

**ABPTRFE**

American Board of Physical Therapy  
Residency & Fellowship Education

# Description of Residency Practice: Women's Health

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## Table of Contents

I. Type of Program .....	1
II. Learning Domain Expectations .....	1
A. Knowledge Areas of Women’s Health Practice .....	1
B. Professional Competencies of Women’s Health Physical Therapists .....	4
C. Psychomotor Skills of Women’s Health Physical Therapists in the Patient/Client Management Model .....	6
III. Practice Settings .....	10
IV. Patient Populations .....	10
V. Medical Conditions .....	11

# DRP Women's Health

## Preamble

The American Board of Physical Therapy Residency & Fellowship Education, a board-appointed group of the American Physical Therapy Association, has created the following "Description of Residency Practice" to reduce unwarranted curriculum variability; provide residents minimum consistency in learning experiences for that area of practice; and streamline the accreditation process for reporting.

This DRP is the product of collaborative work by ABPTRFE and the American Board of Physical Therapist Specialties through the practice analysis for specialty revalidation.

While all programs are required to meet the comprehensive curriculum and program requirements as outlined within "ABPTRFE Quality Standards for Clinical Physical Therapist Residency and Fellowship Programs," the purpose of the DRP is to 1. Establish a consistent curriculum expectation for residency programs within the same area of practice. 2. Provide consistency in program reporting for accreditation processes. The DRP allows flexibility for programs to incorporate additional learning experiences unique to the program's environment that are beyond the minimum standard expectations.

The DRP for each residency area will undergo revalidation at least once every 10 years. The process for revalidation will be a collaborative process with ABPTS.

## I. Type of Program

Women's Health is a clinical area of practice.

## II. Learning Domain Expectations

A residency program must have a curriculum inclusive of the learning domains identified within that area's current validated analysis of practice.

The following information is extracted directly from chapter 2 of the Women's Health Physical Therapy "Description of Specialty Practice."<sup>1</sup>

### A. Knowledge Areas of Women's Health Practice

- **Foundation Sciences**
  - Anatomy, including knowledge of structures for the following:
    - Musculoskeletal system.
    - Cardiovascular system.
    - Pulmonary system.
    - Integumentary system.
    - Gastrointestinal system.
    - Endocrine system.

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<sup>1</sup> "Women's Health Physical Therapy Description of Specialty Practice." 2nd ed. Alexandria, VA: American Physical Therapy Association; 2020. Reproduced with permission. © 2020 American Physical Therapy Association. All rights reserved.

- Nervous system.
- Specialized anatomy for practice:
  - Anatomical structures including but not limited to:
    - Sex-specific differences in anatomical structures.
    - Bony structures pelvic, femur, chest wall.
    - Male and female genitalia (labia, scrotum, clitoris, penis).
    - Pelvic floor musculature and innervation (urogenital diaphragm, levator ani, external anal sphincter, urethral sphincter, obturator internus, coccygeus).
    - Breast tissue (nipple, ductal tissue).
    - Recto-anal structures.
    - Fascia including, abdominal wall, perineal and inguinal regions as well as fascial support of viscera.
  - Age-related changes across the life span, including but not limited to:
    - Bone, muscle, nerve, and connective tissue related changes.
    - Organ related changes across the life span (e.g., genital change related to puberty, menopause, aging).
    - Endocrine changes (e.g., puberty, pregnancy, menopausal).
  - Physiologic responses in health and patient populations across the life span, including knowledge of:
    - Cardiopulmonary physiology.
    - Sex-specific physiological response to exercise.
    - Skeletal physiology.
    - Integumentary physiology.
    - Endocrine physiology.
    - Muscle physiology.
    - Exercise physiology.
    - Immune system physiology.
    - Genitourinary physiology.
    - Gastrointestinal physiology.
    - Pain physiology (e.g., knowledge of hyperalgesia, allodynia, peripheral and centralized pain physiology).
    - Genetics, including knowledge of the influence of genetics on pathology as well as cancer, autoimmune conditions as well as bone, endocrine, nervous and musculoskeletal systems.
- **Clinical Sciences**
  - Movement science, knowledge of the component parts of the movement system including, but not limited to:
    - Musculoskeletal system, including joints of the upper extremity, lower extremity, pelvis, and spine (cervical, thoracic, and lumbosacral).
    - Muscles, ligaments, and connective tissues of the abdominal, pelvic floor, and back musculature.
    - Nervous system, including peripheral and central nervous system effects on movement (active motion, balance, gait, motor control).
    - Integumentary system (e.g., pathological states axillary webbing, radiation fibrosis, postsurgical scarring).
  - Kinesiology and pathokinesiology including knowledge of:
    - Joint and motor control mechanics (e.g., spine, shoulder, pelvic girdle, hip and knee mechanics).
    - Mechanics of intra-abdominal pressure regulation.
  - Pathology related to specialty practice, including congenital and acquired pathology/pathophysiology of:
    - Neuromuscular system.
    - Cardiopulmonary system.
    - Musculoskeletal system.
    - Developmental abnormalities of the musculoskeletal and neural system.

