THE EFFECT OF A PEDIATRIC SPECIALTY CERTIFICATION IN PHYSICAL THERAPY
ON STATUS AND CLINICAL PRACTICE

An Independent Research Project

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of the Requirement for the Degree of
Doctorate of Physical Therapy

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APPROVAL SHEET

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the requirements for the degree of
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ABSTRACT

The purpose of this research study was to determine the effects of an American Board of Physical Therapy Specialties (ABPTS) Pediatric Specialty Certification (PCS) on a physical therapist’s status and clinical practice. This information may be useful to physical therapists with or without a PCS. There is a gap in the research regarding the effects specialty certification has on the physical therapist and this study aimed to begin to fill that gap. A 29-question electronic survey instrument was utilized to collect data. The survey was electronically mailed to 272 physical therapists with an active PCS. The total number of useable survey responses was 111, for a response rate of 44%. The demographic data were consistent with national averages reported by the APTA in many of the categories; however, there were higher percentages of older therapists in this study comparatively. The results of this study showed the majority of participants did not experience a change in status or clinical practice. Participants agreed with the belief that other physical therapists respected them more but were neutral on the belief physicians and patients’ parents respected them more. Although this study did not find any status or clinical practice changes, 78% reported they were more satisfied with their careers and 83.8% reported they planned on renewing the PCS. These results indicated that the participants in this study gained satisfaction and fulfilled a sense of professional duty by earning a PCS that was considered worth the time and cost required to renew.
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Introduction

The American Physical Therapy Association (APTA) is the professional organization representing the profession of physical therapy across the nation. Even though membership is not required, more than 82,000 physical therapists are members. In 1976, the Association realized there was a need for specialization within the growing field of physical therapy. It was thought that the identification of physical therapists with advanced skill, experience, and knowledge would benefit patients and give recognition to deserving physical therapists (ABPTS, 2013). Pediatrics was recognized as a specialty area by the APTA House of Delegates in 1978 (Heriza, Lunnen, Fischer, & Harris, 1983). Achieving a pediatric specialty certification (PCS) requires a significant investment of time and financial resources by the physical therapist. Yet there has been no significant research evaluating the impact that a PCS has on the physical therapist’s status and clinical practice after receiving the certification. Even less research has focused on the field of pediatrics. Research in this area could aid in a clinician’s decision to acquire a PCS and allow clinicians with a PCS to determine how it impacted their status and clinical practice. Job status and clinical practice was evaluated to provide a greater understanding of the value of a PCS. This information may be useful to physical therapists with or without a PCS.

Purpose

Because of the lack of research in the area of pediatric specialty certification and the value of this certification to the therapist it was important to study this issue. Therefore, the purpose of this research project was to evaluate the effect of a pediatric specialty certification in physical therapy on status and clinical practice.
Research Question

To explore the effect of a PCS, the research question was: What are the effects of an American Board of Physical Therapy Specialties Pediatric Specialty Certification on a physical therapist’s status and clinical practice?

Review of the Literature

The APTA House of Delegates appointed a committee dedicated to clinical specialization, and in 1979, the Commission for Certification of Advanced Clinical Competence was created. The successor to this group is the American Board of Physical Therapy Specialties (ABPTS). The ABPTS is responsible for ensuring clinical excellence in physical therapy specialists by developing requirements for certification and recertification. In 1981, the APTA House of Delegates established cardiopulmonary, pediatrics, orthopedics, and sports as board certified specialty areas. Four years later, the first specialist certification examination was administered in the area of cardiopulmonary. In 1986, the first PCS examination was administered. The additional areas of clinical electrophysiology, geriatrics, neurology, and women’s health have since been established. The number of physical therapists with a specialized certification has grown dramatically since its inception. According to the APTA, the number of specialized PTs was only 197 in 1990. By 2013, there were 14,392 physical therapists with certifications in the eight specialty areas (ABPTS, 2013).

As of June, 2013, there were only 1,271 pediatric specialists in the United States (ABPTS, 2014). The process of achieving a pediatric specialist certification (PCS) is a demanding one. There are two paths that the applicant can pursue. The first is to provide evidence of 2,000 hours of direct patient care in pediatrics within the past ten years. Additionally, 25% of those hours have to be completed within the previous three years. Direct
patient care is defined as any activity that directly influences the care of a patient or client. The applicant must have participated in the areas of examination, evaluation, diagnosis, prognosis, and intervention to receive credit for the hours worked. The second option is to complete an APTA-credentialed post-professional clinical residency in pediatrics. The residency must follow a curriculum outline that follows the Description of Specialty Practice: Pediatric Physical Therapy (ABPTS, 2014). Any deviation from this curriculum results in the application being denied. When the requirements for either option have been completed, the therapist submits his/her application to the Specialty Council by July of that year. The Council consists of three board certified pediatric specialists. The applicant must pay an application review fee of $515.00 if he/she is an APTA member and $860.00 if the applicant is a non-APTA member (ABPTS, 2014). If the Council approves the application, the physical therapist sits for the online exam the following March. The examination fee is $800.00 for an APTA member and $1,525.00 for a non-APTA member (ABPTS, 2014). Upon receiving a passing score, the physical therapist is certified as a pediatric specialist. This certification is valid for ten years. After this time, the therapist must complete the requirements for recertification. For specialists certified before 2013, the requirements included evidence of 2000 hours of patient care in pediatrics and proof of one of the following: current written examination, professional development portfolio, or an APTA credentialed clinical residency.

In 2013, the ABPTS introduced a new model for recertification. This model is known as the Maintenance of Specialist Certification (MOSC). It concentrates on continuing competence for the specialty certified physical therapist. By 2016, this new model is expected to be fully implemented. This model is much more extensive than the previous model and was created by the ABPTS created to, “more effectively verify current competence, evaluate professional
development, encourage ongoing education, keep pace with rapidly expanding specialty knowledge, and promote improved health outcomes.” The MOSC contains four requirements.
The therapist must: submit proof for 200 hours of direct patient care within the previous three years for year three, six, and nine, participate in ongoing professional development within their specialty accruing a minimum of 30 MOSC credits by year nine, submit a reflective portfolio in years three, six, and nine, and will sit for a 100 question recertification exam during year 10. In the event a specialist does not pass the exam on the first attempt, they will be allowed to sit for the exam the following year and maintain their certification during the one-year grace period. Achieving a pediatric specialty certification attests that the therapist is committed to the field of physical therapy and demonstrates the therapist’s success in the field of pediatrics (ABPTS, 2013).

**Pediatric Physical Therapy**

Pediatric physical therapists strive to aid children in attaining the maximum benefit of therapy to improve their quality of life. Pediatric therapists work with children from birth to 21 years of age as well as with their families to promote the best care for that child (APTA, 2003). Pediatric physical therapy flourished in the years of the polio outbreak. This caused an increase in the specialty of pediatric care and therapists began to see more neurological impairments including: traumatic brain injuries, developmental delays, and cerebral palsy (Chudy, 2006). Chudy also reported that pediatric physical therapists frequently treat children with torticollis, cancer, scoliosis, abdominal pain, osteogenesis imperfecta, cystic fibrosis, cerebral palsy traumatic brain injuries and developmental delays in gross motor skills. More recently, clinics have begun to treat more orthopedic pediatric patients. The therapists are able to combine their
neurologic and orthopedic skills to give the best quality of care to these patients (Haley, Dumas, & Ludlow, 2001).

**Specialty Certification and Status**

Status has been defined as the position or rank of an individual. Status can be measured in a variety of ways (Webster & Hysom, 1998). A common measure of status is salary. An individual’s salary indicates his/her value in the free market. This value increases when an individual invests in his/her skills and education with a certification (Ng, Eby, Sorensen & Feldman, 2005). In a study done by the American Board of Nursing Specialties (ABNS), 41% of nurses surveyed believed that a specialty certification increased the individual’s salary (2006). Their beliefs were confirmed by Mee (2006), who found that nurses who were certified earned an average of $9,200 more than nurses who were not specialists. In a survey conducted by the ABPTS (2011), 39% of the employers surveyed indicated that a salary increase would be considered for employees who achieved certification. The increase in value leads to greater value in the market and marketability (Ng et al., 2005). The ABNS study also supported the premise that a certification could increase the individual’s marketability (ABNS, 2006). Although the ABPTS asserts that salaries increase after receiving a specialty certification, research has not been identified that documents such a change.

The field of nursing has conducted a significant amount of research on the perceived value of certification. The ABNS conducted a study in 2006 and found that certification was greatly valued among nurses. Relating to status, 80% of the 11,427 participants believed that specialty certification promotes recognition from peers, health professionals, and employers. They also found that having a specialty certification did not significantly impact individual’s decision to change employers (ABNS, 2006). Although this research provides insight into
changes in status caused by certification, this research does not clearly quantify the effect of certification on status.

