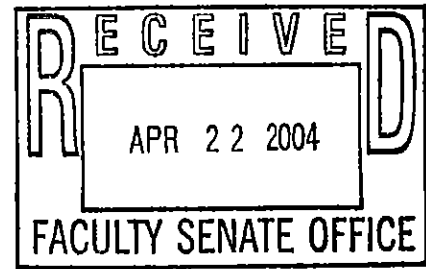





IN/OUT KL RH F C



MEMORANDUM

To: Donna E. Shalala, President

From: Mary Coombs 
Chair, Faculty Senate

Date: April 8, 2004

Subject: Faculty Senate Legislation #2003-21(B) – Establishment of the Department of Physical Therapy

The Faculty Senate, at its March 31, 2004 meeting, voted unanimously to approve the establishment of the Department of Physical Therapy, which will replace the Division of Physical Therapy, currently within the Department of Orthopaedics and Rehabilitation. The proposal is enclosed for your reference.

This legislation is now forwarded to you for your action.

MC/kl

cc: Luis Glaser, Executive Vice President and Provost
John Clarkson, Dean, School of Medicine
Sherrill Hayes, Director, Division of Physical Therapy

CAPSULE: Faculty Senate Legislation #2003-21(B) – Establishment of the Department of Physical Therapy

PRESIDENT'S RESPONSE

APPROVED: *D. Sull* DATE: 4/22/04
(President's Signature)

OFFICE OR INDIVIDUAL TO IMPLEMENT: Clarkson/Provost

EFFECTIVE DATE OF LEGISLATION: _____
(if other than June 1 next following)

NOT APPROVED AND REFERRED TO: _____

REMARKS (IF NOT APPROVED): _____

Proposal for Conversion of the Division of Physical Therapy (Department of Orthopaedics) to a new Department within the School of Medicine:

Department of Physical Therapy

Submitted by Sherrill H. Hayes, PhD, PT December 3, 2003

The background and rationale for change for this conversion of the existing Division of Physical Therapy to a separate Department are presented in this report. As this is not a creation of a totally new entity, per se, but rather a separation of a long-existing Division into a Department, market analysis and proposed development plans are not included.

Introduction:

Graduate programs within the University of Miami, like most institutions of higher education in the United States, are decentralized with respect to individual academic programs and degrees offered. Within the institution are various Schools or Colleges based upon disciplines, and within those Schools are numerous Departments offering undergraduate and graduate degree programs. There is a Graduate School, but each Department determines their own unique program offerings and requirements, including requirements for admission, admissions, individual courses, and plans of study for specific degrees. This principle is also true for all Departments offering graduate programs at the School of Medicine (UMSM), except for the Division of Physical Therapy, currently housed within the clinical Department of Orthopaedics & Rehabilitation. The rationale for changing the current structure of this academic unit within a clinical medical department is presented in the following proposal.

Rationale for Change:

The Division of Physical Therapy has been a Division within the Department of Orthopaedics & Rehabilitation for over 15 years (see Background for further details). The Department of Orthopaedics & Rehabilitation is a clinically-oriented department composed of orthopaedic surgeons, residents, fellows, and several PhD faculty members who are involved primarily with the Tissue Bank. While the Division of Physical Therapy has enjoyed a collegial relationship within the Department, our basic missions within the School of Medicine, and within the University at large, are considerably disparate.

Because of our location within the Department of Orthopaedics, our visibility has been limited to the rest of the UMSM academic and clinical faculties, with the majority not even aware that there is an academic Program in physical therapy here. While physical therapists are certainly involved in treating patients with musculoskeletal problems like hip fractures, spinal disorders, or total joint replacements, our practice, education and research also encompass the treatment of patients with problems relating to the neuromuscular, cardiopulmonary and integumentary systems. Since physical therapy bridges so many medical specialties, we believe that becoming a Department will significantly collaborative and translational research performed at UMSM relating to patients with multiple problems. We also contend there is a role in the education of medical students and nursing students, especially in terms of evaluation and measurement of functional disability in patients of all ages.

The primary role and workload of the Division is education and research, with the entry level professional Doctor of Physical Therapy (DPT) program (formerly the MSPT Program) and the Doctor of Philosophy (PhD) program. Research, on-going and increasingly funded through extramural support, is the driving force that complements our educational programs. It is important also to note that for the last 10 years, our entry level program has been ranked #3 or higher in the United States, according to *U.S. News & World Report*, the highest ranked graduate program at the University of Miami. See Table 1 for further

information on the top ranked Physical Therapy programs and their departmental designation. Furthermore, even more striking within Physical Therapy programs currently housed in Medical Schools/Academic Health Centers (Carnegie Classification), only 7 of 42 (17%) Programs are ranked within the top 10. See Table 2 for information regarding the Physical Therapy programs currently housed within medical schools/academic health centers.

In further describing our educational mission, one must appreciate our *scope*. This academic year (2003-2004) there are 100 full time students within the entry level program (DPT - the last MSPT class graduated December, 2002), making it the largest graduate program (non-MD) within the School of Medicine. Additionally, there are 10 full time PhD students. The academic teaching load for the Division faculty per year consists of 106 credits (45 courses, 9 semesters), for the DPT program and 27 credits (8 courses) for the PhD Program (courses taught every other year). This is a total of 133 credits and 53 courses taught per year, every year, far more than any single department within the School of Medicine.

Our PhD Program, approved in 1995, was and is the only PhD Program existing within a Division in the entire university. To date, we have graduated 8 PhD students - 4 currently hold teaching positions in academic physical therapy programs, and 4 are in post-doc programs (one at Johns Hopkins University, and another at the University of Copenhagen).

We are not solely a basic science program, nor are we primarily a clinical program. We are a bit of both, with a large academic teaching component (at two levels - entry level [DPT] and advanced [PhD]), a significant research focus, and an integrated clinical internship program. To put it simply – we are somewhat unique. The only comparable Program within the School of Medicine is a Department as well, the Department of Epidemiology and Public Health, where Epidemiology is the science of the discipline, and Public Health is the professional component.

Mission:

The primary mission of the Department of Orthopaedics is clinical service in orthopaedic surgery, followed by resident education, research and service. The primary mission of the Division of Physical Therapy is education, research and service, with at present, no clinical component. In sum, our mission is to prepare individuals for the clinical practice of physical therapy (DPT), and to prepare individuals for academe in the science and scholarly advancement of the profession (PhD).

Physical therapy as a profession has existed for over 75 years. The scope of practice has changed dramatically in the last 20 years, and currently the profession is moving toward a doctoring profession, with entry level professionals being prepared at the clinical doctorate level. Our DPT program was granted Accreditation by the Commission of Accreditation on Physical Therapy Education (CAPTE) in April of 2001. We received commendations for the design of our comprehensive curriculum as well as for the quality of the written report. Our inaugural DPT Class entered in May of 2001, and will graduate in May of 2004.

Defining the science and the art of physical therapy is often difficult, as so much of our profession is inextricably linked both to basic science and medical science. Physical therapist professionals are experts in the study of human movement. This has often been termed "biokinesiology" or the study of human movement. Thus, this science of human movement and the theoretical components of motor control are the foundation of our profession; the art of our profession is in the evaluation of and treatment for disorders of human movement, as well as the knowledge of the evidence for these treatments for patients of all ages.

To continue the analogy of physical therapy with the Department of Epidemiology, our science is based on biokinesiology and motor control theories (the focus of our PhD program), and our professional component is the clinical practice employing foundations of basic sciences in an evidence-based model for the evaluation and treatment of disorders of the musculoskeletal, cardiovascular, neuromuscular and integumentary systems (the DPT program).

Background:

The Division of Physical Therapy became part of the School of Medicine in 1986. For the first year, we were administratively housed within the Office of Graduate Studies until our permanent move as a Division within the Department of Orthopaedics & Rehabilitation in 1987.

We began our graduate Program in 1986 with 1 ½ faculty members, 18 students, and an optimistic but determined vision of excellence. Just nine years later, in 1995, we had 18 full time faculty members, several NIH grants, a PhD Program, 175 full time MSPT students, numerous national awards for both students and faculty members, and were ranked #2 in the U.S. according to *U.S. News & World Report* rankings of Best Graduate Schools. Currently ranked #3 in the U.S., our faculty and students continue to receive multiple national awards and recognition, we have increased our external funding, and we continue to garner high quality students in both of our educational programs. Grant funding in rehabilitation, though highly competitive, is widely available through such federal agencies as NIDRR, NIDCD and NCMRR at NIH, the Department of Education, the VA Rehabilitation and Research Awards, and through the Foundation for Physical Therapy.

Structure:

We are a stand-alone fiscal unit, with our own separate budget and physical plant, located within the Plumer Building, adjacent to the Coral Gables campus. The Division has its own admissions, students, student records management, faculty, staff, dedicated research labs, and physical plant that are separate from the Department of Orthopaedics & Rehabilitation, and supported exclusively through Division revenues.

Our administrative interaction with the Department of Orthopaedics is limited. Most Departmental meetings discuss clinical services, Operating Room schedules, or UMMG issues, which are not related to the Division faculty (we are not members of UMMG as non-physicians). Thus, we have limited participation in Departmental functions. Usually the Division Chief attends all Faculty meetings, but rarely the other faculty, with the exception of the Annual promotion and tenure meeting.

We do not participate in resident education or training. We have conducted several collaborative research studies with members of the Department, but have many collaborations with faculty of other departments within UMSM and the university, as well (see Relationships, below).

Numbers of Scope of Faculty:

The Division of Physical Therapy currently consists of 12 full time faculty members, and 5 part-time faculty members (one has a primary appointment in Cell Biology and Anatomy and another in Neurosurgery). We also have a Professor Emeritus who has retired but remains available to us as an excellent resource and mentor. We have had as many as 18 full-time faculty, and are currently short-staffed due to fiscal difficulties resulting from smaller class sizes in our entry level professional education program.

Our faculty intellect and talents represent the broad scope of contemporary physical therapy, with areas of clinical expertise and specialization well represented by what has often been described as one of the most exceptional faculties in the United States. Among the faculty are experts in geriatrics, pediatrics, wound care, women's health, amputee rehabilitation, spinal cord injury, other neurological conditions such as stroke, head injury, multiple sclerosis, orthopedics, sportsmedicine, balance disorders, and cardiopulmonary disorders, as well as experts in our foundational science courses of human anatomy and physiology, neuroscience, and biomechanics and kinesiology. All of the primary teaching in our Programs is performed by the present faculty. In FY 2003-04, extramural funding is approximately \$500,000 annually; faculty have published between 28-38 journal articles per year for the last 10 years.

Relationships:

Our location within the Medical School has allowed us to capitalize on the expertise within the School to the benefit of our students, who thus are taught by some of the best clinicians and scientists in the world from not only our current Department, but from virtually all Departments within the UMSM.

Our faculty have on-going and continual relationships with MAGEC, Pediatrics, The Miami Project to Cure Paralysis, the Institute for Women's Health, Endocrinology, Psychiatry and Behavioral Sciences, Cardiology, Epidemiology and Public Health at the School of Medicine, as well as Biomedical Engineering, School of Education, School of Nursing, the Miami Jewish Home and Catholic Health Services-Villa Maria Nursing Center. The latter relationship is a partnership for the first Clinical Geriatric Residency Program in Physical Therapy in the U.S.

We have had an on-going relationship with the Department of Cell Biology and Anatomy for over 20 years, with one faculty member from that Department who teaches Gross Anatomy to our students, as well as several elective courses in anatomy and a Clinical Evaluation course within the DPT program. Several of our faculty members have, or have had, secondary appointments in other Departments, including Epidemiology and Public Health, The Miami Project, Psychiatry and Behavioral Sciences, Pediatrics, and the School of Education.

With respect to service, both within the Medical School and the University, our faculty members have been exceptionally "good citizens" serving widely in both. Division Faculty members have served, and held office, in numerous positions, including: Human Subjects Committee of the IRB (3 faculty), Faculty Senate, Administrative Committee of the UMSM, Admissions Committee, HPME Committee, Grievance Committee of the UMSM, Women & Minorities Committee of the Faculty Senate, Graduate School Programs and Degrees Committee (3 faculty), Graduate Faculty Committee of the Graduate School (2 faculty), the APT Committee of the UMSM, the APB (university-wide promotion and tenure), University Graduate Honor Council, School of Continuing Studies Advisory Board, the Leadership Team for the Center of Excellence in Women's Health, the Steering Committee for the LCME Self Study in 2001 (Co-Chair of the Faculty Affairs Sub-Committee), as well as serving on doctoral dissertation committees outside the Division - for the School of Education, School of Nursing, College of Arts and Sciences, and the School of Engineering.

Now that there is a Department of Rehabilitation Medicine, we anticipate that we will work collaboratively with faculty in that department, as well. The discipline of Rehabilitation Medicine is closely tied to that of physical therapy, although the education of Doctors of Physiatry in a Residency program is very different from the education of Doctors of Physical Therapy. There is some overlap, however, in certain evaluative procedures such as electromyography and electrodiagnosis, and very often we are involved in the clinical evaluation and care of the same patients.

We envision a symbiotic relationship between this new department and Physical Therapy, further strengthening both departments, particularly in the realm of research collaboration and grant efforts. We both have well-equipped research laboratories that may serve collaborative purposes in the future. One of our PhD students was recently funded on one of the grants of a faculty member in the Department of Rehabilitation Medicine. Future grant efforts for both departments would be enhanced with the collaboration of both disciplines, which is uniformly desirable in rehabilitation granting agencies such as NIDRR. Furthermore, there are also educational opportunities for both faculty and students in collaborating and jointly sponsoring some Grand Rounds.

There are ongoing continuing discussions between the two Chairs of Physical Therapy and Rehabilitation Medicine regarding current and future collaborations.

Resources and Space:

Physical Therapy occupies 23,000 sq. ft. of space within the Plumer Building, adjacent to the Coral Gables campus. This space completely serves all of the teaching, research, and administrative needs of the Division. The only course that is not taught within these confines is the Gross Anatomy course, taught in the summer in the Anatomy labs on the 4th floor of the Rosenstiehl Building.

Two faculty members (one with a secondary appointment to Physical Therapy) enjoy space and laboratories within the Miami Project, and indirect grant monies from their grants are directed to the Project for their space allocation.

Resources at Calder Medical Library are sufficient for this Department's clinical, education and research missions, as the Library currently subscribes to the primary journal of our field *Physical Therapy*, the primary journals of the field of rehabilitation (*Archives of PM&R*, *American Journal of PM&R*, *J Spinal Cord Medicine*), as well as numerous related journals such as *J Neuroscience*, *Spine*, *JBJS*, etc. Additionally, access to PoinTIS for SCI and TBI Rehabilitation (a faculty member from Physical Therapy was a consultant during its development) is available at the Calder Med Internet website.

Budget Issues:

Since our inception within the UMSM in 1986, we have always operated under the designation of a "stand-alone fiscal unit," where we are responsible for our income and costs, with no support from others. The recent successful grantsmanship of several faculty members has greatly assisted us in our fiscal management resulting from decreased revenues with fewer students in our DPT program. We expect our grant efforts to continue to increase, and we are confident that our enrollment in our DPT program will also rise again. This year we increased our entering class size by over 50% from the previous year, and we expect that trend to continue in the next few years.

Our space in the Plumer Building is paid for in rent directly from the our budget. We have our own teaching space, and thus not only pay for it, but do not use any teaching space within the university for any of our teaching needs (with the exception of the Gross anatomy space in the summer sessions). All of our expenses, including faculty and staff salaries, rent, supplies, support services, equipment, etc., are paid through our own budget. We do not receive any support from any entity within the university, with the exception of the indirect (IGF) of grants for the Research labs within the Plumer Building or the return of the IGF to the Department for other extramural grants.

