

The McKenzie Institute USA Orthopaedic Residency is accredited by the American Physical Therapy Association as a postprofessional residency program for physical therapists in Orthopaedics.



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Accredited
Program

OVERVIEW

The McKenzie Institute Orthopaedic Physical Therapy Residency Program is accredited by the American Physical Therapy Association as a postprofessional residency program for physical therapists in Orthopaedics. The purpose of the program is to further the postprofessional education of physical therapists in Mechanical Diagnosis and Therapy® and orthopaedic physical therapy practice and research in the United States.

The program design will provide the candidates advanced training in MDT and orthopedic physical therapy knowledge and advanced skills while continuing their clinical practice. This will make the training immediately applicable, thereby allowing for improved retention of information.

The anticipated outcome for those completing the Residency Program is:

- Development of high-level clinical reasoning and psychomotor skills in MDT/orthopaedic physical therapy
- Successful pass of the MDT Credentialing Examination
- Eligibility to sit for the Board Certification Examination in Orthopaedic Physical Therapy (OCS)

PROGRAM MISSION

The Mission of the McKenzie Institute USA Orthopaedic Physical Therapy Residency Program is to provide to licensed physical therapists an organized guided pathway to develop advanced skills in clinical management of musculoskeletal and movement system disorders. The program is centered on the McKenzie (MDT) clinical reasoning paradigm and OMPT practice standards that will lead to contributions to the Physical Therapy body of knowledge and profession through research and teaching.

The Residency Program also provides post professional orthopedic physical therapy education with an emphasis in providing evidence-based examination and intervention. The foundations of clinical science and research are integrated with respect to maintenance of the highest ethical standards, while advancing the profession in providing a high quality of care and practice that is evidenced based.

The McKenzie Residency clinical component is the primary means for achieving advanced psychomotor and analytical skills in MDT and orthopaedic physical therapy. This advanced clinical training proceeds on the theoretical foundation presented in the MDT post-graduate courses A-D and Advanced Extremities.

VISION

The McKenzie Institute USA Orthopaedic Physical Therapy Residency Program serves Residents, clinicians, patients and the medical community by promoting excellence in MDT and orthopaedic physical therapy practice, education and research and collaborating with local educational institutions, health care facilities, and national and international associations.

PHILOSOPHY

Physical therapists trained in MDT are movement specialists uniquely skilled to assess pain, and/or difficulties in movement or function across the lifespan. The program policies and curriculum are based on the premise that examination and intervention procedures should be evidenced based and delivered in a compassionate manner with respect to all individuals. The focus of intervention is on patient education and intervention to enable the patient to understand and manage orthopaedic conditions independently as much as possible.

OVERALL PROGRAM GOALS AND OBJECTIVES

1. Support the Institute and program mission related to education of physical therapists:

Objectives: The McKenzie Institute USA Orthopaedic Physical Therapy Residency Program will –

- a. Apply the Description of Residency Practice in Orthopaedics (DRP 2017) in all settings of the program to deliver a consistent curriculum designed to improve the psychomotor skill and problem solving abilities of orthopaedic physical therapists, thereby expanding the quality of care for individuals across the lifespan with orthopaedic related impairments and functional limitations resulting from musculoskeletal pathology.
- b. Provide a strong foundation in MDT principles in all areas of program delivery at clinical site(s) in evidence-based orthopaedic physical therapy examination and intervention for people with musculoskeletal conditions.
- c. Analyze and evaluate the clinical site(s) to assure that the site policies and procedures are consistent with the policies and procedures of the program.
- d. Evaluate mentors of the residents at clinical site(s) to assure that the implementation of the curriculum is applied consistently at all sites.

2. Deliver a postprofessional curriculum that includes didactic, psychomotor, and clinical training in orthopaedic physical therapy.

