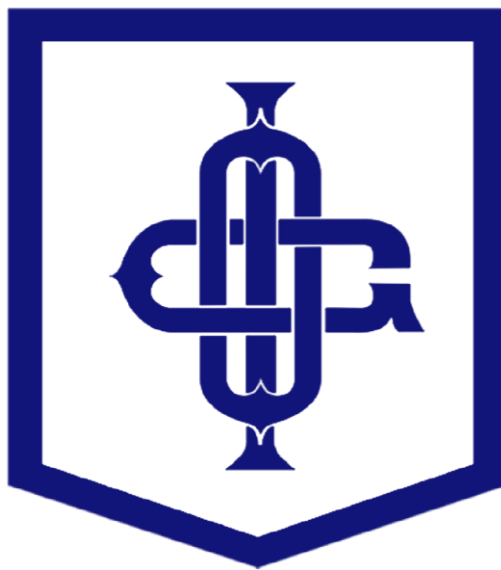




Orthopaedic Manual  
Physical Therapy Programs  
Residency Catalogue



2024

[www.olagrimbsby.com](http://www.olagrimbsby.com)

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## MISSION STATEMENT

The mission of the Ola Grimsby Institute is to provide the highest quality integrated manual therapy education to currently practicing orthopedic outpatient manual therapists. The program's aim is to develop a competent and autonomous professional capable of diagnosing and caring for patients with neuro-musculoskeletal dysfunction. To this end, the program is dedicated to strategic initiatives and continuous improvement. The institute strives to support, encourage, and facilitate the pursuit of excellence in orthopedic patient care by advancing the skills and intellectual competency of the clinician and by encouraging and requiring clinically relevant research. The resident is to understand, synthesize, and apply scientific knowledge, manual skills, and critical thinking to patient assessment and intervention. This will be assessed with written, oral, and practical examinations to check competency along with outcome study evaluations. Our goal is to enable our residents to design scientifically-based treatments for the health of each individual patient, resulting in a reduced number of treatments and improved outcomes.

## Attestation Statement

The Ola Grimsby Institute's Residency Program is accredited by the American Board of Physical Therapy Residency and Fellowship Education as a post-professional residency program for physical therapists in manual physical therapy. telephone: 703-706-3152; email: [resfel@apta.org](mailto:resfel@apta.org); website: [abptrfe.apta.org](http://abptrfe.apta.org).

**ABPTRFE**



## PHILOSOPHY OF THE OLA GRIMSBY INSTITUTE

### PEOPLE HELPING PEOPLE

The faculty and administration of the Ola Grimsby Institute believe in the power of people helping people, and we strive to apply this belief to the students, faculty, staff, therapists and patients associated with the Institute. We believe that when one person is helped, everyone is a little better for it. We are therefore dedicated to helping as many people as possible by expanding the practice of orthopaedic manual physical therapy based on clinical expertise and the most current understanding of the human neuro-muscular-skeletal systems.

As an internationally-focused, professional, education consortium, we design all of our programs with respect to the social, cultural, and professional implications unique to each region in which our programs are offered. This means that elements such as curricula, presentations, and pricing structures are designed to serve the students and their patients in each unique part of the world where the Ola Grimsby Institute operates.

## KNOWLEDGE AND PRACTICE

The Institute believes that a physical therapist's competence is developed through the pursuit of active learning in two domains:

- Knowledge - Integrating a thorough understanding of anatomy, physiology and biomechanical function with the process of clinical reasoning, analysis, diagnosis and decision-making.
- Practice - Extensive hands-on experience with patients to achieve the advanced manual skills for assessment and intervention of movement dysfunction.

## ON-GOING EDUCATION

The Institute believes that the professional development of the physical therapist is an ongoing and continuous path; therefore, one of the Institute's responsibilities is to provide practicing physical therapists and other healthcare professionals with instructional programs in outpatient orthopaedic manual therapy that are current and inclusive of evolving research.

The progression of our ongoing professional education programs includes Clinical Certification, followed by our Doctoral Degree residency, both of which can be achieved in the course of one year. Our second-year residency results in a Fellowship Certification; both of these programs are credentialed by the American Physical Therapy Association (APTA).

Following the third year of clinical specialization, students may be awarded a Ph.D. in Orthopaedic Manual Therapy.

As a degree granting institution, the broad goal of our research program is to provide the profession with evidence-based information necessary to support the future development of physical and manual therapy.



### **QUALITY PATIENT CARE AT LESS COST**

The Institute places quality of orthopaedic manual therapy above all else in the training of our students and the care of our patients. We have supporting evidence that by providing physical therapists with advanced training, in orthopaedic manual physical therapy, they become more effective and efficient. The achievement through this philosophy and practice is better patient outcomes in less time, resulting in the decreased cost of services.

Furthermore, there is evidence to suggest that physical therapists who complete our residency programs have a higher level of personal satisfaction in the performance of their work compared with physical therapists without our residency education.

Research also shows a radical increase in the perception of their clinical competence, as well as a reduction in the number of treatments necessary in order to gain full recovery from spinal as well as extremity interventions.



Ola Grimsby, PT, DMT, FFAAOMPT  
Honorary Fellow by the AAOMPT,  
"Teacher of the Year Award"  
"Teach I Must Award" by the AAOMPT.



Ola Grimsby Jr., PT, MOMT,  
AAOMPT/MNFF, Specialist  
in Manual Therapy  
Founder of Ola Grimsby  
Institute Europe

Dear Student:

I take great pride in welcoming you to the Ola Grimsby Institute Consortium! Our programs are the result of a forty-five year dream of mine to create an academic and clinical residency curriculum for Physical Therapists in the United States. The process has included teaching and administration of the National Program for Orthopaedic Manual Therapy in Norway, studies of the multi-national "schools of thought", and lectures throughout the world. Our faculty are highly qualified clinicians with broad experience in the many aspects of our profession. In 2007, we were granted the right to issue the world's first Ph.D. in Orthopaedic Manual Therapy.

Through an extensive curriculum, we are among the leaders of postgraduate training for Physical Therapists. For students who want to earn a Doctorate of Manual Therapy degree, become a Fellow of the American Academy of Orthopaedic Manual Physical Therapy (AAOMPT), or attain a Ph.D. in Orthopaedic Manual Therapy, in addition to the Certificate of Completion, current enrollment is available through the Institute's required registration under the Utah Postsecondary Proprietary School Act.

Although we seek a scientific rationale for our clinical skill, we will always put an emphasis on the art of our performance. In recognition of the need for scientific verification, it is important to remember that research has little value to us unless it is clinically applicable. Consequently, we do not offer you a finished product, but an opportunity to participate in a process of constant development, fostering the development of a lifelong learner.

The Ola Grimsby Institute is recognized as a provider of the Manual Therapy fellowship training by the American Academy of Orthopaedic Manual Physical Therapy and the American Physical Therapy Association. As of the summer of 1992, the APTA is a full member of the International Federation of Orthopaedic Manipulative Therapy, and the programs of the Institute will also meet the international standard. As of 2003, we are credentialed through the American Physical Therapy Association. Furthermore, the Ola Grimsby Institute is affiliated with numerous academic organizations throughout Europe and Asia.

In spite of our academic and professional achievements, we do not have all the answers. In humble admiration for the enormous potential of our profession, we challenge you to participate, to question, to learn and to share for the benefit of personal and professional growth and optimal patient care. I look forward to working and learning with you!

Sincerely,  
Ola Grimsby Sr.

## BOARD OF DIRECTORS

The Institute is governed by a Board of Directors, in keeping with its incorporation status. All of the members of the Board are trained and experienced with the field of Orthopaedic Manual Therapy. These members include:

Ola Grimsby Jr.	Haxthausens gt. 4 0263 Oslo, Norway
Ola Grimsby Sr.	5619 Camber Place, San Diego, CA 92117
Vicki Luebbe	2417 197 <sup>th</sup> NW Shoreline, WA 98177
Stuart Eivers	7559 26 <sup>th</sup> Ave NW Seattle, WA 98117
Rick Hobusch	8890 South North Forty Road Sandy, UT 84093
Jim Rivard	534 32nd Ave S Seattle, WA 98144
Didrik Sopler	1207 A Neptune Encinitas, CA 92024
Jojo Sayson	840 Revere St. Bourbannais, IL 60914
Dan Washeck	9 Wingspan Court Lake Saint Louis MO 63367
Alec Kay	742 K Street Anchorage, AK 99501

## ADVISORY BOARD

Rebecca Catlin  
Chris Glatz  
Eddy Miller



## ADMINISTRATORS

Chief Executive Officer	Ola Grimsby Jr.
Fellowship Director	Alec Kay
Residency Director	Thomas Mollsen
Certification Director	Joel Armstrong
Course Coordinator	Joyeeta Dutta
Research Chair PhD	Karen Dubrow
Research Chair DMT	Brent Harper
Chief Executive Consultant and Proprietor	Ola Grimsby Sr.

## Educational Technology Division

Develop policies and oversee the logistical operations of instructional materials regarding all areas of teaching (i.e. full-time residency, part-time residency, home-study residency, and short-term courses).

### Responsibilities:

- Maintain Oversight of Instructional Tools.
  - Slides (Traditional and PowerPoint)
  - Residency Course Notes
  - Short Term Course Books
  - CDs, online video
- Development of New Instructional Materials.
  - Online video
  - Microsoft 365 Education Platform
- Development of Internet Technology
- Development of Interactive Learning and Evaluative Tools

## Internal Affairs Division

### Purpose:

- Will serve as a liaison between the Students and the OGI Administration and between the OGI Administration and the Faculty.

### Responsibilities:

- Develop, implement, and oversee policies that will ensure optimal communication and relationships between all components of the OGI (i.e. administration, faculty & students).
- Oversee graduation ceremonies in conjunction with the OGI office staff.
- Keep the OGI Administration informed regarding Faculty and/or Student needs, problems, successes, etc.
- Work with the OGI office staff to maintain an accurate directory of OGI graduates as well as those eligible to serve within the OGI in varying capacities.
- In conjunction with the OGI office staff, will maintain records of Student academic records and progression.
- Oversee Students on Academic Probation to insure they are moving towards academic progression. Keep the OGI Administration informed of Students having academic difficulty.
- Offer mechanisms to Students in academic difficulty to assist them.
- Oversee Student compliance in regard to all requirements:
  - Examination Scores
  - 1:1 Clinical Mentoring
  - Short Term Courses
  - Research Requirements
  - Student Attendance
- The Director of this division will serve as the Chairman of the Board of Instructors.