As for space for clinical practice, the Division had about 3000 sq.ft. of space within the Plumer Building for a Faculty Practice. However, due to our location on the Coral Gables campus (away from the Medical School), managed care constraints, competitiveness in outpatient physical therapy practice, and the aforementioned problem of not being a visible Department, this clinic was not economically successful and was closed in 2000, with the space being released. Currently, one faculty member provides physical therapy to the in-patients at UMHC/SCCC, and other faculty provide pro bono services for the university community when needed. With the Capital Campaign's planned new building for all clinical services at the UMSM campus, we would make excellent use of a small area of space (1500 sq.ft.) for certain clinical services that are not currently offered within our medical center - such as physical therapy for patients with women's health problems and patients with vestibular disorders. Preliminary discussions with individuals in the Departments of OB-GYN and Otolaryngology have indicated a need for these two areas, and with such "niche" practice areas, we believe we would be successful in the clinical area, especially if our location was visible, accessible, and conjoined with other clinical departments. We have faculty whose clinical expertise is well established in these two areas.

Time Line:

Physical Therapy is more than ready for departmental status. This change can occur immediately, as soon as the proposal goes through the required phases of approval, but preferably with the start of the new fiscal year. There is no impediment to this change, as we have been operating "de facto" as a Department for many years. Dr. Mark Brown, Chairman of Orthopaedics, is supportive of this move.

Summary and Recommendations:

With this Proposal, we have presented a comprehensive examination of our strong case for becoming a Department within the Medical School. We have a strong academic and research mission founded upon two doctoral level educational programs. We have a distinguished history as a Program of Excellence within this School of Medicine and within the University. We believe that becoming a Department will only further strengthen and facilitate collaborations both in education as well as translational research within the UMSM, and enable the Department of Physical Therapy to further enhance its reputation and assist the School of Medicine in its quest to move from "good to great."

Table 1

Top-Ranked Physical Therapy Programs (*U.S. News & World Report, 2003*)
Home School and Departmental Designation Comparison¹

Rank	University	School Location	Designation
1	Washington U (St. Louis)	School of Medicine	Program
2	University of Southern California	School of Independent Health Professions	Department
3	Duke Emory U of Iowa U of Miami U of North Carolina-Chapel Hill U of Pittsburgh	School of Medicine School of Medicine School of Medicine School of Medicine School of Medicine School of Health & Rehab Sciences	Division Division Division Division Division Department
9	Arcadia U (Beaver College) MGH Institute Northwestern U U Delaware	School of Medicine	Department Department Department
13	Texas Women's University US Army-Baylor University	School of PT School of Medicine	School Program
15	Boston University Temple University UCSF-SFSU Virginia Commonwealth U/Med Coll VA	Sargeant College of Health & Rehab Sciences College AHP SOM-CHHS School of Medicine	Program Department Department Department
19	New York University U Alabama-Birmingham	School of Education SHRP	Department Department
21	Columbia University Creighton University	College of Physicians & Surgeons S Pharm & HP	Program Department
23	Marquette University Northern Arizona University Simmons College University of Indianapolis U Wisconsin	College of HS College of HP School for HS School of PT SAHP	Department Department Program School Department

¹ – Of the top Physical Therapy Programs in the United States, 14 of the top 27 (52%) are designated as Departments, with 2 in Schools of Medicine (Northwestern University and UCSF-SDSU).

Table 2

Physical Therapy Programs Within Schools of Medicine
 Department Designation, Degree Offered, and Rank¹ (*U.S. News & World Report, 2003*)
 (alphabetical, by state)³

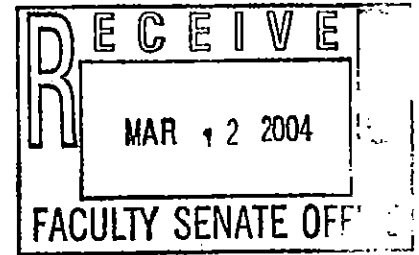
School	Designation	Degree	Rank
University of Miami ²	Division	DPT	3
AT Still University of Health Sciences (AZ)	Department	DPT	unranked
UC-SanFrancisco/SFSU (CA)	Department	MSPT	15
Western Univ of Health Sciences (CA)	Department	DPT	unranked
U of Colorado Health Sciences Center	Program	MSPT	43
The George Washington University (DC)	Program	MSPT	unranked
Emory University (GA)	Division	DPT	3
Medical College of Georgia	Department	MSPT	33
Des Moines University-Osteopathic Med Cen (IA)	Division	DPT	74
U of Iowa	Division	MPT	3
Northwestern University (IL)	Department	DPT	9
Finch U Health Sciences/Chicago Medical School	Department	DPT	33
U of Kansas Medical Center	Department	DPT	28
Louisiana State U Health Sciences Center	Department	MPT	unranked
U of Maryland-Baltimore	Department	DPT	33
U of Minnesota	Program	DPT	28
Washington University (MO)	Program	DPT	1
U of Mississippi Medical Center	Department	MPT	unranked
Duke University (NC)	Division	DPT	3
U North Carolina-Chapel Hill	Division	MPT	3
U North Dakota	Department	DPT	69
U Nebraska Medical Center	Division	DPT	33
U of Medicine & Dentistry of New Jersey	Department	DPT	52
Columbia University (NY)	Program	DPT	21
New York Medical College	Program	DPT	61
SUNY Downstate Medical Center	Department	MPT	unranked

SUNY Update Medical Center	Department	DPT	43
Medical College of Ohio	Department	MPT	unranked
University of Oklahoma Health Sciences Center	Department	MPT	33
Thomas Jefferson University (PA)	Department	DPT	28
U of Puerto Rico Medical Sciences Campus	Program	MPT	unranked
Medical University of South Carolina	Program	MPT	61
U of South Dakota	Department	MPT	unranked
U of Tennessee Health Sciences Center	Department	DPT	52
Texas Tech University Health Sciences Center	Program	MPT	69
U of Texas Health Science Center-San Antonio	Department	MPT	unranked
U of Texas Medical Branch at Galveston	Department	MPT	43
U of Texas Southwestern Medical Center at Dallas	Department	MPT	61
U.S. Army - Baylor University	Program	DPT	unranked
Virginia Commonwealth U-Medical College of VA	Department	DPT	15
U of Washington	Division	MPT	52
West Virginia University	Division	MPT	unranked

¹ - Rankings in *U.S. News & World Report* only up to #80; if unranked, the School failed to place in the top 80 (out of 224) Programs in Physical Therapy; only 7 of 42 (17%) are ranked in the top 10

² - The University of Miami Program in Physical Therapy is the *only* ranked Program in the State of Florida

³ - Of the 42 Physical Therapy Programs existing within Schools of Medicine/Health Science Centers (Carnegie Classification), 23 of 42 (55%) are designated as Departments



March 9, 2004

Professor Mary Coombs,
Chairperson of Faculty Senate
University of Miami

Dear Professor Coombs,

I would like to request the Faculty Senate's approval for the development of a new Department of Physical Therapy at the University of Miami School of Medicine (UMSM). This is not the creation of a new entity, but the conversion of an existing division (within the Department of Orthopaedics) to a free-standing department. As a profession, Physical Therapy is over 75 years old and involves the evaluation and treatment of individuals with not only musculoskeletal problems, but also those with problems with the neuromuscular, cardiopulmonary and integumentary systems, as well.

Physical Therapy has a distinguished history as a Program of Excellence, and a strong academic and research mission founded upon two doctoral level programs (the professional program, the Doctor of Physical Therapy – DPT, ranked #3), according to *U.S. News & World Report*, is still the highest ranked academic program in the University; and their PhD Program, also excellent and the first PhD program in Physical Therapy in the Southeast U.S. when it was begun in 1995. We believe that the conversion of this department will result in greater visibility and further strengthen collaborative efforts in education and research within UMSM, and enable the Department of Physical Therapy to further enhance its reputation and assist the School of Medicine in its quest to move from "good to great."

This proposal has been reviewed and approved by the School of Medicine's Faculty Council. As you know, at the School of Medicine the faculty annually votes to empower the School Faculty Council to act on behalf of the faculty in areas such as this. As this is not the development of a new entity, I did not request a formal budget, as the division has been operating as a self-supporting unit since 1986.

I hope that the University Faculty Senate will endorse the conversion of this division to a new department and approve its formal creation.

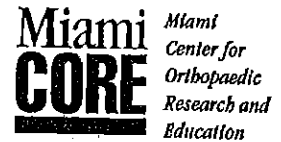
Sincerely yours,

A handwritten signature in cursive script, appearing to read "John G. Clarkson".

John G. Clarkson, M.D.
Senior Vice President for Medical Affairs and Dean

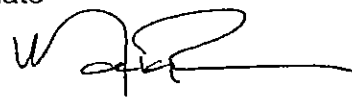
Senior Vice President for Medical Affairs and Dean
P.O. Box 016099 (R-699)
Miami, Florida 33101
Location: 1600 N.W. 10th Avenue, RMSB 1143A
Miami, Florida 33136
305-243-6545 Fax: 305-243-4888

Mark D. Brown, MD, PhD
Professor and Chairman
Department of Orthopaedics and Rehabilitation
University of Miami School of Medicine



March 8, 2004

To: Professor Mary Coombs
Chairperson, Faculty Senate

From: Mark D. Brown, MD, PhD 
Professor and Chairman
Department of Orthopaedics & Rehabilitation

Re: Support for Converting the Division of Physical Therapy in the Department of
Orthopaedics & Rehabilitation to a free-standing Department of Physical Therapy

The orthopaedic faculty and I support the Proposal for Departmental status for the (now) Division of Physical Therapy.

For reasons of differing missions, and for self-determination as an independent entity, it seems appropriate that this Division should ask to stand alone as a Department. Clearly, the disciplines of Orthopaedic surgery and physical therapy are linked but uniquely different.

Another reason for change at this time is visibility in the Medical School and the University at large. The Division of Physical Therapy consists of outstanding teachers and researchers in diverse specialty areas of physical therapy. The faculty are experts in not just orthopedic or musculoskeletal problems, but neurological, and cardiopulmonary problems as well. The perception of the Division, as an appendage of the Department, has limited collaboration efforts for the faculty, who have much to contribute to the School of Medicine at large.


The Division has been a part of the Department of Orthopaedics and Rehabilitation for the last 18 years, beginning with nothing and growing and prospering into one of the premiere Programs of Excellence here at UM, as well as the entire county. It has been a remarkable association, and a collegial one for all of us.

The Department of Orthopaedics and Rehabilitation strongly endorses this move to Departmental status, and we look forward to continuing to work together with the new Department of Physical Therapy, albeit in a different relationship, in the years to come.

UNIVERSITY OF
Miami
SCHOOL OF MEDICINE

Department of Rehabilitation Medicine
P.O. Box 016960 (D461)
Miami, Florida 33101
Office: 305-585-1320
Fax: 305-585-1340

To: Mary Coombs
Chair of Faculty Senate

From: Marca L. Sipki, MD 
Interim Chair, Department of Rehabilitation Medicine

Date: March 15, 2004

Re: Department of Physical Therapy

I am sending this to let you know of my support for the proposed department of Physical Therapy which is coming up at the faculty senate. As Interim Chairman of the Department of Rehabilitation Medicine, I have met with Dr. Hayes on multiple occasions and we have discussed the particulars of how the Departments of Rehabilitation Medicine and Physical Therapy will work together. It is my belief the addition of a Department of Physical Therapy to UMSM and the close collaboration that the Departments of Physical Therapy and Rehabilitation Medicine will have will allow us to develop even greater research, educational and clinical programming at UMSM. In sum, I wholeheartedly support the development of the Department of Physical Therapy and I look forward to working with Dr. Hayes and her faculty on current and future projects.

Should you like to discuss further, please contact me at (305) 585-1327.

OTHER ANNOUNCEMENTS

Sharyn Ladner, LibQual Project Coordinator, informed the Senate that all faculty and graduate students on the Gables campus (excluding the Law School) and a sample of 3,000 undergraduate students would shortly be receiving an e-mail providing a link to a survey called LibQual, a web-based survey developed by the Association of Research Libraries. It measures the quality of library services based on the perceptions of faculty and students from over 200 universities throughout North America who are participating in the survey this spring. She encouraged all to participate.

QUESTION AND ANSWER SESSION REGARDING ACADEMIC STANDARDS COMMITTEE UNDERGRADUATE ADMISSIONS REPORT FOR FALL 2003

The Chair reminded the Senate that during the Academic Standards Committee report on Undergraduate Admissions for Fall 2003 at the last meeting, a number of questions pertaining to such things as recruiting and minorities, diversity, and the need for more incentives to target minority students were raised that would be best answered by Paul Orehovec, Vice President for Enrollment Management. Paul Orehovec entertained questions from the floor.

INTERDISCIPLINARY COMMITTEE/JOINT APPOINTMENTS PROPOSAL

The Chair of the Senate, as a member of the Provost's Interdisciplinary Committee to review joint appointments, presented a proposal modifying section C4.4 (Joint Appointments) of the Faculty Manual to spell out the procedures to follow when offering joint appointments and in determining what the faculty members' obligations are for each of the units they hold appointments in. The proposal included a sample agreement for joint appointments. After discussion, with minor amendments offered, *a motion was made* to accept the proposed changes to the Manual as amended. *The motion passed unanimously.* It was agreed that either the General Welfare Committee or an ad hoc committee will create a similar sample agreement for tenure track appointments.

PROPOSAL FOR THE CREATION OF A DEPARTMENT OF PHYSICAL THERAPY

Sherrill Hayes, Director of the Division of Physical Therapy, presented a proposal to convert the Division of Physical Therapy, currently in the Department of Orthopaedics, to the Department of Physical Therapy. After discussion, *a motion was made* to accept the proposal. *The motion passed unanimously.* *A subsequent motion was made* to waive a second reading. *The motion passed unanimously.*

ESTABLISHMENT OF THE PEW INSTITUTE FOR OCEAN SCIENCE

Otis Brown, Dean of the Rosenstiel School of Marine and Atmospheric Science, presented a proposal for the establishment of the Pew Institute for Ocean Science, with the purpose of coordinating and promoting research, conferences, seminars, and workshops, in ocean science and conservation. After discussion, *a motion was made* to accept the proposal. *The motion passed unanimously.*

AD HOC COMMITTEE REPORT ON PROCEDURES FOR CENTERS AND INSTITUTES

Richard Thurer, as Chair of the ad hoc Committee on Centers and Institutes, presented a report to the Senate detailing procedures to follow in the creation and periodic review of centers and

Faculty Senate Office

From: Faculty Senate Office
Sent: Friday, April 09, 2004 4:13 PM
To: SENATE@LISTSERV.MIAMI.EDU
Subject: Faculty Senate Newsletter

A "Reply" to this message will be sent to its author,
not to all other recipients. If you want to follow
up with a message that is distributed to the entire
"SENATE" mailing list, then use the "Reply to All"
function or button on your email program.

SENATE NEWSLETTER

This newsletter contains information of general interest to the Faculty as well as a summary of the Senate meeting of March 31, 2004. Materials related to this meeting may be found by following the links from <http://www.miami.edu/FacultySenate>.

ANNOUNCEMENTS

The final Senate meeting of 2003-04 (as well as the first meeting of the 2004-05 Senate) will take place on April 28, 2004 in Hurricane Room 100 at the Convocation Center.

