Florence P. Kendall Scholarship (FPKS) GUIDELINES PREFACE

The mission of the Foundation for Physical Therapy (FPT) is to fund and publicize physical therapy research that determines the scientific basis and value of services intended to optimize physical functioning by physical therapists, and to develop the next generation of researchers.

The vision of FPT is to change the face of healthcare by providing a society that thrives on mobility with the innovative research needed to optimize physical functioning.

FPKS PROGRAM OBJECTIVES AND FUNDING PRIORITIES

Statement of Intent for Funding

FPT, like the physical therapy profession, is dedicated to the goal of improving the quality and delivery of patient care. One of the ways that the FPT accomplishes this goal is by providing support to physical therapists and physical therapist assistants (PTAs) during their development of research careers pursuing scientifically based and clinically relevant research that demonstrates the clinical effectiveness and functional outcomes of physical therapist practice.

FPT supports only those intervention studies in which the interventions are provided by physical therapists, or selected components of the interventions are provided by PTAs under the direction and supervision of physical therapists.

Purpose

The purpose of the FPKS program is to assist physical therapists and physical therapist assistants with outstanding potential in the first year of graduate studies towards a post-professional doctorate. Specific eligibility requirements and criteria for review and selection are contained in these Guidelines.

The total amount of funding may vary from year to year (depending on available resources) and all money awarded could be considered taxable income depending on the use of proceeds. FPKS recipients are responsible for the determination of potential tax of award. All Guidelines are subject to change as the needs of the physical therapy profession change.

Guidelines for distribution of funds and criteria for selecting recipients are established by FPT Board of Trustees (BOT) and implemented by the Scientific Review Committee (SRC). Selected by FPT’s BOT, the SRC is comprised of physical therapist researchers and others with experience preparing students for research careers. The SRC reviews applications and makes recommendations to FPT’s BOT, which the BOT will use to make award.

Objective

The intent of FPT is to fund the most highly qualified post-professional doctoral student applicants and to ensure that the physical therapy profession benefits from the commitment, scholarship, and teaching of these individuals. These scholarships will help develop a supply of post-professional, doctorally-prepared researchers who will add to or refine the body of evidence on which physical therapist practice is based.
Priorities

Priority will be given to applicants who meet the following criteria:

- Full-time and part-time post-professional doctoral students who show promise of completion of post-professional doctoral degree requirements in a timely fashion.
- Have demonstrated potential for a career as an academic researchers and educator in an accredited physical therapy education program.
- Preference will be given to those whose research is directly related to the Research Agenda.

FPKS GENERAL INFORMATION

Scholarship Amount

Awards of $5,000 will be given to students in the first year of post-professional doctoral study.

Scholarship Year

The scholarship year begins September 1, of the year of application, and ends August 31 of the following year.

Use of Funds

Under no circumstances will funds be approved to finance living expenses, tuition expenses, academic fees, or other expenses incurred prior to the beginning of the scholarship year.

Payment of Funds

All funds are paid directly to the FPKS recipient and could be considered taxable income dependent upon the use of the proceeds. It is the FKPS recipient’s responsibility to determine tax status.

Notification

FPKS are awarded in December. All applicants will receive notification and feedback via electronic mail.

Completion of Program

Requests for approval of any major changes in the Plan of Study or funding year must be made in writing, allowing thirty (30) days for review and consideration. Completion of funded objectives is essential for FPT to achieve its objectives; therefore, the potential for successful completion of the doctoral program is a major consideration in awarding FPKS.