## External Affairs

### Purpose:

- To provide communication to the OGI Administration regarding matters involving current and/or potential relationships with external agencies.

### Responsibilities:

- Develop opportunities for inter-agency relationships between OGI and other companies.
- Insure the OGI Administration is kept informed regarding activities and/or opportunities with other agencies/companies.
- Serve as a Liaison between the OGI and external agencies.

## Academic Affairs Division

### Purpose:

- Will develop and monitor all policies relative to student academic affairs, credentialing, standards, testing measures, and curriculum.

#### Responsibilities:

- Will implement and/or monitor all policies regarding:
  - Academic Probations
  - Implementation of Testing
  - Maintaining Standards of Testing
    - Grading
    - Test Development
  - Minimal Standards of Completion of Residency
  - Curriculum
    - Curriculum Content
    - Curriculum Assessment
    - Mechanisms to Deliver Curriculum
- All activities related to credentialing and/or accreditation
- Maintain arrangement with the Utah Department of Commerce in terms of degree granting privileges
- Develop and monitor policies regarding who is eligible to serve as:
  - An OGI instructor
  - Member on the Board of Examiners
  - Instructor for Short Term Courses
  - Instructor for Residency Courses
  - Supervisor for Independent Study Students
  - Supervisor for 1:1 Clinical Mentoring

### Professional Development Division

#### Purpose:

- Based on Instructor evaluation, will support and guide Instructors towards achieving professional goals and objectives.

#### Responsibilities:

- Develop training opportunities for Instructors.
  - OGI Forum
  - Guidelines for Apprenticing
  - Mentoring for Research, Residency Teaching, Short Term Teaching, and speaking at professional conferences.
- Develop guidelines to oversee orientation to:
  - Teaching Short Term Courses
  - Teaching Residency Courses
  - Becoming a member to the Board of Examiners
- Developing a mechanism for periodic re-certification to serve on Board of Examiners
- Will oversee annual assessment of Instructors in terms of implementation, but will not perform evaluation. Evaluation of Instructors will remain the duty of the Chairman of the Board.
- Develop, implement, and monitor the Peer Review Process.
- Develop and implement employer and graduate surveys.

## Business Affairs

### Purpose:

- To carry out operational functions of the OGI that will support and promote all other aspects of the OGI mission of teaching.

### Responsibilities

- Daily operational of business matters
- Develop and maintain contracts
  - Students
  - Instructors
  - Facilities
  - Other business-related contracts
- Maintain student records
- Oversee logistics of Short Term Courses
  - Develop schedule
  - Appoint Instructors
  - Select facilities
  - Provide course materials
- Oversee logistics of Residency Programs
  - Coordinate Student Orientation
  - Assist Instructor with all matters related to business operations of the residency
  - Assist with Student Recruitment
  - Maintain Student contracts and ensure that Student files are kept up to date
- Assist other Divisions with the implementation and management of the OGI
  - Implementation of Faculty Evaluation
  - Correspondences with APTA/AAOMPT

## Research Division

### Purpose:

- To supervise and oversee all aspects related to the OGI mission of increasing the current body of knowledge within the physical therapy profession through research

### Responsibilities

- Develop, implement, and monitor all policies related to OGI Research
- Supervise Research Projects of Instructors and Students
- Continue to Develop a Research Community within the OGI
- Mentor Instructors and Students towards presentation and/or publication of completed Research Projects



Alec Kay  
Fellowship Director



Tom Mollsen  
Residency Director



Joel Anderson  
COMT Director



Karen Dubrow  
Research Chair PhD



Brent Harper  
Research Chair DMT



Freddy Kaltenborn, Mariano Rocabado, Ola Grimsby Sr.

## ADMISSION REQUIREMENTS

### Year I Orthopaedic Residency (On-Site/Independent Study)

1. Graduate of a physical therapy program accredited and recognized by the national parent body.
2. Proof of licensure to practice physical therapy within their current practice setting.
3. Demonstrated interest in further professional development as documented in the OGI Orthopaedic Residency Application.
4. Demonstration that the Resident is actively working in an orthopaedic setting.
5. Demonstrate that they are eligible for membership within the national parent body.
6. Applicants must provide all history of professional academic training
7. Applicants are required to submit an autobiographical statement.
8. Applicants are required to provide references from two employers or professional associates.
9. Documentation required to establish proof of insurance.
10. Self photograph
11. Official transcripts

## Research Component

- ***For those who completed the DMT curriculum*** (with or without a pilot study) and those who completed various segments of the clinical curriculum (including those who completed the three years versions): You will need to select a topic from the current list, or request approval of an unlisted topic.
- ***For those who began work on (but did not finish) either a proposal or a dissertation:***  
You can either retain your topic and begin where you left off, or select a new topic from the current list, or request approval of an unlisted topic.
- ***For those who finished a proposal (but not a dissertation):***  
You can either retain your topic and begin where they left off, or select a new topic from the current list, or request approval of an unlisted topic.
- ***For those who began work on (but did not finish) a dissertation:***  
You can either retain your topic and begin where you left off, or select a new topic from the current list, or request approval of an unlisted topic.
- ***For those who finished a dissertation:***  
You can either retain your topic and pursue one or more of their Recommendations for Further Research, or select a new topic from the current list, or request approval of an unlisted topic.
- ***For those who are currently working on a second dissertation:***  
You can either retain your topic and continue from where you are now, or select a new topic from the current list, or request approval of an unlisted topic.

## NEW RESIDENT RECRUITMENT

New Resident recruitment occurs throughout the world and takes place at workshops and continuing education courses sponsored by the Institute. At these meetings the faculty members describe the Institute's activities and enrollment materials are distributed to interested people. The Institute does not utilize "agents", employees or independent contractors who are hired to recruit new residents. All enrollment agreements for admission are submitted to the Institute's central administrative office. The Institute does not grant prior credit such as reduced hours in the program or any tuition discount for any previous education or training completed. Please visit our website [www.olagrimbsby.com](http://www.olagrimbsby.com) for further information.

## ACADEMIC CALENDAR IN THE US

- The academic calendar begins every January, ending with examinations in Salt Lake City, Utah, the following December.
- **Independent study residents** must maintain weekly contact with assigned faculty members for 8 or 12 months dependent on resident's enrollment, as well as attend six mandatory short-term courses (MT2, MT3, STEP1, STEP4, MT5, MT6). Resident(s) are required to schedule these courses based on the courses offered nationally or internationally, listed on the OGI website. *In addition, all DMT residents are required to complete 150 hours of full time clinical supervision and their research components to receive the degree.*

## OPERATING SCHEDULE

Classes generally meet from 8:00 am to 5:00 pm on Saturday and 8:00 am to 5 pm on Sunday. Schedules may vary depending on location. Important scheduling information such as specific operating hours and class schedules will be announced to residents in advance once determined.

## ENGLISH AS A SECOND LANGUAGE

The Institute does not provide English as a second language instruction. All class sessions conducted within the United States will be taught in the English language.



## POLICIES AND REGULATIONS

Our program is registered under THE POST SECONDARY PROPRIETARY SCHOOL ACT, Title 13, Chapter 34, Utah Code. Registration under the Utah Postsecondary Proprietary School Act does not mean that the State of Utah supervises, recommends, nor accredits the institution. It is the resident's responsibility to determine whether credits, degrees, or certificates from the institution will transfer to other institutions or meet employers' training requirements. This may be done by calling the prospective school or employer. As part of our registration with the Utah Division of Consumer Protection, the OGI maintains a surety bond.



The Ola Grimsby Institute is not accredited by a regional or national accrediting body recognized by the US Department of Education.

### **Non-Discrimination Policy**

Ola Grimsby Institute is an educational institution that admits qualified students without regard to gender, age, race, national origin, sexual orientation, political affiliation or belief, religion or disability and affords students all rights, privileges, programs, employment services and opportunities generally available.

### **Grievance Procedure**

General student complaints should be addressed to the administrator of the department at which the complaint is directed. Complaints regarding academic issues should first be addressed to the faculty. Academic problems remaining unresolved should then be addressed to the appropriate academic administrator. Students not satisfied with the final disposition of the grievance process may contact the Program Director, state licensing authority, the Institute's accreditor, or the state attorney general.

Any complaints may be directed either orally or in writing to any faculty member, administrator, or directly to the Chairman of the Board. The resident will receive notification in writing that the complaint has been received within ten days. Upon receipt of the complaint, the Chairman, along with the Vice-President of Academic Affairs (see Administrative Chart) will then investigate the complaint thoroughly. If it is determined that the complaint is legitimate, the Institute will implement responsible policies or procedures to avoid similar complaints in the future. Filing a complaint will in no way affect a Resident's rights or remedies.

A student or any member of the public may file a complaint about this institution with the Bureau for Private Postsecondary Education by calling (888) 370-7589 toll-free or by completing a complain form, which can be obtained on the bureau's internet web site [www.bppe.ca.gov](http://www.bppe.ca.gov)

Any person (Complainant) may submit a complaint about a credentialed post-professional residency or fellowship program (Program) to the American Physical Therapy Associations' (APTA) American Board of Physical Therapy Residency and Fellowship Education (Board), in care of the APTA's Department of Residency/Fellowship & Specialist Certification.

### **Academic Probation**

Students must meet academic requirements defined for their program of study. When OGI determines that a student has failed to meet academic standards, maintain satisfactory academic progress, or meet employability performance standards, the student will be placed on probation and notified in writing of the terms of the probation. If this occurs, the student will be given specific guidelines as to what the deficiencies are, guidelines of what is expected to be corrected, a mechanism and/or suggestions of how the deficiencies can be corrected, and a timetable for when the corrections will be expected to be completed. OGI is committed to supporting students to improve their performance. Failure to meet the terms of probation may result in dismissal.



## **Disciplinary Action**

Students who breach school rules or conduct standards are referred to the appropriate academic administrator, who will investigate the facts surrounding the situation. The designated official will report to the student the results of the investigation. The student may respond to the report in writing or orally. After reviewing the student's response, the administrator may dismiss the case, give an official warning, or process a formal probation, suspension or expulsion action. Disciplinary action varies by violation.

## **Faculty Development Policy**

The OGI shall provide faculty development opportunities for transition from student, to apprentice, to faculty member. Current faculty will also be provided continued learning opportunities in curriculum, as well as pedagogy.