**Benefits and Incentives for Physical Therapists**

Research demonstrates that salary increases do not capture all the benefits and incentives offered by employers for employees who obtain a certification. The ABPTS survey found that over half of the employers would pay for some of the cost of the certification, with the private practices most often offering this incentive (ABPTS, 2011). The ABPTS study found that 43% of the participants indicated board-certified applicants received priority hiring. This benefit occurred at higher rates in the academic and private practice setting. The ABPTS survey also found that half of employers in the outpatient and private practice facilities offered non-financial rewards. These rewards included a change in job title, an increase in authority, or an increase in responsibility (ABPTS, 2011).

**Benefits and Incentives in Other Disciplines**

Other disciplines have conducted research examining the benefits certifications have for the recipients. The field of nursing has extended extensive research on this topic. The ABNS stated the top three benefits for achieving the certification were: reimbursing exam fees, displaying certification credential on nametag and/or business card, and reimbursing for continuing education. However, 21.4% believed there were no incentives for certification from their employers (ABNS, 2006). Priority hiring has been associated with achieving a specialty certification. According to Goldrick (2007), employers required or preferred applicants with their infection control and epidemiology certification.
Specialty Certification and Clinical Practice

Research concerning how specialty certification affects clinical practice is limited. The research that has been conducted in the physician discipline has focused on a change in time with the amount of direct patient care, a change in referrals, and distribution of time in the field. These questions of interest have not been evaluated for those physical therapists with their PCS certification. In a study of physicians and their subspecialty training, nearly half of the physicians spent 76-100% of their time in direct patient care in the area of their subspecialty (Brotherton, 1994). Considering the distribution of time, the pediatricians who did not have any specialty training spent considerably more time in direct patient care as a whole when compared to those with a specialty certification. Those who had specialty training utilized their time more in the areas of teaching, administration, and research. These are all topics of interest for those people who are looking to pursue a certification in a specialty area.

Limitations of Research

There has been limited research examining the effects a specialty certification has on job status and clinical practice (ABPTS, 2011; Goldrick, 2007; ABNS, 2006; Mee, 2006). No research was identified that examined the effects that a PCS had on status and clinical practice in physical therapy. This study began to fill the gap existing in the literature on this topic. One ABPTS study surveyed 754 employers and their views on ABPTS credentials. The reported incentives included: consideration for a salary increase, priority hiring, consideration for a change in job title or increase in authority/responsibility and having a percentage of the ABPTS fees paid for (ABPTS, 2007). However, the purpose of this research was to market the specialty certification and was potentially biased due to the vested interest and sample population. Many studies done in the field of nursing have evaluated the perceived value of specialty certification
These studies provide insight into the subjective value of a specialty certification; however, further objective and quantitative research is needed. Additional research is required to accurately evaluate the change a PCS has on status and clinical practice to better understand the full effects of a PCS.

**Importance of Research**

Specialty certifications require a significant expenditure of time and money on the part of the physical therapist. Honor and recognition accompany the specialty certification; however, further research was needed to explore how the specialty certification directly affects the physical therapist. A greater understanding of the value of a PCS was gained with this research. This research may further help pediatric physical therapists make the decision of whether or not to acquire their PCS. It also allows clinicians with their PCS to compare how the PCS has affected other clinicians’ status and clinical practice.

**Methods**

**Research Design**

**Instrumentation.** The survey instrument for this non-experimental, quantitative study was constructed to evaluate the effects of a PCS certification on job status and clinical practice of a physical therapist. The instrument was developed based on a review of current literature and previous survey tools. The survey was revised on two occasions by two Florida Gulf Coast University (FGCU) faculty members within the Physical Therapy Program. The instrument was also reviewed by a FGCU faculty member whose specialty includes educational statistics. It consisted of 29 questions regarding demographics, job status, and clinical practice. The seven questions on job status evaluated changes in salary, job promotion, the role of the employer in
the process of attaining a PCS, and changes in work setting. The nine questions on clinical practice included changes in case load, therapist satisfaction, and therapist perception of respect from peers. The format of the questions followed the guidelines outlined in *Foundations of Clinical Research: Applications to Practice* (Portney and Watkins, 2009). The survey included informed consent information and a statement ensuring participant confidentiality.

**Sampling Strategy**

**Inclusion criteria.** Each participant was a currently licensed physical therapist with a PCS. The PCS was active when each participant completed the survey. Each participant had a valid email address to which the survey tool was sent.

**Participant recruitment.** The participants were identified in two ways. The researchers attended the Section on Pediatrics Annual Conference (SoPAC) to contact anyone with a PCS. At the conference, the researchers attended all the events that stated PCS therapists would be in attendance, according to the convention brochure. Thirteen PCS therapist emails were gathered using convenience sampling at the conference. Each PCS therapist that the researchers contacted was asked to write his/her name, email address, and state of practice on a sign-up sheet. The researchers also used the ABPTS pediatric directory to contact participants. It was retrieved from [http://www.abpts.org/apa/directories/abpts.aspx?navid=10737423513](http://www.abpts.org/apa/directories/abpts.aspx?navid=10737423513). Each search required the researchers to select the pediatric specialty and enter the desired zip code. All 50 states were included in this study. From this directory, only therapists who provided their email address in the directory were recorded and included in the study. The radius was set to 100 miles and each state was searched until all PCS physical therapists with their email listed in the directory were recorded.
A total of 272 possible participants were identified through the two recruitment methods. After manually inputting the email addresses into SurveyMonkey®, four possible participants were immediately excluded due to previously opting out of SurveyMonkey® studies. When the survey was sent out, seventeen email addresses were deemed invalid. Therefore, possible participants decreased to 251.

**Data Collection Techniques**

The electronic survey was distributed through SurveyMonkey.com under the Select plan. The survey was open for thirty days with a reminder email being sent out on the fifteenth and twenty-fourth day. The reminder email was sent out to non-respondents requesting they complete the study. Each survey completed was assigned a number to maintain confidentiality. The email and participant name were not visible to the researchers on each response. All information was stored in the researchers’ SurveyMonkey® account. The account login information was only known by the two researchers. The electronic data were stored on a flash drive after all data collection had been completed. SurveyMonkey® provides a secure connection between the client and server using a Secure Sockets Layer. At the end of the data analysis, the survey was deleted from SurveyMonkey® and the account was deleted.

**Data Analysis Procedures**

Data collected from the SurveyMonkey® software provided descriptive statistics including tables and figures of interest. Frequency data were evaluated.

**Results**

Of the 251 potential participants, 113 responded to the study for a total response rate of 45%. The survey was terminated for one participant after the first question due to the participant reporting he/she did not currently hold a PCS. This resulted in a total of 112 participants. One
participant completed only the questions on demographics before exiting the study. That participant’s data was not included in the data analysis bringing the total valid participant number to 111.

**Data Analysis**

**Response rate.** The total number of useable survey responses was 111, for a response rate of 44.6%. After the initial email was sent out, 39 responses were received on the first day and 25 responses were received on the following 9 days with no responses received after 10 days. After the first reminder email was sent out, 22 responses were received on the first day and 13 responses were received over the following 8 days. There were 9 additional responses after the final reminder email with 5 more responses being received in the final 4 days of the survey. These results indicate it is highly beneficial to include two reminder emails in an electronic survey as the response rate increased 19.2% after sending both the reminder emails. These trends can be seen in Figure 1.

*Figure 1. Response rate per day of study.*
Descriptive statistics.

Demographics.

Age and gender. Of the 111 participants, 94.6% were female and 5.4% were male. The largest age group represented in the data were the 31-40-year-old group with 35.1% followed by the 41-50-year-old group, 61-70-year-olds, 51-60-year-olds, and the 20-30-year-old group constituting 30.6%, 17.1%, 15.3%, and 1.8% respectively. The demographic data showed that this participant group had similar percentages for physical therapist gender when compared to national averages found in pediatric physical therapy. The percentages for age distribution is similar when compared to all certified clinical specialists however there were differences in age group representation when compared to the national averages of physical therapists (ABPTS, 2013). This participant group had fewer 20-30-year-olds (difference of 12.4%), fewer 50-60-year-olds (difference of 10.2%), and more 61-70-year-olds (difference of 8.3) (APTA, 2011). These data demonstrates the majority of therapists obtaining any specialty certification are between 31-50-years-old. Due to the PCS being an advanced certification, it follows that there would be fewer younger therapists with their PCS.

Years practicing and years with a PCS. The data shows that 46% of participants had been practicing for more than 20 years and 14.4% had been practicing fewer than 10 years. Figure 2 summarizes these data. Over half (56.8%) of the participants had a PCS for under 11 years. There were 4 participants (3.6%) who reported they had a PCS for over 20 years with 3 of those participants planning on renewing the PCS again.
**Figure 2.** Years practicing physical therapy.

*Geographic location of practice.* The participants represented 36 different states with Texas having the highest number of participants (12), followed by California (10).

