



**Standards and Guidelines
for the Accreditation of Educational Programs in
Kinesiotherapy**

**Standards initially adopted in 1998; revised in 2005, 2012, 2021, 2026
and effective 7/1/2026.**

**Developed by
Committee on Accreditation of Education Programs for Kinesiotherapy**

**Endorsed by
American Kinesiotherapy Association**

and

**Approved by the
Commission on Accreditation of Allied Health Education Programs**

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredits programs upon the recommendation of the Committee on Accreditation of Education Programs for Kinesiotherapy (CoA-KT).

These accreditation **Standards** are the minimum standards of quality used in accrediting programs that prepare individuals to enter the Kinesiotherapy profession. Standards are the minimum requirements to which an accredited program is held accountable. Guidelines are descriptions, examples, or recommendations that elaborate on the Standards. Guidelines are not required but can assist with interpretation of the Standards.

Standards are printed in regular typeface in outline form. *Guidelines are printed in italic typeface.*

Preamble

The Commission on Accreditation of Allied Health Education Programs (CAAHEP), the Committee on Accreditation of Educational Programs for Kinesiotherapy (CoA-KT), and the American Kinesiotherapy Association (AKTA), cooperate to establish, maintain and promote appropriate standards of quality for educational programs in kinesiotherapy and to provide recognition for educational programs that meet or exceed the minimum standards outlined in these accreditation **Standards and Guidelines for the Accreditation of Educational Programs**. CAAHEP encourages innovation and quality education programs throughout the CAAHEP accreditation process, consistent with the CAAHEP policy on institutional autonomy. These **Standards and Guidelines** are designed to ensure the integrity of the CAAHEP accreditation process. Directories of accredited programs are published for the information of students, employers, educational institutions and organizations, credentialing bodies, and the public.

These **Standards and Guidelines** are to be used for the development, evaluation, and self-analysis of kinesiotherapy programs. Site visit teams assist in the evaluation of a program's compliance with the accreditation standards.

Description of the Profession

Kinesiotherapy is the application of scientifically-based exercise principles adapted to enhance the strength, endurance, and mobility of individuals with functional limitations or those requiring extended physical conditioning. The kinesiotherapist is a health care professional competent in the administration of musculoskeletal, neurological, ergonomic, biomechanical, psychological, and task-specific functional tests and measures. The kinesiotherapist determines the appropriate evaluation tools and interventions necessary to establish, in collaboration with the client, a goal-specific treatment plan. Kinesiotherapists administer treatment upon receipt of a prescription from physicians, nurse practitioners, chiropractors or physician assistants whose scope of practice allows them to make such referrals.

I. Sponsorship

A. Program Sponsor

A program sponsor must be at least one of the following

1. A post-secondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education and must be authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of a bachelor's degree at the completion of the program.
2. A consortium, which is a group made up of two or more education providers, that operate an educational program through a written agreement that outlines the expectations and responsibilities of each of the partners. At least one of the consortium partners must meet the requirements of a program sponsor set forth in I.A.1.

Consortium does not refer to clinical affiliation agreements with the program sponsor.

B. Responsibilities of Program Sponsor

The program sponsor must

1. Ensure that the program meets the Standards; and
2. Have a preparedness plan in place that assures continuity of education services in the event of an unanticipated interruption.

Examples of unanticipated interruptions may include unexpected departure of key personnel, natural disaster, public health crisis, fire, flood, power failure, failure of information technology services, or other events that may lead to inaccessibility of educational services.

II. Program Goals

A. Program Goals and Minimum Expectations

The program must have the following minimum expectations statement: "To prepare kinesiotherapists who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession."

Programs that adopt educational goals beyond the minimum expectations statement must provide evidence that all students have achieved those goals prior to entry into the field.

Program goals must be compatible with the mission of the sponsoring institution(s), the expectations of the communities of interest, and accepted standards of roles and functions of a kinesiotherapist. Goals are based upon the substantiated needs of health care providers and employers, and the educational needs of the students served by the educational program. Program goals must be written referencing one or more of the learning domains.

The program must assess its goals at least annually and respond to changes in the needs and expectations of its communities of interest.