FPKS ELIGIBILITY

At the time of application, the applicant must:

- Possess a license to practice physical therapy in the US or in a US jurisdiction; OR
- Have met all the requirements for physical therapy licensure in the US or in a US jurisdiction, including having received a passing score on the licensure exam; OR
- Possess a PTA license in the US or in a US jurisdiction; OR
- Have met all the requirements for licensure as a PTA in the US or in a US jurisdictions, including having received a passing score on the licensure exam.
- Be enrolled as a full or part-time student in a regionally, fully accredited post-professional doctoral program whose content has a demonstrated relationship to physical therapy. Students enrolled in transitional Doctor of Physical Therapy (t-DPT) programs are not eligible for FPT scholarship support.
- Must demonstrate commitment to further the physical therapy profession through research and teaching in the US and its territories.
- Be a US citizen or a permanent resident.
• The applicant must NOT have completed the equivalent of two (2) full semesters or three (3) full quarters of
doctoral-level coursework that COUNT TOWARDS the current program of enrollment PRIOR to the start of the
Scholarship Year (September 1st). This includes credits that will be transferred to the current program of
enrollment that count towards your degree requirements. The applicant is encouraged to discuss transfer credits
with their advisor to determine their status in relation to this eligibility requirement. Applicants are also encouraged
to contact FPT in advance to discuss eligibility if there is any question as to previous credits earned or transferred.

TERMS AND CONDITIONS OF FPKS

Non-Compliance

Failure of the FPKS recipient to comply with the policies governing this scholarship may be grounds for early termination
of the FPKS and/or denial of any future consideration by FPT for any of its programs.

During the course of post-professional doctoral studies, should the FPKS recipient encounter problems related to
academic progress or other matters related to the FPKS, FPT may request additional information from which a decision
to continue or to terminate the FPKS can be made. Should an early termination be warranted, the FPKS recipient will receive a sixty (60) day notice from FPT.

Research Integrity

FPT expects that the highest ethical standards and compliance with public laws and regulations will be adhered to by all
FPKS recipients when undertaking any type of research supported by FPT funds. It is expected that FPKS recipients will:

• Be intellectually honest in proposing, performing, and reporting research
• Be accurate in representing contribution in research proposals and reports
• Be fair in peer reviews
• Be collegial in scientific interactions, including communications and sharing of resources
• Be transparent in conflicts of interest or potential conflicts of interest
• Ensure the protection of human subjects in the conduct of research in compliance with the Department of Health
and Human Services’ regulations governing the protection of human subjects
• Ensure humane care of animals in the conduct of research in compliance with Public Health Service’s policy on
humane care and treatment of laboratory animals
• Adhere to the mutual responsibilities between investigators and their research teams.

Obligations/Service

FPKS recipients shall agree to:

• Maintain student status during the year in which the FPKS proceeds will be used.
• Participate in any evaluation, outcome studies, or surveys related to the FPKS program sponsored by FPT.
• Register with ORCID and provide the Scientific Program Administrator with their ORCID Identifier.
• Acknowledge FPT’s support in all publications, including dissertation, and conference presentations as such:

“This work was supported in full part a Florence P. Kendall Doctoral Scholarship from the Foundation for
Physical Therapy.”

• Use the FPT funding acknowledgement slide provided by FPT in all presentations using research from the FPKS
umbrella of support.

• FPKS recipients must display the FPT logo on all posters.

Failure to comply with these obligations could make the FPKS recipient NOT in GOOD STANDING with FPT and could
make the FPKS recipient ineligible to apply for any other FPT funding mechanism.

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**Reporting**

FKPS recipients shall provide a Final Report, via email, to FPT within thirty (30) days of completion of the scholarship year. The report should include a summary of the FKPS recipient’s program and work completed. The Final Report must be filed separately from any application to FPT for new funds. If the FKPS recipient fails to comply with reporting requirements, he/she will NOT be considered in GOOD STANDING with FPT and will NOT be eligible to apply for any other FPT funding mechanism.

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**CRITERIA FOR EVALUATION OF FKPS APPLICATION**

Recommendation for funding will be based on the comprehensiveness of the application and the educational qualifications of the applicant with regard to potential for research and teaching in physical therapy. Selection will be based on the following criteria.

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**Applicant**

Is the applicant’s academic record of high quality? A summary of the applicant’s professional background, future goals, publications and presentations will be considered. Does the applicant demonstrate a commitment to research and teaching in the field of physical therapy? Does the applicant have the potential to develop as an independent and productive researcher?