*Educational status.* Participants reported holding one or more of the following degrees: bachelors, masters, clinical doctorate, or academic doctoral degree. Thirteen percent of the participants reported solely having a Bachelors degree, 28.8% had a Masters degree, 41.4% had a clinical doctorate, 10.7% had academic doctoral degree, 3.5% had a clinical and doctoral degree, and 2.6% only reported having a doctoral degree. Participants in this survey were 1.2 times more likely to have a clinical doctorate and 1.8 times more likely to have a doctoral degree than the national average (APTA, 2011). The majority of participants (89.9%) were not currently enrolled in a post-professional graduate program in any discipline. There were 4 (3.6%) participants enrolled in a research doctorate and 8 (7.2%) participants enrolled in a clinical doctorate.
**Specialty certification.** The majority of participants (52.3%) held a PCS certification as their only specialty certification of any type. There were 10 participants (9%) who held more than 1 additional certification with 9 of those participants holding a NDT. The survey provided the responses of “Neuro-Developmental Therapy Certification” and “Manual Therapy Certification.” The participants reported 12 additional certifications in the “Other” category making the total number of reported certifications 14. The following is the percentage of participants with each certification: Neuro-Developmental Treatment Certification (34.2%), Assistive Technology Practitioner (6.3%), Certified Kinesio Tape Practitioner (3.6%), Sensory Integration Certification Program (3.6%), Clinical Instructor, (1.8%), Hippotherapy (1.8%), Infant Massage (1.8%), Brain Injury Specialist (0.9%), Fitness Instructor (0.9%), General Movement Assessment (0.9%), Infant Toddler (0.9%), Manual Therapy Certification (0.9%), Neurobehavioral Assessment of the Preterm Infant (0.9%), and Newborn Behavioral Observation (0.9%). Due to the number of pediatric patients requiring neuromuscular and developmental therapy, it is not surprising the NDT certification was most represented in the data.

**Professional organization membership.** The data showed that all participants who were APTA members were also current members of the Section on Pediatrics (88.3%). The remaining 11.7% were neither members of the APTA nor the Section on Pediatrics. All participants between the ages of 51-70 indicated they were members of the APTA and Section on Pediatrics. Participants in this study nearly tripled the national average for APTA membership (approximately 30%) and indicated that this subgroup placed value on being involved in the profession of physical therapy (American Physical Therapy Association, 2014 and Bureau of Labor Statistics, 2010).
Employment status. Figure 3 summarizes the employment status of the participants. The data shows (57.7%) of participants held full-time salaried positions. This statistic is consistent with the national percentage of full-time salaried physical therapists (APTA, 2011).

Figure 3. Employment status.

Participants were employed in a health system (23.4%), academic institution (post-secondary) (18.9%), private outpatient clinic (16.2%), school system (primary/secondary) (15.3%) or early intervention (12.6%). Figure 4 summarizes these data. This statistic is consistent with the national percentage of full-time salaried physical therapists (APTA, 2011).
Approximately half of the participants (49.6%) did not change jobs after they received a PCS. The data showed that 23.4% changed jobs after 3 years of receiving a PCS, 6.3% changed positions between 2-3 years, 11.7% between 1-2 years and 9% within 1 year. Of the 56 participants who reported a change in employer, the majority of participants had originally acquired their PCS while working in an acute care hospital (17.9%), a school system (17.9%), private outpatient clinic (12.5%), or early intervention setting (12.5%). This is summarized in Figure 5.
Figure 5. Setting of employment when participant received PCS.

PCS effect on status.

Salary. The data showed that 77.5% of participants did not experience any salary increase within one year of receiving a PCS. However, 18.9% reported they had a $1 - $5,000 salary increase and 3.6% participants reported having a $5,001 - $10,000 salary increase. Participant 48 reported he/she received $2,000 dollars per year as long as the PCS was maintained (Appendix E). This participant worked in the Arizona school system. Participant 109 indicated he/she would renew in order to keep their pay grade. This participant reported getting a $1 - $5,000 pay
increase after attaining a PCS and was employed in a health system/hospital (Appendix E). No participants reported higher than a $10,000 increase.

*Employer requirement of PCS.* Acquiring the PCS was a job requirement for 5 participants in the study. Of these participants, 2 worked in a health system or hospital-based outpatient facility, 2 worked in an academic institution post-secondary, and 1 worked in an acute care hospital. Of the academic institution and acute care employees, one of each experienced a salary increase of $1-$5,000.

*Responsibility/authority.* A small percentage of the participants reported being given increased responsibility and authority after they attained a PCS. Of these participants, 6.3% reported a title change with the addition of authority while 1.8% reported an increase in authority with no title change. The majority of participants (91.9%) did not experience any type of promotion or increase in authority.

*Coverage of ABPTS fees.* The results showed that 33.6% of participants’ employer paid for a percentage of the ABPTS fees. Of the total participants, 16.4% reported their employer paid for 100% of the ABPTS fees, 2.7% had greater than 75% paid for, 2.7% had between 51-75% paid for, 5.5% had between 26-50% paid for and 6.4% had less than 25% of the total fees paid for. Of the 18 participants who reported having all of the ABPTS fees paid for, two of these participants also reported receiving a $5,001-$10,000 increase in salary after becoming certified. Three of the participants reported receiving a $1,000-$5,000 increase in salary. The other 13 participants in this subgroup did not report any salary increase. Of the 13, three were given increased responsibility under their current employer with a title change, and one received increased responsibility without a title change.
Seventy-three participants (66.4%) reported their employer covered none of the ABPTS fees. Of this subgroup, 22 reported being employed by a school system, 18 employed by a health system or hospital based outpatient clinic, 12 employed by a private outpatient clinic, 6 employed by a hospital working in acute care, 4 employed by an academic institution, 9 employed by early intervention, 1 working in home health care, and 1 in inpatient rehab. This information is displayed in Figure 6.

*Figure 6. Percentage of ABPTS fees paid for by the employer.*

Respect. The following are data retrieved from the three items asking if there was any change in respect pediatric physical therapists received after obtaining a PCS. The participant’s answer distributions were similar for both item 24 and 25. These questions asked if the participant believed patients’ parents (item 24) and referring physicians (item 25) respected them more after they obtained a PCS. Over half were neutral, 24-25% agreed, 15-18% disagreed, 5-6% strongly agreed, and 0-1.8% strongly disagreed. A decision rule was made for question
number 24. The last response was intended to state “strongly disagree” but instead stated “strongly agree.” One participant selected this response in the study, and the decision rule states that this response was recorded as “strongly agree.” The researchers believe all participants but one recognized the error in the scale. Figure 7 and 8 summarize the data for item 24 and 25 respectively.

Figure 7. Patients’ parents respected me more after obtaining my PCS.

![Figure 7](chart1.png)

Figure 8. Referring physicians respected me more after obtaining my PCS.

![Figure 8](chart2.png)
A high percentage (85.6%) of participants had positive feelings towards the statement, “Other physical therapists respected me more after I attained my PCS,” with 60.4% agreeing and 25.2% strongly agreeing. 13.5% of participants were neutral in this belief and 0.9% disagreed. No participants reported strongly disagreeing with this statement. This positive trend can be seen in Figure 9. It can be hypothesized that many physicians and even fewer patient’s parents understood what a PCS means. This would explain the neutral feelings many PCS therapists felt towards receiving any increase in respect from those two groups. Physical therapists are likely to be more aware of the specialty certifications offered in the field and cognizant of the commitment it requires to achieve a PCS, therefore physical therapists would give more respect to PCS therapists.

*Figure 9*. Other physical therapists respected me more after obtaining my PCS.
**PCS effects on clinical practice.** Due to a technical glitch, if participants answered they had not changed jobs since receiving their PCS (question 19), the survey skipped over question number 21, 22, and 23 (see appendix E). These questions pertained to the effects of a PCS on clinical practice. This glitch was recognized on the first day of data collection and corrected. Of the 56 participants who answered, “No, I have not changed jobs since receiving my PCS,” 29 participants responded on the first day and those 3 questions were excluded from their individual survey. Therefore, the following data in this section includes 82 participants instead of 111.

*Direct contact.* Thirteen participants (15.9%) reported an increase in hours spent in direct contact with pediatric patients since receiving a PCS. The following describes the data: 6.1% increased 1-5 hours per week, 4.9% increased 6-10 hours, 1.2% increased between 21-30 hours and 3.7% increased by greater than 31 hours. There were 84.1% of the participants who did not report any increase in direct patient contact with pediatric patients weekly since receiving a PCS.

*Pediatric referrals.* The data showed that 25.6% of participants received more pediatric referrals after receiving a PCS while 74.4% percent did not. Also, there were 13.4% of participants who reported having a greater ability to choose the patient they saw after receiving a PCS while 86.6% of participants reported no increase in ability to choose.

*Career satisfaction.* The participants reported they primarily agreed (41.4%), strongly agreed (35.4%) or were neutral (18.2%) on the statement, “I was more satisfied with my career after getting my PCS.” There were 5 participants (4.5%) who disagreed and 1 participant (.9%) who strongly disagreed with this statement. These data can be seen in Figure 10.
Figure 10. I was more satisfied with my career after obtaining my PCS.

