in pain perception after treatment for MPD syndrome. *Journal of Dental Research*, 1981, **60**: (Special Issue A), A385 (Abstract 298).

*Olson, R.E., Brown, T.A., Kaegi, C.E., Kapoor, D., Shikari, H., Thampy, K.J., and Weiss, L. A classificatory task in schizophrenics, normal adults, and children. Presented at the Twelfth Annual International Interdisciplinary UAP--USC--USF Conference on Piagetian Theory and the Helping Professions, Los Angeles, 1982.

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- *Eckerling, L., Kohrs, M.B., Horwitz, D.L., Kamath, S., and Olson, R. Simplified diet therapy for insulin-treated diabetes. *Diabetes*, 1982, **31**: Supplement 2, 69A (Abstract 270).
- Malow, R.M., *Olson, R.E., Greene, C.S., and Block, S.L. MPDS: A psychophysiological pain disorder. Presented at the 1982 Annual Conference of the Illinois Psychological Association, Chicago, 1982.
- *Eckerling, L., Kohrs, M.B., Horwitz, D.L., Kamath, S., and Olson, R. Simplified diet therapy for insulin-treated diabetes. *Abstracts*, 1982, 65th Annual Meeting, American Dietetics Association.
- *Fairbanks, K.R., Olson, R., Kohrs, M.B., Fairbanks, T.R., and Kamath, S. Evaluation of the nutritional status of patients with Crohn's disease. *Federation Proceedings*, 1983, **42** (4): 830 (Abstract 3148).
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- Malow, R., and *Olson, R.E. Family characteristics of MPD syndrome patients. *Journal of Dental Research*, 1983, **62**: AADR Abstracts, 186 (Abstract 149).
- Olson, R., and *Malow, R. Effects of relaxation training on myofascial pain dysfunction patients. Presented at the 91st Annual Convention of the American Psychological Association, Anaheim, 1983.
- Malow, R.M., *Olson, R.E., Greene, C.S., and Block, S.L. TMJ and facial pain: A psychophysiological perspective. Presented at the 1983 Annual Conference of the Illinois Psychological Association, Chicago, 1983.
- *Cross, N.A., Van Horn, L.V., Olson, R., and Kamath, S.K. Assessment of continuing education preferences in Illinois. *Abstracts*, 1983, 66th Annual Meeting, American Dietetics Association.
- *Vilas, N., Vidyasagar, D., Kohrs, M.B., Olson, R., and Kamath, S.K. Copper, zinc and superoxide dismutase levels in the cord blood of premature and term neonates. *Federation Proceedings*, 1984, **43** (3), 490 (Abstract 1196).
- *Kamath, S.K., Lawler, M., Smith, A.E., Kalat, T., and Olson, R.E. Nutritional assessment of newly admitted hospital patients. *Abstracts*, 1984, 67th Annual Meeting, American Dietetics Association.
- *Malow, R.M., and Olson, R.E. Psychological vs. surgical treatment of myofascial pain dysfunction. *Program Abstracts Addendum*, 1985, 6th Annual Meeting, The Society of Behavioral Medicine, 80 (Abstract E--187).