B. Program Advisory Committee

The program advisory committee must include at least one representative of each community of interest and must meet annually. Communities of interest served by the program include, but are not limited to, students, graduates, faculty, sponsor administration, employers, physicians or other health care practitioners, and the public.

The program advisory committee advises the program regarding revisions to curriculum and program goals based on the changing needs and expectations of the program's communities of interest, and an assessment of program effectiveness, including the outcomes specified in these Standards.

Program advisory committee meetings may be conducted using synchronous electronic means.

III. Resources

A. Type and Amount

Program resources must be sufficient to ensure the achievement of the program's goals and outcomes. Resources must include, but are not limited to

1. Faculty;
2. Administrative and support staff;
3. Curriculum;
4. Finances;
5. Faculty and staff workspace;
6. Space for confidential interactions;
7. Classroom and laboratory (physical or virtual);
8. Ancillary student facilities;
9. Clinical affiliates;
10. Equipment;
11. Supplies;
12. Information technology;
13. Instructional materials; and
14. Support for faculty professional development.

B. Personnel

The sponsor must appoint sufficient faculty and staff with the necessary qualifications to perform the functions identified in documented job descriptions and to achieve the program's stated goals and outcomes.

At a minimum, the following positions are required.

1. Program Director

a. Responsibilities

The program director must be responsible for all aspects of the program, including but not limited to

- 1) Administration, organization, supervision of the program;
- 2) Continuous quality review and improvement of the program; and
- 3) Academic oversight, including curriculum planning and development.

b. Qualifications

The program director must

- 1) Possess a minimum of a master's degree with an emphasis in kinesiology or a related area; and
- 2) Have documented education or experience in instructional methodology.

Emphasis in a related area may include exercise science or exercise physiology.

2. Medical Advisor

a. Responsibilities

The medical advisor must

- 1) Provide the input necessary to ensure that the medical components of the curriculum, both didactic and supervised clinical practice, meets current standards of medical practice; and
- 2) Engage in cooperative involvement with the program director.

b. Qualifications

The medical advisor must

- 1) Be a physician currently licensed and board certified; or be a currently licensed chiropractor, physician's associate, or advanced practice registered nurse;
- 2) Have the requisite knowledge and skills to advise program leadership about the clinical/academic aspects of the program;
- 3) Be knowledgeable in teaching the subjects assigned; and
- 4) Be experienced and proficient in the use of therapeutic exercise and education.

3. Clinical Site Instructor

a. Responsibilities

The clinical site instructor must be responsible for

- 1) Mentoring students;
- 2) Instruction; and
- 3) Implementation of the student's clinical internship experience.

b. Qualifications

The clinical site instructor must

- 1) Be a registered kinesiotherapist; and

- 2) Possess appropriate experience as a kinesiotherapist.

The clinical site instructor should be registered with the Council on Professional Standards for Kinesiotherapy.

4. Faculty/Instructional Staff

a. Responsibilities

For all didactic, laboratory, and clinical instruction to which a student is assigned, there must be qualified individual(s) clearly designated by the program to provide instruction, supervision, and timely assessment of student's progress in meeting program requirements.

b. Qualifications

Faculty/instructional staff must be effective in teaching and knowledgeable in subject matter as documented by appropriate professional credential(s)/certification(s), education, and experience in the designated content area.

C. Curriculum

The curriculum must ensure that the program goals are achieved. Instruction must be based on clearly written course syllabi that include course description, course objectives, methods of evaluation, topic outline, and competencies required for graduation. Instruction must be delivered in an appropriate sequence of classroom, laboratory, and clinical activities.

The program must demonstrate that the curriculum offered meets or exceeds the competencies listed in Appendix B of these **Standards**.

CAAHEP supports and encourages innovation in the development and delivery of the curriculum.

D. Resource Assessment

The program must, at least annually, assess the appropriateness and effectiveness of the resources described in these **Standards**. The results of resource assessment must be the basis for ongoing planning and change. An action plan must be developed when needed improvements are identified in the program resources. Implementation of the action plan must be documented, and results measured by ongoing resource assessment.