A last reminder of the last of the three Senate ceremonies honoring members of our community: The Distinguished Faculty Scholar Award will take place on April 30, 2004 at 3:00 p.m. in the Storer Auditorium, School of Business. It will recognize Professor Myron Ginsberg of the Department of Neurology, School of Medicine. I hope many of you will be present to honor Dr. Ginsberg and to learn from his lecture on Preventing Brain Damage After Stroke - a Journey from Bench to Bedside.

GENERAL INFORMATION

Reports from the President and from Paul Orehovec indicate that undergraduate applications continue to rise and that we hope and expect the quality of the admitted class (and of those who accept) to rise as well next fall.

The President has indicated that the current plans are to return next year (for 2005-06) to the pattern of salary increases of prior years.

IMPORTANT SENATE ACTIONS: FEBRUARY 25, 2004

The Senate received and approved a report from the Academic Standards Committee regarding undergraduate grading patterns. We will be discussing their recommendations as to appropriate means to respond to "grade inflation" at the April meeting.

The Senate has approved and legislation has been forwarded to the President on the following issues:

*changing the current Division of Physical Therapy within the Department of Orthopaedics into a new Department of Physical Therapy

*modifying section C4.4 (Joint Appointments) of the Faculty Manual to facilitate the process of having joint appointments between a department and a center or institute as well as between two departments and to have time-limited as well as indefinite joint appointments: The new language also provides for a structure through which the faculty member and the cooperating units can determine beforehand what the faculty member's obligations and rights are vis-à-vis each of the units

*the establishment of a Pew Institute for Ocean Science within RSMAS with the purpose of coordinating and promoting research, conferences, seminars, workshops, etc. in ocean science and conservation

*redrafting the sections of the Faculty Manual dealing with Centers and Institutes. The

new language will more clearly delineate the role of the Senate in the establishment and in the periodic review of University centers and institutes, on the one hand, and of centers, institutes and other similar bodies within departments. It also clarifies the processes for provisional approval where a center or institute has been tentatively approved, and has been or is in the process of obtaining external funding, but does not yet have the details of its proposed operation sufficiently clear for usual Senate review

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Academic Deans' Policy Council
Minutes of the Meeting of April 7, 2004

C - pls copy
for appropriate
leg-files

Tx
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Update on HIS Activities

Andy Gomez briefed the deans about the need to develop a mechanism to facilitate schools and colleges applying for grants as a Hispanic Serving Institution (HIS). He asked the deans to assign someone from their schools or colleges as a contact for Perri Lee Roberts or him to inform them what funds are available. Provost Glaser encouraged the deans to take advantage of this opportunity because we may not qualify for them as an HIS in the coming years. Andy Gomez will send the list of available grants to all the deans.

Senate Matters

Mary Coombs reported the Senate's approval of the (renamed) Pew Institute for Ocean Science at RSMAS; and the transformation of the Division of Physical Therapy into the Department of Physical Therapy. She also discussed that the units within schools have the option to establish a center or institute, without using the "University of Miami" prefix. University Centers and Institutes shall be named "University of Miami" preceding their title and are the only academic units, in addition to schools and departments that may use the unqualified prefix "University of Miami."

President Shalala briefed the deans about several issues, including this year's budget and the campaign. She is optimistic about the upcoming year. Building permits have been issued for Architecture and Nursing will be next. Building for the apartments is moving along; planning for the building of University Village's permits will be secured by August 1. A private development on Red Road will be built, consisting of apartments, (single, double and triple) for graduate and law students; it will be higher end housing, with a wellness center and a commercial component.

Pat Whitely informed the deans about changing the date of the Family Weekend and Parents Weekend to the last weekend in February; there will be a baseball game on Friday night and Saturday afternoon, and a basketball game on Saturday night. The plans are to offer four lecture series, combining a prominent parent and a faculty member as speakers on Friday afternoon. Fall Break will be Friday, October 22. Housing sign up numbers are the highest ever.

Faculty Senate Office

From: Markowitz, Elizabeth Paz
Sent: Tuesday, May 25, 2004 10:41 AM
To: Clarkson, John G.; Lynch, Dennis O.; Edward Pfister; Elizabeth Plater-Zyberk; James Hipp; James Wyche; M. Temares; Nilda Peragallo; Otis Brown; Paul Sugrue; Samuel Yarger; Steven Ullmann
Cc: Robitaille, Magaly; Stadmire, Dawn Renee; Faculty Senate Office; Amy De La Cruz-Ramirez; Ripoll, Blanca Ileana; Cecilia Garcia; Edna Schwab; Lynne Brenner; Martha Lopez; Reba Buckley; Sarah Goff-Tlemsani; Tracy Helenbrook; Yvette Carpintero
Subject: Approved Faculty Legislation

For your information, the following is a list of approved Faculty Legislation:

- 2003-20(B) Modification of Faculty Manual section C4.4-Joint Appointments
- 2003-21(B) Establishment of the Department of Physical Therapy
- 2003-22(B) Establishment of the Pew Institute for Ocean Science
- 2003-23(B) Modification of sections B6.5, B6.6, and C18 of the Faculty Manual regarding centers and institutes
- 2003-24(D) Amendment to the timing of the Outstanding Teaching Award Ceremony (Amendment to Legislation #2002-21-D)
- 2003-25(B) Disestablishment of the Program in Classical Antiquity in the College of Arts and Sciences
- 2003-26(B) Re-approval of the Institute for Cuban and Cuban American Studies (ICCAS) for five years

Elizabeth Markowitz
Executive Assistant to the Provost
305-284-3356
emarkowitz@miami.edu

Faculty Senate Office

From: Faculty Listserv Administrator
Sent: Tuesday, June 15, 2004 8:10 AM
To: DL - Faculty - All Campuses
Subject: Approved Faculty Senate legislation for the 2003-2004 term

As required by the Faculty Manual, the Secretary of the Senate is to notify faculty of all approved legislation.

Attached is a list of and links to the legislation as approved by the Faculty Senate and the President for the 2003-2004 term. Please note that you will need to have Adobe Acrobat Reader to access the attachment and the links within the attachment. If you do not, for a free download, visit: <http://www.adobe.com/products/acrobat/readstep.html>.



Notification-faculty-
re-approv...

Please contact the Senate office at your convenience if you need assistance accessing the information or have any questions.

Thank you,

Kimberly Litman
Secretary of the Faculty Senate
325 Ashe Admin. Bldg.
Loc 4634
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- CLARIFICATION OF SECTION C5.5(E) IN THE FACULTY MANUAL REGARDING EXTENSION OF PROBATIONARY PERIOD
<https://www.miami.edu/faculty-senate/2003-legislation/2003-14-PresCaps.pdf>
- CLARIFICATION OF THE COMMITTEE ON RANK, SALARY, AND CONDITIONS OF EMPLOYMENT MEMBERSHIP
<https://www.miami.edu/faculty-senate/2003-legislation/2003-15-PresCaps.pdf>
- GENERAL EDUCATION REQUIREMENT WAIVER FOR THE COLLEGE OF ENGINEERING
<https://www.miami.edu/faculty-senate/2003-legislation/2003-16-PresCaps.pdf>
- NAME CHANGE FOR THE DEPARTMENT OF MECHANICAL ENGINEERING
<https://www.miami.edu/faculty-senate/2003-legislation/2003-17-PresCaps.pdf>
- DEGREE NAME CHANGE FOR THE PH.D. IN ROMANCE LANGUAGES IN THE DEPARTMENT OF FOREIGN LANGUAGES AND LITERATURES
<https://www.miami.edu/faculty-senate/2003-legislation/2003-18-PresCaps.pdf>
- CHANGE IN THE OUTSTANDING TEACHING AWARD NOMINATING CRITERIA
<https://www.miami.edu/faculty-senate/2003-legislation/2003-19-PendPres.pdf>
- MODIFICATION OF FACULTY MANUAL SECTION C4.4-JOINT APPOINTMENTS
<https://www.miami.edu/faculty-senate/2003-legislation/2003-20-PresCaps.pdf>
- ESTABLISHMENT OF THE DEPARTMENT OF PHYSICAL THERAPY
<https://www.miami.edu/faculty-senate/2003-legislation/2003-21-PresCaps.pdf>
- ESTABLISHMENT OF THE PEW INSTITUTE FOR OCEAN SCIENCE
<https://www.miami.edu/faculty-senate/2003-legislation/2003-22-PresCaps.pdf>
- MODIFICATION OF SECTIONS B6.5, B6.6, AND C18 OF THE FACULTY MANUAL REGARDING CENTERS AND INSTITUTES
<https://www.miami.edu/faculty-senate/2003-legislation/2003-23-PresCaps.pdf>
- AMENDMENT TO THE TIMING OF THE OUTSTANDING TEACHING AWARD CEREMONY (AMENDMENT TO LEGISLATION 2001-21(D))
<https://www.miami.edu/faculty-senate/2003-legislation/2003-24-D.pdf>
- DISESTABLISHMENT OF THE PROGRAM IN CLASSICAL ANTIQUITY IN THE COLLEGE OF ARTS AND SCIENCES
<https://www.miami.edu/faculty-senate/2003-legislation/2003-25-PresCaps.doc>
- RE-APPROVAL OF THE INSTITUTE FOR CUBAN AND CUBAN-AMERICAN STUDIES FOR FIVE YEARS
<https://www.miami.edu/faculty-senate/2003-legislation/2003-26PresCaps.pdf>

Pending Lec

FACULTY SENATE MEETING
March 31, 2004 - 3:15 P.M.
Medical School Campus, RMSB, 4th Floor Auditorium
AGENDA

		Approx. Time
A.	<u>Introductory Matters</u>	
A1.	#Chair's remarks	3:15
A2.	President's remarks	3:20
A3.	Approval of today's agenda	3:35
A4.	a)#Correction of Chair's remarks section of the 1/28/04 minutes re: Hearing Panel procedures b)#Approval of minutes of February 25, 2004	3:37
A5.	Other announcements	3:40
B.	<u>General Matters</u>	
B1.	Question and answer session regarding Academic Standards Committee Undergraduate Admissions report for Fall 2003 – P. Orehovec	3:45
B2.	#Interdisciplinary Committee/Joint Appointments proposal	4:00
B3.	#Proposal for the creation of a Department of Physical Therapy – S. Hayes	4:15
B4.	#Establishment of the Pew Institute for Ocean Science – O. Brown	4:25
B5.	#Ad hoc Committee report on procedures for Centers and Institutes – R. Thurer	4:35
B6.	Nominating Committee for Senate officers	4:55
B7.	#Faculty Senate meeting calendar for fall 04 and spring 05 (information item)	5:05
C.	<u>Executive Session</u>	
C1.	Academic Standards Committee report on undergraduate grading patterns for Fall 2003 – N. Patricios (This item is not included in the complete agenda packet. The link and password for the report was included in your reminder e-mail) <i>Included w/ this packet.</i>	5:10
D.	<u>Other Business</u>	
E.	Adjournment	

related material included

3/31/03 FS agenda item B3

Proposal for Conversion of the Division of Physical Therapy (Department of Orthopaedics) to a new Department within the School of Medicine:

Department of Physical Therapy

Submitted by Sherrill H. Hayes, PhD, PT December 3, 2003

The background and rationale for change for this conversion of the existing Division of Physical Therapy to a separate Department are presented in this report. As this is not a creation of a totally new entity, per se, but rather a separation of a long-existing Division into a Department, market analysis and proposed development plans are not included.

Introduction:

Graduate programs within the University of Miami, like most institutions of higher education in the United States, are decentralized with respect to individual academic programs and degrees offered. Within the institution are various Schools or Colleges based upon disciplines, and within those Schools are numerous Departments offering undergraduate and graduate degree programs. There is a Graduate School, but each Department determines their own unique program offerings and requirements, including requirements for admission, admissions, individual courses, and plans of study for specific degrees. This principle is also true for all Departments offering graduate programs at the School of Medicine (UMSM), except for the Division of Physical Therapy, currently housed within the clinical Department of Orthopaedics & Rehabilitation. The rationale for changing the current structure of this academic unit within a clinical medical department is presented in the following proposal.

Rationale for Change:

The Division of Physical Therapy has been a Division within the Department of Orthopaedics & Rehabilitation for over 15 years (see Background for further details). The Department of Orthopaedics & Rehabilitation is a clinically-oriented department composed of orthopaedic surgeons, residents, fellows, and several PhD faculty members who are involved primarily with the Tissue Bank. While the Division of Physical Therapy has enjoyed a collegial relationship within the Department, our basic missions within the School of Medicine, and within the University at large, are considerably disparate.

Because of our location within the Department of Orthopaedics, our visibility has been limited to the rest of the UMSM academic and clinical faculties, with the majority not even aware that there is an academic Program in physical therapy here. While physical therapists are certainly involved in treating patients with musculoskeletal problems like hip fractures, spinal disorders, or total joint replacements, our practice, education and research also encompass the treatment of patients with problems relating to the neuromuscular, cardiopulmonary and integumentary systems. Since physical therapy bridges so many medical specialties, we believe that becoming a Department will significantly collaborative and translational research performed at UMSM relating to patients with multiple problems. We also contend there is a role in the education of medical students and nursing students, especially in terms of evaluation and measurement of functional disability in patients of all ages.

The primary role and workload of the Division is education and research, with the entry level professional Doctor of Physical Therapy (DPT) program (formerly the MSPT Program) and the Doctor of Philosophy (PhD) program. Research, on-going and increasingly funded through extramural support, is the driving force that complements our educational programs. It is important also to note that for the last 10 years, our entry level program has been ranked #3 or higher in the United States, according to *U.S. News & World Report*, the highest ranked graduate program at the University of Miami. See Table 1 for further

information on the top ranked Physical Therapy programs and their departmental designation. Furthermore, even more striking within Physical Therapy programs currently housed in Medical Schools/Academic Health Centers (Carnegie Classification), only 7 of 42 (17%) Programs are ranked within the top 10. See Table 2 for information regarding the Physical Therapy programs currently housed within medical schools/academic health centers.

In further describing our educational mission, one must appreciate our *scope*. This academic year (2003-2004) there are 100 full time students within the entry level program (DPT - the last MSPT class graduated December, 2002), making it the largest graduate program (non-MD) within the School of Medicine. Additionally, there are 10 full time PhD students. The academic teaching load for the Division faculty per year consists of 106 credits (45 courses, 9 semesters), for the DPT program and 27 credits (8 courses) for the PhD Program (courses taught every other year). This is a total of 133 credits and 53 courses taught per year, every year, far more than any single department within the School of Medicine.

Our PhD Program, approved in 1995, was and is the only PhD Program existing within a Division in the entire university. To date, we have graduated 8 PhD students - 4 currently hold teaching positions in academic physical therapy programs, and 4 are in post-doc programs (one at Johns Hopkins University, and another at the University of Copenhagen).

We are not solely a basic science program, nor are we primarily a clinical program. We are a bit of both, with a large academic teaching component (at two levels - entry level [DPT] and advanced [PhD]), a significant research focus, and an integrated clinical internship program. To put it simply - we are somewhat unique. The only comparable Program within the School of Medicine is a Department as well, the Department of Epidemiology and Public Health, where Epidemiology is the science of the discipline, and Public Health is the professional component.

Mission:

The primary mission of the Department of Orthopaedics is clinical service in orthopaedic surgery, followed by resident education, research and service. The primary mission of the Division of Physical Therapy is education, research and service, with at present, no clinical component. In sum, our mission is to prepare individuals for the clinical practice of physical therapy (DPT), and to prepare individuals for academe in the science and scholarly advancement of the profession (PhD).