Objectives: The McKenzie Institute USA Orthopaedic Physical Therapy Residency Program will –

- a. Apply all aspects of the DRP (2017).
- b. Synthesize didactic, clinical, and research learning opportunities for continuing professional education throughout the Residency experience.
- c. Employ a variety of learning activities in the curriculum to reinforce a high level of competence in the theory and practice of Mechanical Diagnosis and Therapy principles and OMPT principles and skills as evidenced by successful completion of assignments and assessments.
- d. Elevate residents from novice to advanced ability in identifying clinical conditions that are unsuitable for orthopaedic therapy as evidenced by quizzes and clinical performance.
- e. Elevate residents from novice to advanced ability in developing skills in accessing, understanding and evaluating research relevant to orthopedic physical therapy and Mechanical Diagnosis and Therapy as evidenced by completion of literature based assignments.
- f. Evaluate and ensure via ongoing face to face and electronic communication resident's ability to complete the program while continuing to work full time.
- g. Apply a curriculum to enable residents to be prepared to achieve ABPTS board certification in Orthopaedic Physical Therapy and MDT Certification upon completion of the program.

3. Engage physical therapists in a deliberate and systematic use of reflection in coursework and in delivering patient-centered care.

Objective: The McKenzie Institute USA Orthopaedic Physical Therapy Program will –

- a. Analyze residents' understanding of patient examination and case studies in McKenzie courses A-D and Advanced Extremity to ensure that the residents are applying didactic information toward effective patient management.
- b. Apply a mentoring process to ensure that the residents are integrating information from the didactic portion of the curriculum to the clinical environment, and through discussion and consultation with mentors, reflect on patient encounters to improve clinical performance.
- c. Apply a curriculum which promotes critical analysis and clinical reasoning skills which is continuously assessed in mentoring sessions.

4. Provide opportunities for physical therapists to practice ethical behaviors and clinical decision-making.

Objective: The McKenzie Institute USA Orthopaedic Physical Therapy Residency Program will –

- a. Apply a curriculum designed to engage physical therapists in discussions of ethical analysis and moral culture applicable to orthopaedic physical therapy practice.
- b. Apply a curriculum which further develops interpersonal and communication skills for its residents.
- c. Apply a curriculum which fosters the students' awareness of their professional responsibilities, including legal, ethical and cultural issues.

5. Develop the clinical and didactic teaching skills of the Residency faculty to foster enhanced instruction and delivery of care to patients.

Objectives: The McKenzie Institute USA Orthopaedic Physical Therapy Program will –

- a. Evaluate and record residency faculty opportunities for adjunct teaching in The McKenzie Institute, active facilitation in MDT conference workshops, and networking with McKenzie International faculty.
- b. Synthesize a program structure which provides the residency faculty with resources, including but not limited to continuing education opportunities to develop, practice, and refine their teaching skills. Record use of these resources and faculty meetings.

6. Promote advancement in the field of orthopaedic physical therapy by engaging physical therapists in a research process that advances the profession through scholarly activity.

Objective: The McKenzie Institute USA Orthopaedic Physical Therapy Program will –

- a. Apply a curriculum which requires the Resident to contribute to the body of knowledge in orthopaedic physical therapy through matriculation in evidence based practice coursework, participation in and dissemination of knowledge gained through clinical research culminating in a thorough review of the literature review or case report.

RESIDENT GOALS AND OBJECTIVES

The resident will:

1. Goal #1: Apply the McKenzie Institute USA Orthopaedic Physical Therapy Residency curriculum, including mentoring activities, to provide the highest, quality, evidence-based care for patients with movement system disorders.

Objectives:

- a. Synthesize coursework with clinical practice of at least 20 hours per week during the residency program as evidenced by mentor reviews and feedback.
- b. Synthesize coursework and patient care with application of clinical research as demonstrated by mentor reviews and feedback.
- c. Synthesize and integrate a variety of learning activities to achieve a higher level of professional and personal mastery as demonstrated by course performance and clinical outcome scores.

2. Goal #2: Synthesize the MDT aspects of the curriculum with general orthopaedic physical therapy preparation to obtain the necessary skill set in order to eventually obtain ABPTS board certification in orthopedic physical therapy.

Objectives:

- a. Demonstrate satisfactory performance of all *skills* in the six clinical responsibilities described in the DRP (2017).
- b. Comprehend and demonstrate clinical use of the seven knowledge areas described in the DRP (2017).
- c. Demonstrate patient examination and treatment procedures described in the DRP (2017).

3. Goal #3: Apply principles of MDT to become a representative of the values of The McKenzie Institute and AAOMPT as a teaching and learning organizations that are both committed to enhanced evidence based patient care.