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- Olson, R.E., and *Malow, R.M. Effects of biofeedback, psychotherapy on psychophysiological facial pain patients. *Program Abstracts*, 1985, 6th Annual Meeting, The Society of Behavioral Medicine, Paper II--J, 32.
- *Shapera, M.R., Kamath, S.K., Moel, D.I., Olson, R.E., and Beauchamp, G.K. Taste perception of children with chronic renal failure. *Federation Proceedings*, 1986, **45** (3), 365 (Abstract 1225).
- *Nehrling, J.K., Kamath, S.K., Kobe, P., McLane, M.P., Olson, R.E., and Horwitz, D.L. Lipid and hormonal effects of aspartame ingestion in diabetes. *Federation Proceedings*, 1986, **45** (4), 976 (Abstract 4778).
- *Savage, A.A., Olson, R.E., Srugys, K.S., Benjamin, C.D., Fiorella, B.J., Hurtt, L.A., Stoecker, J.L., and Walens, D. The impact of prospective payment on allied health clinical education. Presented at the Association of Allied Health Professions National Conference, Pittsburgh, 1986.
- *Malik, R.L., Olson, R., and Horwitz, D.L. Computer assisted instruction is associated with significant learning and recall of diabetes energy metabolism. *Diabetes*, 1987, **36** (Supp. 1), 32a (Abstract 126).
- Savage, A.A., *Olson, R.E., Srugys, K.S., Benjamin, C.D., Fiorella, B.J., Hurtt, L.A., Stoecker, J.L., and Walens, D. The impact of prospective payment on allied health clinical education. Presented at the 9th Annual Allied Health Research Forum, University of Illinois at Chicago, Chicago, 1987.
- *Walens, D., *Stoecker, J.L., and Olson, R. Impact of prospective payment on occupational therapy and physical therapy clinical education. Presented at the 9th Annual Allied Health Research Forum, University of Illinois at Chicago, Chicago, 1987.
- *Olson, R., *Osterbusch, S., *Linsk, N., and *Kamath, S. Interdisciplinary research methodology. Panel presentation at the 9th Annual Allied Health Research Forum, University of Illinois at Chicago, Chicago, 1987.
- Olson, R.E., Savage, A.A., Broski, D.C., *Sadler, L.L., Barrows, S.T., Parshall, R.F., and Nagatoshi, K.R. Facial aging of photographs of missing children. Presented at the Association of Allied Health Professions' 20th Annual Conference, Las Vegas, 1987.
- *Jarski, R.W., Kulig, K., and Olson, R.E. A study of student and teacher perceptions of effective clinical teaching. *Proceedings of the 16th Annual Association of Physician Assistant Programs*, Los Angeles, 1988.
- Jarski, R.W., Kulig, K., and *Olson, R.E. Narrowing the gap between education and professional service: improving clinical instruction. Presented at the Association of Allied Health Professions' 22nd Annual Conference, Richmond, 1989.
- *Stiller-Sermo, C., Marcoux, B., Lundy, M., and Olson, R. Trait versus behavioral interviews for admissions to physical therapy programs. Presented at the American Physical Therapy Association Scientific Meeting and Exposition, 1997, (Abstract 1004).
- *Albeer, Y. A., Savin, M A., Morar, K, Olson, R.E. Vena Cava filter fixation in large Venae Cavae. Presented at the 24th Annual Meeting of the Society of CV and Interventional Radiology. *Journal of Vascular and Interventional Radiology*, Supplement, 1999, **10** (2, Part 2), 241 (Abstract 90).

BRIAN R. GOSLIN
CURRICULUM VITAE

EDUCATION

Ph.D. - Rhodes University, South Africa, 1986.
M.S. - The University of Illinois, 1976.
B.Sc.(P.E.) - University of Guelph, Canada, 1970.

PROFESSIONAL APPOINTMENTS

Oakland University, Rochester, MI: 8/89 - 1/97 and 9/98 to present
Associate Professor and Director (8/92), Exercise
Science Program, School of Health Sciences.

Oakland University, Rochester, MI: 1/97 - 9/98
Acting Associate Vice President for Academic Affairs and
Dean of Graduate Study

Wayne State University, Detroit, MI: 8/87 - 8/89
Assistant Professor, HPR Division, and
Director, Health and Human Performance Center.

University of the North, Sovenga, South Africa: 3/87 - 8/87
Associate Professor, Human Movement Science Department.

Institute of Preventive Medicine and Human Performance,
Johannesburg, South Africa: 1/86 - 3/87
Director of the Institute.

Rhodes University, Grahamstown, South Africa: 1/83 - 1/86
Assistant Professor, Human Movement Studies.

University of Guelph, Guelph, Canada: 1970 - 1983
Coordinator of Laboratories, 1974 - 1983, School of
Human Biology. Laboratory Technician, 1970 - 1974,
Department of Human Kinetics.

AREAS OF RESEARCH INTEREST

Effects of moderate exercise on the promotion of health and the prevention of disease.

Racial/ethnic influences on health promotion and coronary heart disease prevention.

CURRENT/RECENT TEACHING ACTIVITIES

HS 201 - Health in Personal and Occupational Environments
EXS 350 - Human Motion Analysis
EXS 525 - Biomechanics
EXS 530 - Diagnostic Testing and Exercise Prescription
EXS 545 - Physical Activity and Aging
EXS 610 - Clinical Biomechanics
EXS 635 - Environment and Human Performance
PT 571 - Cardiopulmonary System

CURRENT CLINICAL ACTIVITIES

Meadow Brook Health Enhancement Institute, Oakland
University, Rochester, MI: 1989 - present.
Cardiac Rehabilitation Program - program support.
Disease Prevention Residency Program - lecturer.

RESEARCH RELATED ACTIVITIES

Effects of lifestyle intervention programs on the health and well-being of medical students.

SCHOLARSHIP - LAST 10 YEARS

Goslin, B.R. (1996) Regular exercise is important for the prevention of heart disease and stroke. The Michigan Conference on Heart Disease and Stroke Prevention, Lansing, Michigan.

D'Aprile, A., Jarski, R., **Goslin, B.R.** (1994) The effect of an osteoporosis prevention exercise program on muscular strength and endurance. Journal of the American Academy of Physician Assistants. 7(5):384.