Physical therapy as a profession has existed for over 75 years. The scope of practice has changed dramatically in the last 20 years, and currently the profession is moving toward a doctoring profession, with entry level professionals being prepared at the clinical doctorate level. Our DPT program was granted Accreditation by the Commission of Accreditation on Physical Therapy Education (CAPTE) in April of 2001. We received commendations for the design of our comprehensive curriculum as well as for the quality of the written report. Our inaugural DPT Class entered in May of 2001, and will graduate in May of 2004.

Defining the science and the art of physical therapy is often difficult, as so much of our profession is inextricably linked both to basic science and medical science. Physical therapist professionals are experts in the study of human movement. This has often been termed "biokinesiology" or the study of human movement. Thus, this science of human movement and the theoretical components of motor control are the foundation of our profession; the art of our profession is in the evaluation of and treatment for disorders of human movement, as well as the knowledge of the evidence for these treatments for patients of all ages.

To continue the analogy of physical therapy with the Department of Epidemiology, our science is based on biokinesiology and motor control theories (the focus of our PhD program), and our professional component is the clinical practice employing foundations of basic sciences in an evidence-based model for the evaluation and treatment of disorders of the musculoskeletal, cardiovascular, neuromuscular and integumentary systems (the DPT program).

Background:

The Division of Physical Therapy became part of the School of Medicine in 1986. For the first year, we were administratively housed within the Office of Graduate Studies until our permanent move as a Division within the Department of Orthopaedics & Rehabilitation in 1987.

We began our graduate Program in 1986 with 1 ½ faculty members, 18 students, and an optimistic but determined vision of excellence. Just nine years later, in 1995, we had 18 full time faculty members, several NIH grants, a PhD Program, 175 full time MSPT students, numerous national awards for both students and faculty members, and were ranked #2 in the U.S. according to *U.S. News & World Report* rankings of Best Graduate Schools. Currently ranked #3 in the U.S., our faculty and students continue to receive multiple national awards and recognition, we have increased our external funding, and we continue to garner high quality students in both of our educational programs. Grant funding in rehabilitation, though highly competitive, is widely available through such federal agencies as NIDRR, NIDCD and NCMRR at NIH, the Department of Education, the VA Rehabilitation and Research Awards, and through the Foundation for Physical Therapy.

Structure:

We are a stand-alone fiscal unit, with our own separate budget and physical plant, located within the Plumer Building, adjacent to the Coral Gables campus. The Division has its own admissions, students, student records management, faculty, staff, dedicated research labs, and physical plant that are separate from the Department of Orthopaedics & Rehabilitation, and supported exclusively through Division revenues.

Our administrative interaction with the Department of Orthopaedics is limited. Most Departmental meetings discuss clinical services, Operating Room schedules, or UMMG issues, which are not related to the Division faculty (we are not members of UMMG as non-physicians). Thus, we have limited participation in Departmental functions. Usually the Division Chief attends all Faculty meetings, but rarely the other faculty, with the exception of the Annual promotion and tenure meeting.

We do not participate in resident education or training. We have conducted several collaborative research studies with members of the Department, but have many collaborations with faculty of other departments within UMSM and the university, as well (see Relationships, below).

Numbers of Scope of Faculty:

The Division of Physical Therapy currently consists of 12 full time faculty members, and 5 part-time faculty members (one has a primary appointment in Cell Biology and Anatomy and another in Neurosurgery). We also have a Professor Emeritus who has retired but remains available to us as an excellent resource and mentor. We have had as many as 18 full-time faculty, and are currently short-staffed due to fiscal difficulties resulting from smaller class sizes in our entry level professional education program.

Our faculty intellect and talents represent the broad scope of contemporary physical therapy, with areas of clinical expertise and specialization well represented by what has often been described as one of the most exceptional faculties in the United States. Among the faculty are experts in geriatrics, pediatrics, wound care, women's health, amputee rehabilitation, spinal cord injury, other neurological conditions such as stroke, head injury, multiple sclerosis, orthopedics, sportsmedicine, balance disorders, and cardiopulmonary disorders, as well as experts in our foundational science courses of human anatomy and physiology, neuroscience, and biomechanics and kinesiology. All of the primary teaching in our Programs is performed by the present faculty. In FY 2003-04, extramural funding is approximately \$500,000 annually; faculty have published between 28-38 journal articles per year for the last 10 years.

Relationships:

Our location within the Medical School has allowed us to capitalize on the expertise within the School to the benefit of our students, who thus are taught by some of the best clinicians and scientists in the world from not only our current Department, but from virtually all Departments within the UMSM.

Our faculty have on-going and continual relationships with MAGEC, Pediatrics, The Miami Project to Cure Paralysis, the Institute for Women's Health, Endocrinology, Psychiatry and Behavioral Sciences, Cardiology, Epidemiology and Public Health at the School of Medicine, as well as Biomedical Engineering, School of Education, School of Nursing, the Miami Jewish Home and Catholic Health Services-Villa Maria Nursing Center. The latter relationship is a partnership for the first Clinical Geriatric Residency Program in Physical Therapy in the U.S.

We have had an on-going relationship with the Department of Cell Biology and Anatomy for over 20 years, with one faculty member from that Department who teaches Gross Anatomy to our students, as well as several elective courses in anatomy and a Clinical Evaluation course within the DPT program. Several of our faculty members have, or have had, secondary appointments in other Departments, including Epidemiology and Public Health, The Miami Project, Psychiatry and Behavioral Sciences, Pediatrics, and the School of Education.

With respect to service, both within the Medical School and the University, our faculty members have been exceptionally "good citizens" serving widely in both. Division Faculty members have served, and held office, in numerous positions, including: Human Subjects Committee of the IRB (3 faculty), Faculty Senate, Administrative Committee of the UMSM, Admissions Committee, HPME Committee, Grievance Committee of the UMSM, Women & Minorities Committee of the Faculty Senate, Graduate School Programs and Degrees Committee (3 faculty), Graduate Faculty Committee of the Graduate School (2 faculty), the APT Committee of the UMSM, the APB (university-wide promotion and tenure), University Graduate Honor Council, School of Continuing Studies Advisory Board, the Leadership Team for the Center of Excellence in Women's Health, the Steering Committee for the LCME Self Study in 2001 (Co-Chair of the Faculty Affairs Sub-Committee), as well as serving on doctoral dissertation committees outside the Division - for the School of Education, School of Nursing, College of Arts and Sciences, and the School of Engineering.

Now that there is a Department of Rehabilitation Medicine, we anticipate that we will work collaboratively with faculty in that department, as well. The discipline of Rehabilitation Medicine is closely tied to that of physical therapy, although the education of Doctors of Physiatry in a Residency program is very different from the education of Doctors of Physical Therapy. There is some overlap, however, in certain evaluative procedures such as electromyography and electrodiagnosis, and very often we are involved in the clinical evaluation and care of the same patients.

We envision a symbiotic relationship between this new department and Physical Therapy, further strengthening both departments, particularly in the realm of research collaboration and grant efforts. We both have well-equipped research laboratories that may serve collaborative purposes in the future. One of our PhD students was recently funded on one of the grants of a faculty member in the Department of Rehabilitation Medicine. Future grant efforts for both departments would be enhanced with the collaboration of both disciplines, which is uniformly desirable in rehabilitation granting agencies such as NIDRR. Furthermore, there are also educational opportunities for both faculty and students in collaborating and jointly sponsoring some Grand Rounds.

There are ongoing continuing discussions between the two Chairs of Physical Therapy and Rehabilitation Medicine regarding current and future collaborations.

Resources and Space:

Physical Therapy occupies 23,000 sq. ft. of space within the Plumer Building, adjacent to the Coral Gables campus. This space completely serves all of the teaching, research, and administrative needs of the Division. The only course that is not taught within these confines is the Gross Anatomy course, taught in the summer in the Anatomy labs on the 4th floor of the Rosenstiehl Building.

Two faculty members (one with a secondary appointment to Physical Therapy) enjoy space and laboratories within the Miami Project, and indirect grant monies from their grants are directed to the Project for their space allocation.

Resources at Calder Medical Library are sufficient for this Department's clinical, education and research missions, as the Library currently subscribes to the primary journal of our field *Physical Therapy*, the primary journals of the field of rehabilitation (*Archives of PM&R*, *American Journal of PM&R*, *J Spinal Cord Medicine*), as well as numerous related journals such as *J Neuroscience*, *Spine*, *JBJS*, etc. Additionally, access to PoinTIS for SCI and TBI Rehabilitation (a faculty member from Physical Therapy was a consultant during its development) is available at the Calder Med Internet website.

Budget Issues:

Since our inception within the UMSM in 1986, we have always operated under the designation of a "stand-alone fiscal unit," where we are responsible for our income and costs, with no support from others. The recent successful grantsmanship of several faculty members has greatly assisted us in our fiscal management resulting from decreased revenues with fewer students in our DPT program. We expect our grant efforts to continue to increase, and we are confident that our enrollment in our DPT program will also rise again. This year we increased our entering class size by over 50% from the previous year, and we expect that trend to continue in the next few years.

Our space in the Plumer Building is paid for in rent directly from the our budget. We have our own teaching space, and thus not only pay for it, but do not use any teaching space within the university for any of our teaching needs (with the exception of the Gross anatomy space in the summer sessions). All of our expenses, including faculty and staff salaries, rent, supplies, support services, equipment, etc., are paid through our own budget. We do not receive any support from any entity within the university, with the exception of the indirect (IGF) of grants for the Research labs within the Plumer Building or the return of the IGF to the Department for other extramural grants.

As for space for clinical practice, the Division had about 3000 sq.ft. of space within the Plumer Building for a Faculty Practice. However, due to our location on the Coral Gables campus (away from the Medical School), managed care constraints, competitiveness in outpatient physical therapy practice, and the aforementioned problem of not being a visible Department, this clinic was not economically successful and was closed in 2000, with the space being released. Currently, one faculty member provides physical therapy to the in-patients at UMHC/SCCC, and other faculty provide pro bono services for the university community when needed. With the Capital Campaign's planned new building for all clinical services at the UMSM campus, we would make excellent use of a small area of space (1500 sq.ft.) for certain clinical services that are not currently offered within our medical center - such as physical therapy for patients with women's health problems and patients with vestibular disorders. Preliminary discussions with individuals in the Departments of OB-GYN and Otolaryngology have indicated a need for these two areas, and with such "niche" practice areas, we believe we would be successful in the clinical area, especially if our location was visible, accessible, and conjoined with other clinical departments. We have faculty whose clinical expertise is well established in these two areas.

Time Line:

Physical Therapy is more than ready for departmental status. This change can occur immediately, as soon as the proposal goes through the required phases of approval, but preferably with the start of the new fiscal year. There is no impediment to this change, as we have been operating "de facto" as a Department for many years. Dr. Mark Brown, Chairman of Orthopaedics, is supportive of this move.

Summary and Recommendations:

With this Proposal, we have presented a comprehensive examination of our strong case for becoming a Department within the Medical School. We have a strong academic and research mission founded upon two doctoral level educational programs. We have a distinguished history as a Program of Excellence within this School of Medicine and within the University. We believe that becoming a Department will only further strengthen and facilitate collaborations both in education as well as translational research within the UMSM, and enable the Department of Physical Therapy to further enhance its reputation and assist the School of Medicine in its quest to move from "good to great."

Table 1

Top-Ranked Physical Therapy Programs (U.S. News & World Report, 2003)
Home School and Departmental Designation Comparison¹

Rank	University	School Location	Designation
1	Washington U (St. Louis)	School of Medicine	Program
2	University of Southern California	School of Independent Health Professions	Department
3	Duke Emory U of Iowa U of Miami U of North Carolina-Chapel Hill U of Pittsburgh	School of Medicine School of Medicine School of Medicine School of Medicine School of Medicine School of Health & Rehab Sciences	Division Division Division Division Division Department
9	Arcadia U (Beaver College) MGH Institute Northwestern U U Delaware	School of Medicine	Department Department Department
13	Texas Women's University US Army-Baylor University	School of PT School of Medicine	School Program
15	Boston University Temple University UCSF-SFSU Virginia Commonwealth U/Med Coll VA	Sargeant College of Health & Rehab Sciences College AHP SOM-CHHS School of Medicine	Program Department Department Department
19	New York University U Alabama-Birmingham	School of Education SHRP	Department Department
21	Columbia University Creighton University	College of Physicians & Surgeons S Pharm & HP	Program Department
23	Marquette University Northern Arizona University Simmons College University of Indianapolis U Wisconsin	College of HS College of HP School for HS School of PT SAHP	Department Department Program School Department

¹ – Of the top Physical Therapy Programs in the United States, 14 of the top 27 (52%) are designated as Departments, with 2 in Schools of Medicine (Northwestern University and UCSF-SDSU).

Table 2

Physical Therapy Programs Within Schools of Medicine
 Department Designation, Degree Offered, and Rank¹ (U.S. News & World Report, 2003)
 (alphabetical, by state)³

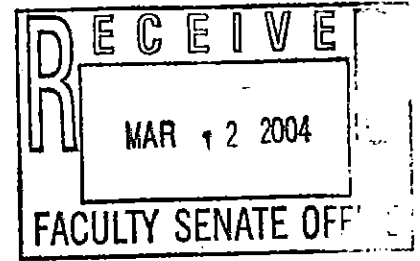
School	Designation	Degree	Rank
University of Miami ²	Division	DPT	3
AT Still University of Health Sciences (AZ)	Department	DPT	unranked
UC-SanFrancisco/SFSU (CA)	Department	MSPT	15
Western Univ of Health Sciences (CA)	Department	DPT	unranked
U of Colorado Health Sciences Center	Program	MSPT	43
The George Washington University (DC)	Program	MSPT	unranked
Emory University (GA)	Division	DPT	3
Medical College of Georgia	Department	MSPT	33
Des Moines University-Osteopathic Med Cen (IA)	Division	DPT	74
U of Iowa	Division	MPT	3
Northwestern University (IL)	Department	DPT	9
Finch U Health Sciences/Chicago Medical School	Department	DPT	33
U of Kansas Medical Center	Department	DPT	28
Louisiana State U Health Sciences Center	Department	MPT	unranked
U of Maryland-Baltimore	Department	DPT	33
U of Minnesota	Program	DPT	28
Washington University (MO)	Program	DPT	1
U of Mississippi Medical Center	Department	MPT	unranked
Duke University (NC)	Division	DPT	3
U North Carolina-Chapel Hill	Division	MPT	3
U North Dakota	Department	DPT	69
U Nebraska Medical Center	Division	DPT	33
U of Medicine & Dentistry of New Jersey	Department	DPT	52
Columbia University (NY)	Program	DPT	21
New York Medical College	Program	DPT	61
SUNY Downstate Medical Center	Department	MPT	unranked

SUNY Update Medical Center	Department	DPT	43
Medical College of Ohio	Department	MPT	unranked
University of Oklahoma Health Sciences Center	Department	MPT	33
Thomas Jefferson University (PA)	Department	DPT	28
U of Puerto Rico Medical Sciences Campus	Program	MPT	unranked
Medical University of South Carolina	Program	MPT	61
U of South Dakota	Department	MPT	unranked
U of Tennessee Health Sciences Center	Department	DPT	52
Texas Tech University Health Sciences Center	Program	MPT	69
U of Texas Health Science Center-San Antonio	Department	MPT	unranked
U of Texas Medical Branch at Galveston	Department	MPT	43
U of Texas Southwestern Medical Center at Dallas	Department	MPT	61
U.S. Army - Baylor University	Program	DPT	unranked
Virginia Commonwealth U-Medical College of VA	Department	DPT	15
U of Washington	Division	MPT	52
West Virginia University	Division	MPT	unranked

¹ - Rankings in *U.S. News & World Report* only up to #80; if unranked, the School failed to place in the top 80 (out of 224) Programs in Physical Therapy; only 7 of 42 (17%) are ranked in the top 10

² - The University of Miami Program in Physical Therapy is the *only* ranked Program in the State of Florida

³ - Of the 42 Physical Therapy Programs existing within Schools of Medicine/Health Science Centers (Carnegie Classification), 23 of 42 (55%) are designated as Departments



March 9, 2004

Professor Mary Coombs,
Chairperson of Faculty Senate
University of Miami

Dear Professor Coombs,

I would like to request the Faculty Senate's approval for the development of a new Department of Physical Therapy at the University of Miami School of Medicine (UMSM). This is not the creation of a new entity, but the conversion of an existing division (within the Department of Orthopaedics) to a free-standing department. As a profession, Physical Therapy is over 75 years old and involves the evaluation and treatment of individuals with not only musculoskeletal problems, but also those with problems with the neuromuscular, cardiopulmonary and integumentary systems, as well.

