

# The Advancing Accessibility and Disability Equity Summit: An Introduction to and Reflection on Key Take-Aways

By Amanda Sharp, PT, DPT, PhD

## Introduction

In June 2024, a first-of-its-kind event for physical therapy—the Advancing Accessibility and Disability Equity Summit—was held in Chicago, Illinois. Over the course of two days, a network of professionals with diverse areas of expertise, interests, and relationships to the physical therapy profession collaborated in learning and exploring ways to advance access and equity for people with disabilities.

The purpose of this first-in-a-series issue of the *Journal of Humanities in Rehabilitation* is to detail the work leading up to the Summit, summarize the content delivered during the event, share key discussions that occurred on-site, and contextualize the importance of the Summit in the current landscape of the profession through narratives, perspectives, and reflections.

## Background

Initial support for the Summit came from The American Council of Academic Physical Therapy (ACAPT), the primary academic voice for physical therapist education. As an association, ACAPT serves 95% of accredited physical therapist programs. Central funding, organization, and communication for the Summit was a result of ACAPT's commitment to excellence in physical therapist education, including innovation in diversity, equity, and inclusion.

Establishing need and delineating the structure of the Summit came in the form of a proposal that was submitted and approved by ACAPT in late 2023. The primary aim of the Summit was to: “promote equal access for students with disabilities in physical therapy education by identifying and addressing challenges with technical standards and accommodations, known barriers faced by students, and equipping educators with the tools necessary to address equity in their programs.”

To address this aim, Summit organizers envisioned convening a diverse group of attendees including educators, administrators, disability support staff, students and clinicians with disabilities, representatives from professional organizations, and leaders in disability access. Speakers were directly invited based on their expertise and based on their relationship with disability or the physical therapy profession. Attendee recruitment was led by ACAPT, who distributed an email Call for Attendees to their member institutions and on their website.

A second recruitment email was specifically developed for students who were invited to apply to attend the Summit by describing their interest in disability and diversity in the physical therapy profession. Organizers believed that such a dynamic composition of attendees would ensure that: perspectives would not be limited; thus be better able to consider and discuss improvement in access and inclusion for students with disabilities; and develop recommendations for physical therapy education.

Consistent with the belief that accessibility is essential, the Summit was planned with access in mind. Attendees were asked in advance of any access needs, captions were utilized on all presentations, slide decks were available, and visual descriptions were provided for each speaker as a component of introductions, among other considerations. The structure of the Summit was intentional so that participants would not only consider facilitators and barriers to access in education and ethics but also have time to hear firsthand experiences from students and individuals with disabilities. The structure also would allow time to engage in generative discussions, and opportunities to brainstorm solutions to known questions about disability inclusion in physical therapy.

## The Summit: Day 1

The Summit included approximately 60 attendees seated at round tables on the 10<sup>th</sup> floor of the Shirley Ryan Ability Lab in Chicago, Illinois. Dr. Lisa Meeks, MA, PhD, a highly-regarded expert on disability inclusion in medical education, spoke first. During her keynote, Dr. Meeks challenged attendees to consider their understanding of disability and access. She provided data on the prevalence of disability and introduced the definition of *ableism*—a form of discrimination against people with disabilities based on the belief that a ‘normal’ body and mind are preferable—to highlight the ways that ableism perpetuates bias in multiple facets of healthcare education.

Building on the foundation set by Dr. Meeks, Dr. Amanda Sharp, PT, DPT, PhD, transitioned the lens to focus on the physical therapy profession. Dr. Sharp provided examples of successfully-practicing disabled physical therapists, and highlighted guiding documents from the American Physical Therapy Association (APTA), including the Mission, Vision, and Core Values, to make the case for disability diversity and inclusion. In the final section of the keynote, Dr. Sharp identified the lack of current research on disability in the profession and encouraged attendees to truly reflect and engage on the future of the profession as one with a more diverse and inclusive population.

## PANEL DISCUSSION 1

The first of several Summit panel discussions, “Breaking Barriers: Strategies for Ensuring Equal Access and Accommodations for Students with Disabilities,” moderated by Dr. Krista Van Der Laan, PT, DPT, involved three disability resource

professionals: Matthew Sullivan, PhD; Aggie McGrane, MS; and Hugo Trevino, M.Ed. Through their shared expertise in working to develop accommodations in clinical and didactic settings for healthcare students, several important concepts came through.