Goslin, B.R. (1993) Implications for the recovering home cardiac patient related to concepts of exercise physiology and diet. Cardiac Recovery: Home Cares' New Horizon Conference, Southfield, Michigan.

Bonzheim, S.C., Franklin, B.A., DeWitt, C., Marks, C., **Goslin, B.R.**, Jarski, R., Dann, S. (1992) Physiologic responses to recumbent versus upright cycle ergometry in patients with coronary artery disease and implications for exercise prescription. The American Journal of Cardiology. 69:40-44.

Keteyian, S.J., Marks, C.R.C., Fedel, F.J., Ehrman, J.K., **Goslin, B.R.**, Connolly, A.M., Fachnie, J.D., Levine, T.B., O'Neil, M.J. (1992) Assessment of body composition in heart transplant patients. Medicine and Science in Sports and Exercise. 24(2):247-252.

Finley, C., Goslin, B.R., Engels, H.J. (1991) Straight from the Heart - an exercise and lifestyle intervention program. Relevant Findings for the IDEA task force on African-American fitness participation. International IDEA Conference, Nashville, Tennessee.

Goslin, B.R. (1991) Health and Lifestyle of Elderly Black Americans: Effects of Moderate Exercise. Department of Public Health Report. pages 1 - 144.

Holmes, T., Sparrow, A., **Goslin, B.R., et al.** (1991) "Cardiovascular Disease: The Problem in Michigan". In Promoting Cardiovascular Health in Michigan. Recommendations for Action. Draft report of the Cardiovascular Disease Subcommittee of the Chronic Disease Advisory Committee. Michigan Association for Local Public Health, Lansing, Michigan. pages 7 - 28.

Rorke, S.C., **Goslin, B.R.** (1991) Limits to prolonged physical exercise. Paidonomia. 17(2):9-26.

Goslin, B.R., Engels, H.J. (1990) Exercise and minority health. Michigan Department of Public Health - Health Promotion Research Conference, Higgins Lake, Michigan.

Bosch, A.N., **Goslin, B.R.,** Noakes, T.D., Dennis, S.C. (1990) Physiological differences between black and white runners during a treadmill marathon. European Journal of Applied Physiology. 61:68-72.

Appendix H. Revenue for additional faculty members for the DPT

	Total per year	Current MPT	Difference
YEAR I – 2 years of MPT/1 year of DPT			
<i>Tuition per student</i> 1 st year DPT = 42x220.60=9265.20 2 nd year MPT = (17 undergrad x 126.70) + (17 grad x 220.60)= 2153.90 + 3750.20 = 5904.10 3 rd year MPT = 30 grad x 220.60 = 6618.00	9265.20 x 28 students= 259,426 5954.90 x 40 students = 238,196 6618.00 x 40 students = 264,720 GRAND TOTAL = 762,342	(64 undergrad x 126.70) + (47 grad x 220.60)= 8108.80 + 10368.20 = 18477 x 40 students = 739,080	\$23,262
YEAR II – 1 year of MPT/2 years of DPT			
1 st year DPT = 42 grad x 220.60=9265.20 2 nd year DPT = 45 grad x 220.60 = 9927.00 3 rd year MPT = 30 grad x 220.60 = 6618.00	9265.20 x 28 students= 259,426 9927.00 x 28 students= 277,956 6618.00 x 40 students = 264,720 GRAND TOTAL = 802,102	(64 undergrad x 126.70) + (47 grad x 220.60)= 8108.80 + 10368.20 = 18477 x 40 students = 739,080	\$63,022
YEAR III – 3 years of DPT			
1 st year DPT = 42 grad x 220.60=9252.60 2 nd year DPT = 45 grad x 220.60 = 9927.00 3 rd year DPT = 43 grad x 220.60 = 9485.80	9265.20 x 28 students= 259,426 9927.00 x 28 students= 277,956 9484.80 x 28 students = 265,602 GRAND TOTAL = 802,984	64 undergrad x 126.70) + (47 grad x 220.60)= 8108.80 + 10368.20 = 18477 x 40 students = 739,080	\$63,904

COURSE DESCRIPTIONS

PT XXX Gross Human Anatomy (4)

Lecture and dissection laboratory for the study of human body systems with an emphasis on the neuromusculoskeletal system. The clinical significance for understanding human anatomy for effective physical therapy practice will be discussed.

PT XXX Neuroanatomy (4)

Lecture and laboratory related to the morphology, development, function or and integration within the neurological system. The clinical significance of neurological lesions to physical therapy practice will be discussed.

HS 401 Pathology (4)

Basic principles of human pathology appropriate for students pursuing curricula in health-related disciplines. Diseases of the major body systems with an emphasis on histological and physiological changes will be studied.