Physical Therapy has a distinguished history as a Program of Excellence, and a strong academic and research mission founded upon two doctoral level programs (the professional program, the Doctor of Physical Therapy – DPT, ranked #3), according to *U.S. News & World Report*, is still the highest ranked academic program in the University; and their PhD Program, also excellent and the first PhD program in Physical Therapy in the Southeast U.S. when it was begun in 1995. We believe that the conversion of this department will result in greater visibility and further strengthen collaborative efforts in education and research within UMSM, and enable the Department of Physical Therapy to further enhance its reputation and assist the School of Medicine in its quest to move from "good to great."

This proposal has been reviewed and approved by the School of Medicine's Faculty Council. As you know, at the School of Medicine the faculty annually votes to empower the School Faculty Council to act on behalf of the faculty in areas such as this. As this is not the development of a new entity, I did not request a formal budget, as the division has been operating as a self-supporting unit since 1986.

I hope that the University Faculty Senate will endorse the conversion of this division to a new department and approve its formal creation.

Sincerely yours,

A handwritten signature in black ink, appearing to read "John G. Clarkson".

John G. Clarkson, M.D.
Senior Vice President for Medical Affairs and Dean


Senior Vice President for Medical Affairs and Dean
P.O. Box 016099 (R-699)
Miami, Florida 33101
Location: 1600 N.W. 10th Avenue, RMSB 1143A
Miami, Florida 33136
305-243-6545 Fax: 305-243-4888

Mark D. Brown, MD, PhD
Professor and Chairman
Department of Orthopaedics and Rehabilitation
University of Miami School of Medicine



March 8, 2004

To: Professor Mary Coombs
Chairperson, Faculty Senate

From: Mark D. Brown, MD, PhD 
Professor and Chairman
Department of Orthopaedics & Rehabilitation

Re: Support for Converting the Division of Physical Therapy in the Department of Orthopaedics & Rehabilitation to a free-standing Department of Physical Therapy

The orthopaedic faculty and I support the Proposal for Departmental status for the (now) Division of Physical Therapy.

For reasons of differing missions, and for self-determination as an independent entity, it seems appropriate that this Division should ask to stand alone as a Department. Clearly, the disciplines of Orthopaedic surgery and physical therapy are linked but uniquely different.

Another reason for change at this time is visibility in the Medical School and the University at large. The Division of Physical Therapy consists of outstanding teachers and researchers in diverse specialty areas of physical therapy. The faculty are experts in not just orthopedic or musculoskeletal problems, but neurological, and cardiopulmonary problems as well. The perception of the Division, as an appendage of the Department, has limited collaboration efforts for the faculty, who have much to contribute to the School of Medicine at large.

The Division has been a part of the Department of Orthopaedics and Rehabilitation for the last 18 years, beginning with nothing and growing and prospering into one of the premiere Programs of Excellence here at UM, as well as the entire county. It has been a remarkable association, and a collegial one for all of us.

The Department of Orthopaedics and Rehabilitation strongly endorses this move to Departmental status, and we look forward to continuing to work together with the new Department of Physical Therapy, albeit in a different relationship, in the years to come.

**Department of Rehabilitation Medicine**


P.O. Box 016960 (D461)

Miami, Florida 33101

Office: 305-585-1320

Fax: 305-585-1340

To: Mary Coombs
Chair of Faculty Senate

From: Marca L. Sipki, MD 
Interim Chair, Department of Rehabilitation Medicine

Date: March 15, 2004

Re: Department of Physical Therapy

I am sending this to let you know of my support for the proposed department of Physical Therapy which is coming up at the faculty senate. As Interim Chairman of the Department of Rehabilitation Medicine, I have met with Dr. Hayes on multiple occasions and we have discussed the particulars of how the Departments of Rehabilitation Medicine and Physical Therapy will work together. It is my belief the addition of a Department of Physical Therapy to UMSM and the close collaboration that the Departments of Physical Therapy and Rehabilitation Medicine will have will allow us to develop even greater research, educational and clinical programming at UMSM. In sum, I wholeheartedly support the development of the Department of Physical Therapy and I look forward to working with Dr. Hayes and her faculty on current and future projects.

Should you like to discuss further, please contact me at (305) 585-1327.

General Welfare Committee

March 24, 2004

3:15 Law Library conference room 4th floor

1. Chair's remarks (3:15)
2. #Correction of minutes from the 1/28/04 Senate meeting re: CPC/HP case (3:20)
3. #Proposal for the creation of a Department of Physical Therapy – S. Hayes (3:30)
4. #Undergraduate Grading Pattern report - N. Patricios (3:40)
5. #Ad hoc Committee report on procedures for Centers and Institutes – R. Thurer (3:55)
6. #Interdisciplinary Committee/Joint Appointments proposal – (4:20)
7. #Pew Institute – O. Brown (4:30)
8. Ad hoc Committee report on School of Medicine comparisons – A. Ouellette (4:40)
9. #Method for the selection of the General Welfare Committee – K. Yacoub (5:00)
10. #Proposed GWC/FS meeting calendar for fall 04 and spring 05 semesters (5:15)

related material included

3/24/04 GWC agenda item #3

Faculty Senate
March, 2004

Proposal for Converting the Division of Physical Therapy (Department of Orthopaedics) to the Department of Physical Therapy

Brief Summary and Talking Points:

1. Conversion from Division to Department is consistent with decentralization into departments offering graduate degree programs (DPT, PhD); distinguished history as "Program of Excellence"
2. Differences in missions, which can also create disparity in requirements for promotion and tenure
 - a. Orthopaedics – clinical department, education, research, service
 - b. Physical Therapy – academic unit, research, service (no clinical at present)
3. Only division in the university offering a PhD
4. Scope - Largest graduate program (non-MD) in the School of Medicine (100-185 full time students)
 - a. Annual teaching load – 106 credits (45 courses) in DPT
 - b. Annual teaching load – 27 credits (8 courses) in PhD
 - c. Total teaching load – 133 credits and 53 courses
5. Historical perspective:
 - a. 1986 – Physical Therapy first established in the School of Medicine; had 1.5 faculty; logical home in Orthopaedics & Rehabilitation
 - b. 1995-2004 – 9 years after establishment, Program has been continuously ranked #2 or #3 in the U.S., according to *U.S. News & World Report*.
 - c. Lack of recognition - Despite item b above, many at UMSM are unaware of our existence; lack of exposure and *perceived* self-limiting focus (orthopaedics) – physical therapy involves not only musculoskeletal, but also neuromuscular, cardiopulmonary and integumentary systems, for patients of all ages.
 - d. Focus = evaluation and measurement of functional disability
 - e. Greater exposure will lead to enhanced opportunities for collaborative research
6. Operations and Other Important Facts:
 - a. All operations (admissions, student records, space, curricula, fiscal responsibility, staff and faculty evaluations) – handled by Division Chief
 - b. Fiscal picture – derived from tuition revenues and grant monies, with no clinical revenues at present
 - c. Extramural funding = about \$500,000/year
 - d. Scholarship = 28-38 journal articles, 5-10 book chapters per year
 - e. Faculty longevity – average length of service = 12.5 years; attrition data = 5/6 faculty have left to become Chairs of Departments elsewhere
 - f. Student Outcomes = Pass rates on national licensure examination last 3 years = 96-98% (highest in state of FL last 2 years); National mean = 75% in 2003 (UM = 96%)

Proposal for Conversion of the Division of Physical Therapy (Department of Orthopaedics) to a new Department within the School of Medicine:

Department of Physical Therapy

Submitted by Sherrill H. Hayes, PhD, PT December 3, 2003

The background and rationale for change for this conversion of the existing Division of Physical Therapy to a separate Department are presented in this report. As this is not a creation of a totally new entity, per se, but rather a separation of a long-existing Division into a Department, market analysis and proposed development plans are not included.

Introduction:

Graduate programs within the University of Miami, like most institutions of higher education in the United States, are decentralized with respect to individual academic programs and degrees offered. Within the institution are various Schools or Colleges based upon disciplines, and within those Schools are numerous Departments offering undergraduate and graduate degree programs. There is a Graduate School, but each Department determines their own unique program offerings and requirements, including requirements for admission, admissions, individual courses, and plans of study for specific degrees. This principle is also true for all Departments offering graduate programs at the School of Medicine (UMSM), *except* for the Division of Physical Therapy, currently housed within the clinical Department of Orthopaedics & Rehabilitation. The rationale for changing the current structure of this academic unit within a clinical medical department is presented in the following proposal.

Rationale for Change:

The Division of Physical Therapy has been a Division within the Department of Orthopaedics & Rehabilitation for over 15 years (see Background for further details). The Department of Orthopaedics & Rehabilitation is a clinically-oriented department composed of orthopaedic surgeons, residents, fellows, and several PhD faculty members who are involved primarily with the Tissue Bank. While the Division of Physical Therapy has enjoyed a collegial relationship within the Department, our basic missions within the School of Medicine, and within the University at large, are considerably disparate.

Because of our location within the Department of Orthopaedics, our visibility has been limited to the rest of the UMSM academic and clinical faculties, with the majority not even aware that there is an academic Program in physical therapy here. While physical therapists are certainly involved in treating patients with musculoskeletal problems like hip fractures, spinal disorders, or total joint replacements, our practice, education and research also encompass the treatment of patients with problems relating to the neuromuscular, cardiopulmonary and integumentary systems. Since physical therapy bridges so many medical specialties, we believe that becoming a Department will significantly collaborative and translational research performed at UMSM relating to patients with multiple problems. We also contend there is a role in the education of medical students and nursing students, especially in terms of evaluation and measurement of functional disability in patients of all ages.

The primary role and workload of the Division is education and research, with the entry level professional Doctor of Physical Therapy (DPT) program (formerly the MSPT Program) and the Doctor of Philosophy (PhD) program. Research, on-going and increasingly funded through extramural support, is the driving force that complements our educational programs. It is important also to note that for the last 10 years, our entry level program has been ranked #3 or higher in the United States, according to *U.S. News & World Report*, the highest ranked graduate program at the University of Miami. See Table 1 for further

information on the top ranked Physical Therapy programs and their departmental designation. Furthermore, even more striking within Physical Therapy programs currently housed in Medical Schools/Academic Health Centers (Carnegie Classification), only 7 of 42 (17%) Programs are ranked within the top 10. See Table 2 for information regarding the Physical Therapy programs currently housed within medical schools/academic health centers.

In further describing our educational mission, one must appreciate our *scope*. This academic year (2003-2004) there are 100 full time students within the entry level program (DPT - the last MSPT class graduated December, 2002), making it the largest graduate program (non-MD) within the School of Medicine. Additionally, there are 10 full time PhD students. The academic teaching load for the Division faculty per year consists of 106 credits (45 courses, 9 semesters), for the DPT program and 27 credits (8 courses) for the PhD Program (courses taught every other year). This is a total of 133 credits and 53 courses taught per year, every year, far more than any single department within the School of Medicine.

Our PhD Program, approved in 1995, was and is the only PhD Program existing within a Division in the entire university. To date, we have graduated 8 PhD students - 4 currently hold teaching positions in academic physical therapy programs, and 4 are in post-doc programs (one at Johns Hopkins University, and another at the University of Copenhagen).

We are not solely a basic science program, nor are we primarily a clinical program. We are a bit of both, with a large academic teaching component (at two levels - entry level [DPT] and advanced [PhD]), a significant research focus, and an integrated clinical internship program. To put it simply - we are somewhat unique. The only comparable Program within the School of Medicine is a Department as well, the Department of Epidemiology and Public Health, where Epidemiology is the science of the discipline, and Public Health is the professional component.

Mission:

The primary mission of the Department of Orthopaedics is clinical service in orthopaedic surgery, followed by resident education, research and service. The primary mission of the Division of Physical Therapy is education, research and service, with at present, no clinical component. In sum, our mission is to prepare individuals for the clinical practice of physical therapy (DPT), and to prepare individuals for academe in the science and scholarly advancement of the profession (PhD).

Physical therapy as a profession has existed for over 75 years. The scope of practice has changed dramatically in the last 20 years, and currently the profession is moving toward a doctoring profession, with entry level professionals being prepared at the clinical doctorate level. Our DPT program was granted Accreditation by the Commission of Accreditation on Physical Therapy Education (CAPTE) in April of 2001. We received commendations for the design of our comprehensive curriculum as well as for the quality of the written report. Our inaugural DPT Class entered in May of 2001, and will graduate in May of 2004.

Defining the science and the art of physical therapy is often difficult, as so much of our profession is inextricably linked both to basic science and medical science. Physical therapist professionals are experts in the study of human movement. This has often been termed "biokinesiology" or the study of human movement. Thus, this science of human movement and the theoretical components of motor control are the foundation of our profession; the art of our profession is in the evaluation of and treatment for disorders of human movement, as well as the knowledge of the evidence for these treatments for patients of all ages.

To continue the analogy of physical therapy with the Department of Epidemiology, our science is based on biokinesiology and motor control theories (the focus of our PhD program), and our professional component is the clinical practice employing foundations of basic sciences in an evidence-based model for the evaluation and treatment of disorders of the musculoskeletal, cardiovascular, neuromuscular and integumentary systems (the DPT program).

Background:

The Division of Physical Therapy became part of the School of Medicine in 1986. For the first year, we were administratively housed within the Office of Graduate Studies until our permanent move as a Division within the Department of Orthopaedics & Rehabilitation in 1987.

We began our graduate Program in 1986 with 1 ½ faculty members, 18 students, and an optimistic but determined vision of excellence. Just nine years later, in 1995, we had 18 full time faculty members, several NIH grants, a PhD Program, 175 full time MSPT students, numerous national awards for both students and faculty members, and were ranked #2 in the U.S. according to *U.S. News & World Report* rankings of Best Graduate Schools. Currently ranked #3 in the U.S., our faculty and students continue to receive multiple national awards and recognition, we have increased our external funding, and we continue to garner high quality students in both of our educational programs. Grant funding in rehabilitation, though highly competitive, is widely available through such federal agencies as NIDRR, NIDCD and NCMRR at NIH, the Department of Education, the VA Rehabilitation and Research Awards, and through the Foundation for Physical Therapy.