Objective:

- a. Apply the knowledge and skills to secure opportunities for professional development during and following the residency program such as conference presentations and in-services.
- b. Demonstrate competency level in all learning activities to apply for the MDT Diploma Program, OMPT Clinical Fellowship Program
- c. Demonstrate competency to apply for training to become a clinical mentor or faculty for the residency.

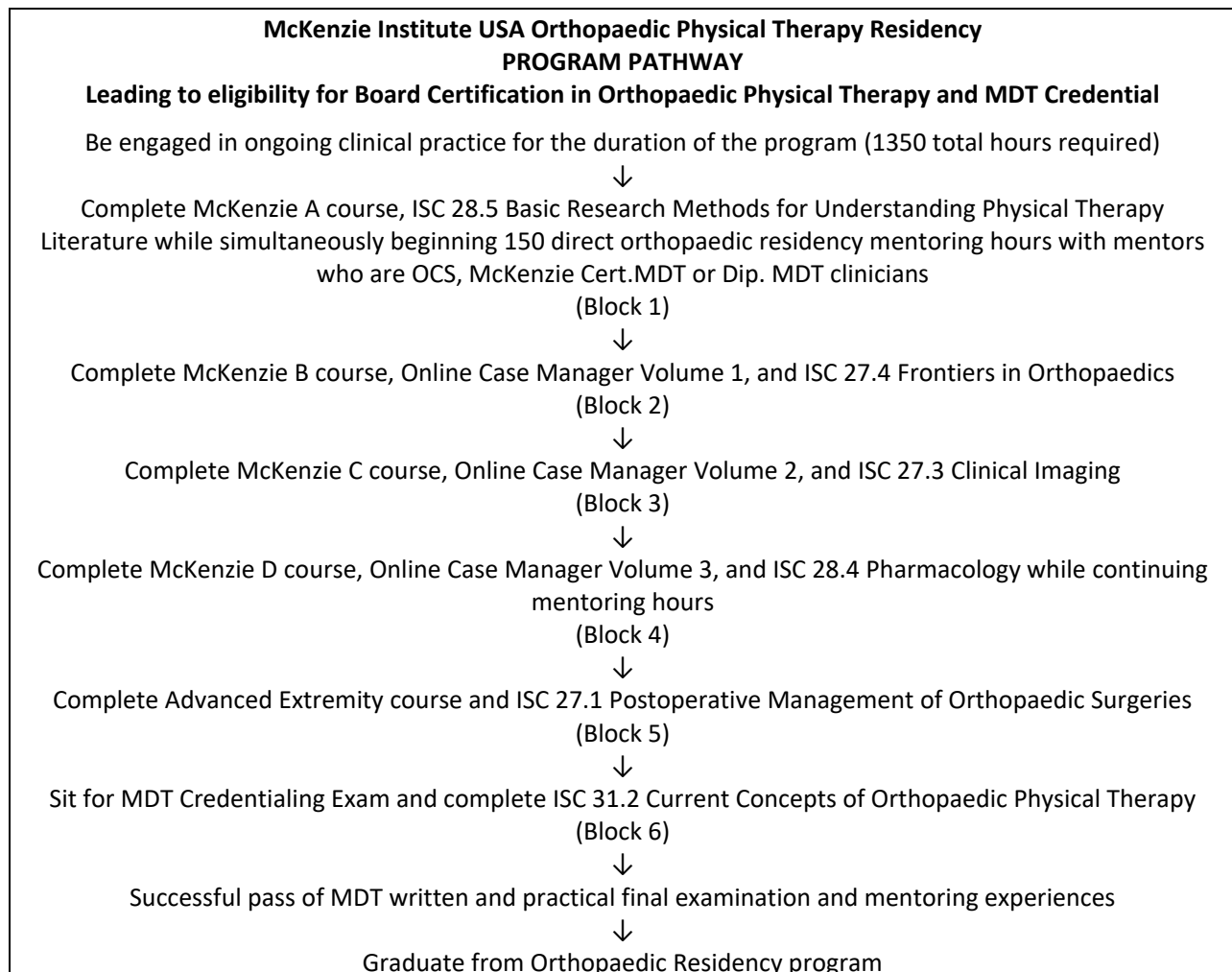
Specialization:

Upon successful completion of the program, graduates will have achieved Certification in MDT, and also be eligible to sit for ABPTS board certification in Orthopaedic Physical Therapy to achieve their OCS.