PT XXX Functional Anatomy (4)

Study of anatomical, structural, and functional properties of human muscular, skeletal and connective tissue structure. Normal human movement is emphasized in order to develop a base of knowledge for clinical assessment and intervention. Laboratories focus on palpating the surface structures used during evaluation and intervention. Elementary analysis of nonpathological gait is included. Abnormalities and physical dysfunction are discussed on a limited basis.

PT XXX Clinical Medicine (4)

Etiology, pathology, clinical presentation, diagnosis, prognosis, and treatment of disorders of the cardiovascular, pulmonary, endocrine, gastrointestinal, genitourinary, integumentary, and neuromusculoskeletal systems. The course format is a combination of lectures, case studies, and group discussions.

PT XXX Pharmacology (2)

An introduction to the principles of pharmacology, including principles of drug therapy and the actions of the basic classes of drugs.

PT XXX Clinical Neuroscience (3)

This course will emphasize correlation of neurophysiology and neuroscience with clinical practice to aid in understanding the principles of examining and evaluating the intact and dysfunctioning nervous system and formulating foundations for therapeutic intervention. Neurodiagnostic test results such as MRI, PET, and CT scans and EMG will be correlated with neuropathology

PT XXX Movement Science I (Biomechanics) (3)

The study of the human musculoskeletal system and its functions, interrelationships, and involvement in human movement. Principles related to muscle torque and lever systems, and muscle mechanics and function are applied to exercise, evaluation, and movement analysis. The role of kinematic and kinetic instrumentation, electromyography, postural control, ergonomics, the biomechanics of selected joints, soft tissues and bone, and mechanisms of injury related to physical therapy will be presented.

PT XXX Genetics and Embryology (2)

An overview of principles of development related to genetics and embryology. The significance of genetic and embryological abnormalities for the practice of physical therapy will be studied.

PT XXX Movement Science II (Motor Control and Motor Learning) (2)

The use of motor learning principles (e.g., feedback, knowledge of results, practice considerations and patient problem solving) to optimize patient's learning of motor tasks and promote carry-over of these skills to home and community environments will be discussed. Concepts in motor control and movement analysis will be applied to examination and evaluation of the intact and dysfunctioning nervous system and formulation of therapeutic intervention.

PT XXX Examination and Evaluation I (3)

This foundational course focuses on the fundamentals of the patient history taking process, use of pain questionnaires, and the general aspects of screening visceral pathology. Introductory clinical examination skills consisting of postural assessment, gait analysis, AROM/PROM testing, a neurologic screening assessment, and the clinical palpatory assessment form the foundational patient assessment skills.

PT XXX Examination and Evaluation II (4)

In this second course, all aspects of the patient history as the initial step in the clinical diagnostic process are analyzed in greater detail. Abdominal palpation is now added as an additional tool for screening visceral pathology. Advanced clinical analysis of all forms of motion for the purposes of biomechanical diagnosis of movement impairment is a principal focus, and an expanded neurologic examination is included in this course.

PT XXX Patient Management (3)

Principles of patient management including a patient management model, legal and risk management principles, patient rights, confidentiality, history taking, medical records, and documentation. Therapeutic massage, passive range of motion, functional training in self-care, and home-management related to mobility, transfers, and gait are covered. Case studies and patient problems focus on understanding the role of the physical therapist in acute care, lab values, tubes and lines, patient monitoring and emergency situations.

PT XXX Modalities and Electrotherapeutic Interventions (4)

Principles and techniques of physical agents to include: the physiologic basis and the technical application of thermal agents, ultrasound, traction, and electrotherapeutic agents. The focus will be on utilizing appropriate modalities in a patient situation, and the decision making process.

PT XXX Foundations of Therapeutic Exercise Interventions (2)

This foundational course focuses on the therapeutic effects of various forms of movement, and understanding rationale therapeutic exercise prescription based on musculoskeletal injury, repair, and physiological time frames for healing of this tissue.

A broad spectrum of exercises is shown which span the clinical continuum of acute to chronic conditions.

PT XXX Advanced Therapeutic Exercise Interventions (3)

In this second course, advanced evaluation procedures are introduced to assist in assessing and localizing symptomatic movement impairment for the purposes of accurate and correct therapeutic exercise prescription. Special topic sections on relaxation, balance, coordination exercise are included, and teaching techniques to facilitate patient understanding, exercise independence, and follow through are described.

PT XXX Differential Diagnosis and Referral systems (4)

The focus of this course will be to synthesize material learned earlier in the curriculum in such a way that the student will be able to examine and evaluate patients with a multitude of pathologies. Students will learn to identify pathology, which requires medical intervention, and to refer the patient to the appropriate provider when necessary. There will be a familiarization with laboratory testing and diagnostic procedures. A combined patient case and lecture format will be used to assist the student in correlating the material.