Structure:

We are a stand-alone fiscal unit, with our own separate budget and physical plant, located within the Plumer Building, adjacent to the Coral Gables campus. The Division has its own admissions, students, student records management, faculty, staff, dedicated research labs, and physical plant that are separate from the Department of Orthopaedics & Rehabilitation, and supported exclusively through Division revenues.

Our administrative interaction with the Department of Orthopaedics is limited. Most Departmental meetings discuss clinical services, Operating Room schedules, or UMMG issues, which are not related to the Division faculty (we are not members of UMMG as non-physicians). Thus, we have limited participation in Departmental functions. Usually the Division Chief attends all Faculty meetings, but rarely the other faculty, with the exception of the Annual promotion and tenure meeting.

We do not participate in resident education or training. We have conducted several collaborative research studies with members of the Department, but have many collaborations with faculty of other departments within UMSM and the university, as well (see Relationships, below).

Numbers of Scope of Faculty:

The Division of Physical Therapy currently consists of 12 full time faculty members, and 5 part-time faculty members (one has a primary appointment in Cell Biology and Anatomy and another in Neurosurgery). We also have a Professor Emeritus who has retired but remains available to us as an excellent resource and mentor. We have had as many as 18 full-time faculty, and are currently short-staffed due to fiscal difficulties resulting from smaller class sizes in our entry level professional education program.

Our faculty intellect and talents represent the broad scope of contemporary physical therapy, with areas of clinical expertise and specialization well represented by what has often been described as one of the most exceptional faculties in the United States. Among the faculty are experts in geriatrics, pediatrics, wound care, women's health, amputee rehabilitation, spinal cord injury, other neurological conditions such as stroke, head injury, multiple sclerosis, orthopedics, sportsmedicine, balance disorders, and cardiopulmonary disorders, as well as experts in our foundational science courses of human anatomy and physiology, neuroscience, and biomechanics and kinesiology. All of the primary teaching in our Programs is performed by the present faculty. In FY 2003-04, extramural funding is approximately \$500,000 annually; faculty have published between 28-38 journal articles per year for the last 10 years.

Relationships:

Our location within the Medical School has allowed us to capitalize on the expertise within the School to the benefit of our students, who thus are taught by some of the best clinicians and scientists in the world from not only our current Department, but from virtually all Departments within the UMSM.

Our faculty have on-going and continual relationships with MAGEC, Pediatrics, The Miami Project to Cure Paralysis, the Institute for Women's Health, Endocrinology, Psychiatry and Behavioral Sciences, Cardiology, Epidemiology and Public Health at the School of Medicine, as well as Biomedical Engineering, School of Education, School of Nursing, the Miami Jewish Home and Catholic Health Services-Villa Maria Nursing Center. The latter relationship is a partnership for the first Clinical Geriatric Residency Program in Physical Therapy in the U.S.

We have had an on-going relationship with the Department of Cell Biology and Anatomy for over 20 years, with one faculty member from that Department who teaches Gross Anatomy to our students, as well as several elective courses in anatomy and a Clinical Evaluation course within the DPT program. Several of our faculty members have, or have had, secondary appointments in other Departments, including Epidemiology and Public Health, The Miami Project, Psychiatry and Behavioral Sciences, Pediatrics, and the School of Education.

With respect to service, both within the Medical School and the University, our faculty members have been exceptionally "good citizens" serving widely in both. Division Faculty members have served, and held office, in numerous positions, including: Human Subjects Committee of the IRB (3 faculty), Faculty Senate, Administrative Committee of the UMSM, Admissions Committee, HPME Committee, Grievance Committee of the UMSM, Women & Minorities Committee of the Faculty Senate, Graduate School Programs and Degrees Committee (3 faculty), Graduate Faculty Committee of the Graduate School (2 faculty), the APT Committee of the UMSM, the APB (university-wide promotion and tenure), University Graduate Honor Council, School of Continuing Studies Advisory Board, the Leadership Team for the Center of Excellence in Women's Health, the Steering Committee for the LCME Self Study in 2001 (Co-Chair of the Faculty Affairs Sub-Committee), as well as serving on doctoral dissertation committees outside the Division - for the School of Education, School of Nursing, College of Arts and Sciences, and the School of Engineering.

Now that there is a Department of Rehabilitation Medicine, we anticipate that we will work collaboratively with faculty in that department, as well. The discipline of Rehabilitation Medicine is closely tied to that of physical therapy, although the education of Doctors of Physiatry in a Residency program is very different from the education of Doctors of Physical Therapy. There is some overlap, however, in certain evaluative procedures such as electromyography and electrodiagnosis, and very often we are involved in the clinical evaluation and care of the same patients.

We envision a symbiotic relationship between this new department and Physical Therapy, further strengthening both departments, particularly in the realm of research collaboration and grant efforts. We both have well-equipped research laboratories that may serve collaborative purposes in the future. One of our PhD students was recently funded on one of the grants of a faculty member in the Department of Rehabilitation Medicine. Future grant efforts for both departments would be enhanced with the collaboration of both disciplines, which is uniformly desirable in rehabilitation granting agencies such as NIDRR. Furthermore, there are also educational opportunities for both faculty and students in collaborating and jointly sponsoring some Grand Rounds.

There are ongoing continuing discussions between the two Chairs of Physical Therapy and Rehabilitation Medicine regarding current and future collaborations.

Resources and Space:

Physical Therapy occupies 23,000 sq. ft. of space within the Plumer Building, adjacent to the Coral Gables campus. This space completely serves all of the teaching, research, and administrative needs of the Division. The only course that is not taught within these confines is the Gross Anatomy course, taught in the summer in the Anatomy labs on the 4th floor of the Rosenstiehl Building.

Two faculty members (one with a secondary appointment to Physical Therapy) enjoy space and laboratories within the Miami Project, and indirect grant monies from their grants are directed to the Project for their space allocation.

Resources at Calder Medical Library are sufficient for this Department's clinical, education and research missions, as the Library currently subscribes to the primary journal of our field *Physical Therapy*, the primary journals of the field of rehabilitation (*Archives of PM&R*, *American Journal of PM&R*, *J Spinal Cord Medicine*), as well as numerous related journals such as *J Neuroscience*, *Spine*, *JBJS*, etc. Additionally, access to PoinTIS for SCI and TBI Rehabilitation (a faculty member from Physical Therapy was a consultant during its development) is available at the Calder Med Internet website.

Budget Issues:

Since our inception within the UMSM in 1986, we have always operated under the designation of a "stand-alone fiscal unit," where we are responsible for our income and costs, with no support from others. The recent successful grantsmanship of several faculty members has greatly assisted us in our fiscal management resulting from decreased revenues with fewer students in our DPT program. We expect our grant efforts to continue to increase, and we are confident that our enrollment in our DPT program will also rise again. This year we increased our entering class size by over 50% from the previous year, and we expect that trend to continue in the next few years.

Our space in the Plumer Building is paid for in rent directly from the our budget. We have our own teaching space, and thus not only pay for it, but do not use any teaching space within the university for any of our teaching needs (with the exception of the Gross anatomy space in the summer sessions). All of our expenses, including faculty and staff salaries, rent, supplies, support services, equipment, etc., are paid through our own budget. We do not receive any support from any entity within the university, with the exception of the indirect (IGF) of grants for the Research labs within the Plumer Building or the return of the IGF to the Department for other extramural grants.

As for space for clinical practice, the Division had about 3000 sq.ft. of space within the Plumer Building for a Faculty Practice. However, due to our location on the Coral Gables campus (away from the Medical School), managed care constraints, competitiveness in outpatient physical therapy practice, and the aforementioned problem of not being a visible Department, this clinic was not economically successful and was closed in 2000, with the space being released. Currently, one faculty member provides physical therapy to the in-patients at UMHC/SCCC, and other faculty provide pro bono services for the university community when needed. With the Capital Campaign's planned new building for all clinical services at the UMSM campus, we would make excellent use of a small area of space (1500 sq.ft.) for certain clinical services that are not currently offered within our medical center - such as physical therapy for patients with women's health problems and patients with vestibular disorders. Preliminary discussions with individuals in the Departments of OB-GYN and Otolaryngology have indicated a need for these two areas, and with such "niche" practice areas, we believe we would be successful in the clinical area, especially if our location was visible, accessible, and conjoined with other clinical departments. We have faculty whose clinical expertise is well established in these two areas.

Time Line:

Physical Therapy is more than ready for departmental status. This change can occur immediately, as soon as the proposal goes through the required phases of approval, but preferably with the start of the new fiscal year. There is no impediment to this change, as we have been operating "de facto" as a Department for many years. Dr. Mark Brown, Chairman of Orthopaedics, is supportive of this move.

Summary and Recommendations:

With this Proposal, we have presented a comprehensive examination of our strong case for becoming a Department within the Medical School. We have a strong academic and research mission founded upon two doctoral level educational programs. We have a distinguished history as a Program of Excellence within this School of Medicine and within the University. We believe that becoming a Department will only further strengthen and facilitate collaborations both in education as well as translational research within the UMSM, and enable the Department of Physical Therapy to further enhance its reputation and assist the School of Medicine in its quest to move from "good to great."

Table 1

**Top-Ranked Physical Therapy Programs (U.S. News & World Report, 2003)
Home School and Departmental Designation Comparison¹**

Rank	University	School Location	Designation
1	Washington U (St. Louis)	School of Medicine	Program
2	University of Southern California	School of Independent Health Professions	Department
3	Duke Emory U of Iowa U of Miami U of North Carolina-Chapel Hill U of Pittsburgh	School of Medicine School of Medicine School of Medicine School of Medicine School of Medicine School of Health & Rehab Sciences	Division Division Division Division Division Department
9	Arcadia U (Beaver College) MGH Institute Northwestern U U Delaware	School of Medicine	Department Department Department
13	Texas Women's University US Army-Baylor University	School of PT School of Medicine	School Program
15	Boston University Temple University UCSF-SFSU Virginia Commonwealth U/Med Coll VA	Sargeant College of Health & Rehab Sciences College AHP SOM-CHHS School of Medicine	Program Department Department Department
19	New York University U Alabama-Birmingham	School of Education SHRP	Department Department
21	Columbia University Creighton University	College of Physicians & Surgeons S Pharm & HP	Program Department
23	Marquette University Northern Arizona University Simmons College University of Indianapolis U Wisconsin	College of HS College of HP School for HS School of PT SAHP	Department Department Program School Department

¹ – Of the top Physical Therapy Programs in the United States, 14 of the top 27 (52%) are designated as Departments, with 2 in Schools of Medicine (Northwestern University and UCSF-SDSU).

Table 2

Physical Therapy Programs Within Schools of Medicine
 Department Designation, Degree Offered, and Rank¹ (U.S. News & World Report, 2003)
 (alphabetical, by state)³

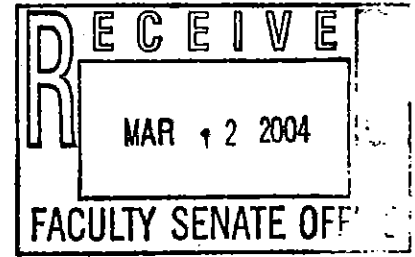
School	Designation	Degree	Rank
University of Miami ²	Division	DPT	3
AT Still University of Health Sciences (AZ)	Department	DPT	unranked
UC-SanFrancisco/SFSU (CA)	Department	MSPT	15
Western Univ of Health Sciences (CA)	Department	DPT	unranked
U of Colorado Health Sciences Center	Program	MSPT	43
The George Washington University (DC)	Program	MSPT	unranked
Emory University (GA)	Division	DPT	3
Medical College of Georgia	Department	MSPT	33
Des Moines University-Osteopathic Med Cen (IA)	Division	DPT	74
U of Iowa	Division	MPT	3
Northwestern University (IL)	Department	DPT	9
Finch U Health Sciences/Chicago Medical School	Department	DPT	33
U of Kansas Medical Center	Department	DPT	28
Louisiana State U Health Sciences Center	Department	MPT	unranked
U of Maryland-Baltimore	Department	DPT	33
U of Minnesota	Program	DPT	28
Washington University (MO)	Program	DPT	1
U of Mississippi Medical Center	Department	MPT	unranked
Duke University (NC)	Division	DPT	3
U North Carolina-Chapel Hill	Division	MPT	3
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U of Texas Health Science Center-San Antonio	Department	MPT	unranked
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U of Texas Southwestern Medical Center at Dallas	Department	MPT	61
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Virginia Commonwealth U-Medical College of VA	Department	DPT	15
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² - The University of Miami Program in Physical Therapy is the *only* ranked Program in the State of Florida

³ - Of the 42 Physical Therapy Programs existing within Schools of Medicine/Health Science Centers (Carnegie Classification), 23 of 42 (55%) are designated as Departments



March 9, 2004

Professor Mary Coombs,
Chairperson of Faculty Senate
University of Miami

Dear Professor Coombs,

I would like to request the Faculty Senate's approval for the development of a new Department of Physical Therapy at the University of Miami School of Medicine (UMSM). This is not the creation of a new entity, but the conversion of an existing division (within the Department of Orthopaedics) to a free-standing department. As a profession, Physical Therapy is over 75 years old and involves the evaluation and treatment of individuals with not only musculoskeletal problems, but also those with problems with the neuromuscular, cardiopulmonary and integumentary systems, as well.

Physical Therapy has a distinguished history as a Program of Excellence, and a strong academic and research mission founded upon two doctoral level programs (the professional program, the Doctor of Physical Therapy – DPT, ranked #3), according to *U.S. News & World Report*, is still the highest ranked academic program in the University; and their PhD Program, also excellent and the first PhD program in Physical Therapy in the Southeast U.S. when it was begun in 1995. We believe that the conversion of this department will result in greater visibility and further strengthen collaborative efforts in education and research within UMSM, and enable the Department of Physical Therapy to further enhance its reputation and assist the School of Medicine in its quest to move from "good to great."

This proposal has been reviewed and approved by the School of Medicine's Faculty Council. As you know, at the School of Medicine the faculty annually votes to empower the School Faculty Council to act on behalf of the faculty in areas such as this. As this is not the development of a new entity, I did not request a formal budget, as the division has been operating as a self-supporting unit since 1986.

I hope that the University Faculty Senate will endorse the conversion of this division to a new department and approve its formal creation.

Sincerely yours,

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John G. Clarkson, M.D.
Senior Vice President for Medical Affairs and Dean

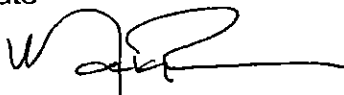
Senior Vice President for Medical Affairs and Dean
P.O. Box 016099 (R-699)
Miami, Florida 33101
Location: 1600 N.W. 10th Avenue, RMSB 1143A
Miami, Florida 33136
305-243-6545 Fax: 305-243-4888

Mark D. Brown, MD, PhD
Professor and Chairman
Department of Orthopaedics and Rehabilitation
University of Miami School of Medicine



March 8, 2004

To: Professor Mary Coombs
Chairperson, Faculty Senate

From: Mark D. Brown, MD, PhD 
Professor and Chairman
Department of Orthopaedics & Rehabilitation

Re: Support for Converting the Division of Physical Therapy in the Department of
Orthopaedics & Rehabilitation to a free-standing Department of Physical Therapy

The orthopaedic faculty and I support the Proposal for Departmental status for the (now) Division of Physical Therapy.

For reasons of differing missions, and for self-determination as an independent entity, it seems appropriate that this Division should ask to stand alone as a Department. Clearly, the disciplines of Orthopaedic surgery and physical therapy are linked but uniquely different.

