WSU Five-Year Program Review
Self-Study

Cover Page

Department/Program: Athletic Training/Athletic Therapy

Semester Submitted: Fall 2019

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Brief Introductory Statement

The Department of Athletic Training (AT) offers an undergraduate program in Athletic Therapy. Since its inception in 2009, this program has been designed to prepare students who are interested in pursuing professional graduate programs in athletic training, physical therapy, occupational therapy, physician's assistant programs, or medicine. Students who graduate from this major only will NOT BE ELIGIBLE TO SIT FOR THE BOARD OF CERTIFICATION (BOC) EXAM TO BECOME A CERTIFIED ATHLETIC TRAINER OR ANY OTHER PROFESSIONAL MEDICAL CERTIFICATION EXAM.

With many health care professions now requiring a graduate degree to practice, the majority of health care education has taken place at the graduate level. However, with a Bachelor's degree still being a prerequisite for these professional graduate programs, we wanted to provide students with a pre-professional undergraduate program that not only fulfilled the Bachelor's degree requirement, but introduced them to the realm of health care in preparation for graduate school. We believe that the Athletic Therapy program offered at Weber State University provides our students with an advantage when it comes to applying to graduate programs for health care professions. Currently, many graduate health care programs recommend students to major in science fields or their Bachelor's degree such as chemistry, biology, or zoology. Although these majors offer courses that provide necessary foundational knowledge to students in regards to understanding the structures and functions of the human body, they do not introduce the students to clinical health care or skills. Our Athletic Therapy program provides a balance between didactic and psychomotor learning that is unique to WSU, and prepares students to succeed in a graduate-level health care program.

In Summer 2019, the Athletic Therapy program moved from the Moyes College of Education to the Dumke College of Health Professions. With this move, we believe that the program now has the opportunity to grow and expand through integration and collaboration with the other high-quality health care programs in the Dumke College of Health Professions. As a pre-professional health care program, we would like to include more in-demand certifications and advanced skills that support students in their transition to a graduate professional program and clinical practice. By enhancing our program with advanced skill training opportunities, we will be able to attract more students and better prepare them to enter competitive graduate programs. This will also improve their employability should they not immediately enter a graduate program. The initial steps to achieve these goals have already begun as we have met to revise and update the curriculum. To fully achieve our goals, substantial funding will be needed.

Standard A - Mission Statement

The mission of the Weber State University Bachelor of Science in Athletic Therapy Program is to provide quality educational and internship experiences for students who are interested in pursuing a career in health care. This pre-professional program is designed for students preparing to enter professional graduate programs in athletic training, physical therapy, occupational therapy, physician's assistant programs, or medicine. Students are presented with didactic and psychomotor experiences that will lead them to being able to exercise sound ethical judgment. The coursework and internships will prepare students for their graduate program of choice and position them to gain admission into these programs.

Vision Statement:

The Weber State University Bachelor of Science in Athletic Therapy will prepare students for professional graduate programs in health care through diverse internships, interprofessional education, online/distance learning, and certification opportunities.

Standard B - Curriculum

Curriculum Map

Core Courses in Department/Program	Department/Program Learning Outcomes				
	Injury/Illness Prevention & Wellness Protection	Clinical Evaluation & Diagnosis	Immediate & Emergency Care	Treatment & Rehabilitation	Organizational & Professional Health and Well-being
AT 1550 – Introduction to Athletic Therapy					I
AT 2175 – Introduction to Sports Medicine	I	I	I	I	I
AT 2300 – Emergency Response			M		
AT 3300 – Evaluation & Care of Musculoskeletal Injuries: Lower Extremity		I/E			
AT 3301 – Evaluation & Care of Musculoskeletal Injuries: Upper Extremity		I/E			
AT 4150 – Therapeutic Modalities of Athletic Therapy majors				I/E	
AT 4250 – Rehabilitation for Athletic Therapy majors				I/E	
AT 4650 – Management for Athletic Therapy majors					I/E
AT 4890 – Cooperative Work Experience	E	E	E	E	E

I = Introduced, E = Emphasized, M = Mastered

Major Course Requirements for BS Degree (63 credit hours)

Athletic Therapy Courses (22 credit hours)

- AT 1550 - Introduction to Athletic Therapy **Credits: (1)**
- AT 2300 - Emergency Response **Credits: (3)**
- AT 2175 - Introduction to Sports Medicine **Credits: (3)**
- AT 3300 - Evaluation and Care of Musculoskeletal Injuries: Lower Extremities **Credits: (3)**
- AT 3301 - Evaluation and Care of Musculoskeletal Injuries: Upper Extremities **Credits: (3)**
- AT 4150 - Therapeutic Modalities for Athletic Therapy majors **Credits: (3)**
- AT 4250 - Rehabilitation for Athletic Therapy majors **Credits: (3)**
- AT 4650 - Management for Athletic Therapy majors **Credits: (3)**

Support Courses (28 credit hours)

- NUTR 1020 LS - Science and Application of Human Nutrition **Credits: (3)** *
- PSY 1010 SS - Introductory Psychology **Credits: (3)** *
- HTHS 2240 - Introduction to Pharmacology **Credits: (3)**

- HAS 3150 - Community Health Agencies and Services **Credits: (3)**
- ESS 3450 - Structural Kinesiology **Credits: (3)**
- ESS 3500 - Biomechanics **Credits: (3)** *
- ESS 3510 - Exercise Physiology **Credits: (3)**
- ZOOL 2100 - Human Anatomy **Credits: (4)** ***
- ZOOL 2200 LS - Human Physiology **Credits: (4)** ***

Program Electives (must complete at least 13 credits of electives)

- AT 4890 - Cooperative Work Experience **Credits: (1-6)**
- ** (Minimum of 3 credits required)

- AT 3080 - Statistics and Evidence-Based Practice **Credits: (3)** or
- GERT 3600 - Social Statistics **Credits: (3)** or
- PSY 3600 - Statistics in Psychology **Credits: (3)**
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- AT 3200 - Psychology of Sport, Injury & Rehabilitation **Credits: (3)**
-
- AT 4800 - Individual Projects **Credits: (1-4)** or
- NUTR 4520 - Directed Undergraduate Nutrition Research **Credits: (1-4)**
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- PEP 3280 - Methods of Teaching Strength and Conditioning **Credits: (3)**
- ESS 4370 - Clinical Exercise Physiology **Credits: (3)**
-
- HAS 3190 - Cultural Diversity in Patient Education **Credits: (3)** or
- NUTR 3420 - Multicultural Health & Nutrition **Credits: (3)**
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- HLTH 3400 - Substance Abuse Prevention **Credits: (3)**
- MICR 3603 - Advanced Microbiology for the Health Professions **Credits: (3)**
- PSY 3000 - Child Psychology **Credits: (3)**
- PSY 3010 - Abnormal Psychology **Credits: (3)**
- PSY 3605 - Psychology Statistics Lab **Credits: (1)**
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- ZOOL 3099 - Teaching the Human Anatomy Laboratory **Credits: (3)** or
- ZOOL 4820 - Human Physiology Laboratory Teaching Assistant **Credits: (1)**

Note:

** These courses also fulfill General Education or degree requirements.*
*** Some students will be required to complete an FBI background check and drug test prior to completing the work experience. The expenses, approximately $75, will be paid for by the student. Some students may also be required to secure additional immunizations, including a hepatitis B vaccination, depending on the cooperative work experience site. The expenses, approximately $40-100, will be paid for by the students.*
**** Students may also take HTHS 1110 and HTHS 1111 instead of ZOOL 2100 and ZOOL 2200. However, it is the student's responsibility to ensure that HTHS 1110 and HTHS 1111 will be accepted as prerequisite courses for their graduate program of choice.*

Other Pre-Professional Courses

Athletic Therapy students also generally take the coursework needed for their professional graduate program (athletic training, physical therapy, occupational therapy, physician's assistant, and/or medicine). These courses typically include CHEM 1110 and CHEM 1120, PHYS 2010 and PHYS 2020, and MATH 1060 (Trigonometry). The prerequisites vary somewhat from one graduate program to another and it is the student's responsibility to ensure that all pre-professional courses fulfill entrance requirements.

Standard C - Student Learning Outcomes and Assessment

A. Measurable Program Learning Outcomes

At the end of their study at WSU, students in this program will

1. Educate patients and manage risk for safe performance and function.
2. Implement standard evaluation techniques and formulate a clinical impression for the determination of a course of action.
3. Employ standard care procedures and communicate outcomes for efficient and appropriate care of the injured individual.
4. Recondition patients for optimal performance and function.
5. Understand and adhere to approved organizational and professional practices and guidelines to ensure personal and organizational well-being.
6. Prepare for graduate school through satisfying pre-requisites and completing applications to graduate programs of choice.

B. Other programs

a. General Education Outcomes

N/A

b. Concurrent Enrollment

AT 2175: Introduction to Sports Medicine is a course that was previously only taught to high school students within the Concurrent Enrollment program. However, with it being one of the required courses in the Athletic Therapy curriculum, we discovered that a number of our students who declare Athletic Therapy as their major had not taken AT 2175, because it was not offered at their high school or the student was not previously considering the major. Therefore, instead of waiving the course for these students, we decided to start offering AT 2175 at Weber State University in addition to the sections offered at the high schools.

In the Fall of 2017, we put forth a course proposal to revise AT 2175: Introduction to Sports Medicine. At that time, AT 2175 provided students with introductory knowledge in sports medicine and the ability to become certified in basic first aid and CPR. At WSU, there are already two courses offered in the AT department that provide students with the ability to become certified in basic (AT 1300) and professional (AT 2300) emergency care. Therefore, we removed the emergency care content from this course.

To maintain the credit load and provide students with a more in-depth focus on sports medicine, we added additional content to this course. The course description and several of the course objectives were revised to adhere to this philosophy. We also updated the required course materials to the most current edition of the course textbook, and added an optional textbook. Both of these textbooks provide comprehensive information in the area of sports medicine.

AT 2175 was first offered on campus at WSU in Summer 2019, and there will be a total of four faculty members who have taught AT 2175 by the end of Spring 2020. After that time, our plan is to standardize the delivery of AT 2175 to the high schools that currently offer this course. This will be done by providing each high school teacher a sandbox in Canvas that will contain all of the ppt presentations, assignments/labs, and assessment tools.

AT 2300: Emergency Response is a course offered at high schools and at Weber State University each semester (Summer, Fall, and Spring). This course is typically taught at WSU by our adjunct faculty members. The course instruction is standardized between the high schools and WSU, as indicated by inclusion of the American Red Cross: Emergency Medical Response standards. This is necessary so that all students (high school or college) are eligible to obtain American Red Cross certification in Emergency Response and CPR for the Professional Rescuer after completing AT 2300.

c. Other interdisciplinary

N/A

Five-year Assessment Summary

Annual assessment reports from 2014-2017 between can be found at http://weber.edu/oie/department_results.html. Evidence-of-Learning grids from the past 2 years (2017-2019) can be found in Appendix F.

From Fall 2014 to Spring 2015, AT 4150, AT 4250, and AT 4650 did not exist. Instead, athletic therapy students were required to take courses created for undergraduate athletic training students in the Bachelor of Science in Athletic Training (BSAT) program. Although there are similarities between these two programs, the BSAT program is an entry-level professional program intended to prepare students to become certified athletic trainers once they have completed the program. However, the Bachelor of Science in the Athletic Therapy program is a pre-professional program intended to prepare students with the foundational knowledge and skills to pursue a graduate degree in a health profession. In 2015-16, the ATN faculty decided to create separate courses in the Athletic Therapy program (AT 4150, AT 4250, and AT 4650) so that they could be more relevant to athletic therapy students.

In the Fall of 2017, we put forth a proposal to revise the Athletic Therapy curriculum to better accommodate students in the Athletic Therapy major. As mentioned above, we proposed to offer AT 2175 (a concurrent enrollment course) at WSU. As a result, this required students who were admitted to the Athletic Therapy program to take both AT 2175 and AT 2300. The previous Athletic Therapy curriculum stated that students could take either AT 2175 or AT 2300 to fulfill their course requirements. Since AT 2175 was not offered to students until this past Summer (2019), this course was waived as a required course for students who declared Athletic Therapy as a major prior to the 2019-2020 academic year.

We also removed HLTH 1030 (Healthy Lifestyles) as a support course for the Athletic Therapy program curriculum and replaced it with HAS 3150 (Community Health Agencies and Services). HAS 3150 focuses

on public health while the HLTH 1030 course focuses on personal health and wellness. This change provided Athletic Therapy students with a stronger foundation in public health, which better prepared them for the health care field.

Lastly, we moved PEP 3280 (Methods of Teaching Strength and Conditioning) from a support course in the program curriculum to an elective course. The original rationale for including PEP 3280 as a support course was because the Master of Science in Athletic Training (MSAT) program curriculum required it as a prerequisite. Therefore, athletic therapy students who were planning to apply to the MSAT program after graduation would have fulfilled that prerequisite a priori. However, only a small portion of athletic therapy students who graduate from the program apply to the MSAT program. In addition, as of the Fall 2020 semester, the MSAT program will no longer require this course as a prerequisite. For this reason, we believed that PEP 3280 would better serve as an elective course than a support course.

Upon reviewing the Evidence-of-Learning grids from the past five years, there are a few common trends that were observed in the instances when a learning outcome goal was unmet. Other than few instances where the unmet goals were due to students who did not complete assignments and/or failed to attend in class, we believe that the remaining instances of unmet goals can be remedied. The majority of the unmet goals in recent years have been observed in AT 3300 (at least 90% of students receive a score of 70% or better on the written and oral/practical examinations). This course is the first upper-division course that Athletic Therapy students are required to take, and we believe that the unmet goals tied to this course are due to students being unfamiliar with the rigor of upper-division college courses. In fact, the sister course to AT 3300, AT 3301, is the second upper-division course that our students are required to take, and it has the same learning outcome goals tied to its examinations. However, unlike the unmet goals that been observed in AT 3300, the goals have been met by students in AT 3301. This can be attributed to a learning-curve in students. The content is just as challenging in AT 3301, but by the time students complete AT 3300, they are more prepared for the rigor of the subsequent upper-division coursework in the Athletic Therapy curriculum.

