



Residency & Fellowship Programs

Frequently Asked Questions

1. What is an "online" course and why is this a "good thing"?

Answer: An "online" course is merely a course that is conducted using a variety of cutting-edge distance learning technologies as well as standard internet capabilities. EIM leverages distance learning and other technologies (online course reviews, Author in the Room, discussions via MyPhysicalTherapySpace.com, etc.) to maximize the learning experience and collaboration with leaders in the profession, EIM faculty and other EIM residents/fellows throughout the country.

A practicing clinician is a busy professional whose primary responsibility is still patient care. Fitting in the necessary courses to advance your career can be tough. A program whose courses are all online (except 4 on-site weekend intensives for the Orthopaedic Residency and 5 on-site weekend intensives for the Sports Residency) makes the EIM Residency an easy and flexible way to structure learning time around your busy schedule so that you can move forward with your professional development. With an online format, you never have to hear the words: "Absent from class, again?!!" Do recognize that an online approach requires a high level of self-discipline and personal accountability in order to work.

An example of the content and structure of one of our Clinical Management courses is listed below.

Selected Examination and Intervention: Lower Extremity:

Week	Topic
1	EBP review, Differential Diagnosis review and Health Outcomes Assessment Discussion
2	Hip disorders, special focus on hip osteoarthritis
3	Knee disorders, special focus on knee osteoarthritis
4	Ankle and Foot Disorders, special focus on ankle sprain, Achilles tendinopathy, and plantar foot pain (plantar fasciitis, plantar heel pain)
Weekend Intensive	Focus on manual therapy interventions for the lower extremity and assorted other topics relating to LE disorders
5	Intervention "Potpourri": Topics may include balance training, taping techniques, physical modalities, OKC/CKC rehabilitation and regional interdependence
6	Post-Operative Care: Hip Fracture, THA, TKA
7	Radiology rules for acute knee and ankle injuries, Orthotics/Orthoses
8	Diabetic foot ulceration, DVT and PAD

2. How do you know if people are really learning? How is grading accomplished and how are course requirements met?

Answer. First, each course will be taught and guided under the watchful eye of a nationally or internationally recognized leader in the field. Dr. Rob Wainner is our Orthopedic Residency Director, Dr. Teresa Schuemann is our Sports Physical Therapy Residency Director and Dr. Julie Whitman is our Fellowship Director. Online interaction with the instructor and other classmates typically occurs on a daily basis. A full list of course instructors may be viewed at:

<http://www.evidenceinmotion.com/eimteam.asp>

There are a number of assignments and learning activities in the course to reinforce specific skills and knowledge. Learning activities are a critical component and have been developed to facilitate students' learning so they will be successful in meeting the course objectives, which are indicative of students' mastery of the topic. The grade for the course is determined by the student's performance on both learning activities and graded assignments. A typical grading structure for Clinical Management courses is as follows:

% of Grade	Course Component
40%	Online Discussion
45%	Group Projects (small group assignments, critical reviews, creative products)
15%	Weekend intensive participation

3. Do we work as a group?

Answer. Yes! Group work is an important part of the learning experience and critical appraisal of the literature is a vital skill that all DPTs should possess. Small groups will be assembled and will provide critical appraisal of articles or short summaries of the literature (typically 1 -3 pages in length depending on focus).

4. What are the weekly assignments like and what is the time commitment?

Answer: The core learning experience is the ongoing exchange of ideas and information on the discussion board. Active participation is critical. Students will be expected to post either original postings or replies to other people's postings. In the weekly Course Content outline, we have specified the minimum number of postings you are expected to make each week. More importantly, you will also be graded on the quality of your postings (this accounts for 40% of your grade in Clinical Management courses). All course content (except weekend intensives) is online. Reasonable estimates of time for course activity would be as follows:

1. Online posting and interaction forums: 4–6 hours per week
2. Reading: 3-4 articles per week
3. Projects (variable depending on project type, typically 2-3 projects per course): 3-4 hours per week

5. What are the bottlenecks in the program?

Answer: Bottlenecks are only experienced when students don't adhere to a disciplined program of keeping up. The commitment to spending at least some time every day (and making it up the next day when missed) is critical to success.

For the Fellowship, not having a clinical fellow mentor (must be a fellow of the AAOMPT) to provide mentoring hours can be a significant bottleneck. Starting the Fellowship without access to a fellow who can provide mentorship hours is not advised. This is much less of a problem with the Residency as many of the mentorship hours are obtained throughout the program via the clinical outcomes monitoring and online interaction during Grand Rounds. In addition, OCS and SCS clinicians are much more accessible and can provide supervision for the mentor hours. Finally, the Sports Physical Therapy Residency requires 200 hours of athletic venue coverage. Preparation for the time during athletic seasons (typically 4 hours/week during academic school years), facilities, athletic team(s) and an appropriate mentor initially is advised and prudent.