Decision to renew and explanation. The last closed-item on the survey evaluated if the participant planned on renewing the PCS when it next expired. There were 83.8% who reported, “Yes” and 16.2% who reported, “No.” This question was followed by an open-ended question that asked participants, “Why or why not regarding their answer to the previous question.” All answers can be seen in Appendix A. There were 11 common themes that emerged from the participant’s 111 responses. Each response could include more than one item resulting in 135 items to be classified. An “other” category was formed for items in the responses that did not fit any theme. Thirteen items fit into the “other” category. The five common themes between the 18 participants who stated they would not be renewing the PCS, from most reported to least reported, included: retirement, renewal requirements, cost, useless, and time. Of the 18 participants, three fell between the 31-40-year-old age range, five fall between the 41-50-year-old age range, one falls between the 51-60-year-old age range, and 9 fall between the 61-70-year-old age range. This statistic demonstrates that 50% of those who reported that they would
not renew their PCS are close to retirement and present retirement as a primary reason for not renewing.

The six common themes seen in the 83.8 participants who planned on renewing the PCS, from most reported to least reported, included: distinguishes me/personal pride, professional responsibility, knowledge, future hiring/networking, motivating, and job requirement. There were 4 participants that included negative themes (renewal requirements, cost, and time) in their response but still indicated they planned on renewing. The percentage of each theme reported can be seen in Figure 11.

*Figure 11. Percentage of themes reported for PCS renewal.*

Current trends. Those who became PCS certified within the past five years represented the most modern trends for reported changes after obtaining a pediatric specialty certification. There were 40 participants that fit this criterion. Of this particular population, all participants were female and 72.5% were between the ages 31-40. Three of these participants obtained their
PCS after practicing for 1-5 years, while 42.5% of this group (17 participants) obtained this certification after 11-15 years of practice. This demonstrates that participants with increased clinical experience pursued this certification more often than those with less experience. There were 31 participants (77.5%) who reported being members of the APTA and Section on Pediatrics. These data group had the lowest membership percentage. Therapists holding their PCS for greater than 16 years had the highest percentage with 100% membership to the APTA and Pediatric section. This data demonstrates the high value experienced therapists placed on professional involvement. The majority of the 40 participants worked in a health system (22.5%), school system (20%), early intervention (15%), private outpatient (12.5%), or academic institution (12.5%). Seven participants (17.5%) had 100% of the ABPTS fees paid for by their employer. This number is comparable to the number reported by all participants (16.4%) but lower when compared to PCS holders between 6-10 years (20%), 21-26 years (25%), and 11-15 years (27%). Eighteen participants reported their employers paid for a portion of the fees with 7.5% of participant’s employers paying less that 25% of fees, 5% of participant’s employers paying between 26-50% of fees, and 2.5% of participant’s employers paying between 51-75% of fees.

Of the therapists who obtained their PCS in the past five years, 7.5% (3 of 40) reported they were fulfilling an employer’s requirement. Two of these participants were employed in an academic institution and one was employed in a health system. In comparison, of the therapists who obtained their PCS more than five years ago, only 2.8% reported they were fulfilling an employer’s requirement. This represents a 267% increase in the past five years and may indicate a rise in value employers are placing on specialty certification. Of these participants, 17.5% reported also being NDT certified, while 70% reported having no other specialty. Concerning the
benefits of becoming a pediatric certified specialist, 12.5% were given increased responsibility/authority with a title change and 2.5% were given increased responsibility/authority without a title change. These percentages are approximately double what was seen across all PCS therapists. There were 10% of current PCS therapists who reported they would not renew their PCS upon expiration. The cost of renewal was reported as the only reason for this choice. Therefore, 90% of the most recent PCS therapists reported that they were intending to renew their PCS. This signifies current therapists believed the long and expensive process of obtaining a PCS was worth enough to renew it.

**Discussion**

A strength in this study was that the response rate was 44.6%. This number is high for survey-based research and is most likely due to the timing of the survey and reminder emails. The initial survey was sent out in the middle of September. Many school pediatric physical therapists had been in session for a short while and for most pediatric therapists this time avoided the end of the month push to ensure all documentation was done. After the initial survey was sent out, the response rate was 25.4%. This number increased by 19.2% after the two email reminders. The high rate might have also been influenced by the researchers attending SoPAC and discussing the survey with potential participants. Although the researchers did not record many potential participants’ email addresses, making some SoPAC PCS members aware of the survey allowed them to associate an acquaintance with the survey and could have increased the likelihood they would participate in the survey.

The population of participants appeared to be representative of the population of interest on many of the variable that were measured. This study’s participant population was not consistent when compared to the national averages of age distribution of physical therapists.
There was a decreased number of 20-30-year-olds and 50-60-year-olds, and an increase in 61-70-year-olds. This allows generalizability to other ABPTS certified physical therapists but the study’s data are limited when generalizing to the entire physical therapy population.

This research, as well as the ABPTS reported statistics, supports that the majority of therapists who have a pediatric or any specialty certification are between the ages of 31-50. It follows that older, more experienced physical therapists pursue a specialty certification more than younger physical therapists. The time and money the specialty certification requires decreases the likelihood a new therapist will aspire and achieve an ABPTS certification before the age of 30. Younger therapists might also not know in which area they want to specialize. It takes time to understand the path of a therapist’s career and many therapists are content being a generalist or specializing without achieving a specialty certification. Compared to the national average, this study’s participants were 1.2 times more likely to have a clinical doctorate and 1.8 times more likely to have an academic doctoral degree. Besides earning a transitional DPT, or Ph.D., obtaining a specialty certification is an accomplishment and another step in furthering a therapist’s education and expertise in the field.

The ABPTS’ reported statistics did not delineate age distributions after 50+ so it is uncertain if this study’s high percentage of participants between 61-70 is specific to this study or not. When compared to national averages, this study had an increase in 8.3% for this age population. The 61-70-year-old age group showed high involvement in the field of physical therapy demonstrated by their continued employment in the field despite their age, 100% membership to the APTA and Section on Pediatrics, and upkeep of specialized certification. These facts increase the likelihood they would participate in student surveys.
Higher representation by the oldest age group in this study could have influenced the data. On average, this group had had their PCS for approximately 15 years with reported ranges from 6-10 years to 21-26 years. Older therapists might be more likely to obtain and keep a PCS due to it being cheaper than achieving a transitional DPT or Ph.D to show increased knowledge, gain professional respect, or achieve personal pride. Participants in this group might have gained a salary increase or received a promotion after one year of obtaining a PCS. They could have also changed employers to a higher paying job greater than three years after achieving a PCS. This survey did not pick up on long-term changes which could have increased the effect the older participant population had on changes in status. Older therapists are also more likely to not renew their PCS due to a variety of reported factors including retirement, renewal requirements, cost, and time. In this study, 50% of the 18 participants who reported they were not renewing were in the 61-70 age groups and the reason for non-renewal was overwhelmingly retirement.

Limitations.

The sample size and response rate are primary limitations of this study. Due to the confidentiality policies of the ABPTS, only 251 out of the possible 1,271 PCS therapist email addresses were able to be obtained. Therefore, the highest sample size possible would only represent 20% of the entire population. The mailing address of all PCS therapists could have been acquired for a fee; however, this option was not chosen due to the knowledge that electronic survey instruments provide higher response rates and results in a more timely and cost effective manner than mailed survey instruments. The survey’s sample size was 111, resulting in a 44% response rate. This represents 7.8% of the total population of PCS therapists. This low percentage limits the ability to generalize the results to all PCS therapists. There is also
possibility for bias as therapists who provided their email address in the ABPTS website were not included in the study.

Another limitation is that fact that this was the first survey to investigate the changes a pediatric specialty certification had on therapist status and clinical practice. The ABPTS conducted a survey on all specialists but did not publish the survey instrument. Upon data analysis, there were several questions that did not capture desired information. The question asking if the PCS credential was indicated on the therapist’s badge was created to investigate if therapists had made it a priority to make their certification status visible to patients and peers. With further evaluation, it was realized that many pediatric therapists do not wear a name badge due to the possibility of having it pulled off by pediatric patients. Inquiring if the participants’ business card indicated they were PCS certified versus their name badge would have provided more useful information.

The question evaluating the change in hours spent in direct pediatric care after obtaining a PCS would have provided a better understanding of the change if the baseline was also reported. Knowing if there was an increase does not fully describe what the therapist’s pediatric caseload consisted of prior to the PCS. For example, one response indicated a 31 plus hour increase in pediatric patient care after becoming a PCS. Because he/she had to have had 2,000 hours in direct pediatric patient care, it would have been useful to know how many pediatric hours he/she was previously at that allowed her to increase by 31 plus hours and still fulfill the requirements.