PT XXX Critical Inquiry I (3)

This course will emphasize ethical principles in research, basic components of research with an emphasis on critiquing the literature, and basic analytic techniques needed for interpreting professional literature. Students will critique clinical research articles in physical therapy and related professions. Application of clinical research in physical therapy will be emphasized.

PT XXX Critical Inquiry II (3)

This course will emphasize the process of research. Students will complete a review of the literature, develop a research proposal and complete an application for institutional review for use of human subjects in research on a topic of their choice. This proposal may serve as the basis for the project to be completed in Research Practicum.

PT XXX Research Practicum (3)

This course will involve the completion of a research project. Students will collect, analyze, and present data in both oral and written formats. There is an expectation that students will submit their findings from this terminal experience at a public forum and will submit final papers in publication format.

PT XXX Neuromuscular Interventions I (4)

This course provides the student with intervention techniques based on neuroanatomy and neurophysiological principles. Analysis of normal movement patterns during functional activities will allow the student to determine client deficiencies and establish a plan of care. Clinical skills are developed through lecture, class discussions, laboratories, and a case study problem-solving format.

PT XXX Neuromuscular Interventions II (4)

This course will prepare the physical therapy student to design intervention programs for patients with neuromusculoskeletal problems at an entry level based on a thorough examination and evaluation. Diagnoses will include spinal cord injury, traumatic brain injury, cerebral vascular accident, and other select dysfunctions.

PT XXX Foundations of Musculoskeletal Diagnosis and Interventions (3)

Lectures, demonstrations, and laboratory experiences coupled with dissection of the deep extremity joints prepare the student to design, develop, and implement interventions for patients with common spinal and extremity orthopedic pathologies.

PT XXX Advanced Musculoskeletal Diagnosis and Interventions (4)

This course develops the student's clinical problem solving skills for patients with complex spinal and extremity clinical presentations. Students will design, develop, and implement examinations and interventions that demonstrate an integrated understanding of the neuromusculoskeletal system with further emphasis on prioritization, efficiency, and outcome assessment.

PT XXX Prosthetic and Orthotic Interventions (2)

Principles and techniques in the evaluation and management of clients requiring prosthetic and/or orthotic devices. Principles of prosthetic and/or orthotic prescription will be discussed. Therapeutic exercise for the prosthetic and/or orthotic user will be examined. Case studies and laboratories will prepare the student to be at entry-level.

PT XXX Cardiopulmonary Interventions (3)

Physiology, pathophysiology, examination, evaluation, and interventions for disorders of the pulmonary and cardiac systems. Lecture, laboratory, and case studies with an emphasis on clinical problem-solving will be used to enhance student understanding of evaluation and intervention with patients with cardiopulmonary problems and the implications of a compromised cardiopulmonary system for patients with neuromuscular or musculoskeletal conditions.

PT XXX Integumentary Diagnosis and Interventions (2)

The use of lecture, laboratory, and case studies related to the role of the physical therapist in the treatment of patients with problems related to the integumentary system. Care of wounds, burns, diabetic ulcers, and the lymphatic and vascular systems will be discussed.

PT XXX Professional Issues I (2)

Orientation to the profession of physical therapy including concepts related to disability and rehabilitation. Characteristics and history of the profession and professional expectations for practitioners will be included.

PT XXX Professional Issues II (3)

The purpose of this course is to prepare students for their professional roles as physical therapists in the areas of consultation; delegation to and supervision of support personnel; clinical instruction; pro bono service and professional development. This seminar will address legislative, legal and ethical issues that are currently impacting physical therapy in order to increase awareness and facilitate advocacy for patients and the profession. Students complete a consultation project and a professional practice portfolio.

PT XXX Administration and Practice Management (4)

Discussion and group experiences related to management theories, employee motivation, billing, patient care audits, policies and procedures, problem oriented medical records, quality assurance, public relations, health career economics, marketing, and strategic planning. These topics will be applied to the practice of physical therapy.

PT XXX Lifespan Development I (2)

An overview of developmental theories related to psychomotor, cognitive, and social-emotional development across the lifespan. The application of developmental theories to understanding stages of normal growth and development in patients commonly treated by physical therapists.

PT XXX Pediatric Examination and Interventions (4)

Using lecture, discussion, case studies, laboratory experiences, and field observations, students will become familiar with the types of diagnoses commonly treated by the pediatric physical therapist. The application of developmental and neurophysiological theories to the examination and evaluation of and intervention with children of all ages.