The faculty are hopeful that the addition of AT 2175 as a required course in the Athletic Therapy curriculum will better prepare students for AT 3300. AT 2175 introduces students to sports medicine concepts and skills. In particular, content pertaining to orthopedic assessment is introduced to students in AT 2175, and it is the primary content delivered in AT 3300. We encourage students to take AT 2175 prior to AT 3300, but we believe that it would be more effective to list AT 2175 as a prerequisite to AT 3300 in the future.

The annual assessment reports and the constructive feedback that we have received from graduates of the Athletic Therapy Program within the past five years have made it apparent that the curriculum is in need of additional revision. Prior to Fall 2018, AT 3300 and AT 3301 were being co-offered to undergraduate athletic training students as part of their Athletic Training curriculum. Therefore, students from a pre-professional program (Athletic Therapy) and a professional program (Athletic Training) were taking the same courses at times. In order to satisfy the Athletic Training accreditation standards, these courses had to cover educational competencies for athletic training. While the athletic training students were learning what they needed to learn in order to become certified athletic trainers, the athletic therapy students were often taught content beyond the scope of the Athletic Therapy program.

Revisions to the Athletic Therapy curriculum are currently being developed, and the faculty are planning on holding a one-day department retreat in Spring 2020 to discuss and vote on these revisions. In addition to revising courses that were originally tailored to athletic training students, we would also like to revise the overall curriculum in the Athletic Therapy program so that it is more inclusive to students who are interested pursuing other health care professions such as physical therapy, occupational therapy, and physician assistant. Secondly, we would like to better standardize the application process for students who are interested in the Athletic Therapy Program. Currently, students are admitted to the Athletic Therapy Program on a rolling basis. This not only is difficult for students to know when they are eligible to apply to the program, but it is also difficult for the program director to supervise these students. The College of Health Professions Academic Advisors have recommended that we meet with the faculty in the Health Sciences (AS) program to develop an Athletic Therapy track for students to obtain their Associate's degree prior to applying and being admitted to the Athletic Therapy (BS) program. Lastly, the name, Athletic Therapy, has been confusing and sometimes misleading to students and colleagues at WSU. We would like to revise the name so that it better aligns with the mission of the program. Our goal is to submit these and any other revisions as proposals to University Curriculum in Fall 2020, so that they can be approved and implemented in the 2021-2022 catalog.

Assessment of Graduating Students

In Spring 2019, we submitted a subsection to the WSU Graduate Exit Survey that included questions solely directed to graduates from the Athletic Therapy Program. The survey results of this Athletic Therapy subsection can be seen in Appendix G.

This survey and future surveys will be used to gain an understanding of what our students' goals are after graduation. The majority of our students plan to attend graduate school in a professional program related to health care. Since many students apply to graduate schools during their final year as an undergraduate student, we can also use this survey to track the matriculation rate of our students. Lastly, the feedback provided by our graduates will be used to assess the effectiveness of the Athletic Therapy Program in regard to graduate school preparation and marketability to employers.

In Fall 2019, the Athletic Therapy Program Director assumed the responsibility of distributing this survey to Athletic Therapy graduates at the end of each semester. Our hope is that our students will be more willing to respond to the survey if it is sent from the Program Director. The faculty will also be able to acquire the results more rapidly since the survey is being controlled by the department instead of the University.

Standard D - Academic Advising

Advising Strategy and Process

In the Summer of 2019, the Athletic Therapy program moved from the Moyes College of Education to the Dumke College of Health Professions. Due to limited funding, the Athletic Training Department was unable to hire an academic advisor, and an alternative method was developed to provide advisement to students. Currently, those students who have been admitted to Weber State University and have declared Athletic Therapy as their major are instructed to contact an advisor within the DCHP Admissions Advisement Office for academic advising. Once a student has been accepted in the Athletic Therapy Program, the program director (Conrad Gabler) will provide the academic advising services until graduation.

Since the Athletic Therapy program is a pre-professional program, much of the advisement received from the program director pertains to graduate school preparation. In addition to several courses within the curriculum that assist students with graduate school preparation, the program director meets regularly with students to ensure that they are satisfying the requirements (i.e. prerequisite courses, observation hours, etc.) for their graduate schools of choice.

For students interested in the Athletic Therapy program, several advisement materials are available online, including an application checklist that can be used to help students keep track of the progress towards applying to the program. A $25 Athletic Therapy application processing fee is due at the time of application. Applications are available online, and are submitted to the DCHP Admissions Advisement Office. The program director is informed of submitted applications, and a meeting is then arranged between the program director and student applicant to discuss their admission into the Athletic Therapy program.

Effectiveness of Advising

Because our new model of advising just began during the Fall 2019 semester, we do not have data regarding the effectiveness of advising. However, there have been no major issues related to mis-advising and neither the department chair nor the program director have had any students issue complaints about the new process. The most significant challenge for students currently is getting a timely appointment with the Dumke College of Health Professions Admissions office for academic advising. Due to the large volume of students they serve, students need to make an appointment 2-4 weeks in advance.

Past Changes and Future Recommendations

Within the past 5 years, there have been several changes made to academic advisement in the Athletic Therapy program. In addition to advising changes from the College realignment discussed above, there has been frequent turnover in academic advisors within the department. Prior to Summer 2019, the program was in the department of Athletic Training and Nutrition. There were three different academic advisors for students in that department within the past 5 years. This rate of turnover is mainly due to staff who recently retired or relocated from WSU.

Without having an academic advisor in our department, much of that responsibility is placed on our full-time faculty, and their availability to advise students is limited. Therefore, we would like to hire at least a part-time staff to serve as our department's academic advisor in the near future. The faculty would also like to standardize the application process for Athletic Therapy majors in the future. We are planning to submit a program proposal next year to revise the Athletic Therapy curriculum and improve the efficiency of application process.

Standard E - Faculty

Elements to consider (remove this text box from the submitted self-study):

- Faculty size, composition, qualifications, and professional development activities that are determined through a strategic planning process.
- Ability of the core faculty to provide stability and ongoing quality improvement for the degree programs offered.
- Academic and professional qualifications of the contract/adjunct faculty.
- Attempts to achieve demographic diversity in the faculty.

Programmatic/Departmental Teaching Standards

a. The program faculty members are held to the Dumke College of Health Professions teaching standards and policies and procedures for tenure and promotion (per the tenure document and PPM 8-11). The department chair reviews faculty in their second year. Peer review committees review faculty according to policy in their third and sixth year. Department and college ranking tenure and evaluation committees also review faculty in the areas of teaching, scholarship, and service in their third and six years, according to policy.
b. Faculty teaching schedules are determined by the department chair in consultation with the program director and faculty member. They are established based on the strengths of the faculty member, needs of the program, and performance factors. All courses taught by tenured, non-tenured faculty members and adjunct faculty are evaluated by students using ChiTester (online testing software) and compared to department standards and averages. Results include student commendations and recommendations. Numerical data based on a scale of one to five is interpreted and tracked by semester and over time. The student evaluation instrument has been consistently used for over ten years. The university is currently working on a set of new standardized questions. Once that document is available, the faculty in the AT department will review it and determine if we want to make changes to our current evaluation form.

Faculty Qualifications

All faculty who teach Athletic Therapy courses possess at least a master's degree, however, several possess terminal degrees (EdD or PhD) as well. There is one faculty member with a BS degree only who teaches AT 1300 and AT 2300, Les Stone. However, he is EMT certified and is an Instructor Trainer for the American Red Cross in both Emergency Response and CPR/AED for the Professional Rescuer and Health Care Provider, so we feel he is qualified to teach the content in both of those courses that offer those certifications. He also has 12 years of college-level teaching experience and serves as the Mountain Green Fire Chief.

Faculty Scholarship

Refereed Publications

Rigby J, Lee JH, **Herzog VW**. Rate of Temperature Rise and Decay with 3-MHz Therapeutic Ultrasound Using Different Intensities. *Athletic Training & Sports Health Care*. In Press.

Hudson H, **Herzog VW**. An Exploration of Factors Affecting Student Persistence into Athletic Training Programs. *Internet Journal of Allied Health Sciences and Practice*. 2019;17(2):1-11.

Amsel E, **Herzog V**, & Kowalewski B. (2017). Do community engaged activities matter in tenure and promotion evaluations? In R. L. Miller, J. McMinn, J. Holmes, W. S. Altman, J Troisi, L. Brewer, S. Nolan, T. Manson, B. C. Beins, K. Braake, W. D. Woody, J. Bons-Raacke, K. Leppien-Christensen, D. Finley, K. Buch, N. Ciarocco, N. Tidwell., T. Pusateri, A. Buddie, B. Hard, M. Carter, J. Gonder, R. F. Rycek & T. Newton, (Eds.). Teaching tips: A compendium of conference presentations on teaching, 2015-16. Retrieved from the Society for the Teaching of Psychology web site: http://teachpsych.org/ebooks/teachingtips

Simon J, **Donahue M**, Docherty C. Current Practices and Attitudes in the Use of Ankle Taping and Bracing in the College and High School Setting. *International Journal of Athletic Training and Therapy*. 2017; 22(4): 34-42.

Donahue M, Herb C. Kinematic Difference during Anticipated and Unanticipated Cut following Drop Landings in Individuals with Chronic Ankle Instability and Healthy Controls. *Br J Sports Med.* 2017; 51(Supl 1). A13

Gabler CM, Lepley AS, Uhl TL, Mattacola CG. Comparison of transcutaneous electrical nerve stimulation and cryotherapy for increasing quadriceps activation in patients with knee pathologies. *Journal Sport Rehabilitation.* 2016;25(3):294-300.

Tucker M, **Gabler CM**. Diagnosis and Management of Spontaneous Pneumoperitoneum: A Case Report. *Journal of Athletic Training* (Supplement). 2018;53(6):297

Presentations

Cohen, A. Minimizing Risk of Injury in Youth Sports Through Functional Strength Training Movements. Utah Athletic Trainers' Association, Lehi, UT: 2019, December 7.

Cohen A, Herzog V. Stop the Bleed: Emergency Preparedness Training for Athletic Trainers (presentation & workshop); Rocky Mountain Athletic Trainers' Association, Albuquerque, NM: 2020, April 2-5.

Herzog VW. (October 2019) Incorporating a Research Experience in a Professional Graduate Program. Presented at the 2019 Association of Schools Advancing Health Professions Annual Conference in Charleston, SC.

Taylor L, **Herzog VW**. (October 2018) Documentation of Compliance for the 2020 Standards. Presented at the Commission on Accreditation of Athletic Training Education (CAATE) Accreditation Conference in Tampa, FL.

Gabler CM, Pietrosimone BG. (2018) Knee Best Practices Forum: The Evolution of Return to Sport Criteria After Anterior Cruciate Ligament Reconstruction: A Progression Toward a Multidimensional Approach. Presented at the National Athletic Trainers' Association 69th Annual Meeting and Clinical Symposium in New Orleans, LA.

Warner B, Baumgarten M, Rigby J, **Gabler CM**. (2017) Comparative Effects of Whole Body Cryotherapy and Cold Water Immersion on Skin Temperature Changes. Presented at the 2017 Robert Ryan Memorial Athletic Training Student Symposium. Westminster, CO.

Warner B, Baumgarten M, Rigby J, **Gabler CM**. (2017) Comparative Effects of Whole Body Cryotherapy and Cold Water Immersion on Skin Temperature Changes. Presented at the 2017 Rocky Mountain Athletic Trainers' Association Annual Meeting. Westminster, CO.

Poster Presentations

Arbeloa G, Hosaka R, **Herzog VW**. (June 2019) Comparison of a bag of crushed ice and a double-length frozen elastic bandage on intramuscular and skin temperature. Poster was presented as part of the Student Exchange Track at the National Athletic Trainers' Association Clinical Symposium in Las Vegas, NV.

Lee JC, Young AM, Erb NJ, **Herzog VW**. The acute and residual effects of IASTM and roller massage stick on hamstring range of motion. Oral presentation Free Communication (peer-reviewed) and poster presentation as part of the Student Exchange Track at the National Athletic Trainers' Association Clinical Symposium in Las Vegas, NV.

Trout K, Carey Z, **Herzog VW**. (June 2018) The Effects of a Frozen Elastic Bandage vs. a Crushed Ice Bag on Intramuscular Temperature. Poster was presented as part of the Student Exchange Track at the National Athletic Trainers' Association Clinical Symposium in New Orleans, LA.
(Poster was also presented at the Ogden Surgical-Medical Society Conference in Ogden, UT – May 2018)

Farraye B, **Herzog VW**. (June 2018) The Effect of Kinesiology Tape on Balance in Dancers with Ankle Instability. Poster was presented as part of the Student Exchange Track at the National Athletic Trainers' Association Clinical Symposium in New Orleans, LA.

Donahue M., Galvez K., Individuals with CAI display No Differences in Dwell Time or Average Peak Vertical Ground Reaction Force during a Drop Landing Unanticipated Cutting Task in Shod and Non-shod Condition. Presented at the International Ankle Symposium, Amsterdam, Netherlands. October 2019

Herb C., Burbank K., Kim HW., **Donahue M**. Kinematics and Kinetics During Running Gait in Patients with CAI Compared to Health Controls and Ankle Sprain Copers: A Wearable Sensor Study. Presented at the International Ankle Symposium, Amsterdam, Netherlands. October 2019

Van Gaalen J, **Donahue M.** Prospective Study of Ski and Snowboard Injuries in an Active Mountain Community. Presented at the Big Sky Athletic Training Sports Medicine Conference. Big Sky, MT. February 2019

Donahue M, Herb C. Kinematic difference during anticipated and unanticipated cut following drop landings in individuals with chronic ankle instability and healthy controls. Presented at the International Ankle Symposium. Chapel Hill, NC. September 2017

Tucker M, **Gabler CM**. (2018) Diagnosis and Management of Spontaneous Pneumoperitoneum: A Case Report. Poster was presented as part of the Peer Reviewed Track at the National Athletic Trainers' Association 69th Annual Meeting and Clinical Symposium in New Orleans, LA.