IV. Student and Graduate Evaluation/Assessment

A. Student Evaluation

1. Frequency and Purpose

Evaluation of students must be conducted on a recurrent basis and with sufficient frequency to provide both the students and program faculty with valid and timely indications of the students' progress toward and achievement of the competencies and learning domains stated in the curriculum.

Validity means that the evaluation methods chosen are consistent with the learning and performance objectives being tested.

2. Documentation

Student evaluations must be maintained in sufficient detail to document learning progress and achievements.

B. Outcomes

The program must meet established outcomes thresholds.

1. Assessment

The program must periodically assess its effectiveness in achieving established outcomes. The results of this assessment must be reflected in the review and timely revision of the program.

Outcomes assessments must include but are not limited to national credentialing examination(s), programmatic retention, graduate satisfaction, employer satisfaction, and placement in full or part-time employment in the profession or in a related profession.

A related profession is one in which the individual is using cognitive, psychomotor, and affective competencies acquired in the educational program.

Graduates pursuing academic education related to progressing in health professions or serving in the military are counted as placed.

A national certification examination program should be accredited by the National Commission for Certifying Agencies (NCCA), American National Standards Institute (ANSI), or under International Organization for Standardization (ISO).

Results from an alternative examination may be accepted as an outcome, if designated as equivalent by the organization whose credentialing examination is so accredited.

2. Reporting

At least annually, the program must submit to the CoA-KT the program goal(s), outcomes assessment results, and an analysis of the results.

If established outcomes thresholds are not met, the program must participate in a dialogue with and submit an action plan to the CoA-KT that responds to the identified deficiency(ies). The action plan must include an analysis of any deficiencies, corrective steps, and timeline for implementation. The program must assess the effectiveness of the corrective steps.

V. Fair Practices

A. Publications and Disclosure

1. Announcements, catalogs, publications, advertising, and websites must accurately reflect the program offered.
2. At least the following must be made known to all applicants and students

- a. Sponsor's institutional and programmatic accreditation status;
 - b. Name and web site address of CAAHEP;
 - c. Admissions policies and practices;
 - d. Technical standards;
 - e. Occupational risks;
 - f. Policies on advanced placement, transfer of credits, and credits for experiential learning;
 - g. Number of credits required for completion of the program;
 - h. Availability of articulation agreements for transfer of credits;
 - i. Tuition/fees and other costs required to complete the program;
 - j. Policies and processes for withdrawal and for refunds of tuition/fees; and
 - k. Policies and processes for assignment of clinical experiences.
3. At least the following must be made known to all students
 - a. Academic calendar;
 - b. Student grievance procedure;
 - c. Appeals process;
 - d. Criteria for successful completion of each segment of the curriculum and for graduation; and
 - e. Policies by which students may perform clinical work while enrolled in the program.
 4. The sponsor must maintain and make available to the public on its website a current and consistent summary of student/graduate achievement that includes one or more of these program outcomes: national credentialing examination(s), programmatic retention, and placement in full or part-time employment in the profession or a related profession as established by the CoA-KT.

B. Lawful and Non-discriminatory Practices

All activities associated with the program, including student and faculty recruitment, student admission, and faculty employment practices, must be non-discriminatory and in accord with federal and state statutes, rules, and regulations. There must be a faculty grievance procedure made known to all paid faculty.

C. Safeguards

The health and safety of patients/clients, students, faculty, and other participants associated with the educational activities of the students must be adequately safeguarded. Kinesiotherapy students must be readily identifiable as students.

All activities required in the program must be educational and students must not be substituted for staff.

D. Student Records

Grades and credits for courses must be recorded on the student transcript and permanently maintained by the program sponsor in an accessible and secure location. Students and graduates must be given directions on how to access their records. Records must be maintained for student admission, advisement, and counseling while the student is enrolled in the program.

E. Substantive Change

The sponsor must report substantive change(s) as described in Appendix A to CoA-KT in a timely manner.

F. Agreements

There must be a formal affiliation agreement or memorandum of understanding between the program sponsor and all other entities that participate in the education of the students describing the relationship, roles, and responsibilities between the program sponsor and that entity.