### **Purpose**

The "life time learner" concept requires continued professional growth for all faculty as it relates to physical therapy care. It is also acknowledged that teaching is a separate profession, requiring additional skills and training. (Evidence 2.2.3)

### **Procedure**

Faculty are encouraged continue their professional growth, with policies below related to faculty stratification and maintenance of faculty status.

Courses and/or exercises that shall be provide or suggested include, but are not limited to those listed below:

- 1) Attend continuing education seminars and team building exercises in order to enhance their professional development.
- 2) Instructors are required to attend two instructor meetings per year. These meetings frequently include presentations by guest lecturers on the subject of teaching and student interaction.
- 3) Instructors are encouraged to attend the OGI Competency Forum annually. These forums include lecturers of the highest standard, and include the most recent research to date. In addition, to an intensive learning experience, the Competency Forums allow OGI faculty to interact with current and past students from the programs on a social level.
- 4) OGI Faculty is invited to attend new courses developed by the OGI before they are offered to the general public. For instructors to begin teaching a course, they must go through a process of apprenticing the course times, teaching under guidance, prior to teaching independently.
- 5) OGI Faculty is encouraged to speak a national and international conference and state chapter meetings.
- 6) OGI Faculty is also encouraged to attend continuing education seminars outside the OGI offerings.
- 7) The PD or senior faculty member visits the fellowship programs to observe instruction on an annual basis.
- 8) Faculty members are required to submit videotape featuring their instruction on an annual basis. A self-evaluation form is to be submitted along with the tape, and both items are reviewed by the Director for his feedback.
- 9) Student critique forms are distributed on a bi-annual basis. Information is collected by the Faculty Chair for individual feedback, as well as reporting to the board of instructors on policy and/or curriculum changes.

- 10) Faculty are provided continuous opportunities to write curriculum associated with Fellowship and Residency programs, certification programs, course seminars and textbook projects.
- 11) Faculty are provided access to archived lectures, as well as all new videos and slides produced for both Residency and Fellowship programs.
- 12) Faculty members are provided opportunities to supervise of students' research projects.
- 13) Annual faculty meetings shall provide content related to pedagogy, use of audiovisuals, syllabus planning and psychomotor skills of manual therapy.
- 14) Annual Competency Forum meetings shall provide programming to further the academic and clinical knowledge of faculty.
- 15) All faculty shall be provided all new course materials.
- 16) All faculty shall be provided videos of previous lectures of OGI instructors through a Vimeo website.

### **OGI Faculty Renewal**

Completed every two years

#### **Teaching Requirement (at least one annually)**

- Teaching or co-teaching and OGI sponsored seminar
- Teaching at least one unit of CCP/Residency/Fellowship/Part III
- Lecture OGI Forum
- Lecture at a state, national or international conference
- 16 hours of student mentoring for OGI residents
- Locally sponsored course for marketing OGI seminars or programs

#### **Writing Requirement (at least one annually)**

- Scientific PT publication: ie—case study, literature review
- Journal article – peer or non-peer reviewed PT journal
- Write/edit/update course notes for CCP/Residency/Fellowship/Part III
- Write/edit/update an OGI seminar
- OGI Textbook chapter
- Develop a clinical research questions for DMT and PhD papers
- Write a letter to the editor in a local or regional newspaper relating to OMPT OR any health issue,
- Write up a case study that demonstrates integration of all three components of the EBM triad

#### **Pedagogy Requirement (at least one annually)**

- Con-ed course on teaching (pedagogy)
- Review article on pedagogy for manual therapy – write up review of article submit to instructors
- Read book on pedagogy – write up two page review of book submit to instructors

#### **Attendance Requirement – (both recommended )**

- One instructors meeting annually (typically with OGI Forum)
- Annual examinations

## **Submit teaching video with personal review form**

Refer to subsequent section regarding teaching video and self assessment.

## **Facility Contract**

Objectives: Obtain and sign facility agreement with OGI annually for teaching site, clinical host site and/or clinical mentoring site.

## **Instructor Evaluation Feedback Form and Policy**

### **Policy:**

An annual teaching assessment shall be completed annually for each Residency and Fellowship instructor. An annual assessment for Certification programs is not required but recommended.

### **Procedure:**

The CAO will communicate with each instructor within the first 2 months of the program to schedule an observation time. The CAO may also designate an evaluator: ie, PD for Residency, PD for Fellowship, CEO or senior faculty with 5 years experience teaching the same course. If travel and scheduling is not possible for either the CAO or designee, the instructor will be required to complete a video for self-analysis and submit for evaluation. The CAO, or designee, shall observe a live teaching session or video submission of the instructor, completing the Instructor Evaluation form below. Verbal feedback will be provided from the evaluator to the instructor within 1 month of observation (Face-to-face, phone or Skype).

### **Checklist:**

For Electronic completion: 1) double click on the corresponding blue box below, entering an "X" in the default text window and hit enter. 2) in the scoring sections, select the number for scoring and make it **BOLD**. Type directly over the line (\_\_\_\_) in the comments section. 3) paste in an electronic signature or print/sign/scan. 4) Provide feedback to instructor. 5) Submit to the OGI office for records.

For paper completion: 1) print form, 2) complete all sections, using an additional blank page if more space is needed for comment sections. 3) 4) Submit to the OGI office for records.

## Instructor Evaluation / Feedback Form

Date: \_\_\_\_\_

City: \_\_\_\_\_

Instructor Name: \_\_\_\_\_ Evaluator: \_\_\_\_\_

Residency Fellowship Certification OMT Certification CREx  
**Brief description of area of instruction observed:**

Live Observation

Video Review

**Rating Scale: 1 instructor needs more apprentice time 5 Competent Instructor**  
**10 Seasoned Instructor**

1 2 3 4 5 6 7 8 9 10 NA

**Learning Environment:** Gives attention to the physical setting. Arrives early, identify policies on use of the space, arrange for snacks/drinks (if necessary), identify bathroom/lunch arrangements, setup chairs/AV equipment, provide books/sign in for when students arrive, welcome students on their arrival.

1 2 3 4 5 6 7 8 9 10

Comments: \_\_\_\_\_

### **Personal Attributes:**

**Voice:** 1 2 3 4 5 6 7 8 9  
10

Comments: \_\_\_\_\_

**Body Language:** 1 2 3 4 5 6 7 8 9 10

Comments: \_\_\_\_\_

**Addresses different learning modalities with activities in one or more of the following:**

\_\_\_Visual/Spatial \_\_\_Verbal \_\_\_Tactile \_\_\_Kinesthetic Other:

**Meets difficult situations effectively. Demonstrates self-control. Demonstrates patience and empathy for others.**

1 2 3 4 5 6 7 8 9 10

Comments: \_\_\_\_\_

**Displays enthusiastic/positive approach**

1 2 3 4 5 6 7 8 9 10

Comments: \_\_\_\_\_

**Class Instruction:**

**Demonstrated compliance with content and learning objectives as outlined by the program:**

1      2      3      4      5      6      7      8      9      10

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Demonstrates knowledge of subject matter and transmits that knowledge. Instructor uses a variety of techniques and/or materials to accomplish the teaching objectives in an interesting way:**

1      2      3      4      5      6      7      8      9      10

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Efficient use of time for instruction, with all students being involved in meaningful learning activities:**

1      2      3      4      5      6      7      8      9      10

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Clarifies the purpose and practical importance of the lesson. Provides examples including both clinical and academic applications:**

1      2      3      4      5      6      7      8      9      10

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Provides prompt and appropriate feedback that is instructional, corrective, specific to criterion and timely in nature to student's questions, discussion and/or lab work:**

1      2      3      4      5      6      7      8      9      10

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Presents lesson to encourage higher order critical thinking, encourage divergent thinking through comparisons, classification, analogies and metaphors, verbal and graphic models, or inductive or deductive reasoning. Sharing knowledge versus reading slide or prepared lecture:**

1      2      3      4      5      6      7      8      9      10

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Uses varied questioning techniques to address cognitive levels, focus on essential skills & knowledge, or activate & summarize learning**

1      2      3      4      5      6      7      8      9      10

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Provides relevant examples and demonstrations to illustrate concepts and skills**

1      2      3      4      5      6      7      8      9      10

Comments: \_\_\_\_\_

**Adjusts levels of difficulty and complexity of task(s) to ensure student success**

1      2      3      4      5      6      7      8      9      10

Comments: \_\_\_\_\_

**Lab Instruction:**

**Competency: instructor able to perform the techniques to be taught**

1      2      3      4      5      6      7      8      9      10

Comments: \_\_\_\_\_

**Demonstration: provides clear instruction and demonstration of therapist position, patient position, hand placements and force moments:**

1      2      3      4      5      6      7      8      9      10

Comments: \_\_\_\_\_

**Safety: Provides comprehensive instruction for techniques as it pertains to patient safety and instructor safety**

1      2      3      4      5      6      7      8      9      10

Comments: \_\_\_\_\_

**Actively engaging students in lab environment for instruction, encouragement, correction and praise:**

1      2      3      4      5      6      7      8      9      10

Comments: \_\_\_\_\_

**Post Course/Instruction:** Did the instructor reflect on the successful meeting of course objectives and determine what can be improved

1      2      3      4      5      6      7      8      9      10

Comments: \_\_\_\_\_

**Five Best competencies of the Instructor**

**Examples:** confidence, competency, clinical skill in demonstration, entertaining, inspiring, caring, knowledge of literature, synthesis of opposing information, speaking)

- 1.
- 2.
- 3.
- 4.
- 5.

### **Three Areas of continued study/preparation**

**Examples:** read articles/books/course notes associated with specific content, practice techniques/exercises more, prepare lecture, fill in lecture notes on PowerPoint)

- 1.
- 2.
- 3.

### **Recommendations for Improvement**

General recommendations, check only those that apply:

Instructor needs to observe more senior faculty in lecture/lab on subject matter presented

Instructor is competent to perform more lectures/lab, but requires continued work on preparation, psychomotor practice of techniques and/or a focus on pedagogy.

Instructor meets all competencies but is recommended to continue further self study to move from "Good to Great".

Specific recommendations:

Signature Name:

Signature:

Instructor Name:

Signature:

## **Library Facility Resources**

Students will be provided a list of library facilities to assist with studying, projects and research associated with their program.