Schabowsky D, Breitweiser C, **Gabler CM**. (2018) The Effect of Patella Position with McConnell Tape Before and After Exercise Using Diagnostic Ultrasound and Intra-Rater Reliability of Diagnostic Ultrasound. Poster was presented as part of the Student Exchange Track at the National Athletic Trainers' Association 69th Annual Meeting and Clinical Symposium in New Orleans, LA.

Yamakage S, **Gabler CM**. (2018) Effect of New Anti-Cramping Supplement on Anaerobic Power and Spinal-Reflexive Excitability. Poster was presented as part of the Student Exchange Track at the National Athletic Trainers' Association 69th Annual Meeting and Clinical Symposium in New Orleans, LA.

Fryer K, Ellefson S, **Gabler CM**. HOTSHOT's Effects on Exercise Associated Muscle Cramps in Collegiate Football Players: A Preliminary Investigation. Poster was presented as part of the Student Exchange Track at the National Athletic Trainers' Association 70th Annual Meeting and Clinical Symposium in Las Vegas, NV.

Gifford K, Sherer J, **Gabler CM**. The Effect of Ankle Taping Techniques on Lower Extremity Kinematics. Poster was presented as part of the Student Exchange Track at the National Athletic Trainers' Association 70th Annual Meeting and Clinical Symposium in Las Vegas, NV.

John Erb N, **Gabler CM**. (2018) Contemporary Theory of Exercise Associated Muscle Cramps (EAMC) and New Supplement (HOTSHOT) Developed on This Theory. Poster was presented at the 14th Annual Office of Undergraduate Research Symposium. Weber State University, Ogden, Utah.

Warner B, Baumgarten M, Rigby J, **Gabler CM**. (2017) Skin Cooling Effects of Whole Body Cryotherapy vs. Cold Water Immersion. Poster was presented at the 13th Annual Office of Undergraduate Research Symposium. Weber State University, Ogden, Utah.

Ongoing Projects/Current Submissions

Cohen A, Bovbjerg V. Wegis H. Influence of coaching experience and coaching efficacy of volunteer youth sport coaches on children's MVPA. International Journal of Sports Science & Coaching. (Under revision)

Cohen A, Wegis H, Dutto D. The role of organized youth sports in reducing trends in childhood obesity. The Sport Journal. (Under initial review)

Cohen, A. The effect of online athletic training preceptor training on student and preceptor environments. Internal funding ($4500.00) - WSU Research, Scholarship and Professional Growth (RSPG) Committee. Current through May 31, 2021.

Cohen, A. Sociocultural factors of training with pain during competitive youth swimming. (In progress)

Cohen, A. The effect of functional movement training on injury incidence among youth competitive swimmers. (In progress)

Stedge H, McKeon JM. A Supervised Pelvic Floor Training Program Has Minimal Effect on the Prevalence of Postpartum Diastasis Recti Abdominis: A Critically Appraised Paper. Under Review.

Stedge H, **Herzog VW**. Do different simulation tools increase athletic training students' self-efficacy in performing rectal thermometry? (Currently collecting data)

Schabowsky D, Breitweiser C, **Gabler CM**. The Effects of McConnell Tape and High-Intensity Exercise on Patellar Position using Diagnostic Ultrasound. Committee Chair. (In progress)

Mentoring Activities

New faculty are mentored by the Department Chair and the Program Director. All current faculty are willing to share course materials and meet with the new faculty member or adjunct to review how the course is typically taught and answer their questions. New faculty are strongly encouraged to attend Canvas and ChiTester training sessions. The Program Director and/or Department Chair check in with new faculty on a regular basis to answer questions and review/discuss any issues that have arisen thus far.

Diversity of Faculty

The AT faculty have made substantial efforts in the last three faculty searches to recruit diverse faculty. However, the number of diverse applicants has typically been limited to one applicant per search. We remain committed to diversifying the AT faculty as openings occur. In every search, we award the maximum number of points allowable for diversity. We currently have 60% women and 40% men among the full-time faculty, but all are Caucasian.

Ongoing Review and Professional Development

Tenured and tenure-track faculty are evaluated via the tenure and post-tenure review processes. Contract faculty are evaluated annually by the Department Chair. All tenured and tenure-track faculty are very active scholarly, with annual presentations at regional and national conferences as well as regular publications in peer-reviewed journals. Our full-time instructor is currently pursuing a PhD in Health Sciences in the Athletic Training Track. All faculty, including the instructor, regularly attend professional conferences to earn the required 50 continuing education units every two years that are required to maintain their athletic training certification and license.

Evidence of Effective Instruction

All faculty, including adjunct faculty, are evaluated by students in each course taught every semester using the standard department course evaluation in ChiTester. The evaluations are reviewed by the Department Chair who discusses any concerns with the faculty member individually.

i. Regular Faculty
    a. Reviews of teaching performance are conducted in tenure and post-tenure review processes.
ii. Adjunct Faculty
    a. Adjunct faculty teaching evaluations reviewed by the Department Chair and areas of improvement are discussed with individual faculty.

Standard F – Program Support
Support Staff, Administration, Facilities, Equipment, and Library

Elements to consider (remove this text box from the submitted self-study):
- The number and capabilities of the support staff should be adequate to meet the mission and objectives of the program.
- Facilities, equipment, and library support should be adequate to meet the mission and goals of the program.

Adequacy of Staff

i. Ongoing Staff Development
   a. Our new Administrative Specialist has been attending a variety of trainings including software and processes related to purchasing cards, budgeting, class scheduling, and other relevant topics. She has also received mentoring from other staff in the college.

Adequacy of Administrative Support

AT Department Administrative Specialist II (Kayla Humiston)
3/4 classified staff position, 12-month contract. Primary responsibilities include office management and communications, budgeting and purchasing card reconciliation, oversight of course schedule entry, purchasing requisitions and payroll action requests. Assist Program Directors with tasks associated with each position such as adjunct contracts, affiliate site agreements, and maintaining students' files.

Currently, the one staff member meets the needs of the department. However, as the Athletic Therapy program continues to grow, there will be an increased need for additional program support to assist with advising, application processing, marketing, and recruiting.

Adequacy of Facilities and Equipment

The department is housed in the Swenson Building within the Stromberg Complex. The facility provides adequate classrooms, laboratories, and equipment to support the program. Faculty members have written and received several on-campus research grants for equipment needed for teaching and research.

The Athletic Training Department has a 1500 ft^2 Athletic Training Laboratory Classroom (Room 315) including a 500 ft^2 Hydrotherapy Room which houses the SwimEx Hydrotherapy Pool. The classroom contains approximately $100,000 in state-of-the art therapy equipment including three different lasers, two different shortwave diathermy units, a lumbar/cervical traction unit, and a variety of electrical stimulation/ultrasound combination units. There is also a large variety of rehabilitation equipment and supplies, general medical assessment tools, and taping/bracing/casting supplies.

The Athletic Therapy program also utilizes Room 229 in the Swenson Building which has both a classroom area as well as a large open area. The open area is used for practicing first aid/CPR skills, spineboarding, orthopedic assessment, and rehabilitation techniques.

The Athletic Therapy program also has access to a new Gait Analysis/Biomechanics lab equipped with a new isokinetic dynamometer, camera system, force plates, and a wireless EMG system. The AT faculty and students also use the Nutrition/Biochemistry lab (Room 133) for research studies which houses additional equipment including an Isothermix for measuring intramuscular temperature, a diagnostic ultrasound unit, a forceplate, and a -80 degree freezer for storing samples.

Adequacy of Library Resources

The Stewart Library information resources and services multiple WSU campuses. Print, electronic, including databases, and audiovisual materials are provided in adequate titles. Hours of operation are extensive and meet student and faculty needs. The library website (http://library.weber.edu) assists with meeting 24/7 needs. Jason Francis is the librarian assigned to the Dumke College of Health Professions. Each librarian has an annual budget to provide current resources for the program. The resources more than adequately meet the program, faculty, and student needs. When a resource is not in the library, the interlibrary loan process enables access to most materials. The library recently purchased Anatomy TV which the AT faculty will use in several courses.

Standard G - Relationships with External Communities

Elements to consider (remove this text box from the submitted self-study):
- Clearly define the relationships between the program and external communities.
- Evidence of the contribution of the external relationships is demonstrated.

Description of Role in External Communities

The Athletic Therapy program utilizes a large number of off-campus internship sites that were developed over the past 10 years through efforts by all of the faculty. The number, quality, and diversity of internship sites benefit our students tremendously as they provide a breadth of clinical opportunities and experiences. Through their internships at these sites, students have the opportunity to work with a variety of health care professionals in several different settings including outpatient rehabilitation, inpatient rehabilitation, athletic training at the collegiate level, athletic training at the high school level, family practice clinics, orthopedic clinics, etc. See Appendix H for a current list of student internship sites.

Summary of External Advisory Committee Minutes

The Athletic Therapy program has not yet formalized an External Advisory Committee. However, in the Spring 2019 semester, the program completed a strategic planning process that included seeking feedback from all of the program's stakeholders, including students, alumni, and internship supervisors. The resulting strategic plan can be found in Appendix I. Overall, the feedback we received indicated that students need to have more opportunities to earn certifications within the major so that if they don't immediately attend a graduate program following graduation, that they would have improved employability. Secondly, offering students the opportunity to complete Athletic Therapy coursework through online and/or hybrid formats would appeal to more students and provide them with scheduling flexibility during their undergraduate education. Thirdly, it has become apparent that the Athletic Therapy program application process needs to be better standardized to limit confusion for students and lighten the burden on the academic advisors. Lastly, the Athletic Therapy curriculum need to be revised to better accommodate students who are interested in graduate programs outside of athletic training.

Community and graduate Success

There is currently no standardize method in place to track the success of our Athletic Therapy program alumni. With the Athletic Therapy program being a pre-professional program for students who aspire to attend graduate school and become a health care professional, the majority of graduate success is tied to whether or not students get accepted to a graduate school, and then are subsequently employed in their field of graduate study.

Over the past 5 years we have been able to acquire data from the Dumke Pre-Medical Program at Weber State University. This data shows the annual number of Athletic Therapy majors who have applied to medical school, and the percentage who were accepted. This data can be viewed in Appendix J. We are proud to report that the matriculation rate of athletic therapy students who get accepted into medical school has been at or above the aggregate matriculation rate at WSU.

After the Spring 2020 semester, we are planning to distribute our first survey to athletic therapy program alumni. This survey will help us track the graduate success of those students who applied to graduate schools outside of medical school, and whether any of our students are currently employed in their field of graduate study. We are looking forward to analyzing this data once it becomes available, which can be used for promotion and recruitment of prospective students to the Athletic Therapy program.

Standard H – Program Summary
Results of Previous Program Reviews

Elements to consider (remove this text box from the submitted self-study):
- The program should show how recommendations from the most previous program review have been implemented and what effect those associated changes had on the program.
- If any recommendations were not implemented, the program should explain why they were not acted upon.

Problem Identified	Year	Action Taken/Progress
Heavy reliance on adjunct faculty in the program.	Year 1	The proposal for a fifth faculty member was approved in October 2013. The search committee was formed, and the position was posted in November 2013
	Year 2	A fifth faculty member was hired and began teaching in the Fall 2014 semester. **FULFILLED**
	Year 3	N/A
	Year 4	N/A
Need to hire additional advising staff	Year 1	The current academic advisor is shared with all programs in the Department of Health Promotion and Human Performance. The Chair of the Department is aware of increased enrollments in the department, across most program areas, as well as the additional load that this has created for the department's academic advisor. Last spring the department hired a second secretary. Both secretaries now schedule all advisement appointments with the academic advisement coordinator. There was also an agreement made with department faculty and the advisement coordinator, in April of 2013, that difficult cases such as those involving transfer students would be handled by the program director rather than the advisement coordination. The department chair, in consultation with program faculty when needed also does all

		the transfer articulation. This is a workload off the advisement coordinator. The Department Chair is currently exploring ways to add either a 50/50 part-time hourly student worker or other additional part-time advisement support. As needs are viewed in light of all the department needs, a vision and plan for the upcoming years will be communication to the Dean of the college.
	Year 2	The Department of Health Promotion and Human Performance split starting July 1, 2015. With this split Athletic Therapy entered into the new department, Department of Athletic Training and Nutrition. With this new department split, a new academic advisor was hired. This academic advisor now advises half the program (Athletic Therapy, Athletic Training and Nutrition) as the single advisor in the old Department of Health Promotion and Human Performance. **FULFILLED**
	Year 3	N/A
	Year 4	N/A
Better communication regarding pre-requisite courses for the various graduate professional programs.	Year 1	The Athletic Therapy program director met with the academic advisor regarding this issue. We considered creating a detailed list of pre-requisites for each professional field, but realized that it would very difficult to keep the list up-do-date because they often change. The advisor and Program Director will continue to advise pre-physical therapy and pre-occupational therapy students to show them where to find this information online and help them interpret what they find. Pre-physician's assistant students will be referred to Karen Nakaoka, the pre-PA advisor in the College of Science. Pre-medical students will be referred to Jason Fritzler, the pre-med advisor in the College of Science.
	Year 2	The Department of Athletic Training and Nutrition advisor and Athletic Therapy Program Director will continue to advise pre-physical therapy and pre-occupational therapy students to show them where to find this information online and help them interpret what they find. Pre-