- Integumentary system.
  - Endocrine system.
  - Gastrointestinal system.
  - Genitourinary system.
  - Immune system.
  - Physiologic response to trauma and stress.
  - Physiologic response to substance abuse.
- Medical management, including knowledge of:
  - Imaging studies (e.g., ultrasound, MRI, CT scans, PET scans).
  - Clinical diagnostic procedures (e.g., urodynamic testing, defecography, diagnostic hip injections, anal manometry).
  - Laboratory tests, including normal and abnormal findings (e.g., rheumatoid panel, thyroid levels, urinalysis, stool analysis, prostate screening).
  - Surgical interventions (e.g., mastectomy, prostatectomy, suspension surgeries, hysterectomy).
  - Nonsurgical medical interventions (e.g., radiation therapy, bladder instillations, pain injections, Botox injections).
  - Assessment, monitoring, activity modifications, and precautions related to medical procedures (e.g., antepartum care, gynecological, gastrointestinal, breast surgery).
- Pharmacology, including knowledge of:
  - Pharmacokinetics and pharmacodynamics.
  - Abnormal drug reactions, interactions, and adverse dosage effects.
  - Effects on the body systems, including common short- and long-term effects.
- Psychiatry, including knowledge of:
  - Common psychiatric symptoms/syndromes/classifications, including variations specific to sex (e.g., manifestation of depressive symptoms in males versus females).
  - Effect of psychiatric disease and/or treatment on cognition, learning, and function.
- Epidemiology, including knowledge of:
  - Prevalence and incidence of disease/conditions/signs/symptoms.
  - Prognostic indicators of disease/conditions/signs/symptoms.
  - Risk factors relevant to health status across the life span.
  - Natural history, morbidity, and mortality of disease conditions.
- **Behavior Sciences**
  - Psychology, including knowledge of:
    - Impact of emotional/behavioral/personality on responses and coping strategies to illness and recovery.
    - Cognitive processes across the life span, including attention, memory, and executive functions.
    - Affective disorders (e.g., depression, dysthymia).
    - Behavioral disorders (e.g., dysfunctional sexual behavior).
    - Impact of substances abuse/addiction disorders on the movement system.
    - Impact of cultural and social systems on illness and recovery.
    - Models of behavioral change and adherence (e.g., Transtheoretical Model of Change, Cognitive Behavioral Therapy).
    - Psychological stressors related to gender identity.
  - Teaching and Learning Theory, including knowledge of:
    - Educational and learning theories across the life span (e.g., adult learning, humanistic, behavioral).
    - Needs assessment (patient/client/family, community, programmatic), methods, and analysis.
    - Development of educational objectives across the domains of learning (patient/client/family, colleagues, public).
    - Customization of teaching methods/strategies to address diverse learning styles, including social and cultural variables that impact learning (e.g., case-based, simulations, collaboration, interprofessional education).