PTXXX Lifespan Development II (2)

This course describes the normal age related changes from adulthood into old age in terms of physiology, psychology, sociology, and environmental resources. The focus of this course is to highlight how patient assessment and treatment need to be adapted in light of normal age related changes. A case study format will allow for problem solving and develop clinical decision-making skills.

PT XXX Educational Theory and Practice (3)

The application of learning theories to teaching and learning interactions between physical therapists and patients and their families, colleagues, legislators, and the community. Includes the importance of self assessment and self directed learning for continued professional development.

PT XXX Psychosocial Aspects of Disability (3)

Study of the various factors affecting the patient, family or meaningful others, other health care team members, and the patient-therapist relationship. An understanding of the psychological and social factors that affect the ability of individuals with injuries, diseases or disabilities to function to the best of their ability on a personal and societal level

PT XXX Health Promotion and Wellness in Physical Therapy (4)

The role of physical therapists in community health, health promotion, wellness, and injury prevention will be addressed using lecture, discussion, and service learning. Concepts related to health behavior, health education, community health, epidemiology, public health, cultural diversity, patient advocacy, compliance, ergonomics, disease and injury prevention are presented. Strategies for community assessment and the prevention of disability in the practice of physical therapy will be included as well as methods of identifying, assessing and utilizing community resources. Students are introduced to physical therapy settings, which incorporate wellness, health promotion, injury prevention and/or community health practice.

PT XXX Physical Therapy Internship (3)

Seminar and clinical internship. The purpose of the seminar is to orient students to clinical and professional practice including professional behaviors, expectations, roles and development. Students develop skills in verbal and written communication and self-assessment and begin to develop a professional development portfolio. During the internship students are oriented to clinical practice and provide patient care with supervision by a licensed physical therapist in various clinical settings.

PT XXX Physical Therapy Internship II (3)

In this second clinical internship, students continue to refine their skills in examination, evaluation, and intervention through the provision of patient care in clinical settings under the supervision of a licensed physical therapist.

PT XXX Physical Therapy Internship III (8)

In this final clinical internship, students further refine their skills in examination, evaluation, and intervention through the provision of patient care in clinical settings under the supervision of a licensed physical therapist. Through exposure to more complex patient cases, students develop critical thinking and advanced problem solving skills in preparation for entry into professional practice.

Memorandum

TO: Beth C. Marcoux
Director of Program in Physical Therapy
School of Health Sciences

FROM: Mildred H. Merz
Coordinator for Collection Development
Library

SUBJECT: Library's Ability to Support Clinical Doctorate in Physical Therapy

DATE: January 24, 2001

In preparing this report to assess the Library's ability to support the proposed clinical doctorate in Physical Therapy, I used a number of different approaches. I read the proposal you provided, referred to articles highlighting significant journals and books for physical therapy (listed at the end of this report), reviewed physical therapy and related holdings as listed in the library catalog of Central Michigan University, consulted book reviews from the journal Physical Therapy (American Physical Therapy Association), and referred to the collection evaluation I prepared in 1993 for the master's programs in Physical Therapy.

Collection Strengths

The Library does subscribe to a number of journals relevant to the Physical Therapy program (see Appendix A). A number of the specifically PT titles were begun in the late 70's and early 80's when the PT program began as a baccalaureate program. A few other titles were added in the 90's with new program money received when the master's programs started. Of course, still other important titles were added to support other programs such as the master's in Exercise Science. As I have noted in Appendix A, some of the journal titles are also available to the Oakland University community electronically. Several of them are quite recently available through the IDEAL online journal collection from Academic Press. Fortunately for this program the collection includes all of the Academic Press published journals as well as a number of titles from Harcourt Health.

Since students rely heavily on journal indexes to identify relevant articles to write papers and prepare projects, it is quite important that the Library provide online databases related to their coursework. Unfortunately there is not a single ideal database that exists for Physical Therapy. The Library, however, does provide online access to the two sources that do together manage to index the most important PT serial titles. These indexes, both available through the FirstSearch interface from the Library's web site, are Cumulative Index to Nursing and Allied Health Literature (CINAHL) and Index Medicus (Medline). The Library also has available the slightly less research oriented "Health Reference Center Academic" (available through Infotract from the Library's web site). HRCA is especially useful because it provides fulltext articles from several of the journal titles listed in Appendix A.

The Library's book collection in PT is decidedly better than it was in 1993 when I wrote my last collection evaluation in this area. Then the Library had only 11 of the 52 titles suggested in the Brandon and Hill list of important PT books. This time the library has 28 of 51 titles listed in an updated Brandon

and Hill listing. Numbers have improved because of new program money received for the master's programs, increased emphasis on improving the Library's book collections generally, and the Library's participation in an approval book program that brings newly published books to us automatically in areas most relevant to our curriculum.