		physician's assistant students will be referred to Karen Nakaoka, the pre-PA advisor in the College of Science. Pre-medical students will be referred to Jason Fritzler, the pre-med advisor in the College of Science. We currently have a course proposal to add AT 1550 Introduction of Athletic Therapy. This course is designed to give a basic overview and pre-requisite requirements to enter the main health care professions our student pursue in graduate school (PT, OT, PA, MD). **FULFILLED**
	Year 3	N/A
	Year 4	N/A
Most full-time faculty teach overload every semester	Year 1	The department has hired a fifth, full-time AT faculty member who will begin teaching in the Fall 2014 semester. This would have alleviated some of the overload of the full-time faculty. However, several of the AT faculty choose to teach overload for extra income that it provides and will likely continue to do so. **FULFILLED**
	Year 2	N/A
	Year 3	N/A
	Year 4	N/A
Need for an Athletic Training laboratory coordinator.	Year 1	Currently, the department budget does not allow for the hiring of this position. The faculty are exploring ways to justify the creation of this position and/or ways to fill it at a lower cost such as an hourly position for a qualified athletic trainer.
	Year 2	The Department of Health Promotion and Human Performance split starting July 1, 2015. With this split Athletic Therapy entered into the new department, Department of Athletic Training and Nutrition. When the split occurred, a part-time laboratory coordinator position was created. The laboratory coordinator was hired Aug 2015 and has been a great asset to the Athletic Therapy and Athletic Training programs.
	Year 3	Since the undergraduate Athletic Training program is being phased out (last cohort will graduate in the spring of 2020), we merged this staff position with a faculty line to create a new instructor position. This

		individual teaches in the undergraduate programs primarily and has release time to fulfill the laboratory coordinator duties. **FULFILLED**
	Year 4	N/A
Establish a formal external committee	Year 1	The faculty have begun exploring the formation of an external advisory committee for the Bachelor of Science in Athletic Training program. One faculty member has agreed to take the lead on this project and will develop a list of potential committee members for approval by the rest of the faculty. Tentatively, the committee will consist of all faculty, the program's medical director, and a preceptor from each clinical site category (high school, clinic, university, etc.) The potential committee members will then be contacted to determine their willingness to serve. We anticipate having the faculty meet with the committee twice per year, anticipating that our first meeting would occur near the end of the Fall 2014 semester.
	Year 2	The faculty has begun the formation of an external advisory committee starting Fall 2014. We have committed meeting with the committee twice per year.
	Year 3	The Bachelor of Science in Athletic Training program has been scheduled to sunset after Spring 2020. The national accrediting body of athletic training education (CAATE) has mandated that all entry-level athletic training programs at the Bachelors-level be discontinued prior to Fall 2022. The external advisory committee will continue to serve our Master of Science in Athletic Training program.
	Year 4	The faculty has begun to discuss the need of establishing an external advisory committee for the Bachelor of Science in Athletic Training program. This committee would ideally consist of internship supervisors from AT 4890, colleagues from the new PA department, and academic advisors/administrators from graduate programs at other universities.

Action Plan for Ongoing Assessment Based on Current Self Study Findings

Action Plan for Evidence of Learning Related Findings

Problem Identified	Action to Be Taken
Unmet Learning Outcome (2.A) for AT 3300: Less than 90% of students will earn an 70% or better on both the written exam and oral/practical exam.	Current 5 Year Program Review: AT 3300 and AT 3301 have been undergoing revision since the admission into the Bachelor of Science in Athletic Training program was discontinued (Fall 2018). The faculty is planning to schedule a faculty retreat in Spring 2020 to discuss proposed changes to the Athletic Therapy curriculum, including the course content and structure of AT 3300 and AT 3301.
	Year 1 Action to Be Taken:
	Year 2 Action to Be Taken:
	Year 3 Action to Be Taken:
	Year 4 Action to Be Taken:
AT 2175 is being taught differently at Weber State University than at high schools (concurrent enrollment).	Current 5 Year Program Review: The instructors who are teaching AT 2175 will be meeting in Summer 2020 to discuss structure of the course and agree on standardized method of pedagogy for high school instructors to follow.
	Year 1 Action to Be Taken:
	Year 2 Action to Be Taken:
	Year 3 Action to Be Taken:
	Year 4 Action to Be Taken:
The current Athletic Therapy program curriculum is biased towards pre-athletic training students, and restrictive to students who are trying to complete graduate prerequisite courses outside of athletic training.	Current 5 Year Program Review: The faculty is planning to schedule a faculty retreat in Spring 2020 to discuss a revision of the Athletic Therapy curriculum that would accommodate the prerequisite coursework of graduate programs outside of Weber State University.
	Year 1 Action to Be Taken:
	Year 2 Action to Be Taken:

	Year 3 Action to Be Taken:
	Year 4 Action to Be Taken:
Admission into the Athletic Therapy program is currently approved on a rolling basis. This makes it difficult for students to plan for graduation, and for advisors to track the admission/graduation timeline of numerous students.	Current 5 Year Program Review: The faculty is planning to schedule a faculty retreat in Spring 2020 to discuss the application process of the Athletic Therapy program. We are also planning to meet with the Health Sciences department to discuss the possibility of adding an Athletic Therapy track within their Health Sciences (AS) program, which could be a route for students to apply to the Bachelor of Science in Athletic Therapy program.
	Year 1 Action to Be Taken:
	Year 2 Action to Be Taken:
	Year 3 Action to Be Taken:
	Year 4 Action to Be Taken:
The current name of the major/program (Athletic Therapy) is confusing to students and colleagues at Weber State University.	Current 5 Year Program Review: The faculty has discussed a major/program name change to Rehabilitation Sciences. We plan to submit a proposal for this name change in Fall 2020.
	Year 1 Action to Be Taken:
	Year 2 Action to Be Taken:
	Year 3 Action to Be Taken:
	Year 4 Action to Be Taken:

Summary Information (as needed)

Action Plan for Staff, Administration, or Budgetary Findings

Problem Identified	Action to Be Taken
Need for departmental academic advisor	Current 5 Year Program Review: Submit a proposal for either a part-time staff to serve as the departmental academic advisor, or increase our part-time Administrative Specialist II to full-time status with the added responsibility/title of departmental academic advisor.
	Year 1 Action to Be Taken:
	Year 2 Action to Be Taken:
	Year 3 Action to Be Taken:
	Year 4 Action to Be Taken:

Summary Information (as needed)

APPENDICES

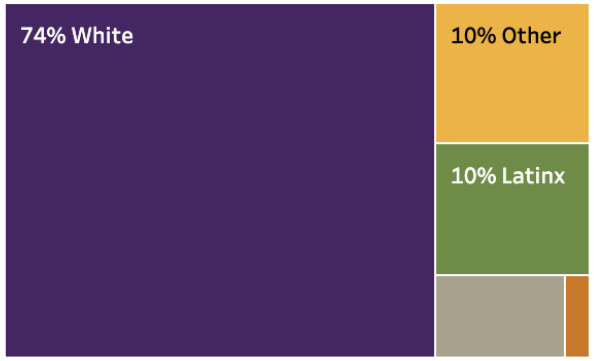
Appendix A: Student and Faculty Statistical Summary

Athletic Therapy	2014-15	2015-16*	2016-17	2017-18	2018-19
Student Credit Hours Total	**6,182**	**5,866**	**6,351**	**6,300**	**6,514**
Student FTE Total	**206.07**	**195.53**	**211.70**	**210.00**	**217.13**
Dept SCH Total	**31,141**	**14,489**	**14,836**	**15,371**	**16,342**
Dept FTE Total	**1038.03**	**482.97**	**494.53**	**512.37**	**544.73**
Student Majors	**364**	**384**	**394**	**319**	**334**
Program Graduates					
Bachelor Degree	49	41	33	36	41
Student Demographic Profile					
Female	**140**	**156**	**165**	**115**	**142**
Male	**224**	**228**	**229**	**204**	**192**
Faculty FTE Total	**43.57**	**14.83**	**20.16**	**19.13**	n/a
Adjunct FTE	24.62	7.25	10.18	**10.6**	n/a
Contract FTE	18.95	7.58	9.98	8.53	n/a
Student/Faculty Ratio	**23.82**	**32.57**	**24.53**	**26.78**	n/a

*Department Change from HPHP to ATN

Ethnicity Classification

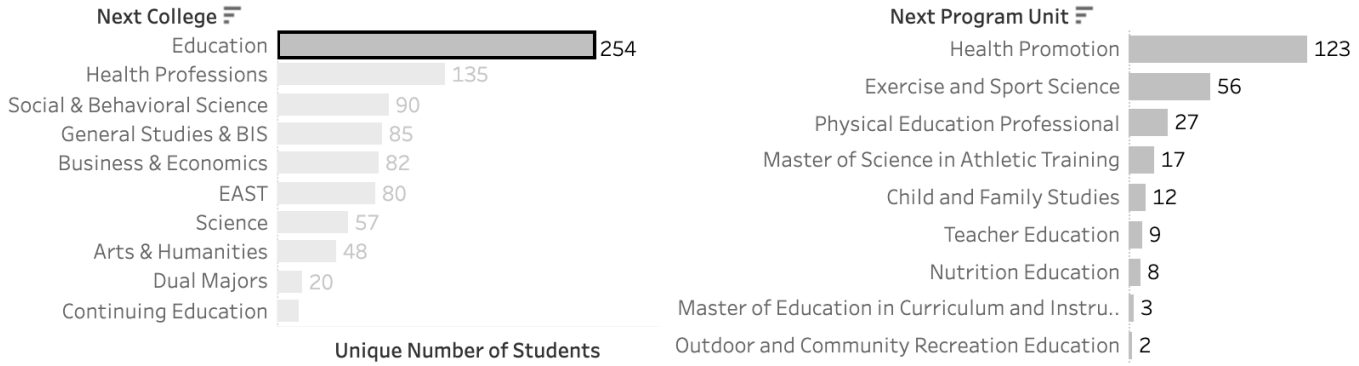
Overall for Past 10 Academic Years



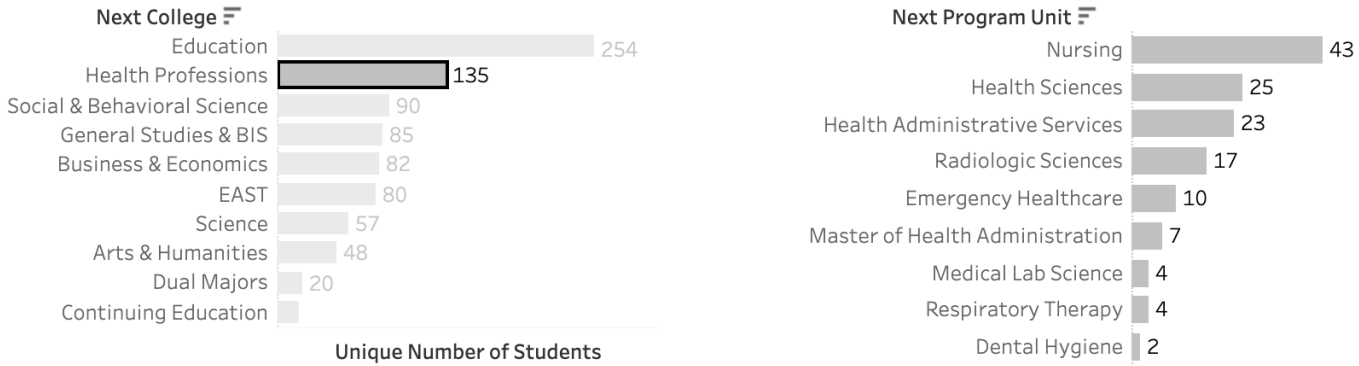
		09-10	10-11	11-12	12-13	13-14	14-15	15-16	16-17	17-18	18-19
Latinx	N	19	33	30	33	40	49	55	62	54	59
	%	6%	8%	7%	7%	9%	10%	10%	12%	12%	13%
Non-Reside..	N	2	4	2	2	3	1	2	9	8	3
	%	1%	1%	0%	0%	1%	0%	0%	2%	2%	1%
Other	N	26	31	27	37	40	42	48	60	62	54
	%	8%	8%	6%	8%	9%	8%	9%	12%	14%	12%
Unknown	N	49	37	28	29	26	18	15	9	9	9
	%	14%	9%	6%	6%	6%	4%	3%	2%	2%	2%
White	N	245	294	347	346	350	393	412	379	324	339
	%	72%	74%	80%	77%	76%	78%	77%	73%	71%	73%

Since the last program review (2012-13), the student population who have declared Athletic Therapy as their major has become more diverse ethnically. Specifically, there 4% less white, 5% more latinx, and 4% more other ethnicity Athletic Therapy majors in 2018-19.