This survey also experienced a technical glitch. There were 29 participants that were unable to answer three of the clinical practice questions due to answering, “No, I have not changed jobs since receiving my PCS.” The survey skipped over these three questions for the
participants in this category. This glitch was caught and corrected on the first day. Without this, the total responses and generalizability of the research would have increased.

Future research should investigate other ABPTS specialties. Orthopedic Certified Specialists are the largest specialty group with over 8,000 current members. Surveying this group could provide a better picture of how the specialty certification has an effect on therapist status and clinical practice.

Conclusion

These data showed many PCS therapists did not see a change in status after obtaining a PCS. The majority of participants reported having no increase in salary (77.5%), no increase in responsibility/authority (91.9%), no indication of the PCS certification on their name badge (54.1%), and no reimbursement for the ABPTS fees from their employer (66.7%). PCS therapists reported other physical therapists respected them more after obtaining a pediatric specialty certification; however, the majority was neutral on the belief that patients’ parents and physicians respected them more. The majority of participants reported no increase in pediatric referrals or direct patient care. The increase in referrals was reported at 25.6%. There was also a 15.9% reported increase in direct contact with pediatric patients. It would have been expected that these two numbers would have been closer due to the belief that increased referrals would increase direct contact with pediatric patients.

Overall, the results show participants did not experience a change in job status or clinical practice. It could be reasoned that no change in status or clinical practice might deter the therapist from completing the specialty certification process again; however, the preliminary results found in this study indicate otherwise. The majority of participants (76.8%) reported they were more satisfied with their career after earning a PCS and 83.8% of participants were
planning on renewing. A possible explanation for these high percentages are that PCS therapists gain personal pride and fulfill their sense of professional duty from earning a PCS. This hypothesis would be supported by the findings that the top reasons participants planned on renewing were “distinguishes me/ personal pride”, “professional responsibility”, and “knowledge.” Participants had active membership in the APTA at double the national average of all physical therapists. Participants in this study have demonstrated a significant investment in their field and the intrinsic satisfaction they receive from having a PCS is enough to justify the process of achieving the certification.
References