### **Policy:**

All teaching locations shall include a library of basic texts associated with the program being taught. It shall be the responsibility of the primary faculty member to familiarize the students with these library resources. In addition, a list of off site library facilities shall be maintained by the CMC and listed in the Student Guidebook for Clinical Mentorship.

### **Procedure:**

1. The CMC shall maintain a list of library facilities in the Student Guidebook for Clinical Mentorship.
2. The CMC shall review the library facilities list at the January bi-annual faculty meetings, updating all listed information and ensuring that any new clinical teaching locations have medical facilities added to the list.

## **STUDENT TUITION RECOVERY FUND**

California law requires that, upon enrollment, a fee be assessed in relation to the cost of tuition. These fees support the Student Tuition Recovery Fund (STRF), a special fund established by the California Legislature to reimburse students who might otherwise experience a financial loss as a result of untimely school closure. Students may be reimbursed by STRF only for prepaid but unused tuition money. Institutional participation is mandatory. (Education Code: Section 94342) Students abroad who may cancel their participation are committed to cover their share of expenses until completion of the program in which they registered.

It is mandatory that enrollees keep a copy of any enrollment agreement, contract or application to document enrollment; tuition receipts or cancelled checks to document the total amount of tuition paid; and records which will show the percentage of the course which has been completed. Such records would substantiate a claim for reimbursement from the STRF, which to be considered, must be filed within 60 days of school closure.

If a student has obtained a judgment against the Institution for any violation of the law, and the student certifies that the judgment cannot be collected after diligent effort, a claim can be made to the STRF within two years upon which the judgment becomes final.

Disclosure: We are registered with the State of California. Registration means we have met certain minimum standards imposed by the state for registered schools based on our written application to the state. Registration does not mean we have met all of the more extensive standards required by the state for schools that are approved to operate or licensed or that the state has verified the information we submitted with our registration.

### **BUYER'S RIGHT TO CANCEL: Refund Policy for Tuition\*\***

Cancellation: A resident may terminate enrollment by submitting a written notice in person or by CERTIFIED MAIL to Ola Grimsby Institute, 8550 United Plaza Blvd., St. 1001 Baton Rouge, LA 70809



- A. Any written contract or agreement signed by a prospective resident shall not become operative until the resident attends the first class or session of instruction.
- B. The effective date of cancellation is the date the written notice is received (if submitted in person) or is postmarked (if sent by CERTIFIED MAIL). The Institute will provide any refunds due within 30 days.
- C. Cancellation after the first day of class: You may cancel your contract for school without any penalty or obligations on the fifth business day following your first class session by providing written confirmation of your desire to cancel enrollment.
- D. If cancellation occurs after the five day recession period, the refund shall be the amount the resident paid for instruction multiplied by a fraction, the numerator of which is the number of hours instruction which the resident has not received but for which the resident has paid and the denominator of which is the total number of hours of instruction for which the resident has paid.

**Example from US programs:** Students pre-pay tuition. Assume your DMT 12-month Residency Program tuition is \$9,933. The quarterly pre-payment is \$2,483.25 which is for 87.5 hours of instruction (one quarter of a 350 instructional hour program). Assume you cancel after completing 50 hours of instruction and before completing the remaining 37.5 hours of the total 87.5 hours (per quarter).  
Exception for foreign students contracting 5 mandatory courses. The student is financially responsible for his/her part of expenses related to the instructor's room, fare and board for the completion of the program. For example:

$$\frac{\$2,483.25 \times 37.5 \text{ (instruction hours not received)}}{87.5 \text{ (total hours paid for)}} = \$10,64.25 \text{ refund}$$

Refunds will be sent within 30 days after the Institute receives notice in writing of the cancellation.

**\*\*See Enrollment Agreement for additional information regarding the refund policy.**

**Textbooks/Other Materials:** Once purchased, textbooks and other materials are the property of the resident, although copyrighted by the Institute. The Institute does not accept returns and makes no refunds for books or other materials that are ordered through the Institute.

## TUITION PRICING FOR THE U.S.

The following pricing information is for the current OGI programs presented in the U.S. For descriptions of the programs listed below, please see our Residencies section.

Payment options include four quarterly payments, or monthly payments for the duration of the program.

### Year I DMT Program – 12-months On-site Orthopedic Residency

• Residency Tuition .....	\$8,950
• Exam fees (written and practical) .....	\$990
• 2 days exam prep. class in Utah (Not mandatory) .....	\$250
• 150 hours of clinical supervision .....	Free
	<b>Total \$9,940</b>

Additional Fees if completing required Research Portion for DMT

• Research Fee (\$150 monthly) .....	\$1,800
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### Year I DMT Program – Independent Study – 12-months residency

• Residency Tuition.....	\$6,445
• Exam fees (written and practical) .....	\$990
• 2 days exam prep. class in Utah (Not mandatory) .....	\$250
• 150 hours of clinical supervision .....	Free
	<b>Total \$7,435</b>

Additional Fees if completing required Research Portion for DMT

• Research Fee (\$150 monthly) .....	\$1800
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\* Prices are subject to change. There is a non-refundable application fee of \$75, which must be mailed with all applications. Additional educational expenses such as travel and lodging costs are not included in above pricing

## FINANCIAL ASSISTANCE

The Institute does not offer financial assistance at this time.

## INTERNATIONAL PROGRAMS

Schedules, tuition, mentoring and programs offered will vary from country to country. OGI is offering US degrees, but not accreditation for programs offered abroad.



## ATTENDANCE REQUIREMENTS

**Excused and Unexcused Absences:** Residents are required to attend every class in order to receive their certificate. We recognize that extenuating circumstances do occur. Absences are therefore considered excused or unexcused as follows:

**Excused** - Illness, death, birth, accidents and extraordinary circumstances. These must be substantiated in writing and are excused at the discretion of the Chairman of the Board.

**Unexcused** - All other absences, including class cuts.

When absences occur notify the school before the missed class. Residents are responsible for course work outlined in their resident syllabus. It is the resident's responsibility to make up any quizzes and/or exams if applicable.

**Maximum absences:** A maximum of three class sessions may be missed. To maintain satisfactory progress, these classes must be made up within the specified time period. If more than three class sessions are missed for whatever reason, the resident will be placed on academic probation. Further absences will result in an interruption of the training program. The resident may be required to repeat a course and be subject to additional tuition charges if the absences were unexcused.

**Interruption for Unsatisfactory Attendance:** Residents with three unexcused absences in any class will receive written notification of academic probation for a one-month period. Further absences during this period, for whatever reason, will result in interruption of the training program. (See maximum absences).

**Make-up Work:** All work must be made up within 10 days of the missed class. Makeup work cannot be substituted for hours of class attendance.

## Leave of Absence

Due to the intensive nature of the Ola Grimsby Institute Residency Program (OGI), all academic activities are an important part of the overall education experience. All residents are encouraged to engage in their education with consistent attendance. When special circumstances arise, a Resident or FIT may find it necessary to request a leave of absence. Leaves of absence will be individualized to the specific situation but will follow the general guidelines outlined below. Program faculty will be notified of all instances of leaves of absence. All requests for an extended leave of absence, whether administrative or medical, should be submitted in writing to the Program Director, Tom Mollsen, who will then consult with the OGI Chief Executive Officer, Ola Grimsby, Jr.

**Administrative Leaves of Absence Process:** Administrative leaves of absence (ALOA) may be granted for personal, educational, financial, or other reasons, which must be stated in the letter of request to the Program Director. If the residents or FIT is in academic difficulty, the Program Director, the Course Director, and the Chief Executive Officer will consult prior to making a determination as to whether or not to grant the request for ALOA and permission to return. Each leave is individualized based on the needs of the resident/FIT and handled on a case-by-case basis. A resident/FIT who has been granted an extended leave of absence and wishes to resume matriculation must notify the Program Director in writing no later than eight (8) weeks prior to the beginning of the session in which he or she wishes to reinstate. If the Program Director has not received such a notification, the resident/FIT may not resume the program and would have to reapply as a new student.

**Medical Leaves of Absence Process:** The purpose of a medical leave of absence (MLOA) is to provide resident or FIT time away from classes for treatment of a physical or mental health condition that impairs a student's ability to function safely and successfully as a member of our community. The authority to grant an MLOA and permission to return from an MLOA resides with the Program Director and the Chief Executive Officer. Each leave is individualized based on the needs of the student and handled on a case-by-case basis. Medical leaves of absence for health related requests require the resident/FIT to obtain a statement from the appropriate licensed healthcare provider as to the expected reason and duration of absence.

**Lateness:** As a courtesy to the faculty members and your fellow classmates, it is expected that all residents will be on time to class. Tardiness, without legitimate reason, on three occasions will be treated as an unexcused absence.

## PROGRESS/GRADING SYSTEM

A. The Institute's grading system:

Excellent	90-100	A
Above Average	80-89	B
Average	70-79	C
Below Average	60-69	D
Unsatisfactory	59 or below	F

Average required for certified completion of the course is a minimum passing grade of 80%.

B. See Remediation Policy.

C. Re-enrollment: Re-enrollment will be approved only after evidence is shown to the Chairman that conditions which caused the interruption for unsatisfactory progress has been remedied.

D. Satisfactory Completion of any program is dependent on successful completion of the evaluation conducted by the Board of Examiners appointed by the Chairman of the Board and the Board of Directors. (See Practical Examination Policies and Procedures). The Certificate of Completion document is to be issued upon satisfactory completion of the Orthopaedic Manual Physical Therapy Program. The certificate of completion is certifying/recognizing the competency of the graduate.

E. Graduation Rates: historical graduation rates are not available but the OGI currently tracks graduation rates of its students for accreditation reporting.

## **RESIDENT CONDUCT POLICY**

At the discretion of the Chairman, a Resident may be dismissed from the Institute for a serious or repeated incident of an intoxicated or drugged state of behavior, possession of drugs, alcohol or weapons, as well as, behaviors creating a safety hazard to other persons, disobedient or disrespectful behavior to another Resident, administrator, faculty member, or any other stated or determined infraction of conduct.

## **RESIDENT COMPLAINT PROCEDURE**

Any complaints may be directed either orally or in writing to any faculty member, administrator, or directly to the Chairman of the Board. The resident will receive notification in writing that the complaint has been received within ten days.