PROGRAM CURRICULUM

The McKenzie Institute USA Orthopaedic Physical Therapy Residency Program curriculum has as its foundation in the teaching of Mechanical Diagnosis and Therapy for the spine and extremities as developed by Robin McKenzie.

The program consists of Theoretical and Clinical components culminating in the McKenzie Credentialing Examination, and achieving eligibility for OCS Board Certification.



The expected average program completion is 18-24 months. However, the minimum time to complete the program is twelve (12) months and maximum thirty-six (36) months from the date of acceptance into the program.

Rationale: The pathway for the McKenzie USA resident integrates MDT training with orthopaedic physical therapy home study coursework and clinical mentoring towards the goal of achieving Board Certification in Orthopaedic Physical Therapy and Certification in MDT.

The program does not employ the residents. In this model, the Resident continues existing employment thereby allowing for immediate clinical application of knowledge gained in the didactic curriculum. Maintenance of employment renders the program attractive and achievable for new graduates.

Congruency between the didactic and clinical aspects of the curriculum will be attained by the clinical mentor being either Diplomaed or Credentialed in Mechanical Diagnosis and Therapy. This will also facilitate application of the didactic curriculum to the clinical setting. The program will also require that the clinical setting house a physical therapist with Board Certification in Orthopaedic Physical Therapy. This will allow the resident to approach this clinician with questions regarding orthopaedic physical therapy management.

HOURS IN THE PROGRAM

PROGRAM COMPONENT	TOTAL HOURS IN PROGRAM
INSTRUCTIONAL HOURS	
Classroom Instruction	
McKenzie Part A	28
McKenzie Part B	28
McKenzie Part C	28
McKenzie Part D	28
Advanced MDT: Extremities	14
Online Courses	
Online Case Manager, Volume 1 (8 case studies)	12
Online Case Manager, Volume 2 (8 case studies)	12
Online Case Manager, Volume 3 (8 case studies)	12
Home or Independent Study Courses	
• ISC 28.5 Basic Research Methods	4
• ISC 27.4 Frontiers in Orthopaedics	30
• ISC 27.3 Clinical Imaging	15
• ISC 28.4 Pharmacology	30
• ISC 27.1 Postoperative Management of Orthopaedic Surgeries	30
• ISC 31.2 Current Concepts of Orthopaedic Physical Therapy	96
Assigned readings, review of the literature, journal article summaries	90
INSTRUCTIONAL HOURS SUBTOTAL	457
CLINICAL HOURS	
CLINICAL MENTORING	
1:1 clinical mentoring/instruction from physical therapist clinical faculty while program participant is treating patients	150
CLINICAL PRACTICE (<i>Completed in own clinic, ongoing for the duration of the program. A minimum of 20 hours per week will be required with the exception begin those hours spent receiving the 1:1 mentorship hours.</i>)	1350
CLINICAL HOURS TOTAL	
	1500
GRAND TOTAL HOURS IN PROGRAM	1957

CURRENT CLINICAL FACILITY

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TUITION AND FEE INFORMATION

The current tuition and fees are currently listed as follows: *Tuition and fees are subject to change.*

Paid by the Candidate to The McKenzie Institute:

	<u>Fees</u>
McKenzie A-D, Advanced Extremities & online courses	\$ 3680
Clinical mentoring	\$ 7500
McKenzie certification examination	\$ 500
TOTAL	\$11,680

Once a resident has been formally accepted into the program, the minimum payment is due upon acceptance. An approval letter and an agreement will be provided indicating commencement date and terms of the Program. *For those who have already completed Part A or Part A and B, the courses are required to be retaken, and the tuition will be adjusted accordingly.*

TOTAL TUITION:	\$ 11,680.00	Pay in full upon acceptance
Installment Option Examples:		
Payable:	\$ 4,500.00	Minimum due upon acceptance
Balance to be paid	\$ 7,180.00	Pay 100% start of Block 3
Or	\$ 3,590.00	Start of Block 3
	\$ 3,590.00	Start of Block 5
Or	\$ 1,795.00	Or four equal installments that will be aligned with Blocks and 1:1 hours.
	Four equal payments	

Cancellation Policy

We understand life brings changes in circumstances that may lead to a resident withdrawing or being terminated from the program before its completion. The conditions for withdrawal or termination will be reviewed on a case-by-case basis i.e., medical reasons, family hardship, if the candidate is being performance managed, etc.