Appendix A: Participant Reasoning for Renewing or Not Renewing PCS

<table>
<thead>
<tr>
<th>#</th>
<th>Responses</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I have already renewed it once and plan to again. I am proud of the fact that I have my PCS and feel that it indicates to my patients, physicians, students, and colleagues that I have done the extra work to develop special expertise in the area of pediatrics</td>
<td>10/14/2013 10:46 AM</td>
</tr>
<tr>
<td>2</td>
<td>I feel it is important to maintain the specialty certification from my organization</td>
<td>10/11/2013 1:34 PM</td>
</tr>
<tr>
<td>3</td>
<td>Personal drive.</td>
<td>10/11/2013 12:52 PM</td>
</tr>
<tr>
<td>4</td>
<td>I feel that having my PCS supports my commitment to excellence in Pediatric PT. I do have concerns, however, that new renewal requirements may deter future renewals for others, as well as potentially deter individuals seeking initial certification.</td>
<td>10/11/2013 10:10 AM</td>
</tr>
<tr>
<td>5</td>
<td>Because I would like to continue with a specialty certification.</td>
<td>10/11/2013 10:05 AM</td>
</tr>
<tr>
<td>6</td>
<td>It looks good on a resume if I were to change jobs</td>
<td>10/10/2013 8:46 PM</td>
</tr>
<tr>
<td>7</td>
<td>Almost retired. Age 66. Just working part time and slowing down.</td>
<td>10/10/2013 8:03 PM</td>
</tr>
<tr>
<td>8</td>
<td>Yes I intend to but it seems so complicated. I have looked into it and was overwhelmed</td>
<td>10/10/2013 7:22 PM</td>
</tr>
<tr>
<td>9</td>
<td>It is a requirement to maintain the level of salary I receive.</td>
<td>10/10/2013 7:07 PM</td>
</tr>
<tr>
<td>10</td>
<td>It’s one way to demonstrate continuing competency in a specialty area.</td>
<td>10/10/2013 3:14 PM</td>
</tr>
<tr>
<td>11</td>
<td>I am in the process of renewing for my second time currently; I feel strongly that maintaining my PCS is important for recognition as a qualified specialist in my field, your survey didn’t capture it, but I am now teaching because of my PCS, and have many different opportunities because of it as well - committees, boards, teaching, grants; while my salary may not have changed as a direct result, my overall status and satisfaction has.</td>
<td>10/10/2013 2:55 PM</td>
</tr>
<tr>
<td>12</td>
<td>.</td>
<td>10/10/2013 2:41 PM</td>
</tr>
<tr>
<td>13</td>
<td>Limited medical community awareness of the PCS, Not a mandatory state or national requirement</td>
<td>10/10/2013 2:37 PM</td>
</tr>
<tr>
<td>14</td>
<td>I feel it helps me keep up to date on skills</td>
<td>10/9/2013 10:23 PM</td>
</tr>
<tr>
<td>15</td>
<td>Commitment to profession</td>
<td>10/7/2013 8:09 PM</td>
</tr>
<tr>
<td>16</td>
<td>I just retired. I worked in my own practice so I did not get more pay or more referrals but I have a lot of self satisfaction and learned a lot by getting my PCS</td>
<td>10/4/2013 8:36 PM</td>
</tr>
<tr>
<td>17</td>
<td>It is an important indicator of professional development and a sign of more competence/expertise compared to those who do not have it.</td>
<td>10/4/2013 8:19 PM</td>
</tr>
<tr>
<td>18</td>
<td>I feel it opened doors in different areas of study and made me aware of more evidence based practice.</td>
<td>10/3/2013 7:56 PM</td>
</tr>
<tr>
<td>19</td>
<td>It reflects a commitment to lifelong learning and advanced, current practice.</td>
<td>10/3/2013 10:19 AM</td>
</tr>
<tr>
<td>20</td>
<td>Cost. Credibility is limiting factor as well as requirements to renew.</td>
<td>10/3/2013 8:43 AM</td>
</tr>
<tr>
<td>21</td>
<td>I feel that specialist certification demonstrates expertise</td>
<td>10/2/2013 12:05 PM</td>
</tr>
<tr>
<td>22</td>
<td>Personal goal</td>
<td>10/2/2013 12:05 PM</td>
</tr>
<tr>
<td>23</td>
<td>Enjoy the credibility it gives me with other therapists</td>
<td>10/2/2013 11:57 AM</td>
</tr>
<tr>
<td>24</td>
<td>The requirements are so minimal and the standard setting process gets overridden so often, the specialization has little meaning at this time.</td>
<td>10/2/2013 11:01 AM</td>
</tr>
<tr>
<td>25</td>
<td>I worked hard for it initially. Competition for referrals is increasing. Our company strongly supports PCS.</td>
<td>10/2/2013 10:11 AM</td>
</tr>
<tr>
<td>26</td>
<td>I am a mentor in our Residency program and need to maintain my certification for that purpose.</td>
<td>10/2/2013 9:07 AM</td>
</tr>
<tr>
<td>27</td>
<td>Likelihood is prohibitive as well as timing in my life with children. Also will not have any effect on my job</td>
<td>10/1/2013 10:19 PM</td>
</tr>
<tr>
<td>28</td>
<td>I worked for it and I learned so much while working toward it.</td>
<td>10/1/2013 9:58 PM</td>
</tr>
<tr>
<td>29</td>
<td>I enjoyed the PCS process and like the challenge</td>
<td>10/1/2013 8:42 PM</td>
</tr>
<tr>
<td>30</td>
<td>Probably will retire from active practice</td>
<td>10/1/2013 8:35 PM</td>
</tr>
<tr>
<td>31</td>
<td>Great work to get the first and second times</td>
<td>10/1/2013 7:48 PM</td>
</tr>
<tr>
<td>32</td>
<td>To continue my education and stay current with research and best practice.</td>
<td>10/1/2013 6:19 PM</td>
</tr>
<tr>
<td>33</td>
<td>however I may retire before it expires.</td>
<td>10/1/2013 6:06 PM</td>
</tr>
<tr>
<td>34</td>
<td>It is important for me to provide quality care to my patients, and this is one way that I keep myself accountable.</td>
<td>10/1/2013 4:59 PM</td>
</tr>
<tr>
<td>35</td>
<td>I feel it is my responsibility to renew my certification due in 2014 as long as I am working. This however, will be my last re-certification because I will over 70 and probably retired when it is time to recertify again.</td>
<td>10/1/2013 4:50 PM</td>
</tr>
<tr>
<td>36</td>
<td>Continues to improve work satisfaction</td>
<td>10/1/2013 4:43 PM</td>
</tr>
<tr>
<td>37</td>
<td>I have already renewed twice</td>
<td>10/1/2013 4:05 PM</td>
</tr>
<tr>
<td>38</td>
<td>This is a valuable documentation of expertise and experience</td>
<td>10/1/2013 3:26 PM</td>
</tr>
<tr>
<td>39</td>
<td>I believe it’s crucial to best practice as a clinician specializing in pediatrics</td>
<td>10/1/2013 3:15 PM</td>
</tr>
<tr>
<td>40</td>
<td>I like holding specialist certification, and feel it can potentially open more career doors for me.</td>
<td>10/1/2013 2:39 PM</td>
</tr>
<tr>
<td>41</td>
<td>Helps separate me from some of my peers</td>
<td>10/1/2013 2:39 PM</td>
</tr>
<tr>
<td>42</td>
<td>not meeting minimum of clinical care</td>
<td>10/1/2013 2:29 PM</td>
</tr>
<tr>
<td>43</td>
<td>For my resume</td>
<td>10/1/2013 2:27 PM</td>
</tr>
<tr>
<td>44</td>
<td>I will maintain it because I do think it’s a representation of an advanced level of knowledge even though not recognized by most.</td>
<td>10/1/2013 2:25 PM</td>
</tr>
<tr>
<td>45</td>
<td>I already renewed 3 years prior to expiration because I did not want to worry about the new requirements for PCS renewal. I am now renewed until 2015.</td>
<td>10/1/2013 2:24 PM</td>
</tr>
<tr>
<td>46</td>
<td>I am working on obtaining my IDPT and PhD to work on clinical research, I plan to continue work in the pediatric field.</td>
<td>10/1/2013 2:20 PM</td>
</tr>
<tr>
<td>47</td>
<td>I believe it is a professional duty and am proud that I accomplished this certification and want to maintain it</td>
<td>10/1/2013 2:19 PM</td>
</tr>
<tr>
<td>48</td>
<td>It is important to me. Also, I currently receive $2000 per year for having it.</td>
<td>10/1/2013 2:10 PM</td>
</tr>
<tr>
<td>49</td>
<td>I think it is important to stay at the top of my field.</td>
<td>9/25/2013 2:31 PM</td>
</tr>
<tr>
<td>50</td>
<td>I like having it.</td>
<td>9/24/2013 8:25 AM</td>
</tr>
<tr>
<td>51</td>
<td>Requirement of our clinical ladder, Also, for the previous questions, I changed jobs related to completing my PhD and I am in the same organization but a new setting (outpatient instead of acute care).</td>
<td>9/23/2013 8:42 AM</td>
</tr>
<tr>
<td>52</td>
<td>For all the reasons above in addition to the “push” to stay current for the sale of my students, my clients, my families, and myself. I am proud to be a specialist and all that it means.</td>
<td>9/21/2013 6:28 PM</td>
</tr>
<tr>
<td>53</td>
<td>To maintain my clinical competency and adequately mentor others</td>
<td>9/21/2013 6:19 PM</td>
</tr>
<tr>
<td>54</td>
<td>It helps me stay motivated to be up to date</td>
<td>9/20/2013 6:32 PM</td>
</tr>
<tr>
<td>55</td>
<td>Because I like knowing that I am one of the top in my field.</td>
<td>9/19/2013 10:14 PM</td>
</tr>
<tr>
<td>56</td>
<td>It is one way of providing validation for clinical expertise and provides a network of other clinicians</td>
<td>9/18/2013 9:32 PM</td>
</tr>
<tr>
<td>57</td>
<td>Strongly encouraged for my academic position.</td>
<td>9/18/2013 8:58 PM</td>
</tr>
<tr>
<td>58</td>
<td>I earned it. The designation signifies a higher level of commitment to pediatrics as compared to a generalist.</td>
<td>9/18/2013 4:45 PM</td>
</tr>
<tr>
<td>59</td>
<td>Continue certification</td>
<td>9/18/2013 7:17 AM</td>
</tr>
<tr>
<td>60</td>
<td>I have renewed once and will renew again before the renewal process kicks in. I am not sure I will renew under the new renewal system.</td>
<td>9/18/2013 7:17 AM</td>
</tr>
<tr>
<td>61</td>
<td>I found it a valuable learning experience that improved my practice.</td>
<td>9/17/2013 9:40 PM</td>
</tr>
<tr>
<td>62</td>
<td>I believe it represents a level of increased experience and knowledge</td>
<td>9/17/2013 9:13 PM</td>
</tr>
<tr>
<td>63</td>
<td>I want to continue to grow as a clinician.</td>
<td>9/17/2013 6:23 PM</td>
</tr>
<tr>
<td>ID</td>
<td>Text</td>
<td>Date</td>
</tr>
<tr>
<td>----</td>
<td>----------------------------------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>64</td>
<td>I am now semi retired and plan to be fully retired by my next recertification date.</td>
<td>9/17/2013 4:30 PM</td>
</tr>
<tr>
<td>65</td>
<td>I HAVE RE-CERTIFIED ONCE, AND WHEN IT COMES DUE AGAIN I WILL BE RETIRED.</td>
<td>9/17/2013 3:39 PM</td>
</tr>
<tr>
<td>66</td>
<td>I already have, I think that having the credentials are important and represent an area of speciality</td>
<td>9/17/2013 3:34 PM</td>
</tr>
<tr>
<td>67</td>
<td>Must maintain to continue teaching and want to maintain for myself.</td>
<td>9/17/2013 12:25 PM</td>
</tr>
<tr>
<td>68</td>
<td>It is important to me as a specialized therapist that I am recognized as such.</td>
<td>9/17/2013 10:10 AM</td>
</tr>
<tr>
<td>69</td>
<td>I have renewed once but now do not carry the direct treatment hours required and do mostly research at the present time.</td>
<td>9/17/2013 9:48 AM</td>
</tr>
<tr>
<td>70</td>
<td>It is an important credential for me.</td>
<td>9/17/2013 8:16 AM</td>
</tr>
<tr>
<td>71</td>
<td>I believe having my PCS has opened up other doors for me.</td>
<td>9/17/2013 7:43 AM</td>
</tr>
<tr>
<td>72</td>
<td>I have continued to be involved and practice at a high level and will maintain PCS to reflect that.</td>
<td>9/17/2013 4:44 AM</td>
</tr>
<tr>
<td>73</td>
<td>Cost P: there is a typo in question 20</td>
<td>9/17/2013 1:15 AM</td>
</tr>
<tr>
<td>74</td>
<td>I THINK so, but depends on what is required for renewal. I will not sit for the exam again, so I am undecided at this time.</td>
<td>9/16/2013 9:25 PM</td>
</tr>
<tr>
<td>75</td>
<td>I think I will at this time, however, my position is more in management with limited direct patient care. I do think it is important to keep up to date regarding evidenced based practice and the PCS is helpful for doing this.</td>
<td>9/16/2013 9:20 PM</td>
</tr>
<tr>
<td>76</td>
<td>Probably will be retired. If I am still practicing, then I will renew the PCS</td>
<td>9/16/2013 8:52 PM</td>
</tr>
<tr>
<td>77</td>
<td>I will be close to 60 when I renew the next time</td>
<td>9/16/2013 8:02 PM</td>
</tr>
<tr>
<td>78</td>
<td>I will recertify for the third time in 2016 if I am still employed and if I can complete a portfolio vs a written test. I am proud of my accomplishments as a PCS.</td>
<td>9/16/2013 7:47 PM</td>
</tr>
<tr>
<td>79</td>
<td>Yes, respect among colleagues and renewal will keep me updated and current in the field.</td>
<td>9/16/2013 6:14 PM</td>
</tr>
<tr>
<td>80</td>
<td>I believe it demonstrates my commitment to continually update my skills and knowledge base in order to provide the best care that I can to my patients.</td>
<td>9/16/2013 6:06 PM</td>
</tr>
<tr>
<td>81</td>
<td>It's important to me.</td>
<td>9/16/2013 5:07 PM</td>
</tr>
<tr>
<td>82</td>
<td>I feel it is my personal and professional responsibility to commit to the PCS for renewal. I feel the ongoing education the renewal requires will continue to make me a better therapist for my patients.</td>
<td>9/16/2013 4:56 PM</td>
</tr>
<tr>
<td>83</td>
<td>As a tenure-track faculty member, I don't think I will have enough clinical service hours with pediatric patients to be eligible for renewal.</td>
<td>9/16/2013 4:36 PM</td>
</tr>
<tr>
<td>84</td>
<td>Have already recertified</td>
<td>9/16/2013 3:56 PM</td>
</tr>
<tr>
<td>85</td>
<td>I worked hard for it and I want to maintain it. I do wish the focus of renewal was based less on research, and more on clinical excellence.</td>
<td>9/16/2013 3:37 PM</td>
</tr>
<tr>
<td>86</td>
<td>Valuable and appropriate for clinical practice</td>
<td>9/16/2013 3:20 PM</td>
</tr>
<tr>
<td>87</td>
<td>Although there is much confusion among physicians regarding board certification, I personally feel it has greatly enhanced my career satisfaction. I had recently recertified for the second time since becoming a PCS for a total of three.</td>
<td>9/16/2013 2:51 PM</td>
</tr>
<tr>
<td>88</td>
<td>Pediatrics is my area of expertise and I feel that this certification supports this.</td>
<td>9/16/2013 2:49 PM</td>
</tr>
<tr>
<td>89</td>
<td>Motivates me to keep up to date</td>
<td>9/16/2013 2:46 PM</td>
</tr>
<tr>
<td>90</td>
<td>The PCS was something I did for myself. I teach Con Ed courses and at local universities, so the PCS adds to my qualifications. I do not believe that it has much significance to my clients. I do not get paid any more or less because of it, and I do not think that I have any different skills than my pediatric colleagues. I just spent time and money for this... anyone can do that.</td>
<td>9/16/2013 2:31 PM</td>
</tr>
<tr>
<td>91</td>
<td>Getting my PCS opened doors in academia. I received recruitment letters from universities who were seeking PT's with post-professional degrees and PCS to teach pediatric curriculum. I began working adjunct at a local university teaching in the pediatric course. I would like to keep that &quot;door&quot; open.</td>
<td>9/16/2013 2:07 PM</td>
</tr>
<tr>
<td>92</td>
<td>Having the PCS opens doors to many opportunities for professional development within my professional organizations. It also affirms my expertise as a pediatric PT to prospective participants of the continuing education courses that I teach.</td>
<td>9/16/2013 1:58 PM</td>
</tr>
<tr>
<td>93</td>
<td>I think it's important to keep PCS</td>
<td>9/16/2013 1:56 PM</td>
</tr>
<tr>
<td>94</td>
<td>many reasons</td>
<td>9/16/2013 1:51 PM</td>
</tr>
</tbody>
</table>
Appendix A continued