- Evaluation methods to assess teaching and learning outcomes.
  - Assessment of and design of teaching strategies/materials for health literacy.
- Communication, including knowledge of:
  - Methods to empower patients and clients in the management of their own health.
  - Methods to facilitate continuity of care.
  - Methods to address cultural or social issues that influence plan of care or adherence.
  - Methods of conflict management and consensus building.
- Clinical reasoning, including knowledge of:
  - Application of clinical decision-making algorithms and models pertinent to specialty practice.
  - Application of ICF model to inform clinical decisions, set goals and PT plan of care.
  - Research methods and designs, including statistical analyses.
  - Psychometric properties of outcome measures, including reliability, validity, and likelihood ratio's sensitivity and specificity.

## B. Professional Competencies of Women's Health Physical Therapists

- **Communication**
  - Expressively and receptively communicate with practitioners, other consumers, payors, and policymakers.
- **Individual and Cultural Differences**
  - Display sensitivity to individual and cultural differences in all professional interactions.
  - Objectively demonstrate knowledge and sensitivity toward cultural differences in sexual practices and behaviors.
  - Demonstrate sensitivity to the different gender-specific roles each culture assigns to spouse and family members, regarding lifestyle and major life events.
  - Respond sensitively to cultural and psychosocial impact on patient's and client's approaching life changes (e.g., puberty, menarche, menopause).
  - Respect patient and client organizational religious beliefs and modify care accordingly.
- **Professional Practice Expectation: Professional Behavior**
  - Exhibit professional behavior and sensitivity in all interactions, intervention, and education/instruction.
  - Adhere to and exhibit knowledge of legal practice standards/liability, including all federal, state, and institutional regulations related to patient and client care, direct access, and fiscal management.
  - Practice in a manner consistent with the professional code of ethics.
  - Provide leadership and work collaboratively with colleagues to establish standards of care for documentation, examination, and intervention that are sensitive to specialty practice issues and can be used as guidelines for practice, peer review, and assessment.
  - Effectively engage with interprofessional teams to provide optimal care.
- **Critical Inquiry and Clinical Decision-Making**
  - Participate in the design and implementation of decision-making guidelines relevant to specialty practice, including, but not limited to, care pathways, clinic policies, and evidence-based practice.
  - Demonstrate clinical decision-making skills, including clinical reasoning, clinical judgement, and reflective practice.
  - Apply evidence-based research to interventions.
  - Use the clinical practice guidelines and pathways developed for the specialty practice population.
  - Consider how sex and gender differences in clinical research effect specialty practice.
  - Participates in scholarship and advancement of specialty practice.
- **Education**
  - Design and implement interdisciplinary educational programs for health care professionals.

- Provide evidence-based education suited to meet the needs of a variety of audiences including students, other healthcare professionals, the public, political groups, and third-party payors.
- Serve as a mentor to professional PT, PTA, and postprofessional physical therapy students and licensed health care professionals in clinical practice related to specialty practice.
- Actively engage in clinical education for professional PT, PTA, and postprofessional physical therapy students to enhance knowledge and master skill related to specialty practice.
- **Professional Development**
  - Formulate and execute a plan for individual professional development.
  - Maintain current knowledge of new treatment techniques, trends, and new developments in specialty practice by staying current on relevant topics in the professional literature, and making use of postprofessional education.
- **Leadership**
  - Modeling professionalism and maturity in decision-making and interpersonal interactions.
  - Identifying multiple strategies to resolve problems.
  - Models best practice based on evidence.
  - Uses evidence-based practice to shape system policies and procedures.
  - Embodies the most effective methods to resolve conflict and build consensus.
  - Searches and participates in activities beyond immediate scope of responsibility in order to expand, improve, promote, or define the practice or awareness of specialty practice at the regional, national, or international level.
  - Assume a leadership role in coordination and management of care.
- **Evidence-Based Practice**
  - Appropriately applies new research information, methods, or instruments to clinical practice.
  - Participates in planning, conducting, and disseminating clinical research, contributing to the body of knowledge of specialty practice.
  - Synthesizes research information from a variety of sources to develop evidence-based clinical practice.
  - Actively works to translate basic and clinical research into patient and client management.
- **Social Responsibility and Advocacy**
  - Participate/represent the physical therapy profession in physical therapy and interdisciplinary professional organizations related to specialty practice.
  - Determine patients and clients that would benefit from health promotion, fitness, and wellness and provide information accordingly.
  - Interact with patients and clients, family members, other health care providers, and community-based organizations for the purpose of coordinating activities to provide efficient and effective care.
- **Administration**
  - Appropriately delegate to supportive personnel to efficiently manage patient care services based on law and policy.
  - Manage accessible resources and services to provide high-quality, efficient, and cost-effective physical therapist services based on the patient's and client's goals.
  - Train, educate, manage, and monitor support personnel in the use of sensitive communication skills.
  - Participate in development of long-term strategic planning, including department and facility goals, mission statement, and vision for health services.
  - Use appropriate clinical data to be instrumental in the management of patient and client care, marketing, billing, hiring/staffing, staff training, and purchasing of equipment.
  - Maintains current knowledge of issues related to reimbursement.