6. How long is the whole program?

Answer: In addition to completion of coursework requirements, progression through the program is dependent upon factors including obtaining the required clinical mentored hours and completion of the weekend intensive courses.

The EIM Orthopaedic Physical Therapy Residency, Sports Physical Therapy Residency and Fellowship in Orthopaedic Manual Physical Therapy programs will be completed in no fewer than 12 months. Generally, the EIM Orthopedic and Sports Physical Therapy Residencies are designed to be completed in 18 months. The EIM Orthopedic Manual Physical Therapy Fellowship is designed to be completed in as little as 12-18 months, depending primarily on the ability to complete mentoring hours. Based on need, the Fellowship program can be extended up to 36 months. Due to the extra requirements for the tDPT, it will take a therapist who is employed full-time approximately 24 months to complete the EIM/Regis Residency/tDPT combination program (although it could be completed sooner - 18 months - if you don't mind not having a life during that time!).

7. Does completing the EIM Orthopaedic Residency or Sports Physical Therapy Residency Programs make me eligible to sit for the OCS or SCS examination?

Answer: Yes, providing you are eligible in every other respect. Completing an APTA-credentialed Residency qualifies a candidate to sit for specialty certification in orthopaedics or sports physical therapy respectively through option B, which replaces the requirement of 2000 hours of clinical practice. [Click here](#) to view APTA's list of minimum eligibility criteria for OCS and SCS exams.

The final Capstone course for the Residency is the Orthopaedic Certified Specialist (OCS) or the Sports Certified Specialist (SCS) Examination Preparation course. While completion of the prep course doesn't guarantee passing the ABPTS specialist examination, it is excellent preparation for the exam. The goal of the EIM Residency is to first and foremost develop a reflective and evidence-based specialist practitioner; passing the specialist examination will be the natural result of our students' preparation and training.

8. What is the knowledge base difference between Residency and tDPT?

Answer: The primary difference between these two programs is that the tDPT has an additional focus on professionalization, leadership and mentorship. This is accomplished through additional coursework that focuses on the dynamics of the profession (professional responsibilities, encroachment of practice, legislative issues) as well as theoretical and applied concepts of mentorship and decision making (leadership theories, HOAC clinical decision making algorithm, etc.). A side-by-side comparison of the programs is available.

9. What are the differences between a Residency and Fellowship?

Answer: The Residency program is designed to facilitate the growth of practitioners as physical therapists skilled in orthopaedic or sports physical therapy. We seek to produce highly skilled, autonomous practitioners who have substantially increased their ability to provide care to patients with musculoskeletal conditions. Graduates will have a strong base of knowledge of evidence-based practice, orthopaedic manual therapy techniques or sports physical therapy competencies, advanced medical screening and radiology.

The Fellowship program is designed to graduate clinician scientists skilled in the evidence-based integration of thrust and non-thrust mobilization/manipulation and other techniques into the overall care of patients with musculoskeletal conditions. We seek to produce highly skilled autonomous practitioners who are reflective, empathetic, critical thinkers and lifelong learners. Fellowship graduates will represent the best clinicians in the physical therapy profession, equipped to teach and mentor residents, clinicians and students.

The differences between the Residency and Fellowship are primarily related to role and focus. The Residency first and foremost is about developing a sound and up-to-date knowledge base in orthopaedic or sports physical therapy practice, how to apply it in clinical practice and developing the skills required to keep current. The Fellowship has the more narrow focus of manual physical therapy practice and developing additional skill sets of applied professional leadership, teaching, clinical mentoring and research.

10. What are the other requirements besides courses?

Answer: The only other additional requirement is that the tDPT requires the construction of a professional portfolio that serves as the Capstone project. The professional portfolio is a collection of the students' personal reflections, writings, goals established and met, learning and clinical outcomes and project accomplishments. Mentor hours are also a requirement for the Orthopaedic and Sports Residency and Fellowship Programs.

11. How do you judge/guarantee the quality of those mentoring sessions?

Answer: The quality of our faculty and the extensive community of collaborating partners comprised of academic programs and high quality physical therapy employers insure students that a high standard of mentorship is maintained. EIM's clinical mentor champions monitor the participant and mentor interaction.