A

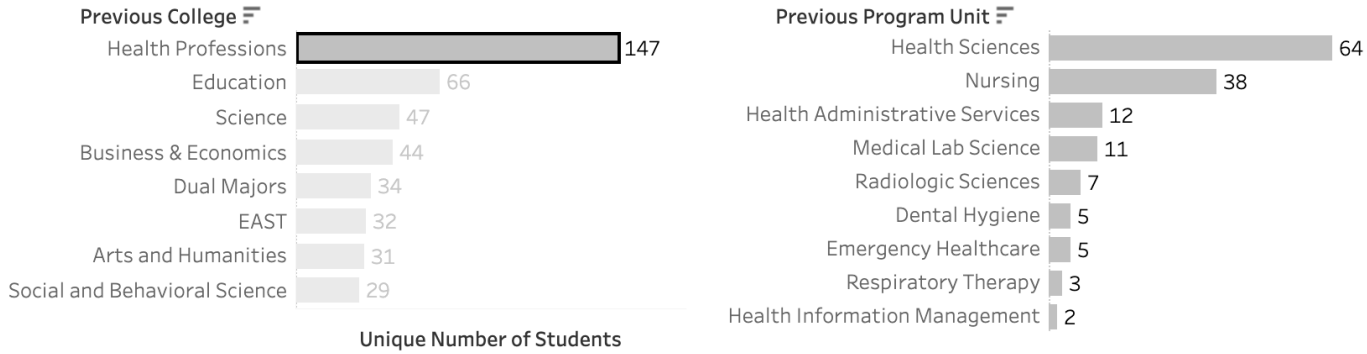


B

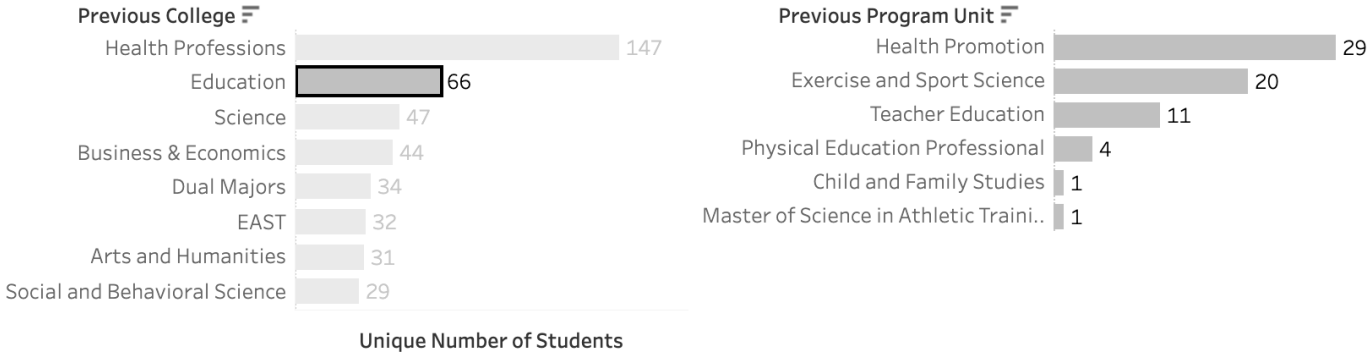


These charts represent the number of outgoing students who originally declared Athletic Therapy as their program of study, but switched to a different program of study within the past 5 years. A, represents the number of students who switched to a program of study within the College of Education (left), and what programs they switched to (right). B, represents the number of students who switched to a program of study within the College of Health Professions (left), and what programs they switched to (right).

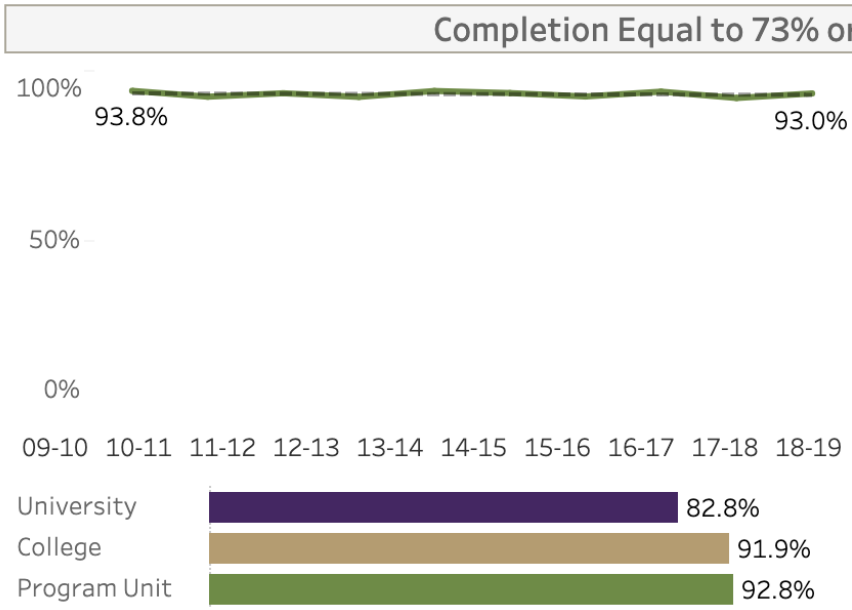
A



B



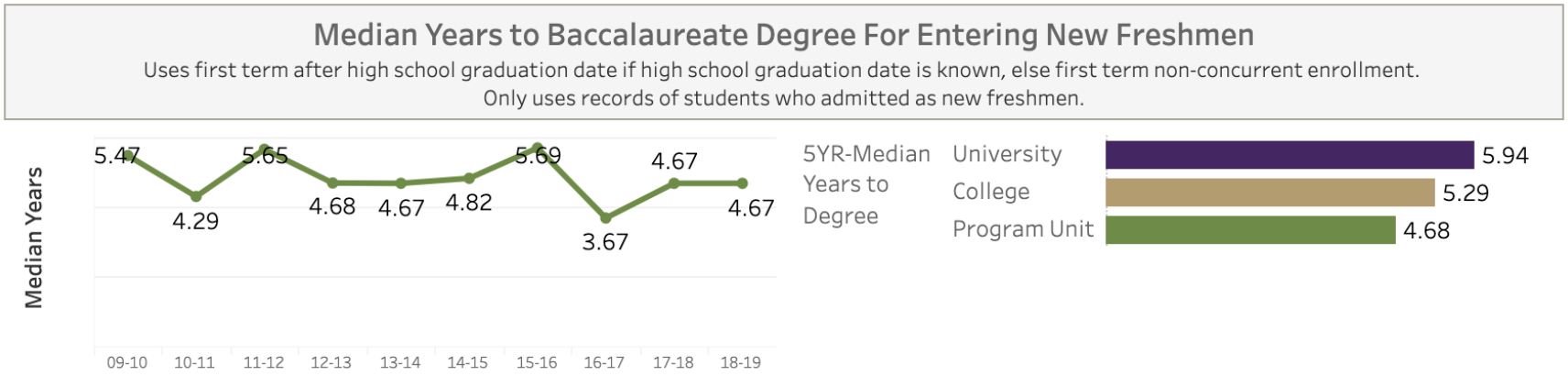
These charts represent the number of incoming students who originally declared a program of study other than Athletic Therapy, but switched their program of study to Athletic Therapy within the past 5 years. A, represents the number of students from the College of Health Professions (left) who switched their program of study to Athletic Therapy, and what programs they switched from (right). B, represents the number of students from the College of Education (left) who switched their program of study to Athletic Therapy, and what programs they switched from (right).



	University	College	Program Unit
09-10	83.7%	92.8%	93.8%
10-11	82.1%	91.9%	92.0%
11-12	81.4%	92.4%	93.1%
12-13	81.4%	92.0%	92.0%
13-14	82.0%	91.7%	93.7%
14-15	82.6%	91.7%	93.1%
15-16	83.3%	91.9%	92.1%
16-17	83.6%	91.6%	93.6%
17-18	83.8%	91.6%	91.7%
18-19	84.0%	91.6%	93.0%

The percentage of students with grades 73% or better (C or better grades) has remained fairly consistent over the past 5 years (92-93%). In addition, the program's percentage has been larger than both the University and College each of the past 5 years.

The grade distribution has been fairly consistent since our last program review (2012-13). However, in 2018-19, the percentage of athletic therapy students who received A- grades or better in upper division courses reached an all-decade high (81%).



	09-10	10-11	11-12	12-13	13-14	14-15	15-16	16-17	17-18	18-19
University	6.30	6.29	6.29	6.31	5.94	5.69	5.69	5.99	5.67	5.67
College	5.57	5.65	5.29	5.31	4.67	5.30	5.32	4.67	4.94	5.30
Program Unit	5.47	4.29	5.65	4.68	4.67	4.82	5.69	3.67	4.67	4.67

The median years to Baccalaureate Degree for entering freshmen who declare Athletic Therapy as their major has been less than 5 years, in 4 out of the 5 past years. This median timeframe has been equal to or lower than that of the University over the past 5 years, and lower than that of the College over the past 5 years, except for 2015-16 (College = 5.32 vs. Program = 5.69).

Appendix B: Faculty Profile

Faculty (current academic year)

	Tenure and tenure-track	Contract	Adjunct
Number of faculty with Doctoral degrees	4		1
Number of faculty with Master's degrees		1	2
Number of faculty with Bachelor's degrees			1
Other Faculty			
Total	4	1	4

Contract/Adjunct Faculty Profile

Name	Home Dept	Rank	Type (tenure, tenure track, contract or adjunct)	Gender	Ethnicity	Highest Degree	Years of Teaching	Areas of Expertise
Matthew Donahue PhD LAT ATC	AT	Associate Professor	Tenured	Male	Caucasian	PhD	7	Management, Emergency Care
Valerie Herzog EdD LAT ATC	AT	Professor	Tenured	Female	Caucasian	EdD	20	Management, Rehabilitation
Conrad Gabler PhD LAT ATC	AT	Assistant Professor	Tenure Track	Male	Caucasian	PhD	3	Evaluation, Therapeutic Modalities
Alysia Cohen PhD LAT ATC	AT	Assistant Professor	Tenure Track	Female	Caucasian	PhD	10	Sport Psychology, Gen Med
Hannah Stedge MS LAT ATC	AT	Instructor	Contract	Female	Caucasian	MS	7	Evaluation, Rehabilitation
Joel Bass MS LAT ATC	AT	Adjunct	Adjunct	Male	Caucasian	MS	27	Emergency Care, Taping
Alex Leonardi, MS, LAT, ATC	AT	Adjunct	Adjunct	Male	Caucasian	MS	3	Rehabilitation
Justin Burr, DPT, ATC	PT	Adjunct	Adjunct	Male	Caucasian	DPT	5	Rehabilitation, Therapeutic Modalities
Lester Stone, BS	EMT	Adjunct	Adjunct	Male	Caucasian	BS	12	Emergency Care

Appendix C: Staff Profile

Name	Job Title	Years of Employment	Areas of Expertise
Kayla Humiston	Administrative Specialist II	2 months	Budgeting

Kayla Humiston was hired in September 2019 to serve as the Administrative Specialist II of the Athletic Training Department.

Appendix D: Financial Analysis Summary
(This information will be provided by the Office of Institutional Effectiveness)

Athletic Therapy/Training					
Funding	**14-15**	**15-16**	**16-17**	**17-18**	**18-19**
Appropriated Fund	2,216,706	916,849	972,609	1,039,327	609,625
Other: IW Funding from CE	475,967	186,935	206,480	219,767	210,790
Special Legislative Appropriation					
Grants or Contracts					
Special Fees/Differential Tuition	117,595	30,399	45,937	69,354	20,833
Total	2,810,268	1,134,183	1,225,026	1,328,448	841,248

HPHP Department					
ATN Department					
Department FTE	1038.03	482.97	494.53	512.37	544.73
Cost per FTE	$2,707	$2,348	$2,477	$2,593	$1,544

Note: The data above combines all funding related to both the BS in Athletic Training and the BS in Athletic Therapy degree programs. The BS in Athletic Training is being phased out with the last cohort of students graduating in April 2020. Therefore, that program is not addressed in the program review document, but the financial data could not be separated by program because the two share a prefix and several courses.

Appendix E: Site Visit Team (both internal and external members)

Name	Position	Affiliation
Casey Neville (internal)	Assistant Professor	Colleague in DCHP
Justin Burr (external)	Physical Therapist	Adjunct Faculty

Appendix F: Evidence of Learning Grids

A. Evidence of Learning: Courses with the Major (2018-2019)

Measurable Learning Outcome	Method of Measurement Direct and Indirect Measures*	Goals Linked to Learning Outcomes	Interpretation of Findings	Action Plan/Use of Results
Learning Outcome 1.A: Students will educate participants and manage risk for safe performance and function.	Measure 1: AT 4650: Comprehensive Written Final Exam	Measure 1: 90% of students will earn an 70% or better on the exam	Measure 1: Met. 100% of students earned a 70% or better on the exam.	Measure 1: No curricular or pedagogical changes needed at this time
	Measure 2: AT 4890: Midterm Status Report	Measure 2: 90% of students will demonstrate tasks in patient education.	Measure 2: Not met. Only 88% of students reported tasks in patient education	Measure 2: One of the students did not complete a Midterm Status Report, and received an E grade in this course due to several other incomplete assignments. Disregarding this one student, 92% of the remaining students reported tasks in patient education.
	Measure 3: AT 4890: Final Student Performance Evaluation	Measure 3: 90% of students will earn an 80% or better in evaluation section on Facilitation	Measure 3: 93% of student earned an 80% or better on the final	Measure 3: No curricular changes needed at this time.