They first highlighted the definition of an accommodation through the lens of what is and is not reasonable. For example, an accommodation is an adjustment that removes a barrier to enabling a person with a disability access. An accommodation considered reasonable is one that does not fundamentally alter curriculum, pose a safety risk, or result in undue financial or administrative burden. In considering what is reasonable in physical therapy practice, they highlighted the importance of individual accommodations developed in an iterative process that engages the student, disability professional, and program. Discussion around program expectations in the form of technical standards enhanced the dialogue as panelists further highlighted the need for proactive collaboration.

In the subsequent session, Dr. Meeks, Dr. Sharp, and Enjie Hall, MA, presented on technical standards. According to Federal Guidance on Section 504, technical standards (TS) encompass all non-academic criteria associated with participation in an educational program. Speakers provided a brief historical context for the development of TS and identified the following as key areas for TS according to published work by the Association of American Medical Colleges (AAMC): Intellectual-conceptual abilities, behavioral and social attributes, communication, observation, motor capabilities, and more recently, an ethics or professionalism category. Best practices in writing TS emphasize the use of functional TS, those that focus on the abilities of a learner, over organic TS, which

focus on how a student completes a task.

Participants were challenged to consider the introductory language, disability disclosure processes, and the tone of language used in their program-specific TS. A summary of available literature on TS in physical therapy was provided; points emphasized included the lack of recent studies, the high degree of variability in the categories used in these TS, and the identified challenges in even locating TS on many program websites. Finally, this session emphasized the differences between technical standards—which refer to the academic setting; and essential functions—which refer to employment settings. These two areas are frequently confused in discussions and the literature.

## PANEL DISCUSSION 2

The day's second panel highlighted accommodations from the perspective of Directors of Clinical Education, Academicians, and a Site Coordinator for Clinical Education (SCCE). One major theme of this panel was the importance of proactive planning and collaboration with disability professionals, like the messaging earlier in the day. Dr. Van der Laan, a Panel 1 participant, spoke about managing faculty resistance to accommodations by addressing misconceptions about logistics, fairness, and providing options. As an SCCE, Dr. Clay Schewe, PT, DPT, further highlighted the importance of clear communication on accommodations as well as using the creativity inherent in physical therapy practice to solve access barriers faced by students with disabilities. As the session progressed the conversation continued to emphasize collaboration, shifting of perspectives, and clear, transparent communication. Summitt attendees shared their own experiences, stories, and problems solved in

a dynamic question-and-answer session.

## SMALL GROUP DISCUSSIONS

Next, small group discussions began. During the first of several planned roundtable sessions of the Summit, attendees collaborated in consideration of the following prompts:

1. How can programs ensure access and inclusion for students with disabilities (visible and non-visible)?
2. What resources, if any, are needed to facilitate implementation of accommodations across the academic setting (non-clinical)? Consider training, awareness, technology, disability offices, etc.
3. How can the profession re-envision education and access under a generalist education framework?

The energy in the room for the roundtable discussions was high. Rather than quiet reflection or wasted time, participants readily discussed the items at hand. Each group utilized a document to collect notes, which will be utilized to qualitatively analyze their shared ideas and perspectives.

## PANEL DISCUSSION 3

In what was collectively recognized as the pinnacle of the day, five physical therapy students with disabilities participated in a lived-experiences panel moderated by Faye Weinstein, PT, MMSc, MS. Students Emily Reester, Mackenzie Kennedy, Gregory Zambrano, McCall Rae, and Amanda Michel shared openly and

honestly about their experiences as disabled students. Discrimination, ableism, and ‘othering’ rang through the stories of each panelist. One student described a lack of support and having to develop their self-named, “black market” accommodations. Others shared ways they hid their disabilities for fear of repercussions. Several attendees, shocked at the harm that had been done to these learners by our own profession, were seen wiping tears away. However, students—and particularly these students—are remarkable and resilient.

As the session ended, all in attendance were left with eight key pieces of advice regarding their interactions with students with disabilities. Presented by Amanda Michel, from Northeastern University, they are:

1. Assume positive intent.
2. Assume competence.
3. Stop using the concept of professionalism to exclude people with disabilities.
4. Work with students to develop creative solutions to problems that come up.
5. Re-examine the terminology used to discuss disability and individuals with disabilities.
6. Aim for disability representation in faculty and staff in physical therapy education programs.
7. Increase representation of disability in advertisements, social media, and recruiting materials for physical therapy education programs and practice.
8. Change your attitudes! It’s not just a chore to accommodate. Having more practicing

providers with disabilities will benefit the field overall.