As of the commencement date, refunds for the residency program will be considered accordingly as follows:

- ▶ If no work has commenced, refund less application fee of \$500
- ▶ If only coursework has commenced*, no 1:1 mentoring ...50% refund less direct costs associated to coursework completed.
- ▶ If coursework and 1:1 mentoring has commenced ...25% refund less direct costs associated to coursework completed and mentor fees paid.

*If the resident must or opts to withdraw from the Residency, but would like to finish the coursework, the funds can be applied to the remaining courses and the term for that attendance will be determined dependent on what courses remain.

Paid by the Candidate to External Entities (subject to change):

<i>Based on APTA or Ortho Section Member rates</i>	<u>Fees</u>
ABPTS Application Review Fee	\$ 525
OCS Exam Fee	\$ 810
TOTAL	\$1685

In addition, once matriculated into the Residency program, we require membership is maintained in the APTA and the Orthopaedic Section. Residents will be automatically granted membership with MIUSA that includes subscription to JMMT.

Additional fees and expenses that the resident will be responsible for include but may not be limited to membership fees, application fees, home study modules, OCS exam, licensure fees, travel and accommodations to course and mentor sites, and textbooks.

ADMISSION POLICIES AND PROCEDURES

NON-DISCRIMINATORY STATEMENT

The McKenzie Institute is an equal opportunity employer and provider of educational programming. The program admits qualified physical therapists to the residency and does not discriminate on the basis of race, creed, color, gender, age, national or ethnic origin, sexual orientation, and disability or health status. This applies at all time of program admittance, participation, or probationary periods.

DISABILITY STATEMENT

Any Resident who requires accommodations to complete the requirements and expectations of this program or a particular course because of a disability is invited to make his or her needs known to course instructors or to the Residency Program Director.

ELIGIBILITY CRITERIA

Applicants to the Residency Program must meet the following requirements:

1. Graduate of a CAPTE accredited physical therapy program.
2. Proof of licensure to practice physical therapy within their current practice setting.
3. Evidence of Professional Liability Insurance.
4. Meet all eligibility requirements to function as a practicing physical therapist at the designated McKenzie Institute USA Orthopaedic Physical Therapy Residency mentoring sites.
5. Applicants are required to submit a Personal Essay outlining their reasons for pursuing the residency.
6. Applicants are required to submit a current resume or CV that includes but is not limited to a list of physical therapy continuing education courses or conferences that they have attended over the last five years.
7. Demonstrated interest in further professional development as documented in the Personal Essay and the list of continuing education courses evidenced in the individual's CV.
8. Applicants are required to submit verification of active APTA and Orthopaedic Section memberships, and will be expected to maintain these memberships throughout their residency.
9. Applicants are required to provide references from three physical therapists. At least one of the candidate's letters of reference must be provided by an authority who can attest to the applicant's safety and competency, either as a pre-professional student, or as a practicing clinician.
10. An interview with the Program Director will be required as part of the application.

TRANSFER CREDITS

No prior credit from previously attended courses in the residency curriculum will be accepted. Residents who participated in the McKenzie A course, or both McKenzie A and B courses, during their professional phase of their DPT program will be required to be retake the course(s) as an Audit. The audited course(s) will require full attendance and successful completion of all assignments included in the current McKenzie course curriculum.

DETERMINING INITIAL COMPETENCY AND SAFETY

The resident's initial competency and safety is assessed upon starting the program through various mechanisms. Questions assessing the candidate's initial competency and safety are asked during the formal interview process prior to admission. In addition, at least one of the candidate's letters of reference must attest to the applicant's safety and competency, either as a professional level PT student, or as a practicing clinician.

