**New Application: Physical Medicine and Rehabilitation**

**Review Committee for Physical Medicine and Rehabilitation**

**ACGME**

*New program applications must use the online application process within the Accreditation Data System (ADS). For further information, review the “*[*Application Instructions*](https://www.acgme.org/what-we-do/accreditation/program-application-information/)*.”*

*This document contains the “Specialty-specific Application Questions.” After completing this document, convert it to PDF and upload it as the “Attachment: Specialty-specific Application Questions” during Step 12 of the online application process within ADS.*

**Oversight**

**Sponsoring Institution**

|  |  |
| --- | --- |
| **Physical Medicine and Rehabilitation (PM&R) Department [Program Requirement (PR) 1.2.a.]** | |
| Is PM&R organized as an independent department? | Choose an item. |
| Is it a division? | Choose an item. |
| If “Yes,” indicate what it is a division of: | Click here to enter text. |

If it is neither a department nor a division, describe how it is organized and what are the administrative relationships?

|  |
| --- |
| Click here to enter text. |

**Resources**

1. List all outpatient clinics (including specific disability populations seen, such as amputee, muscular dystrophy, or spinal cord injury clinic and EMG) available for the education of residents. Copy table as necessary for additional sites. [PR 4.11.f.]

| **Site #1** | | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1st Week | a.m. | Clinic(s) | Clinic(s) | Clinic(s) | Clinic(s) | Clinic(s) | Clinic(s) |
| p.m. | Clinic(s) | Clinic(s) | Clinic(s) | Clinic(s) | Clinic(s) | Clinic(s) |
| 2nd Week | a.m. | Clinic(s) | Clinic(s) | Clinic(s) | Clinic(s) | Clinic(s) | Clinic(s) |
| p.m. | Clinic(s) | Clinic(s) | Clinic(s) | Clinic(s) | Clinic(s) | Clinic(s) |
| 3rd Week | a.m. | Clinic(s) | Clinic(s) | Clinic(s) | Clinic(s) | Clinic(s) | Clinic(s) |
| p.m. | Clinic(s) | Clinic(s) | Clinic(s) | Clinic(s) | Clinic(s) | Clinic(s) |
| 4th Week | a.m. | Clinic(s) | Clinic(s) | Clinic(s) | Clinic(s) | Clinic(s) | Clinic(s) |
| p.m. | Clinic(s) | Clinic(s) | Clinic(s) | Clinic(s) | Clinic(s) | Clinic(s) |

1. List sites used for **inpatient education** in the table below. Use the site numbers and names as they appear in the “Participating Site Information” area in ADS. Data should be specific to PM&R beds, census, admissions, etc., for residents in this program only. [PR 4.11.g.]

NOTE: If a given site is used only for a specialized rotation, record data only in the appropriate categories.

| **Statistics** | | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- | --- |
| **Total Hospital Beds** | | | | | |
| Adults | | # | # | # | # |
| Children | | # | # | # | # |
| **Total PM&R Beds** | | | | | |
| Adults | | # | # | # | # |
| Children | | # | # | # | # |
| **Average Daily Census/Inpatient PM&R** | | | | | |
| Adults | | # | # | # | # |
| Children | | # | # | # | # |
| **Estimated Daily Census Per Resident** | | | | | |
| Adults | | # | # | # | # |
| Children | | # | # | # | # |
| **Number of PM&R Admissions per Year** | | | | | |
| Adults | | # | # | # | # |
| Children | | # | # | # | # |
| **Average Length of Stay** | | | | | |
| Adults | | # | # | # | # |
| Children | | # | # | # | # |
| **FTE Residents Assigned for Direct Patient Management to Bed Service at Any One Time** | | | | | |
| Adults | | # | # | # | # |
| Children | | # | # | # | # |
| **Estimated Number of Admissions per FTE Resident per Rotation** | | | | | |
| Length of Rotation in Months | # | | # | # | # |
| Adults | # | | # | # | # |
| Children | # | | # | # | # |
| **Are PM&R beds geographically contiguous?** | Choose an item. | | Choose an item. | Choose an item. | Choose an item. |

1. Provide the number of annual PM&R consultations available for non-PM&R inpatient services. **Include first encounters only, do not include follow-ups or re-evaluations.** [PR 4.11.g.1.]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| Total number of Consults | # | # | # | # |
| Adults | # | # | # | # |
| Children | # | # | # | # |

1. Provide the number of bed service admissions, inpatient consultations, and outpatient visits per resident during entire residency program. [PR 2.13.; 4.11.i.]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Patient Population** | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| Bed service admissions | # | # | # | # |
| Inpatient consultations | # | # | # | # |
| Outpatient visits | # | # | # | # |

**Personnel**

**Other Program Personnel**

1. Indicate with a check mark whether staff members in the following disciplines will be available to the program. [PR 2.13.; 4.4.a.8.]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Support Personnel** | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** |
| Physical therapist |  |  |  |  |  |
| Occupational therapist |  |  |  |  |  |
| Speech/language pathologist |  |  |  |  |  |
| Therapeutic recreational specialists |  |  |  |  |  |
| Psychologist |  |  |  |  |  |
| Vocational counselor |  |  |  |  |  |