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**Mentors, Advisors, Facilities**

Are the research qualifications (including successful completion of funded research) and track record of mentoring PhD students appropriate for the field? Are the research interests of the applicant and mentor compatible? Does the mentor have adequate understanding of the applicant’s research training needs? Does the mentor demonstrate the ability and commitment to assist in meeting the training needs?

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**Objectives and Plan of Study**

Does the applicant outline appropriate objectives of graduate study that will enable him or her to become an independent investigator? Does the proposed plan of study address the applicant’s objectives of graduate study? Is the plan of study appropriate considering the stage of the degree program in which the applicant is currently studying? Will the plan of study provide the applicant with experiences that will develop research skills needed for his/her independent and productive research career? Is the likely research direction of the applicant consistent with the APTA’s Research Agenda? Does the applicant describe the potential significance and feasibility of the research plan?

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**Progress and Potential**

Does the program and proposed plan of study have the potential to provide the applicant with requisite individualized and supervised experiences that will develop his/her research skills? Does the program and proposed plan of study have the potential to serve as a sound foundation that will lead the applicant to an independent and productive researcher? Is the applicant demonstrative continued progression, through examination of transcripts of required coursework, completion of comprehensive exams, approval of dissertation proposal, and time dedicated to dissertation work, towards completion of doctoral programs?
Institutional Environment and Commitment to Training

Are the facilities, resources, (e.g., equipment, lab space, computer time, subject populations) and training opportunities appropriate to develop a researcher who is capable of designing and implementing high quality research? Is there appropriate institutional commitment to fostering the applicant’s education and training as an independent and productive researcher?

Additional Considerations

Reviewers may address other considerations such as format, cohesiveness, and completeness of applications.

AMERICAN PHYSICAL THERAPY ASSOCIATION RESEARCH AGENDA

Adopted and promulgated by APTA’s Board of Directors (BOD), the Clinical Research Agenda (CRA) was the result of a series of conferences and editorial review processes in which large numbers of physical therapists participated. The Agenda was published in May 2000 (Clinical Research Agenda for Physical Therapy. Phys Ther. 2000; 80:499–513).

The CRA underwent extensive review and revision based upon input from all APTA Sections to produce the new Research Agenda, published in March 2011. The term “clinical” was removed from the title in recognition of a “more comprehensive perspective of physical therapy research than the manner in which the Clinical Research Agenda was perceived” (Goldstein et al., 2011, p. 1). The new Research Agenda reflects the changes in rehabilitation practices as well as expands upon the scope of rehabilitation research (Goldstein et al., 2011, p. 5).

APTA supports research that is conducted across all points on the continuum of health-related research. The BOD recognizes that the domains along this continuum should not be perceived as mutually exclusive areas of knowledge and that research across the continuum is vital to the profession of physical therapy. In March 2005, the BOD passed P03-05-18-49, Continuum of Research in Physical Therapy:

The profession of physical therapy is committed to understanding and participating in basic science, mechanistic, translational, clinical, and health services research, in order to provide patients/clients with the most current, appropriate, and effective management. The American Physical Therapy Association (APTA) has an obligation to foster leadership and participation in all research efforts related to the science of physical therapist practice. The science is inherently transdisciplinary and encompasses a seamless continuum of research from basic underlying mechanisms and theory to clinical application. The key questions confronting physical therapy require employment of the full range of methodological designs and approaches.

The CRA, and now the Research Agenda, should be read in this context. The Research Agenda describes prototypical questions that are relevant to clinical practice—and that are answerable in the near-term—within the broad array of questions along the continuum of research germane to physical therapy. Additional specific questions, including basic and applied scientific inquiries, also could provide new knowledge that would enhance physical therapist practice. If the answers to additional research questions can be applied to clinical practice, those questions would then be consistent with the intent of the Research Agenda and can be legitimately included as part of the Research Agenda.

