

AMERICAN BOARD OF PHYSICAL THERAPY RESIDENCY AND FELLOWSHIP EDUCATION

Description of Residency Practice
Pediatrics
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American Physical Therapy Association
1111 North Fairfax Street • Alexandria, VA 22314-1488
resfel@apta.org • 703/706-3152 • www.abptrfe.org

Preamble

The American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE), a board-appointed group of the American Physical Therapy Association (APTA), has created the following Description of Residency Practice (DRP) to reduced 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 APTA Physical Therapy Outcomes Registry staff, and is based on feedback received from members of the American Board of Physical Therapist Specialties (ABPTS) and directors of residency programs. Feedback was analyzed and incorporated into the DRP as ABPTRFE refined the document.

While all programs are required to meet the comprehensive curriculum and program requirements as outlined within the *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 specialty area, and (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, for specialty areas recognized by ABPTS, and will occur as part of the revalidation of that specialty area by ABPTS.

I. Type of Program

Pediatrics 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 *Pediatric Description of Specialty Practice*.¹

A. Knowledge Areas of Pediatric Practice

Foundation Sciences

- Anatomy, histology, including embryonic development, of the following systems:
 - Circulatory
 - Nervous (CNS, PNS, ANS)
 - Respiratory
 - Skeletal
 - Integumentary
 - Muscular
 - Physiology
- Genetics
- Exercise physiology
- Biomechanics, including developmental biomechanics
- Kinesiology, including developmental kinesiology
- Neuroscience
- Neurological function, including motor control, motor learning, and motor development
- Pathology
- Pharmacology

Behavioral Sciences

- Communication
- Social and psychological factors, including awareness of cultural issues
- Developmental psychology

- Principles of measurement
- Family-systems theory
- Ethics and values
- Management sciences
- Finance
- Public health and epidemiology
- Teaching and learning
- Law
- Health and wellness

Clinical Sciences

Understanding of diseases or conditions of the following systems that necessitates physical therapy care, that affect systems that in turn necessitate physical therapy care (eg, comorbidities), and that influence the type of intervention that can be given:

- Cardiovascular/pulmonary
- Endocrine and metabolic
- Gastrointestinal and genitourinary
- Integumentary
- Musculoskeletal
- Neuromuscular
- Sensory

Critical Inquiry Principles and Methods

- Research design
- Qualitative and quantitative research designs
- Theory development
- Principles of measurement
- Sensitivity and specificity
- Reliability
- Validity
- Statistics
 - Parametric and nonparametric data
 - Descriptive statistics
 - Statistical inference
 - Statistical testing (eg, analysis of variance, analysis of frequencies, correlation, regression) concepts and applications to research interpretation

¹*Pediatric Physical Therapy Description of Specialty Practice*. 4th ed. Alexandria, VA: American Physical Therapy Association; 2011. Reproduced with permission. © 2011 American Physical Therapy Association. All rights reserved.

- The concepts and application of statistical power to research design and interpretation

B. Professional Competencies of Pediatric Physical Therapists

Professional Behaviors

The physical therapist practicing as a pediatric clinical specialist reflects the core values of a professional by:

- Using patient-first, respectful language during communication
- Establishing trustworthy relationships with colleagues, patients/clients/families, employers, and the public
- Effectively recognizing and resolving problems in difficult clinical situations
- Devoting time and effort to resolving complex problems
- Sacrificing self-interest for the patient/client/family's interest
- Understanding when health care problems go beyond an individual level to the institutional and societal health care level
- Advocating to resolve institutional and societal health care issues
- Demonstrating respect and compassion for all people
- Demonstrating a continued pursuit of additional and more advanced knowledge, skills, and abilities
- Influencing others in developing caring and compassionate behaviors
- Effectively identifying and seeking resolution to ethical dilemmas

Leadership

The physical therapist practicing as a pediatric clinical specialist demonstrates leadership by:

- Modeling selectivity in patient/client examination and intervention
- Modeling professionalism and maturity in decision making and interpersonal interactions
- Seeking opportunities to mentor others
- Seeking mentors to expand personal knowledge, skills, and abilities

- Identifying multiple strategies to resolve problems
- Guiding others in conflict resolution
- Using evidence-based practice to shape system policies and procedures
- Selecting most the effective methods to build consensus
- Searching for and participating in activities beyond immediate scope of responsibility in order to expand, improve, or define the practice or awareness of pediatric physical therapy

Education

The physical therapist practicing as a pediatric clinical specialist demonstrates ability to educate others by:

- Determining educational needs of the learner
- Identifying the cognitive, physical, emotional, cultural, psychological, and social characteristics of the learner relative to the educational situation
- Selecting appropriate teaching strategies, presentation, and assessment
- Identifying required resources necessary for effective education
- Implementing an age-appropriate educational plan that includes explanation, demonstration, and practice as appropriate
- Accurately and objectively assessing whether learning objectives have been met
- Modifying education activities based on outcome assessment
- Educating physical therapy students to become knowledgeable and skillful in pediatric physical therapy
- Educating physical therapists to enhance knowledge and master skill in pediatric physical therapy
- Educating other health care professionals and outside agencies about pediatric physical therapy
- Educating other health care professionals as appropriate for their scope of practice to acquire knowledge and develop skills specific to the pediatric population in areas such as lifting/carrying, developmental handling techniques, application of orthotic/prosthetic devices, airway clearance

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techniques, mobility, positioning, adaptive equipment, maintenance of range of motion, prevention, health, wellness, and fitness

Administration

The physical therapist practicing as a pediatric clinical specialist demonstrates administrative ability by:

- Identifying the overall functions of the pediatric physical therapy service
- Identifying and prioritizing the administrative needs of the pediatric physical therapy service
- Identifying the resources necessary and available to resolve the needs of the pediatric physical therapy service
- Identifying and providing rationale for an effective method of resolving the needs of the pediatric physical therapy service
- Developing and/or implementing policies and procedures for the pediatric physical therapy service
- Evaluating the results of the policies and procedures for the pediatric physical therapy service
- Modifying the policies and procedures for the pediatric physical therapy service if necessary.
- Specific activities including:
 - Supervising other physical therapists
 - Supervising physical therapist assistants
 - Supervising physical therapy aides
 - Supervising other support staff
 - Collecting/analyzing data for productivity measurement
 - Collecting/analyzing data for financial management
 - Participating in quality assurance and quality improvement activities
 - Participating in marketing and public relations activities
 - Orienting and mentoring new staff

Consultation

The physical therapist practicing as a pediatric clinical specialist demonstrates consultation by:

- Identifying the individual, program, or regional physical therapy goals being addressed

- Identifying any discrepancy between the program status and the goals
- Identifying his/her own and other health professionals' contributions and resources
- Developing and determining the feasibility of potential methods of attaining the physical therapy goals, and assisting in selecting and implementing a method or methods
- Evaluating progress toward attaining the physical therapy goals
- Documenting/reporting evaluation findings and recommendations
- Modifying physical therapy methods and goals, as indicated
- Specific activities including:
 - Providing a second opinion of developmental, functional, or disability status
 - Determining need of admission to a program or facility
 - Determining need for home professional services for the patient/client/family
 - Analyzing risk factors for disease or trauma in a particular setting
 - Screening clients for developmental delay in high-risk clinic, school, or community setting
 - Determining readiness of patient/client for return to school/work
 - Determining referral of patient to next level of care following discharge

Evidence-based Practice

The physical therapist practicing as a pediatric clinical specialist demonstrates evidence-based practice by:

- Evaluating the efficacy and effectiveness of examination tools, interventions, and technologies
- Appropriately applying research information, methods, or instruments to clinical practice
- Identifying research evidence to answer clinical questions
- Critically analyzing clinical research studies that include statistical methods
- Critically interpreting clinical research results