- Identify, adhere to guidelines, and advocate for reimbursement in order to achieve the patient's or client's goals and expected outcomes.
- Promote specialty practice services through marketing and public relations activities.
- Develop and implement risk-management strategies for specialty practice.
- **Consultation**
  - Act as a referral source for specialty practice in the geographical area.
  - Provide consultation to physical therapists, other health care providers, and key organizations regarding practice interventions/diagnosis and clinical impressions.
  - Act as an expert witness for individual patient and client claims when called upon and when within the scope of physical therapist practice and professional code of ethics.
  - Offer consultation services to media groups including newsletters, digests, journals, social media, and television regarding physical therapist services.
  - Provide consultation or inclusion of specialty practice in research efforts within APTA, universities, federal agencies, and grant sources.

## C. Psychomotor Skills of Women's Health Physical Therapists in the Patient/Client Management Model

- **Screening**
  - Determine the need for further examination or consultation by a physical therapist or need for referral to another health care professional with specialized knowledge.
  - Apply differential diagnosis skills by maintaining awareness of disease processes that can mimic other neuromusculoskeletal conditions.
  - Distinguish the pharmacological ramifications of major medication classes as they pertain to issues that warrant physical therapy intervention.
  - Recognize and screen for the causes of sacroiliac joint pain, thoraco/lumbar pain, pubic/anterior pelvic pain, and pelvic floor dysfunction.
  - Disordered eating syndromes.
- **Examination**
  - History:
    - Demonstrate skilled, sensitive history taking and receptive listening to elicit pertinent information when asking direct/sensitive questions.
    - Elicit information in the history-taking process relevant to health status and clinical presentation, including specific sex and gender issues (e.g., childbearing status, obstetric/gynecological status, hormonal/endocrine conditions, sexual abuse).
    - During history taking, be able to elicit information vital to the patient's complete recovery related to abuse history, domestic violence, sexual violence, social history, traumatic OB history, and lack of validation from the health care community.
    - Assess current and potential barriers to community, work, and leisure integration or reintegration.
  - Systems review:
    - Prioritizes relevant screening procedures to assess pertinent anatomical and physiological status (e.g., cardiopulmonary, integumentary, musculoskeletal, neuromuscular systems).
  - Examination:
    - Explain thoroughly and respectfully the components of a pelvic floor examination that includes, but is not limited to, the following information: risks, benefits, alternatives for examination, reproductive and other pelvic organs, and the lower urinary tract and colorectal systems.
  - Tests and measures:
    - Selects and prioritizes tests and measures, using self-report, quantitative, and functional performance tools, with standardized, valid, reliable, and population-appropriate methodologies.
    - Performs tests and measures, including but not limited to:
      - Arousal, attention, and cognition.