More information regarding the review and revision of the Research Agenda may be found at:

I. **Basic Science Research**

1. Identify how genetic, anatomical, biomechanical, physiological, or environmental factors contribute to excessive stress, injury, or abnormal development of body tissues and systems.
2. Determine if modifiable genetic, anatomical, biomechanical, physiological, or environmental factors can decrease risk of excessive stress, injury, or abnormal development of body tissues and systems.
3. Examine the effects of physical therapy interventions that are provided independently or in combination on cellular structural properties and physiological responses of healthy, injured, or diseased body tissues.
4. Investigate the factors that modify the response to physical therapy intervention and positive tissue adaptation (e.g., genetic, functional, structural, psychosocial, and physiological factors).
5. Determine the optimal dose of physical therapy interventions (frequency, duration, intensity) to achieve optimal cellular and physiological adaptation/response of body tissues and systems.
6. Examine skill acquisition and motor development in individuals with movement disorders.
7. Examine the relationship between biomarkers and impairments in body structure and function, limitations in activity, and restrictions in participation.
8. Define the role for physical therapy in the maturation and modeling of genetically engineered tissues.
9. Determine the mechanisms by which physical therapy interventions modify disease and age-related or injury induced changes in normal cellular structure and function using appropriate human and animal models.
10. Develop new physical therapy interventions to promote tissue growth and adaptation.

II. **Clinical Research**

1. Determine the relationships among levels of functioning and disability, health conditions, and contextual factors for conditions commonly managed by physical therapists (e.g., International Classification of Functioning, Disability and Health).
2. Develop and evaluate models of health and disability to guide the investigation, prevention, and treatment of health conditions relevant to physical therapy.
3. Identify factors that predict the risks of, or protection from, health conditions (injury, disorders, and disease).
4. Examine the impact of health promotion interventions that include the involvement of physical therapists on activity and participation of individuals with movement disorders.
5. Evaluate of develop effective interventions to prevent or reduce the risk of disability associated with common health conditions.
6. Determine the effects of interventions provided by physical therapists to address secondary prevention in patients/clients with chronic diseases (e.g., diabetes, obesity, arthritis, neurological, other disorders).
7. Determine the physical therapist’s role and impact in contemporary delivery models on prevention of diseases and their secondary side effects.
8. Identify technologies to assist physical therapists in developing prevention approaches that optimize outcome.
9. Develop and evaluate effective patient/client classification methods to optimize clinical decision making for physical therapist management of patients/clients.
10. Identify criteria for progression in levels of care, activity, or participation of the patient/client.
11. Identify thresholds for adequate physical function to optimize outcomes and prevent injury.
12. Identify contextual factors (e.g., personal and environmental) that affect prognosis.
13. Identify technologies to assist physical therapists in determining patient/client classification.
14. Determine predictors of recovery from adverse effects associated with medical or surgical treatment.
15. Determine the effectiveness and efficacy of interventions provided by physical therapists across relevant domains of health.
16. Determine interactions among interventions provided by physical therapists.
17. Determine the effectiveness and efficacy of interventions provided by physical therapists delivered in combination with other interventions (e.g., medical, surgical, or biobehavioral interventions).
18. Determine the effects of frequency, duration, intensity, and timing of interventions provided by the physical therapist.
19. Develop and test the effectiveness of physical therapist interventions for primary and secondary conditions or disability.
20. Develop and test the effectiveness of physical therapist interventions to optimize treatment outcomes for specific subgroups of patients/clients.
21. Develop and test the effectiveness of decision support tools to facilitate evidence-based physical therapist decision making.
22. Develop and test the effectiveness of methods to improve patient/client adherence to the plan of care and self-management.
III. Education/Professional Development

1. Evaluate the effect of physical therapist post-professional specialty training on clinical decision making and patient/client outcomes.
2. Determine the best methods to foster career development and leadership in physical therapy.
3. Determine the optimal criteria for board certification.
4. Evaluate the effect of clinical education models on clinical outcomes, passing rates on the National Physical Therapy Examination, and employment settings after graduation.
5. Determine the impact of professional-level physical therapist education on professional behaviors.
6. Assess the effectiveness of models of professional education on clinical performance.
7. Determine the relationship between student cultural competency and clinical decision making.
8. Evaluate the effectiveness of different methods used to improve cultural competence.
9. Develop and evaluate the most effective methods for facilitating physical therapist acquisition and use of available information resources for evidence-based practice.
10. Evaluate the skills needed by practitioners to provide optimal patient/client care, patient/client advocacy, and cost-effective care.