2. Describe any other additional professional, technical and clerical personnel that support the administration and educational conduct of the program. [PR 2.13.]

|  |
| --- |
| Click here to enter text. |

**Resident Appointments**

**Eligibility Requirements**

1. Indicate how the program will verify that the requirements for the year of fundamental clinical skills have been met by each resident, including a summative competency-based performance evaluation of the transferring resident. [PR 3.3.a.1.]

|  |
| --- |
| Click here to enter text. |

1. Will the 12-month education of fundamental clinical skills occur in an ACGME-accredited program? [PR 4.11.d.1.]  YES  NO

If “NO,” explain.

|  |
| --- |
| Click here to enter text. |

**Educational Program**

**Patient Care**

1. Indicate the settings and activities in which residents will develop competence in the evaluation and management of patients with physical and/or cognitive impairments, disabilities, and functional limitations. Also, indicate the method(s) that will be used to assess competence. [PR 4.4.a.]

| **Competency Area** | **Settings/Activities** | **Method(s) Used to Evaluate Resident Competency** |
| --- | --- | --- |
| History and physical examination pertinent to physical medicine and rehabilitation  [PR 4.4.a.1.] | Click here to enter text. | Click here to enter text. |
| Assessment of impairment, activity limitation, and participation restrictions  [PR 4.4.a.2.] | Click here to enter text. | Click here to enter text. |
| Review and interpretation of pertinent laboratory and imaging materials for the patient  [PR 4.4.a.3.] | Click here to enter text. | Click here to enter text. |
| Providing prescriptions for orthotics, prosthetics, wheelchairs, assistive devices for ambulation, and other durable medical equipment or assistive devices  [PR 4.4.a.4.] | Click here to enter text. | Click here to enter text. |
| Pediatric rehabilitation  [PR 4.4.a.5.] | Click here to enter text. | Click here to enter text. |
| Geriatric rehabilitation  [PR 4.4.a.6.] | Click here to enter text. | Click here to enter text. |
| Application of bioethics principles to decision making in the diagnosis and management of their patients  [PR 4.4.a.7.] | Click here to enter text. | Click here to enter text. |
| Providing prescription of evaluation and treatment by physical therapists, occupational therapists, speech/language pathologists, therapeutic recreational specialists, psychologists, and vocational counselors  [PR 4.4.a.8.] | Click here to enter text. | Click here to enter text. |

1. Indicate the settings and activities in which residents will develop competence in the medical, diagnostic, and surgical procedures considered essential for the area of practice. Also, indicate the method(s) that will be used to evaluate competence.

| **Competency Area** | **Settings/Activities** | **Method(s) Used to Evaluate Resident Competency** |
| --- | --- | --- |
| Performance, documentation, and interpretation of 200 complete electrodiagnostic evaluations from separate patient encounters  [PR 4.5.a.] | Click here to enter text. | Click here to enter text. |
| Performance of therapeutic and diagnostic injections  [PR 4.5.b.] | Click here to enter text. | Click here to enter text. |

**Medical Knowledge**

Indicate the activities (lectures, conferences, journal clubs, clinical teaching rounds, etc.) in which residents will develop competence in their knowledge in each of the following areas. Also, indicate the method(s) that will be used to assess resident competence.

| **Competency Area** | **Settings/Activities** | **Method(s) Used to Evaluate Resident Competency** |
| --- | --- | --- |
| Diagnosis, pathogenesis, treatment, prevention, and rehabilitation of those neuromusculoskeletal, neurobehavioral, and other system disorders common to this specialty in patients of each gender and all ages  [PR 4.6.a.] | Click here to enter text. | Click here to enter text. |
| Orthotics and prosthetics, including fitting and manufacturing  [PR 4.6.b.] | Click here to enter text. | Click here to enter text. |
| Principles of pharmacology as they relate to the indications for and complications of drugs utilized in physical medicine and rehabilitation  [PR 4.6.c.] | Click here to enter text. | Click here to enter text. |

**Systems-based Practice**

List the settings and activities in which residents develop competence in the area listed below. Also, specify the method(s) used to evaluate fellow competence in this area.

| **Competency Area** | **Settings/Activities** | **Method(s) Used to Evaluate Fellow Competency** |
| --- | --- | --- |
| Demonstrate knowledge of the types of patients served, referral patterns, and services available in the continuum of rehabilitation care in community rehabilitation facilities. [PR 4.9.i.] | Click here to enter text. | Click here to enter text. |

**Curriculum Organization and Resident Experiences**

1. Didactics
2. Describe the organization of the didactic core curriculum. Include a list of main topic headings. [PR 4.11.m.; 4.11.n.]