APPENDIX A

Application, Maintenance, and Administration of Accreditation

A. Program and Sponsor Responsibilities

1. Applying for Initial Accreditation

- a. The chief executive officer or an officially designated representative of the sponsor completes a “Request for Accreditation Services” form.

The “Request for Accreditation Services” form can be obtained from the [CAAHEP website](#).

Note: There is **no** CAAHEP fee when applying for accreditation services; however, individual committees on accreditation may have an application fee.

- b. The program undergoes a comprehensive review, which includes a written self-study report and an on-site review.

The self-study instructions and report form are available from the CoA-KT. The on-site review will be scheduled in cooperation with the program and CoA-KT once the self-study report has been completed, submitted, and accepted by the CoA-KT.

2. Applying for Continuing Accreditation

- a. Upon written notice from the CoA-KT, the chief executive officer or an officially designated representative of the sponsor completes a “Request for Accreditation Services” form.

The “Request for Accreditation Services” form can be obtained from the [CAAHEP website](#).

- b. The program may undergo a comprehensive review in accordance with the policies and procedures of the CoA-KT.

If it is determined that there were significant concerns with the conduct of the on-site review, the sponsor may request a second site visit with a different team.

After the on-site review team submits a report of its findings, the sponsor is provided the opportunity to comment in writing and to correct factual errors prior to the CoA-KT forwarding a recommendation to CAAHEP.

3. Administrative Requirements for Maintaining Accreditation

- a. The program must inform the CoA-KT and CAAHEP within a reasonable period of time (as defined by the committee on accreditation and CAAHEP policies) of changes in chief executive officer, dean of health professions or equivalent position, and required program personnel (Refer to Standard III.B.).
- b. The sponsor must inform CAAHEP and the CoA-KT of its intent to transfer program sponsorship. To begin the process for a Transfer of Sponsorship, the current sponsor must submit a letter (signed by the CEO or designated individual) to CAAHEP and the CoA-KT that it is relinquishing its sponsorship

of the program. Additionally, the new sponsor must submit a “Request for Transfer of Sponsorship Services” form. The CoA-KT has the discretion of requesting a new self-study report with or without an on-site review. Applying for a transfer of sponsorship does not guarantee that the transfer will be granted.

- c. The sponsor must promptly inform CAAHEP and the CoA-KT of any adverse decision affecting its accreditation by recognized institutional accrediting agencies and/or state agencies (or their equivalent).
- d. Comprehensive reviews are scheduled by the CoA-KT in accordance with its policies and procedures. The time between comprehensive reviews is determined by the CoA-KT and based on the program’s on-going compliance with the Standards, however, all programs must undergo a comprehensive review at least once every ten years.
- e. The program and the sponsor must pay CoA-KT and CAAHEP fees within a reasonable period of time, as determined by the CoA-KT and CAAHEP respectively.
- f. The sponsor must file all reports in a timely manner (self-study report, progress reports, probation reports, annual reports, etc.) in accordance with CoA-KT policy.
- g. The sponsor must agree to a reasonable on-site review date that provides sufficient time for CAAHEP to act on an CoA-KT accreditation recommendation prior to the “next comprehensive review” period, which was designated by CAAHEP at the time of its last accreditation action, or a reasonable date otherwise designated by the CoA-KT.

Failure to meet any of the aforementioned administrative requirements may lead to administrative probation and ultimately to the withdrawal of accreditation. CAAHEP will immediately rescind administrative probation once all administrative deficiencies have been rectified.

4. Voluntary Withdrawal of a CAAHEP- Accredited Program

Notification of voluntary withdrawal of accreditation from CAAHEP must be made by the Chief Executive Officer or an officially designated representative of the sponsor by writing to CAAHEP indicating: the desired effective date of the voluntary withdrawal, and the location where all records will be kept for students who have completed the program.

5. Requesting Inactive Status of a CAAHEP- Accredited Program

Inactive status for any accredited program may be requested from CAAHEP at any time by the Chief Executive Officer or an officially designated representative of the sponsor writing to CAAHEP indicating the desired date to become inactive. No students can be enrolled or matriculated in the program at any time during the time period in which the program is on inactive status. The maximum period for inactive status is two years. The sponsor must continue to pay all required fees to the CoA-KT and CAAHEP to maintain its accreditation status.