- Mental function, communication, and language barriers (e.g., interviews, inventories, observations, questionnaires, functional communication profiles); motivation and capacity to participate in intervention.
- Anthropometric characteristics and posture:
  - Assessment of traits that describe body dimensions, such as height, weight, girth, and body fat composition.
  - Postural alignment and position (static and dynamic), including symmetry and deviation from midline (e.g., observations, inclinometry, videographic assessments).
- Assistive, adaptive, and orthotic devices:
  - Assistive devices/technology, including orthotic, prosthetic, protective, and supportive devices as well as indications, use, fit, effectiveness, and safety (e.g., pessary, support belts).
- Environmental, home, and work (purposeful activity) barriers:
  - Current and potential barriers (e.g., checklists, interviews, observations, questionnaires).
  - Community, work (job/school/play) and leisure integration or reintegration (e.g., IADLS, intercourse).
- Gait, locomotion, and balance:
  - Analysis of gait, locomotion, and balance during functional activities with and without the use of assistive, adaptive, orthotic, protective, supportive, or prosthetic devices or equipment on various terrains and in different environments (e.g., ADL and IADL scales, observations, videographic assessments).
  - Safety assessment during gait, locomotion, and balance (e.g., observation, confidence scales, fall risk assessment scales).
- Integumentary integrity/wound assessment:
  - Skin characteristics, including blistering, continuity of skin color, dermatitis, trophic changes, mobility, sensation, temperature, and turgor (e.g., observations, palpation, signs of inflammation/swelling, photographic assessments).
  - Circulation (e.g., assess for circulatory abnormalities, lymphedema).
  - Wound and scar tissue characteristics (e.g., including banding, pliability, sensation, texture).
  - Signs of infection (e.g., observations, palpation, odor).
  - Joint integrity and mobility (e.g., apprehension, compression, and distraction, glide, impingement, shear, and valgus/varus stress tests; arthrometry; palpation; capsular pattern).
  - Joint play movements, including end feel (joints of the axial and appendicular skeletal system), (e.g., palpation, accessory movements, special tests).
  - Joint movement and functional activities (e.g., pain assessment and/or alleviation, quality, substitution, orthotic needs).
- Motor function (motor control and motor learning):
  - Initiation, modification, and control of movement patterns and voluntary postures (e.g., activity indexes, observations, physical performance tests, postural challenge tests, videographer assessments).
- Muscle performance:
  - Muscle performance including strength, power, endurance, length, and function (e.g., manual muscle tests, dynamometry, technology-assisted assessments, timed activity tests, functional muscle tests, videographic assessments).
  - Pelvic floor muscle assessment, both vaginal and rectal, as appropriate for a given diagnosis (e.g., pelvic floor muscle digital and biofeedback assessments).
  - Musculoskeletal patterns associated with ventilation and respiration (e.g., chest wall motion, rib motion, diaphragm).
- Neural integrity and mobility:
  - Sensory integrity of peripheral and central systems (e.g., assessment of superficial sensation, dermatomes, myotomes, proprioception, kinesthesia).