Upon receipt of the complaint, the Chairman, along with the Vice-President of Academic Affairs (see Administrative Chart) will then investigate the complaint thoroughly. If it is determined that the complaint is legitimate, the Institute will implement responsible policies or procedures to avoid similar complaints in the future. Filing a complaint will in no way affect a Resident's rights or remedies.

## **PLACEMENT ASSISTANCE & EMPLOYMENT RATES**

As a rule, residents in the program are already employed as physical therapists and therefore the Institute offers no placement assistance to its graduates, but will be rendering the service of referrals of graduates to employers when regional positions are available. As students are gainfully employed physical therapists prior to and during the Institute's programs, 100% of graduating therapists remain gainfully employed at the time of graduation.

Residents or FITs may refer to the Student Examination Guide for details on exams and graduation requirements. Residents or FIT have three opportunities to take and pass written and practical exams at 80% or greater. Institute records show that 95% of residents successfully complete and graduate the OGI programs.

## **RECORDS RETENTION**

Enrollees are advised and cautioned that state law requires this educational institution to maintain Institute and resident records for only a ten-year period.

## DESCRIPTION OF LOCATIONS

The Institute utilizes the physical facilities of private, outpatient physical therapy practices and/or hospitals in each of its locations. Because these facilities are employed in the treatment of patients when they are not being used for instruction, they contain all the features required for instructional purposes. Below are listings of the existing and potential locations where classes may be conducted.

Mentorship Site	Address and Phone	Contact Person
Advocate Condell Medical Center	West Tower/Lower Level 801 S. Milwaukee Avenue Libertyville, IL 60048 (847) 990-5350	Rebecca Schultz
Alaska Physical Therapy Specialists	3650 Lake Otis, Ste. 201 Anchorage, AK 99508 (907) 561-4280	Jeff Evans
Anderson Physical Therapy	3326 177 <sup>th</sup> Place NE Arlington, WA 98223 (425) 238-2162	Joel Anderson
Avant Physical Therapy	2901 3rd Ave UNIT 520 Seattle, WA 98121 (206) 686-4073	Ryan Perry
Center for Physical Excellence	3117 Stillwater Drive Prescott, Arizona 86305 (928) 442-0005	Laura Markey
Dubrow Physical Therapy	601 West Plano Parkway, Ste .141-A Plano, TX 75075 (972) 398-0789	Karen Dubrow
Emily Noe Physical Therapy	3249 Harlan Street Oakland, CA 94608 (609) 602-4712	Emily Noe
Empower Manual Therapy	16300 Aurora Ave North, Ste. A Shoreline, WA 98133 (206) 552-9201	Gina Gatmaytan
Holbourn Integrated Therapy	612 S. Cooper St. Memphis, TN 38104 (901) 272-2822	Jennifer Holbourn
IRG Physical and Hand Therapy - Ballard	2821 NW Market Street, Ste. B Seattle, WA 98107 (206) 706-0063	Marty Roskoff
IRG Physical and Hand Therapy – Wallingford	1815 N 45th St, Unit 202 Seattle, WA 98103 (206) 752-6837	Paige Vivian
JAG-ONE	4056 Quakerbridge Road, Ste. 11 Lawrenceville, NJ 08648	Tom Gardner

	(609) 582-4529	
Manual Physical Therapy	7952 Bridgeview Road Rocky Mount, NC 27803 (252) 544-0628	Senglar-Vitale, Kelly
Midwest Manual Physical Therapy	1355 East Golf Road, Ste.100 Des Plaines, IL 60016 (847) 376-8289	Tom Mollsen
MTI Physical Therapy – Bellevue	1560 140th Ave NE Ste. 100 Bellevue, WA 98005 (425) 746-2475	Scott Olson
MTI Physical Therapy – First Hill	506 12th Ave Seattle, WA 98122 (206) 208-0333	Becca Catlin
North Pole Physical Therapy	157 Lewis Street North Pole, Alaska 99705 (907) 488-4978	Juliana Ament
Physical Therapy Direct	25 Terre Verte Ct. St. Charles, MO 63304 (636) 685-0402	Brian Hu
Providence St. Peter Outpatient Orthopedic and Hand Therapy	719 Sleater Kinney Rd, Ste. 152, Lacey, WA 98503 (360) 459-0260	Bill Hinson
United Physical Therapy - Downtown	742 K Street Anchorage, AK 99501 (907) 929-8400	Alec Kay
Winghaven Manual Physical Therapy at the Meadows	21 Meadow Cir Dr #320, Lake St Louis, MO 63367 (636) 625-4780	Dan Wascheck



## THE OLA GRIMSBY FACULTY

Mentor Name	Clinic Address	Contact	F?	OCS?
Anderson, Joel	Anderson Physical Therapy 3326 177 <sup>th</sup> Place NE Arlington, WA 98223	joelanderson7897@gmail.com (425) 238-2162	Y	N
Ament, Juliana	North Pole Physical Therapy 157 Lewis Street North Pole, Alaska 99705	jament@northpolept.com (907) 488-4978	N	Y
Catlin, Becca	MTI Physical Therapy – First Hill 506 12th Ave Seattle, WA 98122	rebeccacatlin@mtipt.com (206) 208-0333	Y	Y
Dubrow, Karen	Dubrow Physical Therapy 601 West Plano Parkway, Ste. 141-A Plano, TX 75075	kdubrow@sbcglobal.net (972) 398-0789	Y	N
Eivers, Stuart	MTI Physical Therapy – First Hill 506 12th Ave Seattle, WA 98122	stuarteisvers@mtipt.com (206) 208-0333	Y	Y
Evans, Jeff	Alaska Physical Therapy Specialists 3650 Lake Otis, Ste. 201 Anchorage, AK 99508	jeff_evans2@hotmail.com (907) 561-4280	Y	N
Fitzgerald, Anna	MTI Physical Therapy – First Hill 506 12th Ave Seattle, WA 98122	annafitzgerald@mtipt.com (206) 208-0333	Y	Y
Gardner, Tom	JAG-ONE 4056 Quakerbridge Road, Ste. 11 Lawrenceville, NJ 08648	tgardner@jagonept.com (609) 582-4529	Y	N
Gatmaytan, Gina	Empower Manual Therapy 16300 Aurora Ave North, Ste. A Shoreline, WA 98133	gina@empower-mt.com (206) 552-9201	Y	Y
Hatscher, Matt	MTI Physical Therapy – Bellevue 1560 140th Ave NE Ste. 100 Bellevue, WA 98005	matthatscher@mtipt.com (425) 746-2475	Y	Y
Hinson, Bill	Providence St. Peter Outpatient Orthopedic and Hand Therapy 719 Sleater Kinney Rd, Ste. 152, Lacey, WA 98503	hinsonc72u@comcast.net (360) 459-0260	N	N

Holbourn, Jennifer	Holbourn Integrated Therapy 612 S. Cooper St. Memphis, TN 38104	jennhgb3@hotmail.com (901) 272-2822	Y	N
Hu, Brian	Physical Therapy Direct 25 Terre Verte Ct. St. Charles, MO 63304	bhu@ssm-select.com (636) 685-0402	Y	N
Kay, Alec	United Physical Therapy - Downtown 742 K Street Anchorage, AK 99501	alec@unitedpt.com (907) 929-8400	Y	Y
Luebbe, Vicki	IRG Physical and Hand Therapy - Ballard 2821 NW Market Street, Ste. B Seattle, WA 98107	vicki.luebbe@irgpt.com (206) 706-0063	Y	N
Markey, Laura	Center for Physical Excellence 3117 Stillwater Drive Prescott, Arizona 86305	lmarkey@prescottphysical therapy.com (928) 442-0005	Y	Y
Mollsen, Tom	Midwest Manual Physical Therapy 1355 East Golf Road, Ste.100 Des Plaines, IL 60016	tmollsen@midwestmpt.co m (847) 376-8289	Y	N
Noe, Emily	Emily Noe Physical Therapy 3249 Harlan Street Oakland, CA 94608	emily.noe@gmail.com (609) 602-4712	Y	N
Olson, Scott	MTI Physical Therapy – Bellevue 1560 140th Ave NE Ste. 100 Bellevue, WA 98005	scottolson@mtipt.com (425) 746-2475	Y	N
Okada, Michael	MTI Physical Therapy – Bellevue 1560 140th Ave NE Ste. 100 Bellevue, WA 98005	michaelokada@mtipt.com (425) 746-2475	Y	N
Perry, Ryan	Avant Physical Therapy 2901 3rd Ave UNIT 520 Seattle, WA 98121	ryan@avantphysicalthera py. com (206) 686-4073	Y	Y
Polonowski, John	United Physical Therapy - Downtown 742 K Street Anchorage, Alaska 99501	johnpolo@hotmail.com 907-227-8494	Y	N
Rivard, Jim	MTI Physical Therapy – First Hill 506 12th Ave Seattle, WA 98122	jimrivard@mtipt.com (206) 208-0333	Y	Y
Roskoff, Martin	IRG Physical and Hand Therapy - Ballard 2821 NW Market Street, Ste. B	martin.roskoff@irgpt.com (206) 706-0063	Y	N

	Seattle, WA 98107			
Michelle Wendt	IRG Physical and Hand Therapy - Ballard 2821 NW Market Street, Ste. B Seattle, WA 98107	<a href="mailto:michelle.wendt@irgpt.com">michelle.wendt@irgpt.com</a> (206) 706 - 0063		
Schultz, Rebecca	Advocate Condell Medical Center West Tower/Lower Level 801 S. Milwaukee Avenue Libertyville, IL 60048	becster57@aol.com (847) 990-5350	Y	N
Senglar-Vitale, Kelly	Manual Physical Therapy 7952 Bridgeview Road Rocky Mount, NC 27803	manualptinc@hotmail.com (252) 544-0628	Y	N
Templeton, Bryan	United Physical Therapy - Downtown 742 K Street Anchorage, AK 99501	brytemp@gmail.com (805) 895-4114	Y	N
Tideman, Anika	MTI Physical Therapy – Bellevue 1560 140th Ave NE Ste. 100 Bellevue, WA 98005	anikatideman@mtipt.com (425) 746-2475	Y	Y
Unslebber, Cynthia	MTI Physical Therapy - Magnolia 3200 West McGraw Street Seattle, WA 98199	cindyunsleber@mtipt.com (206) 281-7970	Y	Y
Vivian, Paige	IRG Physical and Hand Therapy - Wallingford 1815 N 45th St, Unit 202 Seattle, WA 98103	paige.vivian@irgpt.com (206) 752-6837	Y	N
Wascheck, Cindy	Winghaven Manual Physical Therapy at the Meadows 21 Meadow Cir Dr #320, Lake St Louis, MO 63367	runinpt@cs.com (636) 625-4780	Y	N
Wascheck, Dan	Winghaven Manual Physical Therapy at the Meadows 21 Meadow Cir Dr #320, Lake St Louis, MO 63367	danwasheck@juno.com (636) 625-4780	Y	Y
Wood, Matthew	MTI Physical Therapy – First Hill 506 12th Ave Seattle, WA 98122	matthewwood@mtipt.com (206) 208-0333	Y	Y
Zapel, Matt	MTI Physical Therapy - Fremont 3601 Fremont Avenue N, Ste. 210 Seattle, WA 98103	mattzapel@mtipt.com 206.548.1522	Y	Y



Ronnie Stensnes (on behalf of his father, Ronald), Harald Frøseth and Erik Hansen receive their honorary doctorates.