To reactivate the program the Chief Executive Officer or an officially designated representative of the sponsor must provide notice of its intent to do so in writing to both CAAHEP and the CoA-KT. The

sponsor will be notified by the CoA-KT of additional requirements, if any, that must be met to restore active status.

If the sponsor has not notified CAAHEP of its intent to re-activate a program by the end of the two-year period, CAAHEP will consider this a “Voluntary Withdrawal of Accreditation.”

B. CAAHEP and Committee on Accreditation Responsibilities – Accreditation Recommendation Process

1. After a program has had the opportunity to comment in writing and to correct factual errors on the on-site review report, the CoA-KT forwards a status of public recognition recommendation to the CAAHEP Board of Directors. The recommendation may be for any of the following statuses: initial accreditation, continuing accreditation, transfer of sponsorship, probationary accreditation, withhold of accreditation, or withdrawal of accreditation.

The decision of the CAAHEP Board of Directors is provided in writing to the sponsor immediately following the CAAHEP meeting at which the program was reviewed and voted upon.

2. Before the CoA-KT forwards a recommendation to CAAHEP that a program be placed on probationary accreditation, the sponsor must have the opportunity to request reconsideration of that recommendation or to request voluntary withdrawal of accreditation. The CoA-KT’s reconsideration of a recommendation for probationary accreditation must be based on conditions existing both when the committee arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

The CAAHEP Board of Directors’ decision to confer probationary accreditation is not subject to appeal.

2. Before the CoA-KT forwards a recommendation to CAAHEP that a program’s accreditation be withdrawn or that accreditation be withheld, the sponsor must have the opportunity to request reconsideration of the recommendation, or to request voluntary withdrawal of accreditation or withdrawal of the accreditation application, whichever is applicable. The CoA-KT’s reconsideration of a recommendation of withdraw or withhold accreditation must be based on conditions existing both when the CoA-KT arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

The CAAHEP Board of Directors’ decision to withdraw or withhold accreditation may be appealed. A copy of the CAAHEP “Appeal of Adverse Accreditation Actions” is enclosed with the CAAHEP letter notifying the sponsor of either of these actions.

At the completion of due process, when accreditation is withheld or withdrawn, the sponsor’s Chief Executive Officer is provided with a statement of each deficiency. Programs are eligible to re-apply for accreditation once the sponsor believes that the program is in compliance with the accreditation Standards.

Note: Any student who completes a program that was accredited by CAAHEP at any time during his/her matriculation is deemed by CAAHEP to be a graduate of a CAAHEP-accredited program.

APPENDIX B

CURRICULUM COMPETENCIES FOR EDUCATIONAL PROGRAMS IN KINESIOTHERAPY

Upon successful completion of the program, the student must be able to demonstrate learning over time. Final assessment of the student's clinical training in relation to direct patient care must be under the supervision of a registered kinesiotherapist. The learning domains for each competency are identified as affective **(A)**, cognitive **(C)**, and psychomotor **(P)**.

1. Biological Sciences

a. Anatomy and Physiology

- 1) Identify and explain basic structure-function relationships of the human body. **(C)**
 - a) Anatomical planes, surfaces, positions, and directions used to describe the human body and its parts.
 - b) Types, features, and functions of connective tissue.
 - c) Development and function of the skeletal system.
 - d) Bones of the skeletal system.
 - e) Types, features, and functions of muscle tissue.
 - f) Origin and insertion of the major muscles of the body.
 - g) Fundamental movements of the body caused by skeletal muscle contraction.
 - h) Components of the nervous system.
 - i) Major blood vessels of the circulatory system.
 - j) Structures and mechanisms of systemic circulation.
 - k) Major functions of the respiratory system.
- 2) Explain and compare the systems of the body and the basic relationships among systems. **(C)**