Through its InterLibrary Loan unit, the Library provides students and faculty with the ability to secure photocopies of articles from journals it does not own and borrow books not in its collections. While I am suggesting that the Library should increase its holdings of journals and books for this program, it would never be possible for us to own every item a student or faculty member might need for research. We are quite fortunate that ILL is becoming ever more efficient and able to secure materials in ever shorter timeframes. ILL can usually obtain photocopied articles in a week or less with books taking longer since they must be shipped. Graduate students and faculty also have available to them the *Uncover* document delivery service for times when journal articles are needed in 24 hours or less. Of course, this presumes that *Uncover* includes the journal within its collections (not all titles listed in Appendix B are available through *Uncover*). Graduate students are allowed to order up to 10 articles a term as long as each article costs under \$35 each. This service is funded by the Library and through a grant from the OU Credit Union.

Collection Needs

While the Library does have a collection of highly useful journals for the current PT master's programs, even with students at the master's level there have obvious needs identified. In Appendix B where I have listed titles that would be desirable for the Library to be able to provide, many of the journals have been interloaned quite frequently both by PT faculty and students. I would expect that these journals plus others will be in even greater demand by students studying at the doctoral level. The Library needs to be able to make a significant number of these journals accessible to our students as quickly as possible. To compile this list of journals, in addition to consulting recent interlibrary loan records, I also added titles suggested in the proposal and titles listed as highly important in the Brandon and Hill listing and the Wakiji article. To provide some kind of check that I was not being too inclusive in my listing of journals to consider adding, I compared the listing in Appendix B with the holdings of the Central Michigan University Library. I thought this would be a valid measure since Central is also in the process of adding the PT doctorate. Central has current subscriptions to 15 of the 28 journals I have included in Appendix for subscription consideration. If OU were to add only those titles on the list held by Central, the cost would be \$4,470 for subscriptions for year one. For all of the titles that the Library adds for the proposed program we will seek to obtain subscriptions in online form if at all possible. It is fortunate that opportunities for purchase of online access are increasing frequently. Just this week I have learned that the Library will soon have the opportunity to add, at an as yet undetermined cost, several relevant Mosby and W.B. Saunders published titles to the Academic IDEAL e-journal collection.

While adding journal subscriptions is probably the major library need of the proposed program, there is also the need to purchase backfiles for both the journals the Library adds and even for a few of the titles to which the Library already subscribes. Three possible titles for which backfiles would be immediately useful are Physical and Occupational Therapy in Pediatrics, Pediatric Physical Therapy, and Journal of Manipulative and Physiological Therapeutics. Other backfiles would need to be added also to make newly subscribed titles of immediate usefulness. In addition to the addition of new subscriptions and print backfiles, money also needs to be available to pay additional charges to make existing print journal subscriptions available electronically whenever that is a possibility.

Books are another need for the program. With a doctoral program the Library should provide students and faculty with all of the basic PT books. A modest increase to the book budget should enable the

Library to purchase the majority of the Brandon and Hill suggested titles as well as other books of particular relevance to the OU program.

It will be difficult “to keep Oakland University at the forefront of PT programs both regionally and nationally” without strengthening the Library’s holdings for these programs. All students expect essential library materials to be available here (either in print form) or from their homes (electronically)—not in a week or more from some other more adequately supported library. Students in a doctoral program in an area which Oakland has traditionally showcased as one of our most demanding and competitive will expect even more of the Library.

Hill, Dorothy R. and Henry N. Stickell. “Brandon/Hill Selected List of Print Books and Journals in Allied Health.” Bulletin of the Medical Library Association, 88.3 (July 2000), 218-233.

Wakiji, Eileen M. “Mapping the Literature of Physical Therapy.” Bulletin of the Medical Library Association, 85.3 (July 1997), 284-288.

Cc: Randy Hansen
Elaine Didier

Appendix A

Relevant Journals to Which OU Currently Subscribes

American Journal of Occupational Therapy

American Journal of Physical Medicine and Rehabilitation
American Journal of Sports Medicine—print + online through HRCA
Archives of Neurology
Archives of Physical Medicine and Rehabilitation
Australian Journal of Physiotherapy
British Journal of Sports Medicine—print + electronic journal through ECO
Clinical Kinesiology
Clinical Orthopaedics and Related Research
Clinics in Sports Medicine
Current Orthopaedics—electronic journal through IDEAL
Ergonomics—print + electronic journal through ECO
European Journal of Paediatric Neurology—electronic journal through IDEAL
European Journal of Pain—electronic journal through IDEAL
JAMA—print + online through HRCA
Journal of Applied Biomechanics
Journal of Applied Physiology—print + online (see Ejournals from www.kl.oakland.edu)
Journal of Biomechanics
Journal of Bone and Joint Surgery (American and British editions)