## ACADEMIC PROGRAMS



### ORTHOPAEDIC RESIDENCY PROGRAMS

#### Year I: Doctor of Manual Therapy (DMT)

The DMT residency program is one year in length and it is offered throughout the U.S., Europe and Asia. The program consists of supervised instructions that can be completed one of two ways (Independent Study Residency or On-Site Residency). Either a Certificate of Completion or a Doctorate of Manual Therapy (DMT) will be awarded upon successful completion from either of the two programs. The basic sciences and an evidence-based background in clinical practice form the curricular foundation of assessment and treatment interventions for spinal and extremity dysfunctions. The instruction includes methods to improve clinical reasoning and problem solving which will assist with the development of a patient diagnosis as well as the patient's plan of care. Interventions taught will be manual therapy based with emphasis on soft tissue techniques, articulations (i.e. oscillations, mobilizations, and manipulations of the spine and extremities), and specific exercise dosing principles. Residents will participate in a clinical supervision experience with an OGI approved instructor for a minimum of 150 1:1 contact hours. The resident must receive approval regarding his/her research topic and complete a scientific inquiry toward a dissertation. Enrollment begins in September with an application deadline of November 1st for classes beginning in January. During the program, residents are responsible for all travel and lodging costs that may be incurred.

## Residency Hours

Course Codes	Course Title	Class Hours	Self Study Hours	Total Hours	CEUs	European Credits (ECTS)
DMT 600	History of Manual Therapy	2	6	8	0.8	0.32
DMT 602	Biomechanics	4	12	16	1.6	0.64
DMT 604	Clinical Histology	4	16	20	2	0.80
DMT 605	Applied Neurophysiology	4	16	20	2	0.80
DMT 606	Clinical Traumatology	3	12	15	1.5	0.60
DMT 608	General Assessment	4	16	20	2	0.80
DMT 609	Exercise Physiology	5	20	25	2.5	1.00
DMT 620	MT Digits, Hand and Wrist	14	28	42	4.2	1.68
DMT 621	MT of the Elbow	12	24	36	3.6	1.44
DMT 622	MT of the Shoulder	24	48	72	7.2	2.88
STEP 100	STEP for the Shoulder and Upper Quarter	16	32	48	4.8	1.92
DMT 625	MT of the Foot and Ankle	8	16	24	2.4	0.96
DMT 626	MT of the Knee	16	32	48	4.8	1.92
DMT 627	MT of the Hip	8	16	24	2.4	0.96
DMT 630	MT of the Lumbar Spine	16	32	48	4.8	1.92
STEP 400	STEP for the Lumbar spine	16	32	48	4.8	1.92
DMT 635	MT of the Sacroiliac Joints	10	20	30	3	1.20
DMT 640	MT of the T-Spine and Ribs	10	20	30	3	1.20
MT6 680	Introduction to Spinal Manipulation	16	48	64	6.4	2.56
DMT 641	MT of the Cervicothoracic Spine	10	20	30	3	1.20
DMT 642	MT of the Mid Cervical Spine	10	20	30	3	1.20
DMT 643	MT of the Upper Cervical Spine	10	20	30	3	1.20
DMT 644	MT of the TMJ Joint	10	20	30	3	1.20
MT5 617	Clinical Reasoning and Problem Solving	24	48	72	7.2	2.88
DMT 650	Clinical Mentoring 1	150	20	170	17	3.00
DMT 670	Research / Case study	10	40	50	5	2.00
	Clinical work / available instructor	440	0	440	0	0.00
DMT 699	<b>Written Examination</b>	5	0	5	0	0.00
	Practical Review	12	12	5	0	0.00
DMT 699	<b>Practical Examination</b>	1	1	2	0	0.00
<b>Total</b>		<b>874</b>	<b>647</b>	<b>1521</b>	<b>88.40</b>	<b>31.56</b>



## 12-MONTH ON-SITE DMT PROGRAM REQUIREMENTS IN THE US:

- In Class Hours- 874 total hours – including clinical mentoring hours
- Out of Class Hours- 647 total hours
- The Resident(s) will meet 24 weekends (including Practical/Written Exams as the last weekend) 12-month period with an OGI Faculty member.
- Resident(s) are also required to attend 4 seminars as part of their Residency (DMT) curriculum— 2-day courses (MT6 Introduction to Spinal Manipulation), STEP1: Shoulder and Upper Quarter, STEP4: Lumbar Spine and a 3-day Clinical Problem Solving (MT5) course.
- Resident(s) are NOT required to attend additional courses but are highly encouraged to do so. These courses include:
  - 2 Day MT2 Summary of Cervical Spine and Upper Extremities Course
  - 2 Day MT3 Summary of Lumbar Spine and Lower Extremities Course
- 1:1 Clinical Mentoring Hours- 150 hours
- Resident(s) will perform 150 hours of 1:1 clinical supervision with an OGI Faculty member. There is no fee for this clinical supervision; however, the student is responsible for all costs related to performing this clinical experience. Resident(s) are required to have the following items in order to complete the clinical supervision:
  - Licensure in state where clinical experience is being performed.
    - Proof of liability insurance to cover clinical experience (if necessary).
    - CPR Certification
    - HIPAA Certification (This can be obtained online.)
    - OSHA Blood Borne Pathogen certification.
    - TB/Hepatitis B/Immunizations (Obtain from Family Physician)
- Supervised Clinical Hours- 440 hours  
Resident(s) are also required to perform an additional 440 hours of clinical supervision that can be performed at the resident(s) routine work environment, however, they will be in contact with an OGI Faculty member via phone, e-mail, etc during that clinical time.
- Research: Resident(s) must have an end result of Institutional Review Board (IRB) approval for a clinical research study. This will involve choosing a relevant topic, performing a review of the literature, developing a methodology, and learning to and submitting the proper paper work for IRB approval to perform the study. This is an accepted practice among university faculty for the purpose of performing research. IRB approval will be necessary for the conference of the degree of DMT.
- During the program, residents are responsible for all travel and lodging costs that may be incurred.

## 12-MONTH INDEPENDENT STUDY DMT PROGRAM REQUIREMENTS IN THE US

- In Class Hours- 748 total hours
- Out of Class Hours- 865 total hours
- Residents will complete 16 Home Study Modules at home under the supervision of an OGI Faculty member for a 12-month period.
- Included in the in-class hours are 6 mandatory courses:
  - 2 Day MT6: Introduction to Spinal Manipulation course
  - 3 Day MT5: Clinical Problem Solving course
  - 2 Day MT2 Summary of Cervical Spine and Upper Extremities Course
  - 2 Day MT3 Summary of Lumbar Spine and Lower Extremities Course
  - 2 Day STEP1: Shoulder and Upper Quarter
  - 2 Day STEP4: Lumbar Spine
- Resident(s) are NOT required to attend additional courses, but are highly encouraged to do so. These courses include: STEP2: Knee and Ankle, STEP4: Cervical Spine and MT7: Soft Tissue Mobilization
- 1:1 Clinical Mentoring Hours- 150 hours
- Resident(s) will perform 150 hours of 1:1 clinical supervision with an OGI Faculty member. There is no fee for this clinical supervision. However, the resident(s) is responsible for all costs related to performing this clinical experience. Resident(s) are required to have the following items in order to complete the clinical supervision:
  - Licensure in state where clinical experience is being performed.
  - Proof of liability insurance to cover clinical experience (if necessary).
  - CPR Certification
  - HIPAA Certification (This can be obtained online.)
  - OSHA Blood Borne Pathogen certification.
  - TB/Hepatitis B/Immunizations (Obtain from Family Physician)
- Supervised Clinical Hours- 440 hours  
Resident(s) are also required to perform 440 hours of clinical supervision that can be performed at the resident(s) routine work environment, however, they will be in contact with an OGI Faculty member via phone, e-mail, etc during that clinical time.
- Research Portfolio: Resident(s) must have an end result of Institutional Review Board (IRB) approval for a clinical research study. This will involve choosing a relevant topic, performing a review of the literature, developing a methodology, and learning to and submitting the proper paper work for IRB approval to perform the study. This is an accepted practice among university faculty for the purpose of performing research. IRB approval will be necessary for the conference of the degree of DMT
- During the program, resident(s) are responsible for all travel and lodging costs that may be incurred.



**The Ola Grimsby Institute also offers the following Year II and Year III programs. The Year I Doctor of Manual Therapy (DMT) is a prerequisite for the Year II: Manual Therapy Fellowship and Year III: PhD in Orthopedic Manual Therapy).**

## **RULES AND REGULATIONS FOR THE WRITTEN EXAM**

The written exams are performed at the same date and hour for all candidates throughout all DMT programs in the United States.