b. Exercise Physiology

- 1) Identify and describe the molecular basis of muscle contraction. **(C)**
 - a) Physiologic characteristics of skeletal muscle.
 - b) Mechanisms of energy production for muscular contraction.
- 2) Discuss and evaluate the physiologic basis of exercise. **(C and A)**
 - a) Physiologic changes resulting from exercise.
 - b) Circulatory adjustments to exercise.
 - c) Respiratory adjustments to exercise.
 - d) Metabolic changes that occur due to exercise.
 - e) Neuro-musculoskeletal adjustments to exercise.
 - f) Criteria used in physical fitness testing.
 - g) Health-related aspects of fitness.
 - h) Skill-related aspects of fitness.
- 3) Classify types of physical fitness tests. **(C)**
- 4) List fundamental physical fitness training techniques. **(C)**

c. Kinesiology and Biomechanics

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- 1) Describe and explain the relationships between the musculoskeletal system and movement. **(C and A)**
 - a) Center of gravity, line of gravity, planes of motion, and axes of motion.
 - i) Arrangement and components of simple machines found in the body.
 - b) Aggregate muscle action.
 - c) Roles of prime movers, antagonists, and synergists.
 - d) Motion of the lower limbs, upper limbs, and spine.
 - e) Antigravity musculature.
 - f) Application of forces generated by the body.
 - g) Function of receptors to movement.
 - h) Reflexive movements.

 - 2) Describe and discuss the relationships between the nervous system and movement. **(C and A)**
 - a) Involvement of the anatomical structures involved with volitional movement.
 - b) Voluntary contraction and involuntary contraction.
- d. Neurology
- 1) Discuss and explain the organization and function of the nervous system. **(C and A)**
 - a) Function of the parts of the central nervous system.
 - b) Function of the parts of the peripheral nervous system.
 - c) Nerves that enervate the major muscles of the body.
 - d) Sensory and motor neural pathways
 - e) Functions of the autonomic nervous system.
 - f) Functions of receptors and reflexes.
 - g) Functions of the senses.

 - 2) Discuss and analyze the effects of neurological lesions and implications for motor functioning. **(C and A)**

 - 3) Discuss and demonstrate the principles of neurologic evaluations. **(A and P)**

 - 4) Discuss and demonstrate perceptual motor and sensory integration assessment mechanisms. **(A and P)**
- e. Growth and Development
- 1) Discuss and describe growth and development across the life span. **(C and A)**
 - a) Cognitive growth and development.
 - b) Sensory motor growth and development.
 - c) Emotional and social growth and development.
 - d) Perceptual motor ability, gross motor control, fine motor control, and body awareness.
- f. Pathology
- 1) Describe and discuss the structural and functional changes in tissues and organs of the body, which cause or are caused by disease processes and mechanisms. **(C and A)**

 - 2) Identify and discuss the manifestations of disorders of the nervous, musculoskeletal, respiratory, circulatory, and endocrine systems. **(C and A)**
 - a) Disorders of development.

- b) Nutritional diseases.

2. Behavioral Sciences

a. General Psychology

- 1) Identify and discuss the principles of human behavior. **(C and A)**
 - a) Cognitive, perceptual and social development on human behavior.
 - b) Motivation and conflict.
 - c) Processes of psychological adjustment.
- 2) Identify and describe the physiologic considerations affecting behavioral processes. **(C and A)**
 - a) Information flow and processing.
 - b) Major neurotransmitters and their modes of action.
 - c) Effects of biogenic amines on behavior.
- 3) Discuss and describe the pathologies of abnormal functioning. **(C and A)**
 - a) Discuss conditions related to developmental delay.
 - b) Discuss and describe the characteristics of psychiatric disorders. **(C and A)**
 - i) Personality disorders.
 - ii) Neuroses, and psychoses.
 - iii) Organic degenerative syndromes.
 - c) Discuss and describe the characteristics of drug and alcohol dependency/addiction. **(C and A)**
 - i) Opiate and synthetic analgesics, barbiturates, marijuana, cocaine and amphetamines.
 - ii) Alcohol.

b. Behavioral Modification

- 1) Discuss and describe operant and respondent behavior and positive and negative reinforcers related to behavior. **(C and A)**
- 2) Discuss and describe various methods of systematic behavior modification techniques. **(C and A)**
- 3) Discuss and describe organic, environmental, and psychological factors relative to modification of behavior. **(C and A)**
- 4) Discuss and describe how the stages of change can be used to influence modifications in health behaviors. **(C and A)**

3. Educational Foundations

a. Learning Theories

- 1) Identify and discuss how individuals learn. **(C and A)**
 - a) Acquisition of affective, cognitive, and psychomotor behaviors.
 - b) Differences in learning styles.

b. Teaching Strategies

- 1) Identify and discuss strengths and weaknesses of the following teaching strategies. **(C and A)**
 - a) Lecture.
 - b) Demonstration.