Another reason for change at this time is visibility in the Medical School and the University at large. The Division of Physical Therapy consists of outstanding teachers and researchers in diverse specialty areas of physical therapy. The faculty are experts in not just orthopedic or musculoskeletal problems, but neurological, and cardiopulmonary problems as well. The perception of the Division, as an appendage of the Department, has limited collaboration efforts for the faculty, who have much to contribute to the School of Medicine at large.


The Division has been a part of the Department of Orthopaedics and Rehabilitation for the last 18 years, beginning with nothing and growing and prospering into one of the premiere Programs of Excellence here at UM, as well as the entire county. It has been a remarkable association, and a collegial one for all of us.

The Department of Orthopaedics and Rehabilitation strongly endorses this move to Departmental status, and we look forward to continuing to work together with the new Department of Physical Therapy, albeit in a different relationship, in the years to come.

UNIVERSITY OF
Miami
SCHOOL OF MEDICINE

Department of Rehabilitation Medicine
P.O. Box 016960 (D461)
Miami, Florida 33101
Office: 305-585-1320
Fax: 305-585-1340

To: Mary Coombs
Chair of Faculty Senate

From: Marca L. Sipki, MD 
Interim Chair, Department of Rehabilitation Medicine

Date: March 15, 2004

Re: Department of Physical Therapy

I am sending this to let you know of my support for the proposed department of Physical Therapy which is coming up at the faculty senate. As Interim Chairman of the Department of Rehabilitation Medicine, I have met with Dr. Hayes on multiple occasions and we have discussed the particulars of how the Departments of Rehabilitation Medicine and Physical Therapy will work together. It is my belief the addition of a Department of Physical Therapy to UMSM and the close collaboration that the Departments of Physical Therapy and Rehabilitation Medicine will have will allow us to develop even greater research, educational and clinical programming at UMSM. In sum, I wholeheartedly support the development of the Department of Physical Therapy and I look forward to working with Dr. Hayes and her faculty on current and future projects.

Should you like to discuss further, please contact me at (305) 585-1327.

Tracking Sheet

Subject: Department of Physical Therapy


History of action taken

DATE	ACTION TAKEN
02-18-04(1)	M.A. Fletcher sent M. Coombs an e-mail advising her that the Medical School Council approved the proposal of a Department in Physical Therapy presented by S. Hayes. M.A. Fletcher wanted to give her support of this program now just in case she was out of town when it is presented at the next GWC/Faculty Senate meetings.
02-18-04(2)	M. Coombs advised her that it was too late to come before the February meeting but said that it would be more likely the March or April meeting.
02-18-04(3)	I sent S. Hayes an e-mail giving her deadlines dates for submission of proposals.
02-18-04(4)	She replied that she would like to present at the March meetings.
03-02-04(1)	S. Hayes sent over draft proposal and a summary sheet and she said would be obtaining letters of support from Orthopedics and Rehab Medicine.
03-02-04(2)	I suggested that she also obtain a memo from the Dean indicating approval of the Council and a memo from her, as Director of the Division of Physical Therapy indicating that the faculty within the Division approves as well. I also told her that I was asking M. Coombs for clarification on the budget portion of the proposal. Normally we require a detailed budget but I was not sure that we need it for this, since this is a conversion of a Division to a Department and it has been operating for over 15 years.
03-05-04	Advised S. Hayes that I received a response from M. Coombs, said that the proposal looks fine with the approval of memos to be included later. M. Coombs said that re: budget question, as long as the proposal is just a transfer of obligations from current Director to Department Chair then a detailed budget is not necessary.
03-12-04	Received hard copy of support memos from Dean Clarkson and Dr. Brown. I e-mailed S. Hayes to inform and requested again that she submit a support memo from herself as Director of the Division of Physical Therapy. She responded that she would that.
03-23-04	As of this date, no support letter has been received from S. Hayes.
03-24-04	Presented and approved at the GWC Committee.
03-31-04	S. Hayes presented report to Faculty Senate where it was approved.
04-08-04	Legislation # 2003-21(B) sent to president.
04-23-04	President approved legislation. FILE CLOSED

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Department of Orthopaedics and Rehabilitation
University of Miami School of Medicine



March 8, 2004

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Re: Support for Converting the Division of Physical Therapy in the Department of Orthopaedics & Rehabilitation to a free-standing Department of Physical Therapy

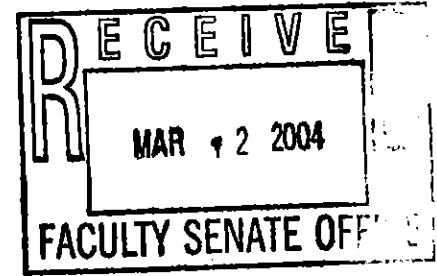
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March 9, 2004

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University of Miami

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John G. Clarkson, M.D.
Senior Vice President for Medical Affairs and Dean

Senior Vice President for Medical Affairs and Dean
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Location: 1600 N.W. 10th Avenue, RMSB 1143A
Miami, Florida 33136
305-243-6545 Fax: 305-243-4888

Faculty Senate Office

*March GWC/FS aggr. -
Create tickler.*

From: Hayes, Sherrill H
Sent: Wednesday, February 18, 2004 1:51 PM
To: Faculty Senate Office
Subject: RE: new department

Thanks - and I would really prefer the March meeting and dates - I guess I will be seeing you all again....

Sherri

Sherrill H. Hayes, PhD, PT
Professor and Director
Division of Physical Therapy
School of Medicine
www.miami.edu/pt

-----Original Message-----

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Sent: Wednesday, February 18, 2004 11:57 AM
To: Hayes, Sherrill H
Subject: FW: new department

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Apologies if I am jumping the gun and you don't plan on bringing it forward any time soon. I just wanted to give you the heads up since it is close to the end of the year and we will most likely only have two more GWC and Senate meetings (March and April) past this months meeting and will not meet again until August.

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Let me know if you have any questions.

Thanks, Kim

-----Original Message-----

From: Mary I. Coombs [mailto:mcoombs@law.miami.edu]
Sent: Wednesday, February 18, 2004 11:17 AM
To: Fletcher, Mary Ann
Cc: Hayes, Sherrill H
Subject: RE: new department

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Mary

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From: Fletcher, Mary Ann [mailto:MFletche@med.miami.edu]
Sent: Wednesday, February 18, 2004 11:14 AM
To: Coombs, Mary I.
Subject: new department

Mary:

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Best regards,

Mary Ann Fletcher
Professor
University of Miami School of Medicine
Miami, FL 33101
305-243-6288 (O)
305-975-3450 (C)
305-243-4674 (FAX)
mfletche@med.miami.edu



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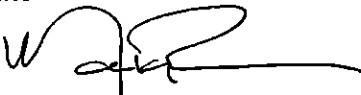
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Faculty Senate Office

From: Hayes, Sherrill H
Sent: Tuesday, March 02, 2004 12:02 PM
To: Faculty Senate Office
Subject: RE: new department



dept of PT Dept proposal 1
proposal4 fac sen.r... pager.doc (33 ... Kim

I am not sure if there is something that comes from the Medical School (letter of recommendation from the Dean, I believe, as with Rehab Medicine last year), but I am attaching the Proposal and a "One Page Summary sheet" for our Proposal for Department. I have revised the previous Proposal to remove all names of individuals....

I still intent to solicit written support letters from Orthopaedics and Rehab Medicine that may be hard copy that I will then send you.

I have the dates for the March GWC and Senate meeting - do I need to do anything else?

Sherri

Sherrill H. Hayes, PhD, PT
Professor and Director
Division of Physical Therapy
School of Medicine
www.miami.edu/pt

-----Original Message-----

From: Faculty Senate Office
Sent: Wednesday, February 18, 2004 1:55 PM
To: Hayes, Sherrill H
Subject: RE: new department

Great-I'll agenda you and be in touch as the gets closer.

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mfletche@med.miami.edu

December 3, 2003

To: John G. Clarkson, MD
Dean, School of Medicine

From: Sherrill H. Hayes, PhD, PT
Professor and Director
Division of Physical Therapy

Re: Proposal for a new "Department of Physical Therapy"

Attached is a Proposal for the conversion of the Division of Physical Therapy, currently residing as a Division within the Department of Orthopaedics & Rehabilitation, to a new Department of Physical Therapy within the School of Medicine.

The rationale for this change is presented in the Proposal, along with two tables for illustration and comparison of UM to the top ranked programs in Physical Therapy (Table 1), and all PT Programs within academic medical centers (Table 2).

I look forward to your consideration of this Proposal and further discussion with the School Council of the School of Medicine at the December 2003 meeting.

Proposal for Conversion of the Division of Physical Therapy (Department of Orthopaedics) to a new Department within the School of Medicine:

Department of Physical Therapy

Submitted by Sherrill H. Hayes, PhD, PT December 3, 2003

The background and rationale for change for this conversion of the existing Division of Physical Therapy to a separate Department are presented in this report. As this is not a creation of a totally new entity, per se, but rather a separation of a long-existing Division into a Department, market analysis and proposed development plans are not included.

Introduction:

Graduate programs within the University of Miami, like most institutions of higher education in the United States, are decentralized with respect to individual academic programs and degrees offered. Within the institution are various Schools or Colleges based upon disciplines, and within those Schools are numerous Departments offering undergraduate and graduate degree programs. There is a Graduate School, but each Department determines their own unique program offerings and requirements, including requirements for admission, admissions, individual courses, and plans of study for specific degrees. This principle is also true for all Departments offering graduate programs at the School of Medicine (UMSM), *except* for the Division of Physical Therapy, currently housed within the clinical Department of Orthopaedics & Rehabilitation. The rationale for changing the current structure of this academic unit within a clinical medical department is presented in the following proposal.

Rationale for Change:

The Division of Physical Therapy has been a Division within the Department of Orthopaedics & Rehabilitation for over 15 years (see Background for further details). The Department of Orthopaedics & Rehabilitation is a clinically-oriented department composed of orthopaedic surgeons, residents, fellows, and several PhD faculty members who are involved primarily with the Tissue Bank. While the Division of Physical Therapy has enjoyed a collegial relationship within the Department, our basic missions within the School of Medicine, and within the University at large, are considerably disparate.

Because of our location within the Department of Orthopaedics, our visibility has been limited to the rest of the UMSM academic and clinical faculties, with the majority not even aware that there is an academic Program in physical therapy here. While physical therapists are certainly involved in treating patients with musculoskeletal problems like hip fractures, spinal disorders, or total joint replacements, our practice, education and research also encompass the treatment of patients with problems relating to the neuromuscular, cardiopulmonary and integumentary systems. Since physical therapy bridges so many medical specialties, we believe that becoming a Department will significantly collaborative and translational research performed at UMSM relating to patients with multiple problems. We also contend there is a role in the education of medical students and nursing students, especially in terms of evaluation and measurement of functional disability in patients of all ages.

The primary role and workload of the Division is education and research, with the entry level professional Doctor of Physical Therapy (DPT) program (formerly the MSPT Program) and the Doctor of Philosophy (PhD) program. Research, on-going and increasingly funded through extramural support, is the driving force that complements our educational programs. It is important also to note that for the last 10 years, our entry level program has been ranked #3 or higher in the United States, according to *U.S. News & World Report*, the highest ranked graduate program at the University of Miami. See Table 1 for further information on the top ranked Physical Therapy programs and their departmental designation. Furthermore, even more striking within Physical Therapy programs currently housed in Medical

Schools/Academic Health Centers (Carnegie Classification), only 7 of 42 (17%) Programs are ranked within the top 10. See Table 2 for information regarding the Physical Therapy programs currently housed within medical schools/academic health centers.

In further describing our educational mission, one must appreciate our *scope*. This academic year (2003-2004) there are 100 full time students within the entry level program (DPT - the last MSPT class graduated December, 2002), making it the largest graduate program (non-MD) within the School of Medicine. Additionally, there are 10 full time PhD students. The academic teaching load for the Division faculty per year consists of 106 credits (45 courses, 9 semesters), for the DPT program and 27 credits (8 courses) for the PhD Program (courses taught every other year). This is a total of 133 credits and 53 courses taught per year, every year, far more than any single department within the School of Medicine.

Our PhD Program, approved in 1995, was and is the only PhD Program existing within a Division in the entire university. To date, we have graduated 8 PhD students - 4 currently hold teaching positions in academic physical therapy programs, and 4 are in post-doc programs (one at Johns Hopkins University, and another at the University of Copenhagen).

We are not solely a basic science program, nor are we primarily a clinical program. We are a bit of both, with a large academic teaching component (at two levels - entry level [DPT] and advanced [PhD]), a significant research focus, and an integrated clinical internship program. To put it simply – we are somewhat unique. The only comparable Program within the School of Medicine is a Department as well, the Department of Epidemiology and Public Health, where Epidemiology is the science of the discipline, and Public Health is the professional component.

Mission:

The primary mission of the Department of Orthopaedics is clinical service in orthopaedic surgery, followed by resident education, research and service. The primary mission of the Division of Physical Therapy is education, research and service, with at present, no clinical component. In sum, our mission is to prepare individuals for the clinical practice of physical therapy (DPT), and to prepare individuals for academe in the science and scholarly advancement of the profession (PhD).

Physical therapy as a profession has existed for over 75 years. The scope of practice has changed dramatically in the last 20 years, and currently the profession is moving toward a doctoring profession, with entry level professionals being prepared at the clinical doctorate level. Our DPT program was granted Accreditation by the Commission of Accreditation on Physical Therapy Education (CAPTE) in April of 2001. We received commendations for the design of our comprehensive curriculum as well as for the quality of the written report. Our inaugural DPT Class entered in May of 2001, and will graduate in May of 2004.

Defining the science and the art of physical therapy is often difficult, as so much of our profession is inextricably linked both to basic science and medical science. Physical therapist professionals are experts in the study of human movement. This has often been termed “biokinesiology” or the study of human movement. Thus, this science of human movement and the theoretical components of motor control are the foundation of our profession; the art of our profession is in the evaluation of and treatment for disorders of human movement, as well as the knowledge of the evidence for these treatments for patients of all ages.

To continue the analogy of physical therapy with the Department of Epidemiology, our science is based on biokinesiology and motor control theories (the focus of our PhD program), and our professional component is the clinical practice employing foundations of basic sciences in an evidence-based model for the evaluation and treatment of disorders of the musculoskeletal, cardiovascular, neuromuscular and integumentary systems (the DPT program).

Background:

The Division of Physical Therapy became part of the School of Medicine in 1986. For the first year, we were administratively housed within the Office of Graduate Studies until our permanent move as a Division within the Department of Orthopaedics & Rehabilitation in 1987.

We began our graduate Program in 1986 with 1 ½ faculty members, 18 students, and an optimistic but determined vision of excellence. Just nine years later, in 1995, we had 18 full time faculty members, several NIH grants, a PhD Program, 175 full time MSPT students, numerous national awards for both students and faculty members, and were ranked #2 in the U.S. according to *U.S. News & World Report* rankings of Best Graduate Schools. Currently ranked #3 in the U.S., our faculty and students continue to receive multiple national awards and recognition, we have increased our external funding, and we continue to garner high quality students in both of our educational programs. Grant funding in rehabilitation, though highly competitive, is widely available through such federal agencies as NIDRR, NIDCD and NCMRR at NIH, the Department of Education, the VA Rehabilitation and Research Awards, and through the Foundation for Physical Therapy.

Structure:

We are a stand-alone fiscal unit, with our own separate budget and physical plant, located within the Plumer Building, adjacent to the Coral Gables campus. The Division has its own admissions, students, student records management, faculty, staff, dedicated research labs, and physical plant that are separate from the Department of Orthopaedics & Rehabilitation, and supported exclusively through Division revenues.