The local faculty instructor will see that:

- A. A suitable facility is located, large enough to provide a separate space for each candidate. This is important to avoid disturbances and to prevent illegal behavior.
- B. A representative of the Ola Grimsby Institute will be available for the first hour of the examination to make sure that all resident(s) are logged in and will clarify any questions that the resident(s) may have.
- C. The proctor will be given directions to assist the residents to log in and find the final examination. The resident will also be given a number for the essay portion. This number will be written on the top of every essay sheet including scratch paper. The candidate will not write his/her name on any sheet paper including their scratch paper.
- D. The essay questions will be handed out by an impartial individual who will act as the proctor. The exams will not be looked at prior to the start of the examination.
- E. The local faculty instructor or proctor will hand out scratch paper and paper to answer the essay question.
- F. The candidate has five (5) hours maximum to answer the questions on OGI online testing site and to finish the essay question(s).
- G. One or two local inspectors (proctors) will be in the exam facility at all times during the exam.
- H. The candidates may not leave the room during the exam without being given permission by a proctor.
- I. The essay exam answers are forwarded to the examiners in sealed envelopes by mail or scanned.
- J. The candidates' exam numbers are stored in a sealed envelope, which will not be opened until the examiners have evaluated all the answers.
- K. The questions asked are generally related to four areas, and the exam is to be answered in short essay and multiple choice forms.
  - 1. Question from anatomy/neuro-anatomy.
  - 2. Question from biomechanics.
  - 3. Question from pathology/physiology/trauma.
  - 4. Question from the clinic, integrating theoretical knowledge and clinical skill.
- L. One essay question will be given that will be related to any of the topics covered in "J".

## GUIDELINES FOR ANSWERING ESSAY TEST QUESTIONS

### General Instructions:

1. Read the questions with the proctor/inspector and ask for any clarification of the question if needed (i.e. definition of a word, etc.).
2. Re-read the question to yourself. You may want to underline specific words in the question like; draw, describe and list to make sure you answer all parts of the questions.
3. You should briefly outline how you are going to answer the short essay questions on a scratch sheet of paper first. Then write your composition in a narrative essay format. Do not answer in an outline or incomplete sentence format. You can use lists and other devices, but you must use sentences to describe what you list, etc.
4. When writing your short essay question, tie together your information in a rational structured manner, do not fill in with information not relevant to the question asked (i.e. R.O.M. on an anatomy question).
5. When drawing, use more than one view if it will help with orientation. Don't forget to label your drawings.
6. The test usually consists of one the areas of study with each question possibly having subset parts to answer. The number of total pages varies from student to student.
7. You should bring nourishment in the form of snacks, fruit, or drink due to the length of time to complete the test.
8. When you have completed the test make sure your exam number is on every page of your examination, that you have your pages in the correct order and that you have put the question sheet on top and the scratch sheets on the bottom. Your scratch sheets are reviewed for extra points if you have forgotten something in your answer.

### Suggestions for answering different types of questions:

#### 1. Anatomy/Neuro-anatomy (Draw and Describe)

- a) Bone - everything about the bony structure, all its parts, process, angles, radii of curvature, etc.
- b) Joints - where on the bony structure the joint is located, structural classification, functional classification (oid, sellar), degrees of freedom, the joint plane (direction the joint surfaces face), cartilage type on and between joint surfaces, synovium if present and synovial fluid, capsule and the various ligaments of that joint or joint complex.
- c) Disc - describe all parts.
- d) Neurology - related innervations to all structures (i.e., joint capsule, ligaments, muscle and all other tissues - include mechanoreceptors)
- e) Muscles - include all related to this joint, vertebral segment, etc. If the question is specific to muscles, include a description of attachments, nerve innervation with neurological segments, and actions. Blood supply - describe vessels (arteries and veins) for the vertebral segment or anatomical joint.

## 2. Biomechanical Question (Draw and Describe)

- a) Bony parts that are participating.
  - b) Joint geometry and functional classification with degrees of freedom, axes and their change of position, planes of movement.
  - c) Relate arthrokinematics to osteokinematics.
  - d) Include menisci, capsule and ligaments that may contribute to the motions.
  - e) Include myodynamics and gravity if relevant to the question.
- May need to break the movement down into phases for more clarity (i.e. shoulder arthrokinematics).

## 3. Pathology Question

- a) Define the disorder/dysfunctions/disease/syndrome.
- b) Classify the problem according to causes, type of onset, various structures involved.
- c) Give the clinical features: history with a profile of the typical patient, temporal considerations of signs and symptoms and other relevant conditions; physical examination and other investigations (blood work, diagnostic imaging).
- d) Differential diagnosis - other closely related problems to be ruled out and how one would do that.
- e) Course and complications of the problem.
- f) Prognosis.

## 4. Evaluation and Treatment

- a) Physical - All relevant evaluation procedures methods of elimination to define function and/or tissue diagnosis.
  - acute care and prophylaxis: R.I.C.E., when, why, what, how.
  - soft tissue treatment: when, why, what, how.
  - joint mobilization/stabilization: when, why, what, how.
  - reconditioning/O.S.R./healing (STEP): when, why, what, how.
  - home exercises program and prophylaxis: when, why, what, how.
  - progression of treatment: when, why, what, how.
- b) Nutritional/Medical
- c) Surgical

## RULES FOR THE EVALUATION OF WRITTEN EXAMS

- A. The examiners are faculty members who have passed examinations in the highest degree of Manual Therapy and one elected by the Board of Directors.
- B. The examiners will develop the questions in cooperation with the program Instructors.
- C. The exam grading system is performed according to common standards (see page 10).

- D. The exam answers (including scratch paper) will be forwarded to the administration via mail or scanned by the exam proctor.
- E. The administration will forward a copy of each exam to two examiners. The two examiners will work independent of each other and use the standard grading system.
- F. The two examiners compare and discuss their evaluations after both examiners have finished all evaluations.
- G. Their results are signed and forwarded to the Ola Grimsby Institute, which will inform the candidates and their instructors about the results of the exam.
- H. If the candidate fails the written exam he/she must retake the exam before he/she can sit for the practical exam.

## **PRACTICAL EXAMINATION POLICIES AND PROCEDURES**

### **A. Description**

The purpose of the practical examination is to evaluate a resident's performance and rationale for evaluation and treatment procedures as well as basic principles that are taught in the curriculum. The examiners will greet the resident(s) at each station, the resident(s) will then be asked to sign a video release acknowledging that the examination is being taped for future review if needed. The resident(s) then will be asked to choose a slip of paper from a selection of exam questions. Each slip of paper has one question relating to that station's topic (Examination, Treatment or Exercise). The resident(s) will begin their performance when the time starts. The examiners will ask the resident(s) if they need to see other techniques or question the performance. The resident will be told when the allotted time has been completed and be directed to the next station. The resident(s) will be given an approximate time when the results will be announced. The results will be posted by resident(s) number at a predetermined location (with brief individual comments from the Director of the Board if the student so chooses).

### **B. Examination Preparation**

The examiners should be in the exam room no later than twenty (20) minutes prior to the first student. This is to provide the examiners ample time for setting up and checking the video equipment for proper taping. The Institute will provide all video equipment. It will be the examiner's responsibility to assure proper video -taping (resident name, date and time of examination). Video release forms are to be set out at this time for the resident(s) and model to sign. The day's schedule is to be posted outside the room door, as this will assure a prompt start time.

### **C. Examination Schedule**

The examinations are scheduled for sixty (60) minutes. Eighteen (18) minutes will be given at each station with two (2) minutes allowed to move between stations.

### **D. Examination Questions**

Questions for the practical examination will be prepared in advance and will include questions of:

1. Clinical problem solving, flow of procedures
2. Treatment that will include soft tissue mobilization, joint articulations/manipulations

### **E. Examiner Role**

The examiner's role is to observe the performance of the resident(s) and critique their skills in evaluation, treatment and communication/interaction with the model. The examiners will take notes and ask relevant oral or practical questions they may have during each station to test the resident's thought process. The examiners are to ask questions in a proper and supportive manner. The resident(s) has the option of clarifying any questions. The instructor's task is to question and guide the resident(s) through the practical exam.

### **F. Examiner Intervention**

At no time shall the examiner physically interfere with the performance of the resident(s). If there is a question, the examiner can evaluate the model at a time when such evaluation will not interfere with the performance of the resident. An exception will only be made in the case when the model is in danger of injury.

### **G. Confidentiality**

There is to be a "closed door policy" for any discussion as it relates to the examination process, a resident's performance or examination results. Instructor/examiners will make sure that if there is any discussion, it will be done in complete privacy so as not to be overheard by any other individuals.

### **H. Examination Scoring**

The examiners at each station will score the resident(s) performance using the Practical Examination Scoring Form. The resident(s) needs an overall score of the three stations to be greater than 80% for a passing score.

### **I. Test Results**

Resident(s) numbers with the corresponding examination results will be posted at a predetermined location. The resident(s) will have the opportunity to have the Director of the Board of Examiners (or someone appointed by the Director) give the resident(s) the comments of the examiners at the time of the postings.

### **J. Review Period**

A resident who wishes to challenge an examination score may do so in writing within thirty (30) days of the examination date. The examination committee will review his/her video and a response will be given in writing within two (2) months of the letter date. The resident(s) will need to contact the administrative office if he/she wishes to be scheduled for a retake.

### **K. Storage of Video SD cards**

The SD cards of the resident's performance will be held at the administrative office of the Ola Grimsby Institute, 1560 140th Ave NE, Bellevue, WA 98005, for six (6) months after the examination.

### **L. Retakes of the Examination**

The resident(s) will be responsible for all expenses incurred for administrative, travel, room and board costs for the examiners, as well as for themselves. The resident will be required to retake the written part of the test if he/she does not pass the practical retake in one (1) year's time of the original test. The administrative office will schedule the retake. The retake procedures will follow the same format as described in this section.

## **M. Challenging the Examination**

Due to the specificity and intensity of the program, the written or practical examinations cannot be challenged. All candidates wishing to take either part of the examination process must complete the residency curriculum and have the recommendation of the instructor to sit for the written and practical examinations.

## **N. Appearance**

The resident(s) and examiners should be dressed in professional attire that present the profession and the Ola Grimsby Institute in a positive manner. Men should wear dress slacks, dress shirt and tie (optional). Women should wear slacks or skirt and a blouse.

### **RULES FOR EVALUATION OF THE PRACTICAL EXAMS:**

- A. Practical Part I exam questions are pre-produced and typed on paper strips by the Board of Examiners.
- B. The Examiner will receive the candidate in a kind and casual way to prevent unnecessary nervousness and stress.
- C. The candidate will be asked to choose one paper strip and state the number and question.
- D. During the candidates' demonstrations, Examiner should, if possible, guide the candidate through the flow to assure performing as many tasks as possible for maximum scoring.
- E. Following the demonstrations, the Examiner may ask the candidate questions about the question presented.
- F. The Examiner will take notes during the demonstrations/examinations and score the candidate's competency according to the examination grading form.
- G. The results of the practical exam are announced after the last candidate has been examined each day.
- I. The exam grading system is performed according to this catalog and the Board of Examiners announces the result passed/not passed.
- J. The exam results will be posted by resident(s) number by the end of the day (with brief individual comments from the Director of the Board if the student so chooses), then signed and forwarded to the Institute.
- K. The candidate's clinical performance during Part I exam is expected to meet the required standard for technical skill of evaluation (flow of procedures). In addition, residents will demonstrate their ability to perform clinical problem solving as well as present a treatment plan and demonstrate treatment progressions.