IV. Epidemiology

1. Examine the incidence, prevalence, and natural course of health conditions (disorders, diseases, and injuries) commonly managed by physical therapists.
2. Examine the incidence, prevalence, and natural course of impairments of body functions and structure activity limitations, and participation restrictions associated with health conditions commonly managed by physical therapists.
3. Investigate the effects of contextual factors (e.g., personal and environmental) on the effectiveness of interventions provided by physical therapists.

V. Health Services Research/Policy

1. Perform economic evaluation of specific physical therapy interventions.
2. Evaluate the effect of physical therapy service delivery models on economic and patient/client outcomes and consumer choice.
3. Determine the relationship between documentation and payment.
4. Evaluate the comparative cost and/or cost-effectiveness of specific physical therapy interventions compared with or in combination with other interventions.
5. Investigate factors that influence patient/client choices when selecting a health care provider or making treatment decisions.
6. Develop and evaluate new methods for incorporating patient/client values and expectations into the decision-making process.
7. Evaluate the effectiveness of shared clinical decision-making schemes between the patient/client and therapist on clinical outcomes and costs.
8. Establish the extent to which physical therapists deliver services in accordance with recommended guidelines for specific conditions and its impact on outcomes.
9. Determine disparities in the access to and provision of physical therapy and their impact on outcomes.
10. Examine the interaction among access, culture, and health literacy on physical therapy outcomes.
11. Examine the cultural competence of physical therapists and physical therapist assistants and its impact on intervention.
12. Develop innovative medical informatics applications for physical therapy and assess their impact on clinical decision making.
13. Investigate the influence of health policies on practice patterns and outcomes.
14. Evaluate methods to enhance adherence to recommended practice guidelines.
15. Assess the impact of continuity of physical therapy services on outcomes.
16. Describe patterns of physical therapy use and identify factors that contribute to variation in utilization.
VI. Workforce

1. Examine the effects of staffing patterns on the outcomes of physical therapy.
2. Assess productivity of physical therapists in various settings and identify factors (e.g., use of extenders, mandates) that contribute to variations in productivity.
3. Identify and test the best methods to assess past, current, and future demand and unmet needs for physical therapy.
4. Identify the demand for services among populations underserved by physical therapists.
5. Determine factors that contribute to the retention of physical therapists across various settings and geographic regions.
6. Determine factors that contribute to the retention of physical therapists across various settings and geographic regions.
7. Determine the effectiveness of recruitment and retention initiatives in reducing the gap between supply and demand.
8. Investigate the relationship between the distribution of physical therapists and population health outcomes.
9. Examine the effects of workforce issues on career pathways (e.g., participation in residency, fellowship, research training).
10. Examine the effects of participation in extended clinical training experiences on workforce.

VII. Measurement Development and Validation

1. Develop or adapt measures of effectiveness and impact of physical therapy at the community level.
2. Develop new tools or refine existing tools to measure the impact of physical therapy on activity, participation, and quality of life.
3. Provide evidence to guide selection and interpretation of measurement tools for specific purposes, conditions, and populations.
4. Develop and test a minimum set of measures to evaluate the process and clinical outcomes for specific conditions and populations.
5. Develop reliable and valid measures of cultural competence of physical therapy providers and students.
6. Determine how contemporary technology (e.g., ultrasound, gen array, magnetic resonance) can be used to measure the effects of injury/disease and physical therapy intervention on body structure and function.
7. Determine optimal measurement methods to enhance clinical decision making for specific conditions and populations.