<table>
<thead>
<tr>
<th></th>
<th>Statement</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>95</td>
<td>I will probably not renew since I will be retiring in the next year</td>
<td>9/16/2013 1:08 PM</td>
</tr>
<tr>
<td>96</td>
<td>I feel professionally responsible in attaining it.</td>
<td>9/16/2013 1:01 PM</td>
</tr>
<tr>
<td>97</td>
<td>Career satisfaction</td>
<td>9/16/2013 12:54 PM</td>
</tr>
<tr>
<td>98</td>
<td>The PCS was a personal goal along with completing a master's degree. I</td>
<td>9/16/2013 12:50 PM</td>
</tr>
<tr>
<td></td>
<td>did receive higher placement on the pay scale for the master's. I felt</td>
<td></td>
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<tr>
<td></td>
<td>a need to significantly upgrade my skills after 20 years in pediatrics</td>
<td></td>
</tr>
<tr>
<td></td>
<td>and to prevent the downward slide toward retirement. I find it</td>
<td></td>
</tr>
<tr>
<td></td>
<td>professionally and mentally invigorating to meet the requirements. A note</td>
<td></td>
</tr>
<tr>
<td></td>
<td>to: There is no compensation in the public school system for having</td>
<td></td>
</tr>
<tr>
<td></td>
<td>specialist certification; this is contrary to teachers who have the same</td>
<td></td>
</tr>
<tr>
<td></td>
<td>salary opportunities but receive $6000 per year in our state for being</td>
<td></td>
</tr>
<tr>
<td></td>
<td>board certified. I suspect this is because they have numbers clout and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>therapists don't. There is monetary support for teachers to do the board</td>
<td></td>
</tr>
<tr>
<td></td>
<td>certification process but not therapists. I love my job anyway!!!</td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>Because it is important to me as a lifelong learner</td>
<td>9/16/2013 12:42 PM</td>
</tr>
<tr>
<td>100</td>
<td>I have just renewed for 10 years - I will not be working in 10 years</td>
<td>9/16/2013 12:40 PM</td>
</tr>
<tr>
<td>101</td>
<td>I took time/energy and expense to get it - I don't want to let it lapse</td>
<td>9/16/2013 12:39 PM</td>
</tr>
<tr>
<td>102</td>
<td>It's important to keep up certifications.</td>
<td>9/16/2013 12:21 PM</td>
</tr>
<tr>
<td>103</td>
<td>Expensive</td>
<td>9/16/2013 12:10 PM</td>
</tr>
<tr>
<td>104</td>
<td>Unsure based upon financial commitment, time and new requirements to</td>
<td>9/16/2013 12:08 PM</td>
</tr>
<tr>
<td></td>
<td>renewal, and depending on my employment/position at that time.</td>
<td></td>
</tr>
<tr>
<td>105</td>
<td>I believe it motivates me to be as educated and up to date as possible</td>
<td>9/16/2013 12:07 PM</td>
</tr>
<tr>
<td></td>
<td>regarding pediatric care and assessment.</td>
<td></td>
</tr>
<tr>
<td>106</td>
<td>I renewed in 2012. I will be retired when my PCS next expires.</td>
<td>9/16/2013 12:06 PM</td>
</tr>
<tr>
<td>107</td>
<td>I believe this certification distinguishes me as a pediatric expert.</td>
<td>9/16/2013 12:04 PM</td>
</tr>
<tr>
<td>108</td>
<td>Sends an explicit message that specialization is important and that I</td>
<td>9/16/2013 12:03 PM</td>
</tr>
<tr>
<td></td>
<td>have additional expertise in the area to new families who may need.</td>
<td></td>
</tr>
<tr>
<td>109</td>
<td>keep the pay difference, upgrade job prospects.</td>
<td>9/16/2013 12:01 PM</td>
</tr>
<tr>
<td>110</td>
<td>Feel it is important to maintain this level of clinical excellence. The</td>
<td>9/16/2013 11:59 AM</td>
</tr>
<tr>
<td></td>
<td>recent process leads me to reflect about my career choices and how I am</td>
<td></td>
</tr>
<tr>
<td></td>
<td>practicing.</td>
<td></td>
</tr>
<tr>
<td>111</td>
<td>It sets me apart, it encourages me to push myself as a PT and stay on</td>
<td>9/16/2013 11:59 AM</td>
</tr>
</tbody>
</table>
Appendix B: Invitation and Consent Form

To: [Email]
From: "PCSresearchsurvey@gmail.com via surveymonkey.com"

Subject: PCS Survey Research from Florida Gulf Coast University IRB #S2013-34

Body: Hello,

We are conducting a 29 multiple choice question survey to better understand the effect a pediatric specialty certification in physical therapy has on the physical therapist's status and clinical practice. By clicking on the survey link below you are consenting to participate in this research survey. This link is uniquely tied to this survey and your email address. Please do not forward this message. Your response would be greatly appreciated!

https://www.surveymonkey.com/s.aspx

Consent Information

Study Title: The Effect of a Pediatric Specialty Certification in Physical Therapy on Status and Clinical Practice

Principal Researchers: Kimberly Chmielewski, SPT and Erin Weniger, SPT
Faculty Sponsors: Dr. Sharon Bevins, PhD, PT and Ellen Donald, MS, PT

You are being asked to participate in an online survey for a research project conducted through Florida Gulf Coast University. The study is being conducted by two students as a requirement for a doctoral degree from Florida Gulf Coast University. The University requires that you give your approval to participate in this project. You must be at least 18 years old to take this survey.

Your participation in the study is completely voluntary. If you decide to participate now you may change your mind and stop at any time, for any reason, without penalty or loss of any future services you may be eligible to receive from the University. You can choose to not answer an individual question or you may skip any section of the survey by clicking next at the bottom of the survey page to move to the next question.

The purpose of the study is to evaluate the effect of a Pediatric Specialty Certification in physical therapy on status and clinical practice.

We are asking you to take part in the study because you are a physical therapist with a Pediatric Specialty Certification.

If you agree to be part of the research study, you will be asked to complete an online survey that includes general demographic information and your opinions regarding the effects a PCS has on
status and clinical practice. The survey requires approximately 10 minutes of your time and must be completed in one session.

Your participation will be kept anonymous. However, working with email or the internet has the risk of compromising privacy, confidentiality, and/or anonymity. Despite this possibility, the risks to your physical, emotional, social, professional, or financial well-being are considered to be 'less than minimal' by completing the survey.

Although your participation in this research may not benefit you personally, it may provide useful information on the effects of a PCS on the physical therapist. It may assist pediatric therapists in determining whether or not to acquire their PCS and allow clinicians with their PCS to compare how the PCS has affected other clinician’s status and clinical practice.

If you participate in the study, your anonymity will be protected through the following steps. The e-mail address and participant name will not be visible to researchers. The SurveyMonkey account log in information will only be known by the researchers. The electronic data will be stored on a flash drive that will be kept in the faculty sponsor's office until the summer of 2016, when it will be destroyed. SurveyMonkey provides a secure connection between the client and server using a Secure Sockets Layer. However, despite these safeguards, there is the remote possibility of hacking or other security breaches that could compromise the confidentiality of the information you provide. Thus, it is important to remember that you are free to decline to answer any question that makes you uncomfortable for any reason.

We will not release information about you unless you authorize us to do so or unless we are required to do so by law. If results of this study are published or presented at a professional meeting, no information will be included that would make it possible to identify you as a study participant.