## Academic Retention Policy:

Student retention within the OGI Residency program requires the following:

1. Resident(s) will participate in monthly examinations related to the previous month's curriculum, lecture, readings, and videos.
2. A midterm examination will be provided at the halfway point in the resident's academic year to assess depth of knowledge and integration of Residency level concepts. The examination is a written essay with multiple parts. An answer flow key is provided to the instructors for consistency of grading.
3. Clinical mentoring evaluations are performed by instructors while hosting residents within their clinic for residency clinical hours. These evaluations provide feedback for the residents to better understand their (the student's) level of clinical development and reasoning.
4. The program instructor performs midterm reviews and evaluations with each individual resident. This provides a one-on-one communication between instructor and resident(s) to eradicate any misconceptions, of how the residents are progressing, and how they should focus for the second half of the academic year.
5. Any resident(s) that is not meeting the expectations of 80% passing rate will be given opportunities for further review to ensure understanding and chances for graduation. Each individual program instructor also acts as the resident's academic adviser and counselor. Any problems that the resident(s) is having within the curriculum or mentoring process will first go to their program instructor. This has the potential to escalate up to the Student Mentoring Chair or Faculty Chair as deemed necessary and then to the Chief Academic Officer.
6. An 80% passing grade is required for graduation within a full calendar year.



## Grievance Policy

Professional students sometimes experience disagreements and problems regarding program policies and/or their professional relationships with faculty and staff. The Ola Grimsby Institute strives to provide students with a positive, collaborative, and healthy approach to solving disputes with faculty and staff.

The intent of the Grievance Policy is to accommodate a fair and mutually satisfactory resolution of any grievance at the lowest possible level. Resident(s) are encouraged to first discuss interpersonal disagreements directly with a faculty or staff member. If the concern is not resolved, the student should next seek assistance and/or bring a grievance regarding program policies, or a student-faculty or student-staff relationship, through consulting with the Program Director, Thomas Mollsen. If still unsatisfied, the students should consult with the OGI Chief Executive Officer, Ola Grimsby, Jr.

OGI instructor or employee Grievance should be brought to the appropriate Mentor or Program Director and If still unsatisfied to the OGI Chief Executive Officer, Ola Grimsby, Jr.

<https://abptrfe:apta.org/>

### [File a Complaint](#)

ABPTRFE accepts only written or emailed complaints that include the complainant's name, contact information, and a summary of the complaint.

[abptrfe.apta.org](https://abptrfe:apta.org/)

## Leave of Absence

Due to the intensive nature of the Ola Grimsby Institute Residency Program (OGI), all academic activities are an important part of the overall education experience. All residents are encouraged to engage in their education with consistent attendance. When special circumstances arise, a resident(s) may find it necessary to request a leave of absence. Leaves of absence will be individualized to the specific situation but will follow the general guidelines outlined below. Program faculty will be notified of all instances of leaves of absence. All requests for an extended leave of absence, whether administrative or medical, should be submitted in writing to the Program Director, Daniel Washeck, who will then consult with the OGI Chief Executive Officer, Ola Grimsby, Jr.

**Administrative Leaves of Absence Process:** Administrative leaves of absence (ALOA) may be granted for personal, educational, financial, or other reasons, which must be stated in the letter of request to the Program Director. If the resident(s) is in academic difficulty, the Program Director, the Course Director, and the Chief Executive Officer will consult prior to



making a determination as to whether or not to grant the request for ALOA and permission to return. Each leave is individualized based on the needs of the resident(s) and handled on a case-by-case basis. A resident(s) who has been granted an extended leave of absence and wishes to resume matriculation must notify the Program Director in writing no later than eight (8) weeks prior to the beginning of the session in which he or she wishes to reinstate. If the Program Director has not received such a notification, the resident may not resume the program and would have to reapply as a new student.

**Medical Leaves of Absence Process:** The purpose of a medical leave of absence (MLOA) is to provide resident(s) time away from classes for treatment of a physical or mental health condition that impairs a resident's ability to function safely and successfully as a member of our community. The authority to grant an MLOA and permission to return from an MLOA resides with the Program Director and the Chief Executive Officer. Each leave is individualized based on the needs of the resident and handled on a case-by-case basis. Medical leaves of absence for health related requests require the resident(s) to obtain a statement from the appropriate licensed healthcare provider as to the expected reason and duration of absence.

## Remediation Policy

When the faculty identify a resident who fails to achieve at least 80% or a passing score on an assignment, is not meeting the minimal requirements of the program, or appears to be struggling with academic course and/or clinical load, the resident will receive a verbal warning (Day 1) emphasizing the need to remedy unsatisfactory clinical or academic performance or to discontinue inappropriate behavior. No record of this action is kept. The verbal warning is immediate.

A written acknowledgement (Days 2-7) involves presenting the resident with documentation that the said resident must acknowledge. In this instance, the Residency Director is aware of the resident's performance or behavior and the said concern(s) have been brought to the resident's attention via a verbal warning. The Residency Director will work with the Resident and Residency Program faculty and mentors to address skill deficits. Any behaviors on the part of the resident will be reviewed and will be determined not significant enough to warrant more serious action. This written acknowledgement will be removed from the resident's file when the resident responds to the concerns and successfully completes the Residency Program.

A written warning (Week 2) indicates a resident needs to improve clinical or academic performance or discontinue an inappropriate behavior after a verbal warning. This letter will include a description of the resident's unsatisfactory performance, will identify actions the resident must take to correct the identified issue(s), the timeline for correcting the issue(s), what action will be taken if the issue(s) is not corrected, and notification the resident has the right to request a review of this action. A copy of the written warning will be kept in the resident's file. This written warning may be removed from the resident's file at the end of the Residency Program after consultation between the Program Director,

faculty and the Board of Directors. If the letter is to remain in the file, documentation should contain position statements of those involved in the dispute.

Management/Correction of the issue(s) (Weeks 3-6) will involve a closely supervised period of training designed to improve the resident's functioning state. This remediation period will involve closely scrutinized faculty supervision, to include increasing the amount of supervision, a change in the format or focus of the supervision, and/or requiring specific coursework.

If it is determined the welfare of the resident's patients may be jeopardized, direct interaction between the resident and the patient will be suspended for a specified period of time to be determined by the Residency Director. The resident's ability to resume direct interaction with patients will occur after consultation between the Residency Director and Resident Faculty. This suspension of direct interaction will occur over the course 6-8 weeks.

Permanent withdrawal or dismissal from the Residency Program will occur when specific interventions, over a reasonable period of time do not rectify the resident's unsatisfactory clinical or academic performance or the inappropriate behavior. Furthermore, dismissal will occur if the resident seems unable or unwilling to alter the inappropriate behavior.

With respect to either the mid-term or final written exam, a score of less than 80% on the mid-term or final written exam will result in additional assigned, focused, independent study and a re-test during the remediation period. A resident who fails to achieve at least an 80% will be offered the option to take a second exam. Failure to pass the second exam will result in a remediation plan that includes an additional (third) examination. Failure to attain an 80% during the third examination will result in dismissal from the program.

### **Termination Policy:**

Any one or more of the following may result in the dismissal from the Residency Program. The resident may also be dismissed from the Program for reasons not stated below. Dismissed residents may contest the decision by means of the grievance policy. The resident may be dismissed from the Program if the resident:

- 1) Does not meet the criteria set forth in the Remediation Policy in the agreed upon timelines which can last up to a maximum of 8-weeks.
- 2) Fails to follow the resident(s) contend and non-plagiarism standards cited in the Ola Grimsby Institute (OGI) Policy on Conduct and Discipline. As members of an established profession, the program and faculty adhere to the APTA Code of Ethics. Any violation of that code is subject to disciplinary review by the Program faculty up to and including dismissal from the Program. Residents are expected to work independently and honestly on all examinations.
- 3) Does not meet the professional behavior standards expected by the OGI. If the resident does not meet professional behavior standards, they will be issued a Counseling Letter or Notice of Concern and may be placed on academic probation. The resident will be

presented to the faculty and Residency Advisory Committee for review. Residents who are having difficulty with professional behaviors will be asked to seek mentoring/counseling. Unprofessional behaviors can serve as reason for dismissal from the Program, independent of grades.

4) Omits or falsifies his or her Program application, medical record, or university or medical document, including billing records and the health record. Any allegation regarding failure to comply with the OGI's billing rules shall be forwarded to the OGI's Corporate Compliance Officer and/or Office of General Counsel for resolution in accordance with the OGI's Corporate Compliance Program.

5) Performs a serious or repeated act or omission compromising acceptable standards of patient care, including but not limited to an act that constitutes a medical disciplinary cause or reason.

6) Becomes ineligible to practice physical therapy in the state of his or her primary residence as stated by the respective state's Physical Therapy Board's Practice Act.

7) Does not comply with the OGI's Policies and Procedures.

8) Allows or creates an unsafe working environment.

9) Does not meet employment requirements of the OGI Residency Program.

### **Compliance with Non-Discrimination Policy**

It is the policy of the Ola Grimsby Institute (OGI) to provide equal employment and educational opportunities to all individual's without regard to race, color, religion, national origin, ancestry, marital status, sex, sexual orientation, gender identity, pregnancy, physical or mental disability, medical condition (cancer-related or genetic characteristics), genetic information (including family medical history), age (over 40), citizenship, or service in the uniformed services (As defined by the Uniformed Services Employment and Reemployment Rights Act of 1994).

### **Compliance with Confidentiality and Privacy Policy**

The Ola Grimsby Institute (OGI) is committed to protecting the medical, personal, and other sensitive information of its residents. Such information is treated with heightened importance in this era of electronic information, with increased speed of information flow and the risks of protecting this information. The key to ensuring this information remains private and confidential is the teamwork of the OGI faculty, staff, residents, and volunteers. The OGI's efforts to protect resident's privacy and confidentiality is supported by federal and state laws. Faculty and residents are required to enroll in and successfully complete cyber-security instruction at the time of their appointment. Privacy and security re-training of faculty is required annually.