- Synthesizing research information from a variety of sources to develop evidence-based clinical practice

Critical Inquiry Methods

The physical therapist practicing as a pediatric clinical specialist will demonstrate advanced knowledge and skills in critical inquiry by:

- Participating in planning and conducting clinical research
- Developing appropriate methods to answer the research question, including identifying independent/dependent variables, population, and sample characteristics, and necessary statistical analysis
- Synthesizing the current theory/literature supporting the identified problem
- Designing procedures and accurately collecting data necessary to a research question or to identify quality assurance indicators
- Developing examination or measurement instruments that have appropriate validity and reliability and valid intervention methods
- Participating in multi-site studies and/or other forms of collaborative investigation such as quality assurance programs and patient satisfaction tracking
- Mentoring others in the collaborative investigation process
- Disseminating results of research and collaborative investigation endeavors through presentations to peers, other health care professionals, and the public
- Participating in collecting and interpreting patient/client outcome data

C. Psychomotor Skills of Pediatric Physical Therapists in the Patient/Client Management Model

Examination

The physical therapist practicing as a pediatric clinical specialist demonstrates examination by:

1. History
 - A systematic gathering of data from both the past and the present related to why the patient/client/family is seeking the services

of the physical therapist. Patient history is obtained through interview and data from other sources specific to pediatric patient issues (eg, questionnaires, medical records, test results) including:

- Conducting a patient/client/family interview to gather information such as current/previous symptoms, physical and psychological lifestyle, environmental exposures, risk factors, understanding of the disease, motivation for lifestyle change, and patient/client/family goals
 - Reviewing and interpreting all available patient/client data to determine the clinical significance to physical therapy care, which may include:
 - Medical and psychological history, including risk factors
 - Physical assessment
 - Diagnostic studies, physiologic monitoring and laboratory
 - Therapeutic regime
 - Progress notes
2. Systems Review
 - Identifying and describing tools appropriate for the population being tested
 - Applying tools in a timely and efficient manner, within the constraints of available equipment and environment, and with appropriate delegation
 - Recommending action(s) based on the results, which may include decision to evaluate, referral to other providers, and no intervention recommended
 - Documenting appropriately and communicating results of systems review as needed
 3. Tests and Measures
 - Selecting and prioritizing tests and measures based on history, systems review, scientific merit, clinical utility, and physiologic or fiscal cost to patient/client relative to criticality of data
 - Performing tests and measures including:

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- Aerobic capacity and endurance
 - Examination of patient/client's ability to control autonomic nervous system (physiological and behavioral signs of stress and stability)
 - Examination of signs of respiratory distress at rest, during activity and during recovery
 - Examination of perceived exertion and dyspnea using a visual analog or other rating scale
 - Examination of performance during established age-appropriate exercise protocols (eg, treadmill, ergometer, timed test)
 - Examination of age-appropriate vital signs (eg, blood pressure, heart rate, respiratory rate) at rest, activity, and recovery
 - Examination of thoracoabdominal movements and breathing patterns appropriate for patient's/client's age
 - Auscultation of lung sounds
 - Monitoring via telemetry during activity
 - Performance and/or analysis of pulse oximetry
 - Performance of age-appropriate test of pulmonary function
- Anthropometric characteristics
 - Examination of activities and postures that aggravate or relieve edema or effusion
 - Examination of edema through palpation, volume, or girth measurements
 - Measurement of height and weight, and length and girth of relevant body part
 - Measurement of leg length
 - Other measurements needed for assistive and adaptive devices
- Arousal, attention, and cognition
 - Examination of arousal, attention, and cognition using standardized assessments
 - Examination of factors that affect or influence motivational level
 - Examination of behavioral responses
 - Screening of level of consciousness (eg, Glasgow coma score)
 - Screening of level of recall (eg, short-term and long-term memory)
 - Screening of patient's/client's level of arousal and attention
 - Screening of patient's/client's behavioral state organization and stability
 - Screening of orientation to time, person, and place appropriate for patient's/client's age
 - Screening for gross expressive and receptive deficits according to patient's/client's age
- Assistive and adaptive devices
 - Analysis of appropriate components of device
 - Analysis of effects and benefits (including energy conservation and expenditure) while patient/client uses device
 - Analysis of the potential to remediate impairment, functional limitation, or disability through use of device
 - Examination of alignment and fit of device
 - Examination of safety during use of device
- Community and Work (Job/School/Play) Integration or Reintegration
 - Administration of questionnaires and conducting of interviews with the patient/client, family, and others
 - Administration of functional outcomes measure

