### APPENDIX A. OMPT Graduate Survey

1. What is your gender?

- o Female
- o Male

2. Which of the following best describes your race or ethnic origin?

- African American or Black (non-Hispanic)
- American Indian or Alaskan Native
- o Asian
- o Hispanic/Latino
- White(non-Hispanic)
- Other (please specify

3. What year did you earn an entry level Physical Therapy degree

#### Enter date

4. What year did you earn an Orthopedic Manual Physical Therapy Certificate?

#### Enter date

5.What is the highest academic degree you have earned in any area of study

- o Baccalaureate
- Entry Level Masters (MPT)
- Post Professional Masters' Degree
- Entry Level Doctoral Degree
- Transitional DPT (tDPT)
- Doctor of Science in PT (DScPT)
- o Doctor of Philosophy (PhD) (or equivalent, e.g. EdD or ScD

6. What is the type of facility in which you practice most often?

- Academic institution (post-secondary)
- Acute care hospital
- Health and wellness facility
- Health system or hospital based outpatient facility
- o Industry
- Inpatient rehabilitation facility
- Patient's home/Home care
- Private outpatient office or group practice
- o Research center
- School system) preschool/primary/secondary)
- Skilled nursing facility (SNF/long term care)
- Physician owned outpatient facility
- Physical Therapist owned outpatient facility
- Other (please specify)

### **APPENDIX A-Continued**

7. What is the percentage of time at your primary position spent in direct patient care?

- o 0-20%
- o 21-40%
- o 41-60%
- o 61-80%
- o 81-100%

8. What is the primary clinical focus in which you practice most often? (select all that apply)

- o Acute Care
- Aquatic
- Cardiovascular Pulmonary
- Clinic Electrophysiology
- Geriatrics
- o Hand Rehabilitation
- o Lymphedema Management
- Neurology
- Oncology
- Orthopedics
- Pediatrics
- o Sports
- Women's Health
- Wound Management
- Other (please specify)

Indicate which category best describes your level of agreement with each statement. Because of the completion of orthopedic manual physical therapy(OMPT)	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
9.I have been recognized by my peers as providing excellence in PT practice as demonstrated by an increase in patient referrals from peers.	0	0	0	0	0
10.I have been recognized by physicians and physicians' support staff as providing excellence in PT practice as demonstrated by an increase in patient referrals from physicians.	0	0	0	0	0
11.I have been recognized by patients/clients as providing excellence in PT practice as demonstrated by an increase in referrals from patient/client sources.	0	0	0	0	0
12.I have been recognized by peers and/or medical professionals as providing excellence in PT practice as demonstrated by requests for consultations on patients/clients.	0	0	0	0	0
13.I have improved my ability to communicate effectively with my patient/client population regarding the PT management of their impairments/disabilities/condition.	0	0	0	0	0

# **APPENDIX A-Continued**

Indicate which category best describes your level of agreement with each statement. Because of the completion of orthopedic manual physical therapy(OMPT)	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
14.I have improved my ability to communicate effectively with other health care professionals regarding the PT management of patient/client impairments/disabilities/conditions.	0	0	0	0	0
15.I have improved my ability to communicate effectively with third party payers regarding management of patient/client impairments/disabilities/conditions.	0	0	0	0	0
16.I have a higher level of knowledge and skill to perform examinations and evaluations.	0	0	0	0	0
17.I have a higher level of knowledge and skill to perform critical thinking throughout examination, evaluation and treatment procedures.	0	0	0	0	0
18.I have a higher level of knowledge and skill to maximize efficiency with all patient care tasks.	0	0	0	0	0
19.I am more effective with treatment procedures.	0	0	0	0	0
20.I have improved my ability to function as a primary care provider.	0	0	0	0	0
21.I have improved my ability to manage complex orthopedic patients.	0	0	0	0	0
22.I am more accurate when providing a patient prognosis.	0	0	0	0	0
<ul><li>23.I actively apply the concept of evidence based practice.</li><li>(the integration of clinical expertise, patient values, and the best research evidence into the decision making process for patient care)</li></ul>	0	0	0	0	0
24.I have increased my participation of pursuing new evidence through critical inquiry. (Including but not limited to (1) using valid and reliable outcome measures (2) participating in research projects (3) conducting research (4) contributing to data pools for future research)	0	0	0	0	0
25.I have pursued further higher education at the University level. (MS, tDPT, DScPT, PhD)	0	0	0	0	0

## **APPENDIX A-Continued**

Indicate which category best describes your level of agreement with each statement. Because of the completion of orthopedic manual physical therapy(OMPT)	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
26.I have improved my ability to recognize the limits of my expertise and efficiently refer patients to appropriate health care providers, medical specialties and or services.	0	0	0	0	0
27.I adhere to a higher ethical standard in billing for skilled services.	0	0	0	0	0
28.I retain responsibility for the delivery of the clinical skills taught within the OMPT program without allowing the delegation of the delivery of these skills by support staff.	0	0	0	0	0
29.I maintain employment situations that are congruent with practice values and professional ethical standards.	0	0	0	0	0
30.I have increased my participation in mentoring students as a clinical instructor.	0	0	0	0	0
31.I have increased my participation in mentoring others through staff education in clinical setting	0	0	0	0	0
32.I have increased my participation in teaching at a University or Community College setting	0	0	0	0	0
33.I have increased my promotion of the profession of Physical Therapy through community education at the local, state, or national level.	0	0	0	0	0
34.I have increased my participation and/or membership in professional organizations.	0	0	0	0	0
35.I have increased my advocacy for Physical Therapy by participation in activities to promote legislature regarding Physical Therapy.	0	0	0	0	0
36.I have increased my ability to understand individual patient/client, peer and other professionals' perspectives.	0	0	0	0	0
37.I have increased my appreciation and respect for the uniqueness of each individual patient/client and professional encounter.	0	0	0	0	0

38.Please include any comments regarding your reflection on how completing the OMPT program has influenced your practice as a Physical Therapist.