|  |
| --- |
| Click here to enter text. |

1. How often are lectures given?

|  |
| --- |
| Click here to enter text. |

1. How often does the core curriculum repeat?

|  |
| --- |
| Click here to enter text. |

1. Provide a list of all planned seminars, journal clubs and lectures by faculty members. [PR 4.11.o.]

|  |
| --- |
| Click here to enter text. |

1. Indicate whether teaching in the following basic sciences will be regularly provided? [PR 4.11.p.1.]

|  |  |
| --- | --- |
| Anatomy, pathology, pathophysiology, and physiology of the neuromusculoskeletal systems | Choose an item. |
| Biomechanics | Choose an item. |
| Electrodiagnostic medicine | Choose an item. |
| Functional anatomy | Choose an item. |
| Kinesiology | Choose an item. |

For any ‘NO’ responses above, indicate how they are integrated into the curriculum.

|  |
| --- |
| Click here to enter text. |

1. How will residents be provided with instruction in effective teaching methods? [PR 4.11.p.2.]

|  |
| --- |
| Click here to enter text. |

1. How will residents be provided with instruction in medical administration, including risk management and cost-effectiveness? [PR 4.11.p.3.]

|  |
| --- |
| Click here to enter text. |

1. How will residents gain experience with the use and interpretation of psychometric and vocational evaluations, and with test instruments utilized by these disciplines? [PR 4.11.p.4.]

|  |
| --- |
| Click here to enter text. |

1. Will each resident have an assigned faculty advisor/mentor who will regularly meet with the resident for activities such as monitoring, feedback, facilitation of scholarly activity, or career counseling? [PR 4.11.e.1.]  YES  NO
2. Will attending and resident inpatient rounds occur five times per week at all inpatient facilities? [PR 4.11.g.5.]  YES  NO

If “NO,” explain.

|  |
| --- |
| Click here to enter text. |

1. How will residents gain familiarity and experience with the safety and clinical use of electrodiagnostic equipment? [PR 4.11.i.]

|  |
| --- |
| Click here to enter text. |

1. How will the program provide for residents’ achievement of progressive responsibility? [PR 4.11.k.]

|  |
| --- |
| Click here to enter text. |

1. Record the number of patients per year available for teaching residents in the table below. Include only first encounters, do not include follow-ups or re-evaluations. **Mark secondary diagnosis (if chronic/underlying disease) with an asterisk (\*).**

|  | **Site #1** | | **Site #2** | | **Site #3** | |
| --- | --- | --- | --- | --- | --- | --- |
| **Inpatient Admissions** | **Outpatient Visits** | **Inpatient Admissions** | **Outpatient Visits** | **Inpatient Admissions** | **Outpatient Visits** |
| Acute and chronic musculoskeletal syndromes, including sports-related injuries, occupational injuries, rheumatologic disorders, and use of musculoskeletal ultrasound  [PR 4.11.k.1.] | # | # | # | # | # | # |
| Acute and chronic pain conditions, including use of medications, therapeutic and diagnostic injections, and psychological and vocational counseling  [PR 4.11.k.2.] | # | # | # | # | # | # |
| Congenital or acquired myopathies, peripheral neuropathies, motor neuron and motor system diseases, and other neuromuscular diseases  [PR 4.11.k.3.] | # | # | # | # | # | # |
| Congenital or acquired amputations  [PR 4.11.k.4.] | # | # | # | # | # | # |
| Congenital or acquired brain injury  [PR 4.11.k.5.] | # | # | # | # | # | # |
| Congenital or acquired spinal cord disorders  [PR 4.11.k.6.] | # | # | # | # | # | # |
| Medical conditioning, reconditioning, and fitness  [PR 4.11.k.7.] | # | # | # | # | # | # |
| Orthopaedic disorders, including post-fracture care and post-operative joint arthroplasty  [PR 4.11.k.8.] | # | # | # | # | # | # |
| Pulmonary, cardiac, oncologic, infectious, immunosuppressive, and other common medical conditions seen in patients with physical disabilities  [PR 4.11.k.9.] | # | # | # | # | # | # |
| Stroke  [PR 4.11.k.10.] | # | # | # | # | # | # |
| Tissue disorders, such as ulcers, and wound care  [PR 4.11.k.11.] | # | # | # | # | # | # |
| Other: specify | # | # | # | # | # | # |

1. Explain how the resident will be involved in medical conditioning, reconditioning, and fitness.   
   [PR 4.11.k.7.]

|  |
| --- |
| Click here to enter text. |

**The Learning and Working Environment**

**Patient Safety, Quality Improvement, Supervision and Accountability**

1. What provision will be made by the program director for appropriate supervision of more junior residents by more senior residents? [PR 6.9.c.]

|  |
| --- |
| Click here to enter text. |

**Clinical Experience and Education**

How often will residents be assigned night float in each year of the program? [PR 6.26.a.]

|  |
| --- |
| Click here to enter text. |

**\*\*\***

The following area is optional and can be used to explain any unique scenarios occurring in the program that do not fit the confines of this form.

***Limit the response to 500 words.***

|  |
| --- |
| Click here to enter text. |