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- Analysis of adaptive skills
- Compliance with federal legislation (eg, ADA and IDEAIA)
- Analysis of community, work (job/school/play), and leisure activities
- Examination of physiologic responses during community, work (job/school/play), and leisure activities
- Cranial nerve integrity
 - Examination of dermatomes innervated by the cranial nerves
 - Examination of bite, sucking, cough, swallow, and gag reflexes
 - Examination of muscles innervated by the cranial nerves
 - Examination of response to the following stimuli: auditory, gustatory, olfactory, vestibular, visual
 - Examination of suck/swallowing function
- Environmental, Home and Work (Job/School/Play) Barriers
 - Examination of current and potential barriers
 - Measurement and physical inspection of the environment
 - Compilation of questionnaires and interviews conducted with the patient/client, family and others as appropriate
- Gait, Locomotion, and Balance
 - Administration of balance assessment instruments
 - Analysis of arthrokinematic, biomechanical, kinematic, and kinetic characteristics of gait, locomotion, and balance using data from visual assessment, linear measures, goniometric measures, etc.
 - Analysis of arthrokinematic, biomechanical, kinematic, and kinetic characteristics of gait, locomotion, and balance using data from EMG videotape, computer-assisted graphics, weight bearing scales, and/or force plates
- Analysis of gait, locomotion, and balance on various terrains and in different physical environments
- Analysis of wheelchair management and mobility
- Assessment of safety
- Identification and quantification of gait characteristics as appropriate for age levels
- Identification and quantification of static and dynamic balance characteristics
- Integumentary Integrity (For Integumentary Disruption)
 - Assessment of activities, positioning and postures that aggravate or relieve pain or other disturbed sensations
 - Examination of activities, positioning, postures, and assistive and adaptive devices that may result in trauma to associated skin
 - Examination of continuity of skin color
 - Examination of sensation (eg, pain, temperature, tactility)
 - Comparison of skin temperature with that of an adjacent area or an opposite extremity
 - Examination of tissue mobility, turgor, and texture
- Integumentary Integrity (For Wounds)
 - Examination for signs of infection
 - Examination of activities, devices, positioning and postures that aggravate the wound or scar or that may produce additional trauma
 - Examination of burn
 - Examination of ecchymosis
 - Examination of scar tissue (banding, pliability, sensation)