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- c) Laboratory.
- d) Independent study.
- e) Practicum/internship.
- f) Active problem solving.
- g) Assistive technologies.

- c. Assessment: The following must be assessed by an appropriately qualified clinician when performed or demonstrated on clients at a clinical affiliate site. **(P)**
 - 1) Select and use appropriate instruments needed to measure the client's 's attitudes, knowledge, psychosocial status, goals, quality of life, and satisfaction with treatment.
 - 2) Select and use appropriate instruments needed to measure the client's health, function, skill, exercise tolerance, fitness, and physiologic and perceptual response to postural change, activity, and exercise.
 - 3) Measure cognitive, psychomotor, and affective abilities of clients.
 - 4) Demonstrate skill in implementing instructional methods.
 - 5) Demonstrate ability to teach individual, and group physical activities.
 - 6) Demonstrate ability to teach functional motor skills, games, and sports.
- d. Evaluation of Learning Outcomes. **(P)**
 - 1) Formulate a plan to evaluate client's understanding of learning objectives.
 - 2) Analyze the results of tests of clients' accomplishments and make decisions regarding future learning activities.

4. Clinical Foundations: The following must be assessed by an appropriately qualified clinician when performed or demonstrated on clients at a clinical affiliate site.

- a. Evaluate the fitness abilities and deficits of the client. **(P)**
 - 1) Measure physical fitness including cardiovascular fitness, muscular strength, muscular endurance, and flexibility.
 - 2) Measure the skill-related aspects of physical fitness including agility, balance, coordination, power, reaction time, and speed.
- b. Evaluate the functional abilities of the client. **(C, A and P)**
 - 1) Evaluate the client's mobility and locomotion skills, including ambulation and wheelchair management.
 - 2) Identify the skills the client will need for optimal living.
 - a) Describe treatment objectives for clients with various pathologies, impairments, functional limitations, and disabilities.

- b) Develop treatment objectives to meet the needs identified in the client's evaluation.
- 3) Write attainable short-and long-range treatment goals based on client's evaluation and history.
 - a) Develop an appropriate treatment program for clients with various diseases and disabilities.
 - b) Evaluate and document progress toward short- and long-term goals.
 - 4) Identify and implement methods to treat clients with impaired reflexive movements, basic locomotor skills, perceptual abilities, physical abilities, skilled movements, and/or psychosocial skills.
- c. Demonstrate the skill of implementing kinesiotherapy treatment methods. **(P)**
 - 1) Physical, mental, emotional problems.
 - 2) Techniques of therapeutic exercise.
 - 3) Passive, assistive, active, resistive exercise/activity.
 - 4) Perceptual-motor learning, including perception, gross motor control, fine motor control, body awareness, and relaxation.
- d. Demonstrate competency in the use of clinical equipment. **(C, A, and P)**
- e. Terminology. **(C, A and P)**
 - 1) Use appropriate medical, pharmacological, and disability-related terminology to include approved medical abbreviations.

5. Administration

- a. Discuss the following.
 - 1) History, philosophy, and principles of kinesiotherapy. **(C)**
 - 2) *Scope of Practice for Kinesiotherapy* and *Standards of Practice of Kinesiotherapy*. **(A)**
 - 3) Ethical considerations and responsibilities of the *Code of Ethics for Kinesiotherapists*. **(A)**
- b. Resource Management
 - 1) Maintenance of appropriate credentials. **(C)**

6. Emergency Preparedness & Response Competencies

- a. Understand and apply appropriate safety measures. **(C, A and P)**
 - 1) Universal precautions, hazardous waste and infection control.
 - 2) Emergency procedures.
 - 3) Evacuation procedures.