12. If my friend and I study well together, but one needs to do the tDPT/Residency and the other needs to do just the Residency, are we able to study together and work together on the same assignments, etc?

Answer: While students in the Residency and Residency/tDPT combination will be assigned to different online class sessions, all common course material (i.e. Clinical Management courses) will be exactly the same. So yes, in courses common to both programs, you will be able to study the material together, but you will not be able to work collaboratively on projects for a grade.

13. You preach EBP - how do you know it happens in our clinic following this program?

Answer: The last step of EBP is monitoring your own practice. Once you complete the program you will be the best one to judge to what degree you are meeting an EBP standard of practice. You will know what that standard is and have met it as a student of the program. Your job is to continue that momentum.

14. How would you describe a successful resident or fellow? What does this person have at the end of the education that makes him/her better?

Answer: A successful resident or fellow will not only have completed program requirements, but will genuinely demonstrate a change in their clinical behavior. The successful resident or fellow continues to change their behavior based on current best evidence and emerging evidence, growing and improving in areas they identify as deficient (via clinical outcomes) and are mentors that teach others to do the same. In other words, Success is a verb.

15. What is special about this Residency - besides ability to have it here?

Answer: In short, it's our relationships and our stakeholders. EIM has built a vast community of evidence-based practitioners, high quality employers and prospective employees and is closely associated with many of the best academic programs and other key groups in the physical therapy profession. The extensive community that has formed around EIM provides a best practice environment for prospective residents and fellows to receive the highest caliber of training and become distinguished leaders in evidence-based orthopaedic and manual physical therapy practice.

EBP has become a buzzword, plain and simple. Unlike other programs, the EIM Residency has been developed and is taught by faculty who are clinician scientists, and in many cases, practice owners who have a business mindset as well. In their clinical scientist role, EIM faculty have mastered the rare and difficult combination of teaching, practicing and conducting publishable research. In this program, you will not only learn evidence-based physical therapy, but you will see it modeled throughout the program.

16. Most Residencies begin in January, so will I have several months to work before starting a program?

Answer: Our Orthopedic Physical Therapy Residency and Manual Therapy Fellowship programs currently has a semi-annual matriculation cycle with classes starting in January and June. EIM Sports Physical Therapy Residency program begins annually in June.

17. Are you looking for or accepting new grads right out of school for your program?

Answer: We are looking for quality people to enter the EIM Residency who are hungry to grow professionally. New grads are welcome! (In fact, new grads are often actually easier to train than the "old grad"...no offense intended, but it is true).

18. Do you offer a non-distance learning program?

Answer: With the exception of 4 (5 for Sports) on site weekend intensive courses and student arranged clinical mentorship hours, the EIM Residency and Fellowship programs are exclusively online learning platforms that leverage the latest distance learning technologies.

19. Do you offer a resident the option to work in a clinic with an expert (I am willing to relocate if that is an option)?

Answer: Our Network Partners are multi-site clinics that are always on the lookout for well trained therapists. Having applied for, entered and/or completed the EIM Residency will certainly make you a more attractive candidate.

20. What do you think the pros and cons of doing distance learning vs. an on site program would be (I think there could be more value being in a clinic with an expert PT)?

Answer: The adult learning model is optimum for learning and is inherent with online programs and specifically with the EIM programs. Clinical mentorship that fosters critical thinking is provided in a variety of ways, including virtual grand rounds, discussion threads and during the weekend intensives. Additional mentorship time is arranged locally by the resident or fellow and allows necessary 1:1 time with an OCS or SCS (for sports) clinical mentor (by a fellow for the Fellowship). BTW, we don't have expert PTs around here: only thoughtful and reflective evidence-based practitioners. Any and all self-proclaimed experts are suspect until proven otherwise. Computer literacy is critical to success with the online mode of study.

21. What is the status of EIM receiving credentialing from APTA?

Answer: Both the EIM Residency and Fellowship are credentialed by the APTA! The Sports Physical Therapy Residency program will be seeking APTA credentialing as soon as the program launches (initiation of the program is a requirement of application submission.)

22. Do you have specific sites / dates / mentors set up at this time?

Answer: The weekend intensives are conducted at our Network Partner locations which can be reviewed on our website www.evidenceinmotion.com. Our Network Partners are located throughout the United States. We are adding new Network Partners as we grow. Weekend intensives are typically conducted on the weekend of the 4th or 5th week of each 8 week management course. The specific weekend depends on the individual Network Partner. Please check the specific cohort schedule you are considering for more detail. If a scheduling conflict with the weekend intensive in your region occurs, students are able to attend the weekend intensive at another Network Partner location on the alternate weekend (4th or 5th week). EIM may be able to assist in identifying qualified mentors in a student's area; however, it is up to the student to secure a mentor.