Learning Outcome 2.A: Students will implement standard evaluation techniques and formulate a clinical impression for the determination of a course of action.	Measure 1: AT 3300 – Comprehensive Written Final Exam	Measure 1: 90% of students will earn an 70% or better on the exam	Measure 1: Not met. Only 65% of students earned a 70% or better.	Measure 1: This course is the first upper division athletic therapy course, and the level of difficulty on written examinations is increased. The instructors have consistently had a few students each class who do not understand the nature of injuries or techniques for identifying them. As a result, some of these students decide to change their major after taking this course. The instructors have worked on the material a lot this semester to reinforce the important points. We are interested to see if the addition of AT 2175 as a required course improves these outcomes.
	Measure 2: AT 3300 – Comprehensive Oral/Practical Final Exam	Measure 2: 90% of students will earn an 70% or better on the exam	Measure 2: Not met. Only 86% of students earned a 70% or better.	Measure 2: This course is the student first course where they are exposed to oral/practical examinations. This is a different examination format for students, and it can be take some time for them to familiarize. Given that students met the threshold on the oral/practical examinations in AT 3301 (part two of this course series) makes it known that

				more time may be need for students to get comfortable with this examination format.
	Measure 3: AT 3301 – Comprehensive Written Final Exam	Measure 3: 90% of students will earn an 70% or better on the exam	Measure 3: Met. 97% of students earned a 70% or better.	Measure 3: No curricular or pedagogical changes needed at this time
	Measure 4: AT 3301 – Comprehensive Oral/Practical Final Exam	Measure 4: 90% of students will earn an 70% or better on the exam	Measure 4: Met. 95% of students earned a 70% or better.	Measure 4: No curricular or pedagogical changes needed at this time

Learning Outcome 3.A: Students will employ standard care procedures and communicate outcomes for efficient and appropriate care of the injured.	Measure 1: AT 2300 – Comprehensive Written Final Exam	Measure 1: 90% of students will earn an 70% or better on the exam	Measure 1: Not met. Only 82% of students earned a 70% or better.	Measure 1: There were a total of 11 students who received no points on this exam last year. Six of these 11 students were high school students who took AT 2300 at their high schools. Some of these high school students will neither go to WSU for their college education, or major in Athletic Therapy. Therefore, this unmet goal was largely influenced by students who elected to not take the exam, particularly high school students.
	Measure 2: AT 2300 – Comprehensive Oral/Practical Final Exam	Measure 2: 90% of students will earn an 70% or better on the exam	Measure 2: Met. 94% of students earned a 70% or better.	Measure 2: No curricular or pedagogical changes needed at this time
Learning Outcome 4.A: Students will recondition participants for optimal performance and function.	Measure 1: AT 4150 – Written Exams	Measure 1: 90% of students will earn an 70% or better on each of the written exams	Measure 1: Met. 100% of students averaged a 70% or better for all of the exams.	Measure 1: No curricular or pedagogical changes needed at this time
	Measure 2: AT 4250 – Comprehensive Written Final Exam	Measure 2: 90% of students will earn an 70% or better on the exam	Measure 2: Met. 93% of students averaged a 70%	Measure 2: No curricular or pedagogical changes needed at this time

			or better for all of the exams.	

Learning Outcome 5.A: Students will understand and adhere to approved organizational and professional practices and guidelines to ensure individual and organizational well-being.	Measure 1: AT 4650: Comprehensive Written Final Exam	Measure 1: 90% of students will earn an 70% or better on the exam	Measure 1: Met. 100% of students earned a 70% or better on the exam.	Measure 1: No curricular or pedagogical changes needed at this time
	Measure 2: AT 4650: Facility Project – Policies and Procedures Manuals/Risk Management Plans	Measure 2: 90% of students will earn an 70% or better on the project	Measure 2: Met. 100% of students earned a 70% or better on the project.	Measure 2: No curricular or pedagogical changes needed at this time

B. Evidence of Learning: Courses with the Major (2017-2018)

Measurable Learning Outcome	Method of Measurement Direct and Indirect Measures*	Goals Linked to Learning Outcomes	Interpretation of Findings	Action Plan/Use of Results
Learning Outcome 1.A: Students will educate participants and manage risk for safe performance and function.	Measure 1: AT 4650: Comprehensive Written Final Exam	Measure 1: 90% of students will earn an 70% or better on the exam	Measure 1: 100% of students earned a 70% or better.	Measure 1: No curricular or pedagogical changes needed at this time
	Measure 2: AT 4890: Midterm Status Report	Measure 2: 90% of students will demonstrate tasks in patient education.	Measure 2: 98% of students demonstrated tasks in patient education.	Measure 2: No curricular or pedagogical changes needed at this time
	Measure 3: AT 4890: Final Student Performance Evaluation	Measure 3: 90% of students will earn an 80% or better in evaluation section on Facilitation	Measure 3: 95% of students earned an 80% or better in evaluation section on Facilitation	Measure 3: No curricular or pedagogical changes needed at this time
Learning Outcome 2.A: Students will implement standard evaluation techniques and formulate a clinical impression for the determination of a course of action.	Measure 1: AT 3300 – Comprehensive Written Final Exam	Measure 1: 90% of students will earn an 70% or better on the exam	Measure 1: Not met. Only 76% of students earned a 70% or better.	Measure 1: This course is the first upper division athletic therapy course, and the level of difficulty on written examinations is increased. The instructors have consistently had a few students each class who do not understand the nature of injuries or techniques for identifying them. As a result, some of these students decide to change their major after taking this course.

Measurable Learning Outcome	Method of Measurement Direct and Indirect Measures*	Goals Linked to Learning Outcomes	Interpretation of Findings	Action Plan/Use of Results
	Measure 2: AT 3300 – Comprehensive Oral/Practical Final Exam	Measure 2: 90% of students will earn an 70% or better on the exam	Measure 2: 96% of students earned a 70% or better.	Measure 2: No curricular or pedagogical changes needed at this time
	Measure 3: AT 3301 – Comprehensive Written Final Exam	Measure 3: 90% of students will earn an 70% or better on the exam	Measure 3: 90% of students earned a 70% or better.	Measure 3: No curricular or pedagogical changes needed at this time
	Measure 4: AT 3301 – Comprehensive Oral/Practical Final Exam	Measure 4: 90% of students will earn an 70% or better on the exam	Measure 4: 100% of students earned a 70% or better.	Measure 4: No curricular or pedagogical changes needed at this time

Learning Outcome 3.A: Students will employ standard care procedures and communicate outcomes for efficient and appropriate care of the injured.	Measure 1: AT 2300 – Comprehensive Written Final Exam	Measure 1: 90% of students will earn an 70% or better on the exam	Measure 1: 90% of students earned a 70% or better.	Measure 1: No curricular or pedagogical changes needed at this time
	Measure 2: AT 2300 – Comprehensive Oral/Practical Final Exam	Measure 2: 90% of students will earn an 70% or better on the exam	Measure 2: 100% of students earned a 70% or better.	Measure 2: No curricular or pedagogical changes needed at this time

Learning Outcome 4.A: Students will recondition participants for optimal performance and function.	Measure 1: AT 4150 – Written Exams	Measure 1: 90% of students will earn an 70% or better on each of the written exams	Measure 1: Not met. Only 88% of students earned a 70% or better on each of the written exams.	Measure 1: There are 4 exams in this course. When combining semesters, 100% of students earned a 70% or better on each of the first 3 exams, but 88% earned a 70% or better on the last exam. The last exam does consist of more challenging content for students; thus, this result is not surprising. In future classes, instructors will make students more aware of the increased difficulty on this exam, and they will be encouraged to put more time into studying for it.
	Measure 2: AT 4250 – Comprehensive Written Final Exam	Measure 2: 90% of students will earn an 70% or better on the exam	Measure 2: 92% of students earned a 70% or better.	Measure 2: No curricular or pedagogical changes needed at this time

Learning Outcome 5.A: Students will understand and adhere to approved organizational and professional practices and guidelines to ensure individual and organizational well-being.	Measure 1: AT 4650: Comprehensive Written Final Exam	Measure 1: 90% of students will earn an 70% or better on the exam	Measure 1: 100% of students earned a 70% or better.	Measure 1: No curricular or pedagogical changes needed at this time
	Measure 2: AT 4650: Facility Project – Policies and Procedures Manuals/Risk Management Plans	Measure 2: 90% of students will earn an 70% or better on the project	Measure 2: 100% of students earned a 70% or better.	Measure 2: No curricular or pedagogical changes needed at this time

C. Evidence of Learning: High Impact Service Learning (2018-2019)

Program Learning Goal	Measurable Learning Outcome	Method of Measurement Direct and Indirect Measures*	Findings Linked to Learning Outcomes	Interpretation of Findings	Action Plan/Use of Results
Goal 1: Students will complete an internship experience to prepare them for the graduate program of their choice.	Learning Outcome 1.A: Each graduating student will complete a minimum of 180 hours in an internship in the field of their choice.	Measure 1: AT 4890 - Student internship hour logs document the number of hours completed by each student. 180 internship hours is equivalent to 3 credit hours.	Measure 1: 100% of graduates will complete a minimum of 3 credit hours in AT 4890.	Measure 1: 100% of graduates completed a minimum of 3 credits hours in AT 4890.	Measure 1: No curricular changes needed at this time.
		Measure 2: AT 4890 - Final Student Performance Evaluation	Measure 2: 100% of students will be evaluated satisfactorily by their clinical supervisor (80% or better overall score).	Measure 2: Not met. Only 95% of students were evaluated by satisfactorily by their clinical instructors (received 80% or better overall score).	Measure 2: Two students did not complete this assignment and received an E grade for the course due to several incomplete assignments. Outside of these two students, 100% of the remaining students received at last an 80% on the final student performance evaluation

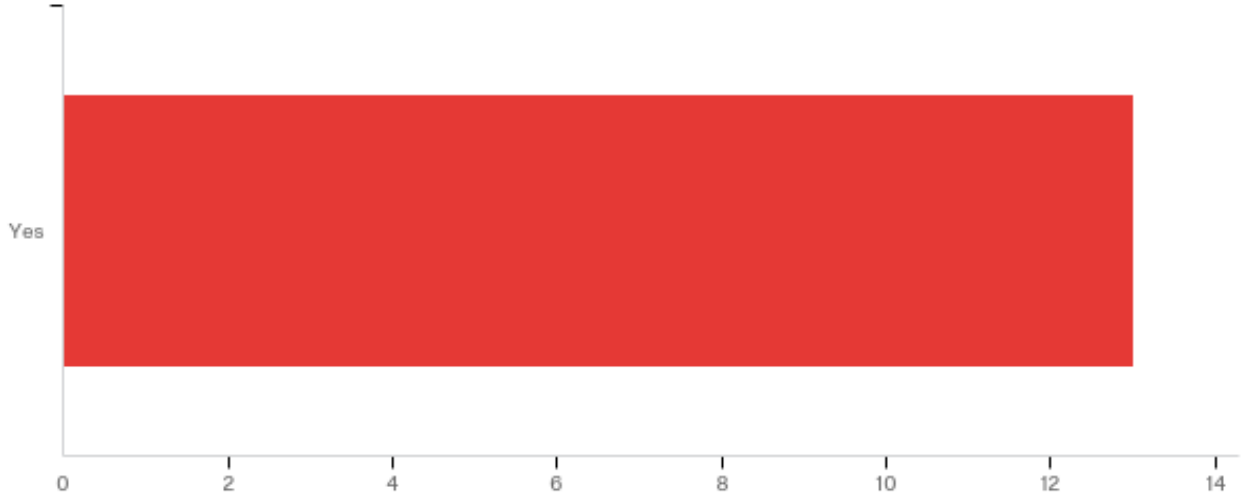
D. Evidence of Learning: High Impact Service Learning (2017-2018)

Program Learning Goal	Measurable Learning Outcome	Method of Measurement Direct and Indirect Measures*	Findings Linked to Learning Outcomes	Interpretation of Findings	Action Plan/Use of Results
Goal 1: Students will complete an internship experience to prepare them for the graduate program of their choice.	Learning Outcome 1.A: Each graduating student will complete a minimum of 180 hours in an internship in the field of their choice.	Measure 1: AT 4890 - Student internship hour logs document the number of hours completed by each student. 180 internship hours is equivalent to 3 credit hours.	Measure 1: 100% of graduates will complete a minimum of 3 credit hours in AT 4890.	Measure 1: 100% of graduates completed a minimum of 3 credits hours in AT 4890.	Measure 1: No curricular changes needed at this time.
		Measure 2: AT 4890 - Final Student Performance Evaluation	Measure 2: 100% of students will be evaluated satisfactorily by their clinical supervisor (80% or better overall score).	Measure 2: 100% of students were evaluated by satisfactorily by their clinical instructors (received 80% or better overall score).	Measure 2: No curricular changes needed at this time.

Appendix G: Spring 2019 Athletic Therapy Graduate Survey

Education - Athletic Therapy
WSU Graduate Survey
Spring 2019

AthTherapy - Were you a part of the Athletic Therapy program?

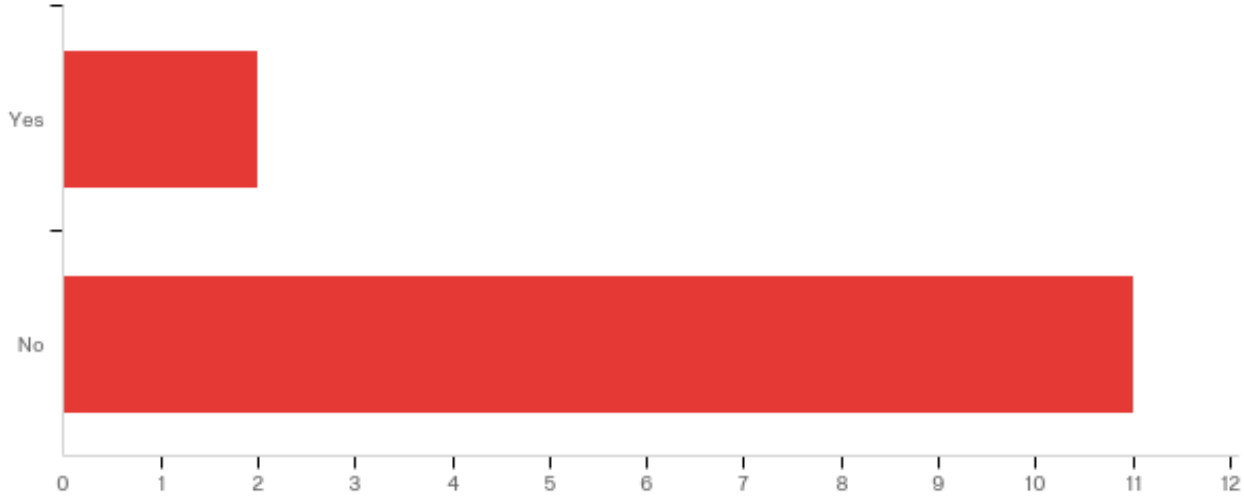


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Were you a part of the Athletic Therapy program?	1.00	1.00	1.00	0.00	0.00	13

#	Answer	%	Count
1	Yes	100.00%	13

	Total	100%	13

AT_grad - Have you been accepted into a graduate program?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Have you been accepted into a graduate program?	1.00	2.00	1.85	0.36	0.13	13

#	Answer	%	Count
1	Yes	15.38%	2
2	No	84.62%	11
	Total	100%	13

AT_gradapply - To how many graduate schools did you apply?