Any reports or publications based on this research will use only group data and will not include any information that would identify you or any individual as being affiliated with this project.

You will not be paid to take part in this study.

If you have any questions about this study, you may contact Dr. Sharon Bevins at 239-590-7533. If you have any questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, you can contact the Chair of the Human Subjects' Institutional Review Board through Sandra Terranova, Office of Research and Sponsored Programs, at 239-590-7522.

Statement: I have read the preceding information describing this study. All of my questions have been answered to my satisfaction. I am 18 years of age or older and freely consent to participate in the study. My decision to participate or to decline participating in this study is completely voluntary. I understand that I am free to withdraw from the study at any time. I am aware of my option to not answer to any questions I choose.
Appendix B continued

I understand that it is not possible to identify all potential risks I believe that reasonable steps have been taken to minimize both the known and potential but unknown risks. The submission of the completed survey is my informed consent to participate in the study.

If you would like a copy of the consent form, print a copy before continuing.

Thank you for your time,
Kimberly Chmielewski and Erin Weniger

Please note: If you do not wish to receive further emails from us, please click the link below, and you will be automatically removed from our mailing list.
https://www.surveymonkey.com/optout.aspx
Appendix C: Initial Reminder Email

To: [Email]
From: "PCSresearchsurvey@gmail.com via surveymonkey.com"
Subject: PCS Survey Research Reminder IRB #S2013-34

Body: Hello,

This is a friendly reminder email asking you to please complete our survey. It is a 29 multiple choice question survey that will take no more than 5-10 minutes. You will help us better understand the effect a pediatric specialty certification in physical therapy has on the physical therapist's status and clinical practice. By clicking on the survey link below you are consenting to participate in this research survey. This link is uniquely tied to this survey and your email address. Please do not forward this message. Your response would be greatly appreciated!

Here is a link to the survey:
https://www.surveymonkey.com/s.aspx

Sincerely,
Kim Chmielewski, SPT and Erin Weniger, SPT
Florida Gulf Coast University

This link is uniquely tied to this survey and your email address. Please do not forward this message.

Please note: If you do not wish to receive further emails from us, please click the link below, and you will be automatically removed from our mailing list.
https://www.surveymonkey.com/optout.aspx
Appendix D: Final Reminder Email

To: [Email]
From: "PCSresearchsurvey@gmail.com via surveymonkey.com"
Subject: Final Reminder: PCS Survey Research from Florida Gulf Coast University IRB #S2013-34

Body: Hello,

This is the final friendly reminder to complete our survey. The 29 multiple choice question survey will take approximately 5-10 minutes and will help us to better understand the effect a pediatric specialty certification in physical therapy has on the physical therapist's status and clinical practice. By clicking on the survey link below you are consenting to participate in this research survey. This link is uniquely tied to this survey and your email address. Please do not forward this message. Your response would be greatly appreciated!

Here is a link to the survey:
https://www.surveymonkey.com/s.aspx

Thank you,
Erin Weniger and Kim Chmielewski

Please note: If you do not wish to receive further emails from us, please click the link below, and you will be automatically removed from our mailing list.
https://www.surveymonkey.com/optout.aspx
Appendix E: Survey Instrument

The following questions will gather information on demographics.

*1. How many years have you had your PCS?
- 0-5
- 6-10
- 11-15
- 16-20
- 21-26
- I do not have my PCS

*2. Please indicate your sex.
- Male
- Female

*3. What is your age in years?
- 20-30
- 31-40
- 41-50
- 51-60
- 61-70
- 71+

*4. How many years have you been a physical therapist?
- 0-5
- 6-10
- 11-15
- 16-20
- 21-30
- 31-40
- 41+
Appendix E continued

5. Are you a member of the APTA?
   - Yes
   - No

6. Are you a Section on Pediatrics member?
   - Yes
   - No

7. Please indicate the zip code (5 digit) in which you currently practice.

8. What degrees do you hold in any area of study? Click all that apply.
   - Bachelor's degree
   - Master's degree
   - Clinical Doctorate (e.g., DPT)
   - Doctoral degree (e.g., PhD, EdD, or ScD)
   - Other (please specify)

9. Which ABPTS certifications do you hold? Check all that apply.
   - Pediatric Specialist Certification
   - Orthopedic Specialist Certification
   - Neurology Specialist Certification
   - Geriatric Specialist Certification
   - Sports Specialist Certification
   - Women's Health Specialist Certification
   - Cardiovascular & Pulmonary Specialist Certification
   - Clinical Electrophysiology Specialist Certification
Appendix E continued

* 10. Which other certifications do you hold? Check all that apply.
   - Neuro-Developmental Treatment Certification
   - American Board Certified Orthotist
   - American Board Certified Prosthetist
   - American Board Certified Prosthetist/Orthotist
   - Manual Therapy Certification
   - None
   - Other (please specify)
     
* 11. Are you currently enrolled in a post-professional graduate program or taking courses for academic credit to meet the requirements for a post-professional degree in any discipline?
   - Yes, research doctorate
   - Yes, clinical doctorate
   - Yes, masters
   - No

* 12. Using a total of 35 or more hours per week as the definition of full-time, which one of the following best describes your current employment status?
   - Full-time salaried
   - Part-time salaried
   - Full-time self employed
   - Part-time self employed
   - Full time hourly
   - Part time hourly
Appendix E continued

13. Which of the following best describes the type of facility or institution in which you currently do all or most of your work?

- Acute care hospital
- Inpatient rehab hospital
- Health system or hospital-based outpatient facility
- Private outpatient clinic
- Skilled nursing facility
- Home health care
- Early intervention setting
- School system (primary/secondary)
- Academic institution (post-secondary)
- Health and wellness facility
- Research center
- Industry

The next group of questions will evaluate any status changes you experienced after you received your PCS.

14. Within 1 year of receiving your PCS, did you receive an increase in salary?

- Yes, between $1,000-5,000
- Yes, between $5,001-10,000
- Yes, between $10,001-15,000
- Yes, between $15,001-20,000
- Yes $20,000+
- No, I did not experience any increase in monetary salary after I received my PCS.

15. Was getting your PCS a requirement of your job?

- Yes
- No
Appendix E continued

* 16. Did you receive any type of promotion after you attained your PCS?
   - Yes, I was given increased responsibility and authority with no title change.
   - Yes, I was given increased responsibility and authority with a title change.
   - No, I did not experience any type of promotion.

* 17. Did your employer pay for any of the ABPTS fees required to achieve your PCS?
   - Yes, less than 25% of the total fee
   - Yes, between 26%-50% of the total fee
   - Yes, between 51-75% of the total fee
   - Yes, greater than 76% of the fee
   - Yes, my employer paid 100% of the fee
   - No, my employer did not pay any of the ABPTS fees.

* 18. Does your name badge indicate that you are PCS certified?
   - Yes
   - No

* 19. Did you change jobs after receiving your PCS?
   - Yes, within 1 year of receiving my PCS
   - Yes, between 1-2 years after receiving my PCS
   - Yes, between 2-3 years after receiving my PCS
   - Yes, after 3 years of receiving my PCS
   - No, I have not changed jobs since receiving my PCS
Appendix E continued

*20. In what setting did you originally work in when you received your PCS?

- Acute care hospital
- Inpatient rehab hospital
- Health system or hospital-based outpatient facility
- Private outpatient clinic
- Skilled nursing facility
- Home health care
- Early intervention setting
- School system (primary/secondary)
- Academic institution (post-secondary)
- Health and wellness facility
- Research center
- Industry

The following questions evaluate if there was a change in clinical practice after you received your PCS.

*21. Compared to your pediatric caseload prior to attaining your PCS, how many more hours do you currently spend in direct contact with pediatric patients weekly since you received your PCS?

- 1-5
- 6-10
- 11-20
- 21-30
- 31+
- I do not spend any more hours in direct patient contact with pediatric patients weekly since I received my PCS

*22. Did you receive more pediatric referrals after receiving your PCS?

- Yes
- No
Appendix E continued

*23. Did you have more ability to choose the patients you saw after receiving your PCS?
   - Yes
   - No

*24. My patients’ parents respected me more after I attained my PCS.
   - Strongly Agree
   - Agree
   - Neutral
   - Disagree
   - Strongly Agree

*25. Referring physicians respected me more after I attained my PCS.
   - Strongly Agree
   - Agree
   - Neutral
   - Disagree
   - Strongly Disagree

*26. Other physical therapists respected me more after I attained my PCS.
   - Strongly Agree
   - Agree
   - Neutral
   - Disagree
   - Strongly Disagree
Appendix E continued

*27. I was more satisfied with my career after getting my PCS.
   • Strongly Agree
   • Agree
   • Neutral
   • Disagree
   • Strongly Disagree

*28. Will you renew your PCS when it next expires?
   • Yes
   • No

*29. Regarding your answer to the previous question, why or why not?