23. I have been to student conclave and discussed Residency programs with a Residency director. I have been to the AAOMPT conference and talked to several Residency/Fellowship directors. There seems to be a growing resource of Residencies and choosing the right one seems overwhelming at this point. If you have any advice about Residencies or how to learn as much as I can as a new grad coming out, who is eager to learn and has no attachments, please let me know.

Answer: There are some key considerations in this decision. 1. It must be evidence-based, in actuality and not merely in name...dogma and personality driven programs need not apply; 2. It should be of reasonable cost (including all fees as well as the need to relocate) and needs to be flexible with regard to your timetable; 3. It should help connect you with a professional community that facilitates your growth after the program and helps open doors. Take a look online at our curriculum and our faculty. We believe we have assembled an excellent faculty who has constructed best in class curriculum and learning approaches.

24. Can you move directly from the Orthopaedic Residency to the Manual Physical Therapy Fellowship program? Are the Fellowship start dates in sync with Residency end dates so you could move through both in 2 years? Also, I noticed you wanted 2 years of experience before beginning the Fellowship. Is that still true if you go through the Residency program?

Answer: The Orthopaedic Residency will take you about 18 months to complete. Yes, you can move directly into the Fellowship after the EIM Residency (the program is designed for this). The start dates are in sync to allow an immediate transition. The time required to complete both programs, assuming a direct and immediate transition from Residency into the Fellowship, will be approximately 30 months.

25. Can you move directly from the Orthopaedic Residency to the Sports Residency?

Answer: You can coordinate your plan of study so that you can transition into the Orthopaedic Residency from the Sports Residency, and vice versa. You will be credited for the course work common to both programs (EIM R101, EIM R102 – 105) but will be required to complete all other course and clinical mentoring requirements.

26. What would be your advice on how to select a job while going through the Residency? Would you recommend I look for a position where there is a mentorship program and an OCS where I work? As a new grad what would be your advice to me?

Answer: Yes, find a place that has good mentors and a culture that values and fosters lifelong learning. Money is important (usually about 3rd on the priority list), but you will increase your earning potential later by taking care of business now.

27. I am well aware of your faculty members and all that you have contributed to physical therapy. My only concern to the long distance learning platform is that my face to face/hands on access to your faculty would be limited, except the intensive weekends and mentorship hours. It seems that with onsite Residency programs you could pick up helpful advice on evaluation and treatment techniques and bounce questions and concerns off the faculty because you would be in the clinic with them. As I reflected on my clinical experiences there was always something I was learning from my CI (either watching or talking with him) as far as client patient interaction, assessment techniques, patient management, proper techniques for mobilizations etc. etc. Is it unnecessary to have concern about my perception of possible limited face to face/hands on

interaction with faculty as compared to onsite Residencies, or do you think my needs will be sufficiently met through EIM Residency?

Answer: You need to find a work environment where effective mentorship is available and the same thing will take place. However, it will be enhanced and collaborative when you are in our program. In the typical onsite model, you have to move somewhere to be on location, and have 3-4 other residents in the program, so your time with the primary clinical instructor is still only a few times a week! In our program you have classmates from all over the country, where different practices are represented, get regular interaction with regard to critical thinking and clinical problem solving from leaders in physical therapy as well as major hands-on time in the weekend intensives. And you don't have to move. This is a very good question. We obviously believe our approach is optimal.

28. As a resident would I be involved in any research (doing a research project) in any way other than being a consumer of the literature?

Answer: We are always looking for the right folks to collaborate. We have several residents already involved in an RCT with Rob Wainner.

29. Do you know if student loans are deferred when going through the EIM Residency program?

Answer: Eligibility of our program depends on the specific student loan organization. We are not an official academic entity or university; therefore we do not have a school code and are not accredited by a regional accrediting arm of the Council for Higher Education Accreditation. We are licensed by the State of KY as a Proprietary Educational Organization and both our Residency and Fellowship are accredited by the APTA.

30. How much time away from my clinic is required outside of WIs?

Answer: None if you have a qualified OCS or SCS certified PT who can do your 1:1 mentoring hours (150 for Residency).

31. How much time and/or travel is required for the mentoring program and how does a therapist living in a rural area complete the mentoring portion?

Answer: Questions/Answers above address this issue. If you have more specific questions related to your circumstance, please e-mail or call EIM for more information.