To how many graduate schools did you apply?
1
1

AT_gradaccept - Into how many graduate schools were you accepted?

Into how many graduate schools were you accepted?
1
1

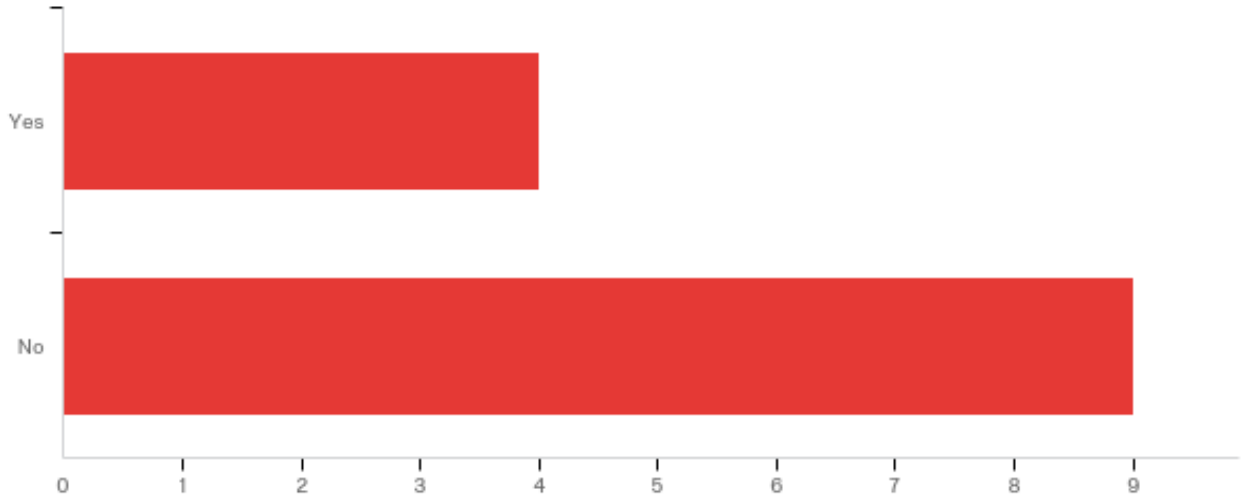
AT_gradlist - Please list the names of the graduate programs into which you've been accepted:

Please list the names of the graduate programs into which you've been accepted:
Provo College
Weber State University

AT_nograd - If you are not accepted into a graduate program, what is your next plan of action?

If you are not accepted into a graduate program, what is your next plan of action?
Go to the DATC
Apply to PT school when applications open in July.
Keep applying
Apply to physical therapy school
I have not applied yet, but I will be applying to PA school this summer (2019)
Wait for more responses and apply again next round.
I am awaiting word on my applications. If I cannot attend OT school, I will be doing an online master program in heath care administration
Grow my application to help me be accepted the following year.
I am getting my Physical Therapist Assistant Degree.
I interviewed at a grad school and will know if I am accepted in mid-December. If I am not accepted, I am going to reapply next year and work in the meantime and shadow more PAs.

AT_change - When you began the Athletic Therapy program, did your desired graduate program field (e.g., physical therapy, athletic training, occupational therapy, etc.) change by the time you graduated?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	When you began the Athletic Therapy program, did your desired graduate program field (e.g., physical therapy, athletic training, occupational therapy, etc.)	1.00	2.00	1.69	0.46	0.21	13

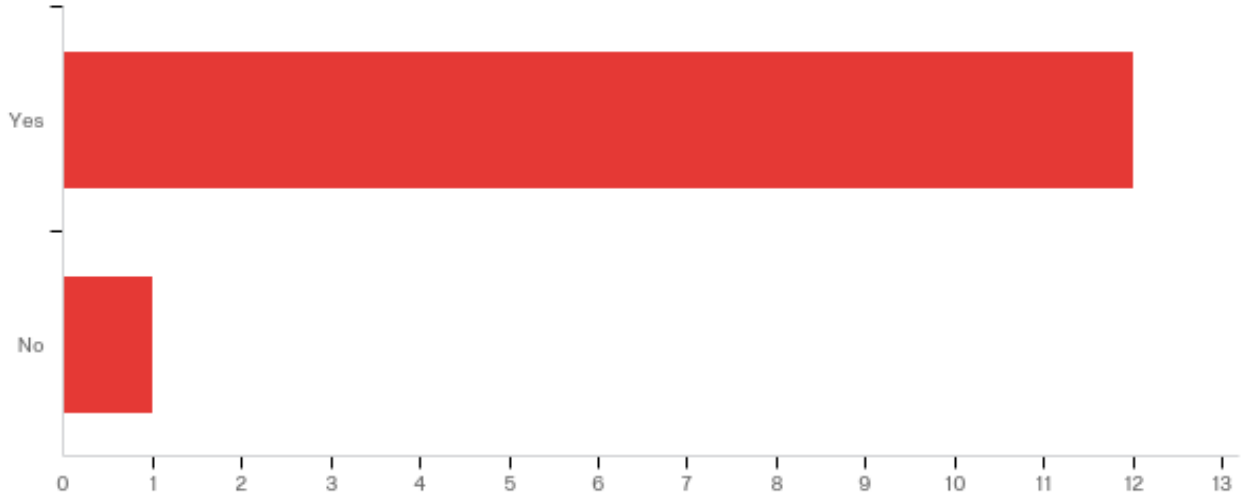
	change by the time you graduated?					

#	Answer	%	Count
1	Yes	30.77%	4
2	No	69.23%	9
	Total	100%	13

AT_changeexplain - Please explain why you changed your mind:

Please explain why you changed your mind:
Graduate school is too expensive. Being an aide does not pay enough money
I chose not to enter a field where I didn't connect with clients as much as I would have liked. I was intimidated by the competitiveness of the field and the prospects of finding a job which fit my ideals
I felt like there was more that I can do with Exercise and Sports Science after graduation
After getting married, I decided to get my PTA instead of PT.

AT_prepare - Do you feel like the Athletic Therapy major prepared you for your desired graduate program?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Do you feel like the Athletic Therapy major prepared you for your desired graduate program?	1.00	2.00	1.08	0.27	0.07	13

#	Answer	%	Count
1	Yes	92.31%	12
2	No	7.69%	1

Total	100%	13

AT_suggest - Is there anything you would change about the Athletic Therapy program that would better prepare students for graduate school? Please explain.

Is there anything you would change about the Athletic Therapy program that would better prepare students for graduate school? Please explain.
I wish there was more discussion of the application process and financial planning in AT 4650
I would have done athletic training to give me certifications for the meantime if I don't get accepted into a grad school.
Include other pre-professional students in the class curriculum more, like pre-med and pre-PA pre-reqs

Cooperative Work Experience

Site	Address	Supervisor (last known)	Specialty
Alpine Physical Therapy	75 W Main St Ct, Alpine, UT 84004	Paul Anderson	Physical Therapy
Ashley Creek Physical Therapy	595 N Vernal Ave, Vernal, UT 84078	Mike Seeley	Physical Therapy
Back at Work PT	630 E 1400 N, Logan, UT 84321	Breshae Christofferson	Physical Therapy
Body Tune PT	5856 Harrison Blvd., #A, South Ogden, UT 84403	Korryn Wiese	Physical Therapy
Clearfield High School Athletics	931 S 1000 E, Clearfield, UT 84015	Frank Holowka	Athletic Training
Davis High School Athletics	325 S Main St, Kaysville, UT 84037	Marissa Cook	Athletic Training

Davis Hospital & Medical Center	1600 N Antelope Dr, Layton, UT 84074	Leslie Christiansen	Emergency Department
Farmington Health Center University of Utah Health	165 N. University Ave, Farmington, UT 84025	Chalise Schoenfeld	Physical Therapy
Fit Quest Therapy (North Ogden)	1638 N. Washington Blvd #103, North Ogden, UT 84414	Monte Zundel	Physical Therapy
Fit Quest Therapy (Kaysville)	3635 N. 300 W. #103, Kaysville, UT 84037	Mike Smith	Physical Therapy
Fyzical Therapy and Balance (Ogden)	1221 E 5800 S, Ogden, UT 84405	Frank Romney	Physical Therapy
Fyzical Therapy and Balance (Layton)	2121 N 1700 W #A, Layton, UT 84041	David Meads	Physical Therapy
Horizon Balance & Dizziness	1452 E Ridgeline Dr. #51, South Ogden, UT 84405	Brent Webb	Physical Therapy
Intermountain Workmed	1355 W Hinckley Dr, Ogden, UT 84401	Doug Flint	Physical Therapy

Intermountain Primary Children's Rehab (Layton)	201 W Layton Pkwy, Layton, UT 84041	Katie Carlson	Occupational Therapy
McKay-Dee Cardiac Rehab	4401 Harrison Blvd., Ogden, UT 84403	Julie Brandt	Cardiovascular Care
McKay-Dee Neurology	4401 Harrison Blvd., Ogden, UT 84403	Trevor Squire	Neurology (DO)
McKay-Dee Orthopedics and Sports Medicine (PT)	3895 Harrison Blvd, Ogden, UT 84403	Jordan West	Physical Therapy
McKay-Dee Orthopedics and Sports Medicine (PA)	3895 Harrison Blvd, Ogden, UT 84403	Austin Okelberry	Physician Assistant
McKay-Dee Orthopedics and Sports Medicine (Surgery)	3895 Harrison Blvd, Ogden, UT 84403	Travis Hendry	Orthopedic Surgery (MD)
Meier & Marsh PT	4785 W. 4100 S., West Valley City, UT 84120	Wade Meier	Physical Therapy
Morgan Physical Therapy and Fitness	103 N Commercial St, Morgan, UT 84050	Dan Goodrich	Physical Therapy

Mountain Land PT (South Weber)	2572 E South Weber Dr. #5, South Weber, UT 84405	Jeremy Stoker	Physical Therapy
Mountain Land PT (Clinton)	1477 N 200 W, Clinton, UT 84015	Mark Flinders	Physical Therapy
Mountain Land PT (Kaysville)	1188 Sportsplex Drive #101, Kaysville, UT 84037	Brian Pennock	Physical Therapy
Mountain Land PT (Layton)	2950 N. Church St. #102, Layton, UT 84040	Kurt Leschke	Physical Therapy
Mountain Land PT (Ogden)	698 12th Street #300, Ogden, UT 84404	Gillian McGeorge	Physical Therapy
Mountain Land PT (West Point)	3072 W 300 N #A, West Point, UT 84015	Dan Sedgwick	Physical Therapy
MountainStar Ogden Pediatrics	5495 S 500 E, #120, Ogden, UT 84405	Dave Castro	Physician Assistant
Mountain West Physical Therapy	1950 S Highway 89, Perry, UT 84302	Rob Malan	Physical Therapy

Northern Utah Rehabilitation Hospital	5825 Harrison Blvd, South Ogden, UT 84403	Robbie Stagg	Physical Therapy
OC Medical	1900 Washington Blvd #104, Ogden, UT 84401	Jennifer Kocour	Chiropractic
Ogden Cardiovascular Associates	4403 Harrison Blvd #3835, Ogden, UT 84403	David Goff	Cardiovascular Care
Ogden Clinic (Ogden)	4650 Harrison Blvd, Ogden, UT 84403	Sherman Stanley	Occupational Therapy
Ogden Clinic (Pleasant View)	1100 W 2700 N, Pleasant View, UT 84414	Dorian Wood	Physical Therapy
Ogden Clinic (Roy)	3485 W 5200 S, Roy, UT 84067	Nathan Goff	Physical Therapy
Ogden Clinic/Utah Spine Care	4401 Harrison Blvd, Ogden, UT 84403	Scott McKay	Physician Assistant
Ogden High School Athletics	2828 Harrison Blvd, Ogden, UT 84403	Justin Zisumbo	Athletic Training

Ogden Regional Medical Center	5475 S 500 E, Ogden, UT 84405	Gus Bolos	Physical Therapy
Orthopaedic Therapy & Sports Performance	1030 South Medical Drive Brigham City, UT 84302	Marc Larson	Physical Therapy
Performance Rehab	2086 N. 1700 W. #D, Layton, UT 84041	Paul Tripp	Physical Therapy
Performance West	1551 Renaissance Towne Dr #350, Bountiful, UT 84010	Amanda Thompson	Physical Therapy
Registered Physical Therapy	1577 W 7000 S #100, West Jordan, UT 84084	Greg Baker	Physical Therapy
RLC Physical Therapy & Rehab	990 Medical Dr #U4, Brigham City, UT 84302	Roger Colvin	Physical Therapy
Rocky Mountain Care	1450 S 1500 E, Clearfield, UT 84015	John Holman	Physical Therapy
Rock Run Physical Therapy	5991 S 3500 W #300, Roy, UT 84067	Brandon Hepner	Physical Therapy

Roy High School Athletics	2150 W 4800 S, Roy, UT 84067	Ryan Renkiewicz	Athletic Training
Southwest Family Medicine	1575 W 7000 S, West Jordan, UT 84084	C. Hung Gee	Physician Assistant
Sportsmed Physical Therapy	1551 S Renaissance Towne Dr, Bountiful, UT 84010	Bob Hawks	Physical Therapy
Sundance Physical Therapy	2701 University Circle, Ogden, UT 84408	Clay Sniteman	Physical Therapy
The Clinic Physical Therapy & Human Performance	955 Chambers St #150, Ogden, UT 84403	Alex Bravo	Physical Therapy
Total Rehab	5957 S. Fashion Point Dr #102, South Ogden, UT 84403	Nate Savage	Physical Therapy
Utah Orthopaedics	5782 Adams Ave Pkwy, Ogden, UT 84405	Jon Wheelwright	Physical Therapy
Utah Pain & Rehab	1276 S Wall Avenue #2, Ogden, UT 84404	Doug Shepherd	Physical Therapy

Utah Physical Therapy	4640 S. 3500 W., #3, West Haven, UT 84401	Chad Tenney	Physical Therapy
Wasatch Peak Physical Therapy (Layton)	1492 W Antelope Drive #100, Layton, UT 84041	Royce Larsen	Physical Therapy
Wasatch Peak Physical Therapy (Syracuse)	2019 W. 1900 S. #200, Syracuse, UT 84075	Justin Thompson	Physical Therapy
Wasatch Peak Physical Therapy (Farmington)	1050 Shepard Ln, Farmington, UT 84025	Joshua Mills	Physical Therapy
Wasatch Physical Therapy	1957 W. 5700 S., Roy, UT 84067	Mackenzie Wagstaff	Physical Therapy
Weber State University Football	3848 Harrison Blvd, Ogden, UT 84403	Talon Bird	Athletic Training
Weber State University Women's Soccer	3850 Harrison Blvd, Ogden, UT 84403	Alex Leonardi	Athletic Training
Wee Care Pediatrics	2084 N 1700 W #A, Layton, UT 84041	Alvin Gabrielsen	Pediatrics (MD)

Appendix I: 2019 Athletic Therapy Program Strategic Plan

- Department: Athletic Training
- Degree Program Addressed in the report: BS in Athletic Therapy
- Date Submitted: April 30, 2019
- Report Author: Valerie Herzog & Conrad Gabler

- Contact Information:
  - Phone: x7656, x8831
  - Email: ValerieHerzog@weber.edu, ConradGabler@weber.edu

BACHELOR OF SCIENCE IN ATHLETIC THERAPY

Vision Statement:

The Weber State University Bachelor of Science in Athletic Therapy will prepare students for professional graduate programs in health care through diverse internships, interprofessional education, online/distance learning, and certification opportunities.