Additional procedures to assess initial competency and safety include an online module that must be completed and a resident must achieve an 80% passing grade on the post-test prior to the resident attending the onsite McKenzie A course. The online module and test includes content related to potential serious pathology contraindicating musculoskeletal intervention as well as the progression of force concept integral to MDT.

APPLICATION PROCESS

Admission to the McKenzie Institute USA Orthopaedic Physical Therapy Residency program is competitive and requires a significant monetary and professional commitment. It is expected that up to five (5) applications will be accepted annually into the program.

The [McKenzie Institute USA website](#) will maintain a dedicated page describing the current admissions process which lists the application deadlines and details of the program.

However, candidates will first apply through the [RF-PTCAS \(Centralized Application System\)](#) for residency programs. The RF-PTCAS application cycle opens in early October and close annually on August 31.

ADMISSION PROCEDURE

The admissions process will be carried out as follows:

1. Applicants will apply online at the [RF-PTCAS Applicant Website](#). CAS application cycles run annually from October 1 to August 31.
2. Applications will be accepted on an ongoing basis to our program through the RF_PTCAS management system. Due to the set application cycle of RF-PTCAS, candidates have access to their system to apply up to August 31 and it reopens on or about October 1.
3. Admission decisions will be rendered twice annually: December 1 and August 15 for a new cohort to start in January and September respectively.
4. Applications will be reviewed for completeness by The McKenzie Institute USA Orthopaedic Residency Program Coordinator (PC). The PC will confirm receipt of the application as well as whether the application was “accepted as completed”, within one week of receipt of the application.
5. Applicants who are missing the components of their application will be notified within one week of receipt by the PC and will be given a deadline for submission of any missing components that is decided by the PD.
6. The PC will create an electronic file for each applicant that will eventually become that individual’s permanent folder.
7. The PD will review all of the applications to ensure that each individual meets all of the eligibility requirements. The PD may delegate this responsibility (in whole or in part) to other members of the Admissions Committee as deemed necessary/appropriate.
8. The Admissions Committee will consist of the Program Director, Academic Advisor, MIUSA Executive Director, Program Coordinator, and 1-2 designated McKenzie Institute faculty or mentors.
9. A copy of each applicant’s file will be made for each member of the McKenzie Institute USA Orthopaedic Residency Program Admissions Committee for review prior to meeting as a group. Admission Committee members will be expected to treat these files with the strictest confidence.
10. The Admissions Committee will meet to discuss the applicants. The committee may decide it is necessary to schedule preliminary interviews with applicants to assist with the decision to accept or reject before the final interview which would take place with the Program Director.
11. Each applicant will be informed of their status throughout the process, particularly as decisions are made in regard to their status.
12. Once the interviews are completed, the Admissions Committee will meet one last time to make final decisions regarding outright acceptance, conditional acceptance, or rejection.
13. All applicants will be notified of their final status a minimum of four (4) weeks prior to the start of the Residency program.
14. Residents will commence the program with Block 1 activities on a date agreed by the candidate and the Program Director.

LICENSURE REQUIREMENTS

The Resident must be licensed in the state in which they are receiving clinical mentorship.

In the instance where an affiliation agreement with The McKenzie Institute *does not currently exist*, and the Resident desires to seek mentoring with a new clinical facility in his or her home state; or in a state where he or she has licensure, the Resident may consult with the Program Director and the Executive Director of the McKenzie Institute USA to discuss if an affiliation agreement can be established between the clinical facility that would provide mentoring and the Institute. For a clinical facility in those states of interest where the resident does not have licensure, the Resident may investigate the state requirement for licensure of out-of-state Physical Therapists, ensure the clinical facility has an approved mentor, and present the option to the Program Director.

In all instances prior to commencing the mentorship experience, it is understood by the Resident, the Program, and the clinical facility that any program or mentor requirements must be in place and affiliation agreements executed. In addition, the resident will ensure physical therapy licensure in the state where the clinical mentoring will take place is established.

LIABILITY AND HEALTH INSURANCE

Residents shall obtain and maintain at all times appropriate professional liability insurance and health insurance at his or her expense throughout enrollment in the Residency Program. Proof of both insurances must be provided before commencement of clinical mentoring, and provide verification of current policies throughout the program. We recommend residents purchase their own professional liability insurance policy through [HPSO](#), which would provide appropriate coverage.