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- Examination of wound drainage, size, shape, depth, and tunneling
- Joint Integrity and Mobility
 - Examination of joint hypermobility and hypomobility
 - Examination of the quality of movement of the joint or body part during performance of specific movements
 - Examination of soft tissue swelling, inflammation, or restriction
 - Examination of sprain
- Motor Function (Motor Control and Learning)
 - Administration of neonatal neurological, neuromotor, and neurobehavioral scales
 - Analysis of gestational age-appropriate neonatal posture and movement
 - Administration of motor assessment scales
 - Analysis of head, trunk, and limb movement
 - Analysis of posture during sitting, standing, and locomotor activities appropriate for age (eg, walking, hopping, skipping, running, jumping)
 - Analysis of stereotypic movements
 - Examination of dexterity, coordination, and agility
 - Examination of postural, equilibrium, and righting reactions
 - Examination of motor function (motor control and motor learning) training and re-training
- Muscle Performance (Strength, Power, and Endurance)
 - Analysis of functional muscle strength, power, and endurance
 - Analysis of muscle strength, power, and endurance using manual muscle testing or dynamometry
 - Examination of muscle tone
- Examination of pain and soreness
- Age-appropriate modification when assessing muscle performance
- Neuromotor Development and Sensory Integration/Processing
 - Analysis of age- and sex-appropriate development
 - Analysis of gait and posture
 - Analysis of involuntary movement
 - Analysis of reflex movement patterns
 - Examination of gross and fine motor skills
 - Examination of oral-motor function
 - Interpretation of sensory integration/processing test results
- Orthotic, Protective, and Supportive Devices
 - Analysis of costs and benefits (including energy conservation and expenditure) while individual wears device
 - Analysis of movement while patient/client uses device
 - Analysis of the device's potential to remediate impairment, functional limitation, or disability
 - Analysis of practicality and ease of use of device
 - Assessment of ability of patient/client/family/caregiver to put on and remove device and understand its use and care
 - Assessment of alignment and fit of device and inspection of related changes in skin condition
- Pain
 - Analysis of pain behavior and reaction during specific movements and provocation tests
 - Examination of pain perception (eg, phantom limb pain)
 - Assessment of pain through age-appropriate use of questionnaire, graphs, visual analog scales, etc.

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- Posture
 - Analysis of resting posture in any position
 - Analysis of static and dynamic postures using visual analysis, posture grids, plumb lines, and videotape
 - Examination of age-appropriate lower extremity alignment
 - Screening for spinal malalignment
- Prosthetics
 - Analysis of appropriate components of a prosthetic device
 - Analysis of effects and benefits (including energy conservation and expenditure) while patient/client wears prosthesis
 - Analysis of movement while patient/client wears prosthesis
 - Analysis of the prosthesis's potential to remediate impairment, functional limitation or disability
 - Analysis of the practicality and ease of use of the prosthesis
 - Examination of alignment and fit of prosthesis and inspection of related changes in skin condition
 - Examination of residual limb for range of motion, strength, skin integrity and edema
 - Assessment of patient/client/caregiver to put on and remove prosthesis and understand its use and care
 - Review of reports provided by patients/clients/family/caregivers and other professionals concerning use of or need for device
- Range of Motion (Including Muscle Length)
 - Analysis of functional ROM appropriate for chronological age
 - Analysis of ROM using goniometers, tape measures, flexible rulers, or inclinometers
- Examination of muscle, joint, or soft-tissue characteristics appropriate for chronological age
- Reflex Integrity
 - Examination of developmentally appropriate reflexes over time
 - Examination of normal reflexes (eg, stretch reflex)
 - Examination of oral-motor reflexes
 - Examination of primitive reflexes
 - Examination of pathological reflexes
- Self-Care and Home-Management
 - Analysis of self-care and home management activities
 - Analysis of environment and school or job tasks
 - Examination of mobility in the home environment
 - Examination of ability to transfer
 - Examination of physiologic responses during self-care and home management
 - Review of reports provided by patients/clients/family/caregivers and other professionals
- Sensory Integrity (Including Proprioception and Kinesthesia)
 - Examination of combined (cortical) sensations (eg, stereognosis, tactile localization, vibration)
 - Examination of deep (proprioceptive) sensations (eg, position sense or kinesthesia)
 - Examination of gross receptive (eg, vision, hearing)
 - Age-appropriate modification to sensory examination
- Ventilation, Respiration, and Circulation
 - Examination of ability to clear airway
 - Examination of capillary refill time
 - Examination of cardiovascular/pulmonary response at rest and in activity

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- Examination of chest wall mobility, expansion, and excursion
- Examination of cough and sputum
- Examination of ventilatory muscle strength, power, and endurance
- Palpation of pulses

Evaluation

Evaluation is the dynamic process of clinical judgment in interpreting examination data. The physical therapist practicing as a pediatric clinical specialist demonstrates evaluation by:

- Differentiating between compensatory strategies that focus on impairments/functional limitations/disabilities and strategies that focus on recovery of normal movement
- Linking impairments, functional limitations, disabilities, and psychosocial factors to the patient's/client's/family's/caregiver's expressed goals
- Identifying activity limitations and participating restrictions and relating them to examination findings
- Interpreting observed movement and function
- Integrating instruments, tests, screens, and evaluations used or performed by other health care professionals

Diagnosis

The physical therapist practicing as a pediatric clinical specialist demonstrates diagnosis by:

- Interpreting data from the examination to develop a differential diagnosis
- Identifying impairments/functional limitations/disabilities that are amenable to intervention
- Referring patient/client/family to other professionals for findings that are outside the scope of the physical therapist's knowledge, experience, or expertise

Prognosis

The physical therapist practicing as a pediatric clinical specialist demonstrates prognostication by:

- Predicting optimal level of improvement in function
- Predicting amount of time to achieve optimal level of improvement in function

- Collaborating with patient/client/family in setting goals
- Developing a plan of care that prioritizes interventions related to the recovery process, patient/client/family goals, resources, health, and wellness and to federal guidelines

Interventions

The physical therapist practicing as a pediatric clinical specialist demonstrates intervention by:

1. Coordination, Communication, and Documentation
 - Integrating communication strategies with therapeutic intervention
 - Adapting communication to meet the educational/cognitive level of the patient/client/family/caregiver
 - Asking questions that help to determine patient/client/family problems
 - Applying conflict resolution strategies in a timely manner
 - Effectively adapting communication strategies across the lifespan
 - Meeting the requirements of federal guidelines (eg, HIPAA)
2. Patient/Client/Family-Related Instruction
 - Educating patient/client/family/caregiver on diagnosis, treatment, responsibility, and self-management within plan of care.
3. Procedural Interventions (chosen and administered to minimize impact of the environment on the efficacy of the intervention and to maximize the patient's/client's ability to function in the environment)Therapeutic exercise, including, but not limited to:
 - Aerobic endurance activities
 - Aquatic exercises
 - Positioning
 - Balance and coordination training
 - Breathing exercises and ventilatory muscle training
 - Conditioning and reconditioning activities

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- Developmental activities
- Gait, locomotion, or elevation training (with or without assistive devices or equipment)
- Motor function (motor control and motor learning) training and retraining
- Neuromuscular education or reeducation
- Neuromuscular relaxation, inhibition, and facilitation
- Perceptual training
- Posture and body mechanics training (for patient/client/family/caregivers)
- Strengthening activities (active, assistive, resistive)
- Stretching
- Structured play activities

Functional training (self-care, school, community) to include:

- ADL training in mobility (bed and bathroom mobility, transfer)
- ADL training in self-care (eating, grooming, dressing)
- Training of family/caregivers in support neonatal and infant ADL activities (ie. feeding strategies and feeding aids/equipment)
- Environmental adaptations
- Instrumental ADL training (shopping, driving, playground or peer activities, home)
- Orthotic device training
- Prosthetic device training

Manual therapy techniques, which may include:

- Connective tissue massage
- Joint mobilization
- Soft tissue mobilization

Prescription, application and, as appropriate, fabrication of devices and equipment to include:

- Adaptive devices or equipment (eg. adapted toilet seats, sidelyers, seating systems, environmental controls)
- Assistive devices or equipment (eg. canes,

crutches, walkers, gait trainers, wheelchairs)

- Pre-fabricated or orthotist-fabricated equipment (orthotic devices, shoe inserts)
- Fabrications of serial casts
- Fabrication of splints (low-temperature materials)
- Casting or molding for dynamic ankle/foot orthoses
- Protective devices (helmets, taping, cushions)
- Supportive devices (taping, pressure garments, elastic wraps)
- Assisting with obtaining funding for recommended equipment, including providing a rationale for selection and use

Airway clearance techniques, including:

- Assistive cough techniques
- Use of mechanical devices
- Chest percussion, vibration, and postural drainage
- Techniques to maximize ventilation (eg, maximal inspiration)

Wound management:

- Treatment of patients/clients with burns
- Treatment of patients/clients with decubiti
- Treatment of patients/clients with open wounds secondary to trauma, infection, etc.