Our administrative interaction with the Department of Orthopaedics is limited. Most Departmental meetings discuss clinical services, Operating Room schedules, or UMMG issues, which are not related to the Division faculty (we are not members of UMMG as non-physicians). Thus, we have limited participation in Departmental functions. Usually the Division Chief attends all Faculty meetings, but rarely the other faculty, with the exception of the Annual promotion and tenure meeting.

We do not participate in resident education or training. We have conducted several collaborative research studies with members of the Department, but have many collaborations with faculty of other departments within UMSM and the university, as well (see Relationships, below).

Numbers of Scope of Faculty:

The Division of Physical Therapy currently consists of 12 full time faculty members, and 5 part-time faculty members (one has a primary appointment in Cell Biology and Anatomy and another in Neurosurgery). We also have a Professor Emeritus who has retired but remains available to us as an excellent resource and mentor. We have had as many as 18 full-time faculty, and are currently short-staffed due to fiscal difficulties resulting from smaller class sizes in our entry level professional education program.

Our faculty intellect and talents represent the broad scope of contemporary physical therapy, with areas of clinical expertise and specialization well represented by what has often been described as one of the most exceptional faculties in the United States. Among the faculty are experts in geriatrics, pediatrics, wound care, women's health, amputee rehabilitation, spinal cord injury, other neurological conditions such as stroke, head injury, multiple sclerosis, orthopedics, sportsmedicine, balance disorders, and cardiopulmonary disorders, as well as experts in our foundational science courses of human anatomy and physiology, neuroscience, and biomechanics and kinesiology. All of the primary teaching in our Programs is performed by the present faculty. In FY 2003-04, extramural funding is approximately \$500,000 annually; faculty have published between 28-38 journal articles per year for the last 10 years.

Relationships:

Our location within the Medical School has allowed us to capitalize on the expertise within the School to the benefit of our students, who thus are taught by some of the best clinicians and scientists in the world from not only our current Department, but from virtually all Departments within the UMSM.

Our faculty have on-going and continual relationships with MAGEC, Pediatrics, The Miami Project to Cure Paralysis, the Institute for Women's Health, Endocrinology, Psychiatry and Behavioral Sciences, Cardiology, Epidemiology and Public Health at the School of Medicine, as well as Biomedical Engineering, School of Education, School of Nursing, the Miami Jewish Home and Catholic Health Services-Villa Maria Nursing Center. The latter relationship is a partnership for the first Clinical Geriatric Residency Program in Physical Therapy in the U.S.

We have had an on-going relationship with the Department of Cell Biology and Anatomy for over 20 years, with one faculty member from that Department who teaches Gross Anatomy to our students, as well as several elective courses in anatomy and a Clinical Evaluation course within the DPT program. Several of our faculty members have, or have had, secondary appointments in other Departments, including Epidemiology and Public Health, The Miami Project, Psychiatry and Behavioral Sciences, Pediatrics, and the School of Education.

With respect to service, both within the Medical School and the University, our faculty members have been exceptionally "good citizens" serving widely in both. Division Faculty members have served, and held office, in numerous positions, including: Human Subjects Committee of the IRB (3 faculty), Faculty Senate, Administrative Committee of the UMSM, Admissions Committee, HPME Committee, Grievance Committee of the UMSM, Women & Minorities Committee of the Faculty Senate, Graduate School Programs and Degrees Committee (3 faculty), Graduate Faculty Committee of the Graduate School (2 faculty), the APT Committee of the UMSM, the APB (university-wide promotion and tenure), University Graduate Honor Council, School of Continuing Studies Advisory Board, the Leadership Team for the Center of Excellence in Women's Health, the Steering Committee for the LCME Self Study in 2001 (Co-Chair of the Faculty Affairs Sub-Committee), as well as serving on doctoral dissertation committees outside the Division - for the School of Education, School of Nursing, College of Arts and Sciences, and the School of Engineering.

Now that there is a Department of Rehabilitation Medicine, we anticipate that we will work collaboratively with faculty in that department, as well. The discipline of Rehabilitation Medicine is closely tied to that of physical therapy, although the education of Doctors of Physiatry in a Residency program is very different from the education of Doctors of Physical Therapy. There is some overlap, however, in certain evaluative procedures such as electromyography and electrodiagnosis, and very often we are involved in the clinical evaluation and care of the same patients.

We envision a symbiotic relationship between this new department and Physical Therapy, further strengthening both departments, particularly in the realm of research collaboration and grant efforts. We both have well-equipped research laboratories that may serve collaborative purposes in the future. One of our PhD students was recently funded on one of the grants of a faculty member in the Department of Rehabilitation Medicine. Future grant efforts for both departments would be enhanced with the collaboration of both disciplines, which is uniformly desirable in rehabilitation granting agencies such as NIDRR. Furthermore, there are also educational opportunities for both faculty and students in collaborating and jointly sponsoring some Grand Rounds.

There are ongoing continuing discussions between the two Chairs of Physical Therapy and Rehabilitation Medicine regarding current and future collaborations.

Resources and Space:

Physical Therapy occupies 23,000 sq. ft. of space within the Plumer Building, adjacent to the Coral Gables campus. This space completely serves all of the teaching, research, and administrative needs of

the Division. The only course that is not taught within these confines is the Gross Anatomy course, taught in the summer in the Anatomy labs on the 4th floor of the Rosenstiehl Building.

Two faculty members (one with a secondary appointment to Physical Therapy) enjoy space and laboratories within the Miami Project, and indirect grant monies from their grants are directed to the Project for their space allocation.

Resources at Calder Medical Library are sufficient for this Department's clinical, education and research missions, as the Library currently subscribes to the primary journal of our field *Physical Therapy*, the primary journals of the field of rehabilitation (*Archives of PM&R*, *American Journal of PM&R*, *J Spinal Cord Medicine*), as well as numerous related journals such as *J Neuroscience*, *Spine*, *JBJS*, etc. Additionally, access to PoinTIS for SCI and TBI Rehabilitation (a faculty member from Physical Therapy was a consultant during its development) is available at the Calder Med Internet website.

Budget Issues:

Since our inception within the UMSM in 1986, we have always operated under the designation of a "stand-alone fiscal unit," where we are responsible for our income and costs, with no support from others. The recent successful grantsmanship of several faculty members has greatly assisted us in our fiscal management resulting from decreased revenues with fewer students in our DPT program. We expect our grant efforts to continue to increase, and we are confident that our enrollment in our DPT program will also rise again. This year we increased our entering class size by over 50% from the previous year, and we expect that trend to continue in the next few years.

Our space in the Plumer Building is paid for in rent directly from the our budget. We have our own teaching space, and thus not only pay for it, but do not use any teaching space within the university for any of our teaching needs (with the exception of the Gross anatomy space in the summer sessions). All of our expenses, including faculty and staff salaries, rent, supplies, support services, equipment, etc., are paid through our own budget. We do not receive any support from any entity within the university, with the exception of the indirect (IGF) of grants for the Research labs within the Plumer Building or the return of the IGF to the Department for other extramural grants.

As for space for clinical practice, the Division had about 3000 sq.ft. of space within the Plumer Building for a Faculty Practice. However, due to our location on the Coral Gables campus (away from the Medical School), managed care constraints, competitiveness in outpatient physical therapy practice, and the aforementioned problem of not being a visible Department, this clinic was not economically successful and was closed in 2000, with the space being released. Currently, one faculty member provides physical therapy to the in-patients at UMHC/SCCC, and other faculty provide pro bono services for the university community when needed. With the Capital Campaign's planned new building for all clinical services at the UMSM campus, we would make excellent use of a small area of space (1500 sq.ft.) for certain clinical services that are not currently offered within our medical center - such as physical therapy for patients with women's health problems and patients with vestibular disorders. Preliminary discussions with individuals in the Departments of OB-GYN and Otolaryngology have indicated a need for these two areas, and with such "niche" practice areas, we believe we would be successful in the clinical area, especially if our location was visible, accessible, and conjoined with other clinical departments. We have faculty whose clinical expertise is well established in these two areas.

Time Line:

Physical Therapy is more than ready for departmental status. This change can occur immediately, as soon as the proposal goes through the required phases of approval, but preferably with the start of the new fiscal year. There is no impediment to this change, as we have been operating "de facto" as a Department for many years. Dr. Mark Brown, Chairman of Orthopaedics, is supportive of this move.

Summary and Recommendations:

With this Proposal, we have presented a comprehensive examination of our strong case for becoming a Department within the Medical School. We have a strong academic and research mission founded upon two doctoral level educational programs. We have a distinguished history as a Program of Excellence within this School of Medicine and within the University. We believe that becoming a Department will only further strengthen and facilitate collaborations both in education as well as translational research within the UMSM, and enable the Department of Physical Therapy to further enhance its reputation and assist the School of Medicine in its quest to move from "good to great."

Table 1

**Top-Ranked Physical Therapy Programs (U.S. News & World Report, 2003)
Home School and Departmental Designation Comparison¹**

Rank	University	School Location	Designation
1	Washington U (St. Louis)	School of Medicine	Program
2	University of Southern California	School of Independent Health Professions	Department
3	Duke Emory U of Iowa U of Miami U of North Carolina-Chapel Hill U of Pittsburgh	School of Medicine School of Medicine School of Medicine School of Medicine School of Health & Rehab Sciences	Division Division Division Division Department
9	Arcadia U (Beaver College) MGH Institute Northwestern U U Delaware	School of Medicine	Department Department Department
13	Texas Women's University US Army-Baylor University	School of PT School of Medicine	School Program
15	Boston University Temple University UCSF-SFSU Virginia Commonwealth U/Med Coll VA	Sargeant College of Health & Rehab Sciences College AHP SOM-CHHS School of Medicine	Program Department Department Department
19	New York University U Alabama-Birmingham	School of Education SHRP	Department Department
21	Columbia University Creighton University	College of Physicians & Surgeons S Pharm & HP	Program Department
23	Marquette University Northern Arizona University Simmons College University of Indianapolis U Wisconsin	College of HS College of HP School for HS School of PT SAHP	Department Department Program School Department

¹ – Of the top Physical Therapy Programs in the United States, 14 of the top 27 (52%) are designated as Departments, with 2 in Schools of Medicine (Northwestern University and UCSF-SDSU).

Table 2

Physical Therapy Programs Within Schools of Medicine
 Department Designation, Degree Offered, and Rank¹ (*U.S. News & World Report, 2003*)
 (alphabetical, by state)³

School	Designation	Degree	Rank
University of Miami ²	Division	DPT	3
AT Still University of Health Sciences (AZ)	Department	DPT	unranked
UC-SanFrancisco/SFSU (CA)	Department	MSPT	15
Western Univ of Health Sciences (CA)	Department	DPT	unranked
U of Colorado Health Sciences Center	Program	MSPT	43
The George Washington University (DC)	Program	MSPT	unranked
Emory University (GA)	Division	DPT	3
Medical College of Georgia	Department	MSPT	33
Des Moines University-Osteopathic Med Cen (IA)	Division	DPT	74
U of Iowa	Division	MPT	3
Northwestern University (IL)	Department	DPT	9
Finch U Health Sciences/Chicago Medical School	Department	DPT	33
U of Kansas Medical Center	Department	DPT	28
Louisiana State U Health Sciences Center	Department	MPT	unranked
U of Maryland-Baltimore	Department	DPT	33
U of Minnesota	Program	DPT	28
Washington University (MO)	Program	DPT	1
U of Mississippi Medical Center	Department	MPT	unranked
Duke University (NC)	Division	DPT	3
U North Carolina-Chapel Hill	Division	MPT	3
U North Dakota	Department	DPT	69
U Nebraska Medical Center	Division	DPT	33
U of Medicine & Dentistry of New Jersey	Department	DPT	52
Columbia University (NY)	Program	DPT	21
New York Medical College	Program	DPT	61
SUNY Downstate Medical Center	Department	MPT	unranked

SUNY Update Medical Center	Department	DPT	43
Medical College of Ohio	Department	MPT	unranked
University of Oklahoma Health Sciences Center	Department	MPT	33
Thomas Jefferson University (PA)	Department	DPT	28
U of Puerto Rico Medical Sciences Campus	Program	MPT	unranked
Medical University of South Carolina	Program	MPT	61
U of South Dakota	Department	MPT	unranked
U of Tennessee Health Sciences Center	Department	DPT	52
Texas Tech University Health Sciences Center	Program	MPT	69
U of Texas Health Science Center-San Antonio	Department	MPT	unranked
U of Texas Medical Branch at Galveston	Department	MPT	43
U of Texas Southwestern Medical Center at Dallas	Department	MPT	61
U.S. Army - Baylor University	Program	DPT	unranked
Virginia Commonwealth U-Medical College of VA	Department	DPT	15
U of Washington	Division	MPT	52
West Virginia University	Division	MPT	unranked

¹ - Rankings in *U.S. News & World Report* only up to #80; if unranked, the School failed to place in the top 80 (out of 224) Programs in Physical Therapy; only 7 of 42 (17%) are ranked in the top 10

² - The University of Miami Program in Physical Therapy is the *only* ranked Program in the State of Florida

³ - Of the 42 Physical Therapy Programs existing within Schools of Medicine/Health Science Centers (Carnegie Classification), 23 of 42 (55%) are designated as Departments

Faculty Senate
March, 2004

Proposal for Converting the Division of Physical Therapy (Department of Orthopaedics) to the Department of Physical Therapy

Brief Summary and Talking Points:

1. Conversion from Division to Department is consistent with decentralization into departments offering graduate degree programs (DPT, PhD); distinguished history as "Program of Excellence"
2. Differences in missions, which can also create disparity in requirements for promotion and tenure
 - a. Orthopaedics – clinical department, education, research, service
 - b. Physical Therapy – academic unit, research, service (no clinical at present)
3. Only division in the university offering a PhD
4. Scope - Largest graduate program (non-MD) in the School of Medicine (100-185 full time students)
 - a. Annual teaching load – 106 credits (45 courses) in DPT
 - b. Annual teaching load – 27 credits (8 courses) in PhD
 - c. Total teaching load – 133 credits and 53 courses
5. Historical perspective:
 - a. 1986 – Physical Therapy first established in the School of Medicine; had 1.5 faculty; logical home in Orthopaedics & Rehabilitation
 - b. 1995-2004 – 9 years after establishment, Program has been continuously ranked #2 or #3 in the U.S., according to *U.S. News & World Report*.
 - c. Lack of recognition - Despite item b above, many at UMSM are unaware of our existence; lack of exposure and *perceived* self-limiting focus (orthopaedics) – physical therapy involves not only musculoskeletal, but also neuromuscular, cardiopulmonary and integumentary systems, for patients of all ages.
 - d. Focus = evaluation and measurement of functional disability
 - e. Greater exposure will lead to enhanced opportunities for collaborative research
6. Operations and Other Important Facts:
 - a. All operations (admissions, student records, space, curricula, fiscal responsibility, staff and faculty evaluations) – handled by Division Chief
 - b. Fiscal picture – derived from tuition revenues and grant monies, with no clinical revenues at present
 - c. Extramural funding = about \$500,000/year
 - d. Scholarship = 28-38 journal articles, 5-10 book chapters per year
 - e. Faculty longevity – average length of service = 12.5 years; attrition data = 5/6 faculty have left to become Chairs of Departments elsewhere
 - f. Student Outcomes = Pass rates on national licensure examination last 3 years = 96-98% (highest in state of FL last 2 years); National mean = 75% in 2003 (UM = 96%)