- Reflex integrity (e.g., assessment of normal and pathological reflexes).
      - Assessment of peripheral nerve integrity and mobility (e.g., pudendal nerve, limb tension tests).
      - Neuromotor development and sensory integration (e.g., assessment of appropriate development, dexterity, coordination, and integration of somatosensory, visual and vestibular systems).
    - Pain assessment:
      - Pain, soreness and nociception in specific body parts (e.g., analog scales, discrimination tests, pain drawings and maps, pain indexes, pain questionnaires, structural provocation tests, verbal and pictorial descriptor tests).
      - Analysis of pain behavior and reaction(s) during specific movements and provocation (e.g., pain avoidance).
    - Soft tissue integrity:
      - Soft tissue assessment, including, but not limited to, the pelvic floor, both vaginal and rectal, in various positions as appropriate for a given diagnosis (e.g., myofascial mobility, trigger point assessment, adhesions).
  - Reexamination:
    - Respond to emerging data from examinations and interventions by performing special tests and measures to evaluate progress, modify, and redirect intervention.
- **Evaluation**
  - Evaluate and interpret data from the examination to make clinical judgements.
  - Links examination findings, personal modifiers, and environmental factors with the individual's and caregiver's expressed goals(s).
  - Apply scientific rationale to establish a physical therapy plan of care.
- **Diagnosis**
  - Based on evaluation, organizing data into recognized clusters, syndromes, or categories.
  - Establishing differential diagnosis based on awareness of disease, disorders, and conditions and determine the need to refer to other health care providers.
  - Determining diagnoses that guide future management and are amenable to physical therapy interventions.
  - Establish a diagnosis across the life span that includes, but is not limited to, the following conditions or pathologies:
    - Deficits/dysfunction related to pediatric voiding disorders.
    - Identify pelvic floor dysfunctions associated with bowel and bladder dysfunctions (e.g., laxity/weakness, incoordination, nonrelaxing, contracture, adhesions, pain syndromes).
    - Pelvic floor dysfunction related to types of urinary and fecal incontinence diagnosis.
    - Constipation and defecatory dysfunction.
    - Musculoskeletal system, including joints of the upper extremity, lower extremity, pelvic and spine (cervical, thoracic, and lumbosacral).
    - Disordered eating syndromes.
    - Prenatal/postpartum musculoskeletal pain and dysfunction.
    - Diastasis recti.
    - Soft tissue and musculoskeletal impairments s/p gynecological surgery.
    - Neuromusculoskeletal impairments related to breast cancer treatment and s/p breast surgery.
    - Lymphedema.
    - Visceral dysfunction.
    - Hormonal influences across the life span.
    - Osteoporosis.
    - Neurologic impairments.
- **Prognosis**

- Use evaluative findings to predict recovery time and to achieve optimal level of function.
  - Consider the impact of normal age-related and hormonal changes across the life span when developing a prognosis for recovery.
  - Consider barriers that may impact the potential to achieve optimal level of function.
  - Factor in the psychosocial and cultural impact of health-related conditions when determining prognosis.
  - Collaborate with patients, clients, family, payors, and other professionals to determine a plan of care that is acceptable, realistic, and culturally competent.
- **Intervention**
    - Provide physical therapy procedural interventions to achieve patient/client goals and outcomes, including, but not limited to:
      - sEMG biofeedback.
      - Electrotherapeutic modalities.
      - Pelvic floor therapeutic exercise.
      - Myofascial/trigger point release techniques.
      - Connective tissue mobilization.
      - Joint mobilization/manipulation.
      - Neural mobilization.
      - Manual lymph drainage.
      - Fit and use of orthotic, prosthetic, protective, and supportive devices.
      - Exercise prescription and functional mobility training.
      - Postural adaptations.
- **Coordination, Communication, Documentation**
    - Communicate effectively with patients, clients, family members, caregivers, practitioners, consumers, payors, and policymakers.
    - Discuss rationale for physical therapy examination and intervention procedures, including use of current best evidence with patients and clients, peer professionals, and payors.
    - Collaborate as a health care team member and leader to ensure that physical therapy is a part of an appropriate, culturally competent, comprehensive plan.
    - Succinctly documents subjective/objective clinical findings, as they pertain to diagnosis using quantitative and/or qualitative measures, which reflect current evidence-based practice.
- **Patient- and Client-Related Instruction**
    - Educate patients based on cognitive, physical, emotional, cultural, psychological, and social characteristics using teaching methods that are commensurate with the needs of the learner.
    - Provide instruction to increase understanding of body structure and functions, activities, and participation limitations.
    - Educate about diagnosis, prognosis, intervention, risk reduction/prevention, and wellness strategies.
    - Instruct in therapeutic home exercises, self-management techniques, and lifestyle modifications to facilitate optimal gains in daily function.
- **Patient and Client Management Expectation: Procedural Interventions**
    - Therapeutic exercise, including, but not limited to the following:
      - Strength, power, and endurance muscle training for pelvic floor musculature or other identified muscles.
      - Resistive exercises specific to the pelvic floor (e.g., vaginal weights).
      - Postural stabilization activities.
      - General and aerobic conditioning.
    - Neuromuscular education and reeducation (e.g., functional balance training, coordination training, relaxation strategies/techniques).
    - Manual therapy techniques, including, but not limited to:

- Connective/soft tissue mobilization/manipulation (e.g., internal/external vaginal/rectal, myofascial release, visceral mobilization, manual lymphatic drainage, trigger point release, neural glides).
  - Joint mobilization/manipulation (e.g., muscle energy, direct joint mobilization).
  - Passive range of motion.
  - Electrotherapeutic modalities for pelvic floor conditions:
    - Biofeedback – surface EMG, manometry.
    - Neuromuscular electrical stimulation.
  - Functional training:
    - ADL training including voiding and defecation training.
    - Positioning for intercourse.
    - Bowel and bladder training techniques.
    - Functional mobility/transitional mobility techniques.
    - Avoidance of the Valsalva maneuver.
    - Body mechanics.
  - Prescription, application, and as appropriate, fabrication of assistive, orthotic, prosthetic, protective and supportive devices and equipment (e.g., pessaries, dilators, SI Joint/maternity belts, compression garments).
- **Outcomes Assessment**
    - Choose an appropriate outcomes measurement tool for diagnosis based on needs and examination findings.
    - Assess the effect of interventions on baseline tests and measures, including patient and client satisfaction to inform/modify current and future practice.

### III. Practice Settings

The clinical curriculum of all accredited residency programs must include a variety of practice settings, as noted below. A resident should experience a minimum of 5% of patient-care practice hours within each setting based on the minimum patient-care practice hours outlined within “ABPTRFE Quality Standards for Clinical Physical Therapist Residency and Fellowship Programs.”

If a residency program is unable to provide each participant with an opportunity to engage in patient care activities within these settings, the program must provide additional learning opportunities (e.g., observation, didactic, journal club, research) related to patient care within these settings for the minimum required hours noted above.

The minimum required practice settings for women’s health residency programs are:

- Outpatient facility.

### IV. Patient Populations

The clinical curriculum of all accredited residency programs must include a variety of patient populations, as noted below, specific to sex and age. A resident should experience a minimum of 5% of time in each patient population based on the minimum patient-care practice hours outlined within “ABPTRFE Quality Standards for Clinical Physical Therapist Residency and Fellowship Programs.”

If a residency program is unable to provide each resident with an opportunity to engage in patient care activities within these populations, the program must provide additional learning opportunities (e.g., observation, didactic, journal club, research) related to patient care within these populations for the minimum required hours noted above.”

The minimum required patient populations for women’s health residency programs are:

## Age

- Pediatrics (0-21 years of age).
- Adults (22-59 years of age).
- Geriatrics (60 years of age to end of life).

## Sex

- Female.
- Male.

## V. Medical Conditions

The clinical curriculum of all accredited residency programs must include a variety of medical conditions associated with the program’s area of practice (see list below).

If a residency program is unable to provide each resident with an opportunity to engage in patient care activities within most of these conditions, the program must provide additional learning opportunities (e.g., observation, didactic, journal club, research) related to patient care within these conditions.

Programs must use the ABPTRFE template when submitting documentation to ABPTRFE. Medical Condition Form templates are in the [Residency/Fellowship Education HUB](#).

Medical Conditions Women’s Health
Nervous System
Multiple sclerosis
Parkinson’s disease
Musculoskeletal System
Autoimmune disorders
Musculoskeletal dysfunction (osteoporosis/fibromyalgia/ pelvic girdle/postsurgical dysfunction)
Pregnancy/postpartum (musculoskeletal dysfunction with pregnancy/postpartum, high-risk pregnancy)
Sexual dysfunction (dyspareunia, vaginismus)
Involvement Of Multiple Systems
Bowel dysfunction (constipation, fecal incontinence, irritable bowel syndrome)
Lymphedema
Pelvic floor dysfunction/pain (pelvic organ prolapse, chronic pelvic pain, endometriosis, cystitis)
Urinary dysfunction (urinary incontinence, urinary retention, urinary urgency)

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**Contact:** resfel@apta.org