Electrotherapeutic modalities:

- Use of biofeedback
- Use of functional electrical stimulation (FES)
- Use of neuromuscular electrical stimulation (NMES)

Mechanical Modalities:

- Use of tilt table or standing devices

Outcomes Assessment

- Participating in outcomes data collection, analysis, and interpretation
- Selecting appropriate measures to determine global outcomes including patient/client/family satisfaction

- Administering age-appropriate quality-of-life scales
- Using outcomes data to modify own 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 their time in each setting, as required by the *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 (eg, 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 pediatric residency programs are:

- Acute care facility
- Early child intervention setting
- Inpatient rehabilitation facility
- Outpatient facility
- School system

IV. Patient Populations

The clinical curriculum of all accredited residency programs must include a variety of patient populations, specific to sex and age group as listed below, for a minimum of 5% of the program hours required by the *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 (eg, 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 pediatric residency programs are:

Age:

- Pediatrics (0-21 years of age)

Note: ABPTRFE is aware that patients older than 21 years of age may be appropriate to be included within a pediatric residency program. Situations when this might occur include when a patient's condition is more likely found in younger persons who have multiple diseases, disabilities, and/or mental problems.

Sex:

- Female
- Male

V. Primary Health Conditions

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

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

The following template must be used when logging resident-patient encounters as part of the residency curriculum. Patients evaluated, treated, or managed by the resident as part of the resident's education throughout the course of the residency program should be included within the template. The patient's primary health condition is only counted during the first patient encounter. **Patient encounters beyond the initial visit should not be included in the frequency count.**

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Name of Resident:	
Primary Health Conditions Pediatrics	Number of Patients Evaluated, Treated, or Managed by the Resident as Part of the Program's Curriculum
CARDIOVASCULAR SYSTEM	
Congenital heart defects (eg, atrial septal defect, tetralogy of fallot, heart transplant)	
PULMONARY SYSTEM	
Cystic fibrosis	
NERVOUS SYSTEM	
Acquired brain injury (traumatic brain injury including brain tumors)	
Autism spectrum disorders	
Brachial plexus injury	
Cerebral palsy (eg, hypotonic, hemiplegic, quadriplegic, tetraplegic, diplegic)	
Developmental coordination disorders	
Hypotonia	
Rett's disorder	
Sensory processing disorders	
Spinal cord injury	
MUSCULOSKELETAL SYSTEM	
Arthrogyposis	
Congenital leg length discrepancy	
Curvature of the spine (eg, scoliosis, kyphosis, lordosis)	
Disorders of the foot (eg, in-toeing, club foot, pes planus)	
Disorders of the ankle (eg, idiopathic toe walking)	
Fractures	
Juvenile idiopathic arthritis	
Muscular dystrophy (eg, Duchennes, Becker, SMAs)	
Musculoskeletal injury due to sports injuries in children (eg, Osgood schlatter, overuse injuries, joint injuries, growth plate injuries, limb injuries)	
Musculoskeletal pain (eg, Overuse injuries, joint injuries, growth plate injuries, limb injuries)	
Osteogenesis imperfecta	

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INVOLVEMENT OF MULTIPLE SYSTEMS	
Complications of prematurity (eg, osteopenia, RSD, IVH, bronchopulmonary dysplasia, high risk infant)	
Complete trisomy 21 syndrome (Down's syndrome)	
Developmental delay/disabilities	
Genetic syndromes (eg, Pradi Willi, hemophilia)	
Malignant neoplastic disease (cancer)	
Myelodysplasia (eg, spina bifida, Arnold-Chiari, hydrocephalus)	
Obesity	
Torticollis/Plagiocephaly	
OTHER	
Please indicate the percentage of total patients seen that are sports-related injuries:	