Journal of Cardiopulmonary Rehabilitation

Journal of Clinical Neuroscience—electronic journal through IDEAL
Journal of Hand Surgery, A & B—electronic journal through IDEAL

Journal of Manipulative and Physiological Therapeutics

Journal of Musculoskeletal Medicine—online only through HRCA
Journal of Neurophysiology—print + online (see Ejournals from www.kl.oakland.edu)
Journal of Orthopaedic and Sports Physical Therapy
Journal of Physiology
Journal of Rehabilitation—online only through HRCA
Journal of Stroke and Cerebrovascular Disease—electronic journal through IDEAL
Lancet—print + online through HRCA
Manual Therapy—electronic journal through IDEAL
Medicine and Science in Sports and Exercise—print + online through HRCA
New England Journal of Medicine—print + online through HRCA
Osteoarthritis and Cartilage—electronic journal through IDEAL
Pediatric Physical Therapy
Perceptual and Motor Skills
Physical and Occupational Therapy in Pediatrics
Physical Therapy—print + online through HRCA
Physician and Sportsmedicine—print + online through HRCA
Physiotherapy
Physiotherapy Canada
PT—Magazine of Physical Therapy
Scandinavian Journal of Rehabilitation Medicine—print + electronic journal through ECO
Seminars in Neuroscience—electronic journal through IDEAL

Spine

ECO—Electronic Collections Online—accessible through Voyager Library Catalog or through ECO on FirstSearch from www.kl.oakland.edu

HRC—Health Reference Center Academic—electronic index with fulltext of articles from selected journals. Accessible from www.kl.oakland.edu under Infotrac.

IDEAL—collection of electronic journals published by Academic Press and selected other publishers. Accessible from www.kl.oakland.edu under Ejournal.

Appendix B
Journal Titles to Consider for Physical Therapy

Adapted Physical Activity Quarterly, Human Kinetics Publishers, \$135
*Arthritis Care and Research, John Wiley, \$174 (print/online)
*Clinical Rehabilitation, Arnold, \$604
*Developmental Medicine and Child Neurology, Cambridge University Press, \$232 (print/online)
Electromyography and Clinical Neurophysiology, Editions Nauwelaerts, \$120
*Journal of Neurology, Neurosurgery and Psychiatry, British Medical Association, \$459
*Journal of Pediatric Orthopaedics, Lippincott Williams & Wilkins, \$495 (print/online)
Journal of Physical Therapy Education, American Physical Therapy Association, \$45
Journal of Prosthetics and Orthotics, American Academy of Orthotists, \$90
*Journal of Shoulder & Elbow Surgery, Mosby, \$172
*Journal of Sport Rehabilitation, Human Kinetics Publishers, \$135
*Muscle & Nerve, John Wiley, \$1425 (print/online)
*Neurology, Lippincott Williams & Wilkins, \$520
Orthopaedic Physical Therapy Clinics of North America, W. B. Saunders, \$128
*Orthopedic Clinics of North America, W. B. Saunders, \$214
Orthopedics, Slack Inc., \$189
*Pain, Elsevier Science, \$823 (print/online)
*Physical & Occupational Therapy in Geriatrics, Haworth Press, \$455
Physical Medicine and Rehabilitation Clinics of North America, W. B. Saunders, \$175
Physical Therapy Case Reports, Lippincott Williams & Wilkins, \$111
Physical Therapy in Perspective, Mosby, \$75
Physical Therapy in Sport, Harcourt Brace, \$146
Physical Therapy Reviews, Maney Publishing, \$244
Physiotherapy Research International, Whurr Publishing, \$220
Physiotherapy Theory and Practice, Taylor & Francis, \$302 (print/online)
Rheumatic Disease Clinics of North America, W. B. Saunders, \$214 (print/online)
Spinal Cord (was Paraplegia), Nature Publishing Group, \$494 (print/online)
*Stroke, Lippincott Williams & Wilkins, \$472 (print/online)

Total Annual Subscription Cost of All Titles=\$8,868

*Titles Heavily InterLoaned

Appendix C—Budget
Library Materials Costs

	Year 1	Year 2	Year 3	Year 4	Year 5
Serial Subscriptions*	\$4,000	\$4,400	\$5,340	\$5,874	\$6,960
Books	\$2,000	\$1,000	\$1,050	\$1,100	\$1,160
Serial Backfiles	\$1,800	\$2,000	\$1,000	\$1,000	\$1,000
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Total Annual Cost	\$7,800	\$7,400	\$7,390	\$7,974	\$9,120

Presumes 10% increase in cost of serial (i.e., journal) subscriptions each year and 5% increase in cost of books each year, with addition of \$500 worth of new journals in year 3 and year 5.