Mission Statement:

The mission of the Weber State University Bachelor of Science in Athletic Therapy is to provide quality educational and internship experiences for students who are interested in pursuing a career in health care. This pre-professional program is designed for students preparing to enter professional graduate programs in athletic training, physical therapy, occupational therapy, physician's assistant programs, or medicine.

Program Goals and Objectives:

1. Every student will have the opportunity to earn advanced certifications within/while in the
   Program (Current options: EMT, MSK, CSCS Future: OTC, LMT, phlebotomy)
   a. Goal/Timeline – Add two in 5 years
   b. Resources – Program accreditation, faculty (new or additional training), partnerships
      i. Orthopedic Technician Certification – faculty lines/adjuncts
      ii. Licensed Massage Therapy – none up front due to partnership
      iii. Phlebotomy – fees for courses

2. Students will be exposed to a variety of health care professionals and be equipped with the skills needed to interact with patients.
   a. Goals/Timeline –
      i. Collaborate with DCHP to add at least one IPE/IPP experience per year for each of the next 5 years
      ii. Expand internship opportunities for students going into PA, OT, or medical school.
      iii. Add at least one independent simulation experience into the program
      iv. Train students to serve as standardized patients in MSAT courses
   b. Resources – Training for faculty to learn how to develop quality IPE/IPP experiences
      i. Send at least 2 faculty to an IPE conference to learn how to integrate IPE into the curriculum
      ii. Cost: $4000

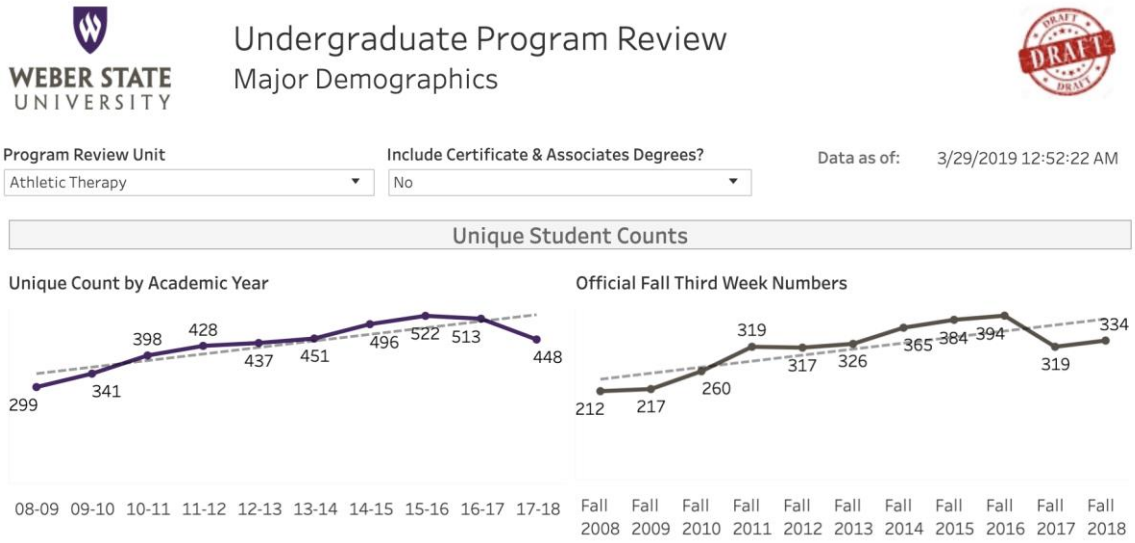
3. Students will have the opportunity to complete athletic therapy courses through online and/or hybrid formats.
    a. Goals/Timeline –
        i. Modify at least 2 of the AT courses into a hybrid and/or online format.

4. The admission process will be more standardized and easier to follow for students, and the curriculum will be revised to provide more flexibility for students.
    a. Goals/Timeline –
        i. Revise the admission prerequisite courses and application timeline.
        ii. Revisit the Athletic Therapy curriculum in Spring 2020

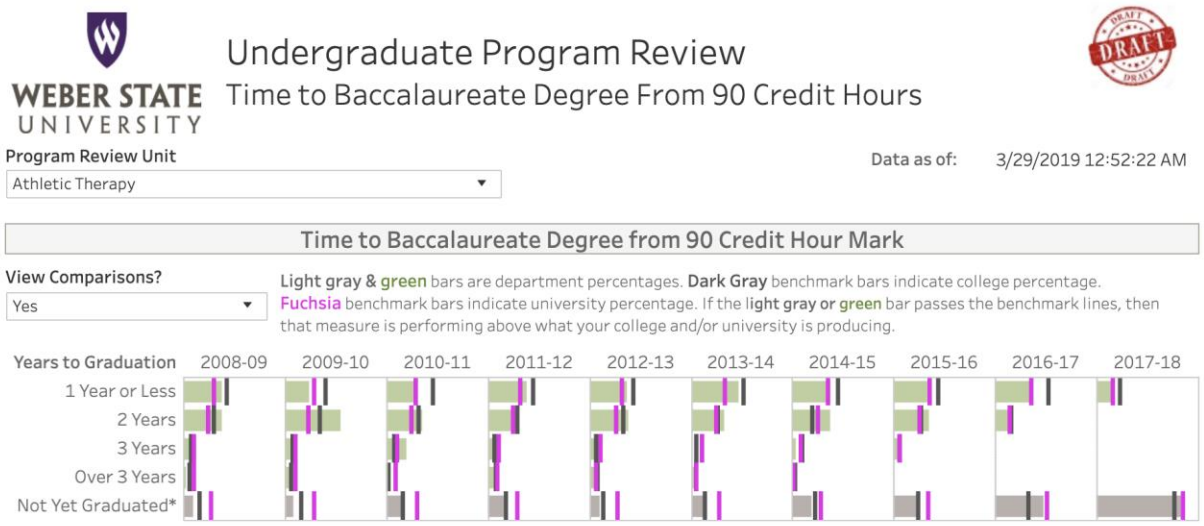
5. Student satisfaction with the program and the success rate (i.e., graduate school acceptance, career status, etc.) of our graduates will be monitored
    a. Goals/Timeline –
        i. Create an exit survey for students who are applying for graduation
        ii. Create a follow up survey for graduates who are 1 year removed from the program

OTHER INFORMATION:

- Enrollment Projections:
  - Athletic Therapy – 50-75 newly declared students/year = 300-350 total majors



  - Of those who apply to a graduate program, at least 75% of Athletic Therapy graduates will gain admission to graduate programs within one year of graduation (3-year average) (historical data not currently available)
  - At least 80% of admitted Athletic Therapy students will graduate within 3 years of beginning the program (3-year average). (Note, data to this effect is not available so we have included the time to graduation from 90 credit hours instead.)



- Global impact and integration:
    - How would you measure you impact? Justify your growth – Provide awareness
    - How do we measure our students for being proper Global Citizens?
        - All students also complete service learning hours every semester, which gives them the opportunity to interact with a greater variety of patients and conditions.
        - Measured by:
            - Pre-post Cultural Competence assessments
            - Performance on patient simulations with diverse patients

- International Plan: (Justification of why we have this program and comprehensive projected budget for the program)
    - We would like to develop study abroad opportunities for our students and/or identify existing study abroad trips that would benefit them.

- Measure Impact:
    - We would like 10-20% of our students to participate in study abroad trips per year within 5 years. We currently do not track the how many of our students participate in study abroad trips each year.

- What are the career paths your graduates can take? Employers?
    - Athletic Therapy majors pursue a variety of graduate degrees
        - Athletic Training
        - Physical Therapy

- Occupational Therapy
- Physician's Assistant
- Medical School
- Chiropractic School

- Justification of your vision and how does it tie back to the Mission of the University:
  - Our bachelor's degree program is affordable and provides quality educational opportunities for students to achieve their dreams of careers in health care. We value personal contact with students through a variety of high-impact activities including research, internships, service-learning, and a large number of hands-on, lab-based courses. We value diversity and inclusion for all of our students and the patients they interact with.

- Goals related to addressing Population Health
  - Athletic therapy students can provide a wide range of health education including injury prevention and rehabilitation of injuries

- Aside from Scholarships – What are your annual fundraising goals for your department:
  - We are motivated to fund raise annually to support research, advanced skill trainings, unique high-impact experiences for our students.

Mission of the University

Weber State University provides associate, baccalaureate and master degree programs in liberal arts, sciences, technical and professional fields. Encouraging freedom of expression and valuing diversity, the university provides excellent educational experiences for students through extensive personal contact among faculty, staff and students in and out of the classroom. Through academic programs, research, artistic expression, public service and community-based learning, the university serves as an educational, cultural and economic leader for the region.

A. STRATEGIC SUMMARY: In this section, very briefly summarize what you've provided under Section A, perhaps in a grid or outline.

Both the MSAT and Athletic Therapy programs have the opportunity to grow and expand through integration and collaboration with the other high-quality health care programs in the Dumke College of Health Professions. In both programs, we would like to include more

in-demand certifications and advanced skills. By enhancing our programs, we will be able to attract more students and better prepare them to enter the workforce or other advanced graduate programs. The initial steps to achieve these goals have already begun as we have met to revise and update both curricula. To fully achieve our goals, substantial funding will be needed.

B. **OTHER**: If there is anything else you would like to share about the unit, please do so here.

Appendix J: Medical School Acceptance Data (2013-2018)

2013-2014

Total Applicants: 41
WSU Matriculation Percentage = 29/41 = 70.7%
WSU Average Overall GPA = 3.57
WSU Average MCAT Score = 27.9

Athletic Therapy/Training Majors
Departmental Matriculation Percentage = 66.7%
Average Overall GPA = 3.67
Average MCAT Score = 25.0
James Peterson – OU---William Beaumont
John Marett – Utah
Craig Allen – Not accepted

2014-2015

Total Applicants: 37
WSU Matriculation Percentage = 21/37 = 56.8%
WSU Median Overall GPA = 3.65
WSU Mean Overall GPA = 3.59
WSU Median BCPM GPA (Biology, Chemistry, Physics, Math) = 3.54
WSU Mean BCPM GPA = 3.49
WSU Median MCAT Score = 27.0
WSU Mean MCAT Score = 26.2

Athletic Therapy/Training Majors
Departmental Matriculation Percentage = 80.0%
Applicant Median Overall GPA = 3.86
Applicant Mean Overall GPA = 3.87
Applicant Median BCPM GPA = 3.85
Applicant Mean BCPM GPA = 3.81
Applicant Median MCAT Score = 27.0
Applicant Mean MCAT Score = 27.2)
Jared Smith – Creighton (MD)
Christian Peterson – Oklahoma University (MD)
Joshua Winegar – University of Utah (MD)
Courtney Clawson – Midwestern University (DO)

Caleb Heder – Not accepted, reapplying this year

2015-2016

Total Applicants: 37
WSU Matriculation Percentage = 26/37 = 70.3%
WSU Median Overall GPA = 3.76
WSU Mean Overall GPA = 3.71
WSU Median BCPM GPA (Biology, Chemistry, Physics, Math) = 3.73
WSU Mean BCPM GPA = 3.66
WSU Median MCAT Score = 504.0
WSU Mean MCAT Score = 504.6

Athletic Therapy Majors
Departmental Matriculation Percentage = 100%
Applicant Median Overall GPA = 3.84
Applicant Mean Overall GPA = 3.84
Applicant Median BCPM GPA = 3.82
Applicant Mean BCPM GPA = 3.82
Applicant Median MCAT Score = 505.0
Applicant Mean MCAT Score = 505.0
Jake Checketts – Oklahoma State University (DO)

2016-2017

WSU Matriculation Percentage = 55.88%
WSU Mean MCAT Core = 506
National Matriculation Percentage = 41.29%
National Mean MCAT Score = 504.7

Departmental Matriculation Percentage = 66.6%
Applicant Mean MCAT Score = 508
Ethan Erickson – St Louis (MD)
Adam Padilla – Uniformed Services
Trevyn Tu – Not Accepted

2017-2018

There were no athletic therapy students who applied to medical schools during this year.