Day one closed with a summary before a poster and networking event. Attendees spent time informally connecting and reflecting on the Summit so far. Speakers, panelists, and the students all shared their thoughts on what was an energetic and thoughtful first day.

## The Summit: Day 2

### PANEL 1

Having developed a foundation based on key concepts—such as access and technical standards—and the shared wisdom from those with lived experiences, Day 2 began with a targeted session titled, “Addressing Implicit Bias and Promoting Diversity in Physical Therapy Education.” Much like the other sessions, this panel was composed of a diverse group of speakers with and without disabilities. Speakers Sarah Caston, PT, DPT; Jae Jin Pak, Laura Van Puymbrouck, PhD, OTR/L, FAOTA; and session moderator Deana Herrman, PT, PhD covered a broad range of topics. From bias awareness, to naming ableism as a form of oppression, Summit attendees were challenged to consider their ethical responsibility to examine disability bias in physical therapy. Resources including art, poetry, performance, film, books, and research were provided and actionable steps suggested. The session ended with an important final thought from the speakers: *We can act to combat ableism.*

### PANEL 2

The second lived-experiences panel of the Summit was held next, where practicing physical therapists with disabilities shared their perspectives. Panelists Angela Fritz, PT, DPT; Samantha Newell, PT, DPT; Stacy Flynn, PT, DPT; and Cathron Donaldson, PT, DPT, MS represented both visible and invisible disabilities, and described ways their disability identities related to their education and to their current practice. Each of the panelists are actively practicing therapists; some hold multiple positions spanning academic and clinical environments. Their experiences helped attendees to better appreciate the diverse ways that physical therapists practice and engage in their roles.

A key takeaway shared by all panelists was a reflection on the importance of representation. These providers, disabled, send a powerful message to disabled children that they can also be physical therapists. It will be through increased representation, they reflected, that care delivery is enhanced.

### CONCURRENT ROUNDTABLES

In the final section of the Summit, two concurrent roundtable options were offered; attendees were invited to select the topic that best aligned with their interest and/or expertise. One option, “Designing Accessible Clinical Education Experiences,” offered the following prompts for discussion:

1. How can physical therapy educators, clinical instructors, and students collaborate to advocate for, and implement changes that promote, accessibility in clinical education?
2. What role can professional organizations and

accrediting bodies play in setting standards and providing resources to support accessible clinical education experiences?

3. What are the most common barriers to accessibility that physical therapy students encounter during their clinical education, and how can educational institutions proactively identify and address these barriers?
4. How can clinical instructors be better trained and educated to support the needs of students with disabilities or those requiring accommodations?
5. What ongoing professional development opportunities should be provided to ensure that instructors are knowledgeable about best practices in accessible education?

The second option, “Identifying Best Practices for Inclusive Physical Therapy Education,” asked attendees to consider the following prompts:

1. What elements should be included in the physical therapy curriculum to ensure it is inclusive and reflective of diverse patient populations and student needs?
2. How do current Accreditation standards support or not support an inclusive curriculum design?
3. How can case studies, simulations, and practical experiences be designed to incorporate diverse perspectives and conditions?
4. How can assessment and evaluation methods be designed to be more inclusive and equitable for all physical therapy students, including

those with diverse learning styles and abilities?

5. What alternative assessment strategies can be employed to ensure fair evaluation of student competence, safety, etc.?

## FULL GROUP DISCUSSION

At the end of the roundtable discussions, attendees spent time sharing their thoughts with the full group. This dialogue pulled from both days, all sessions, and helped to center the shared experience. Tangible requests over what happens next or how to facilitate change were common. Evident was the sense of community and shared purpose that was engendered over the course of the event. In the months that have followed, both the community and its purpose have grown.

## Moving Forward

The Summit’s student attendees remain in contact and continue to reshape perspectives as they move through their clinical education experiences. They have used information from the Summit to advocate for themselves and for others. Similarly, attendees have engaged broadly with their peers and their home institutions. Every action taken—from speaking up, to learning more, to helping reframe ableist thinking, or simply making space for diversity—adds another brick to the path toward having a more accessible and inclusive profession.

## THE *JHR* SPECIAL EDITION SERIES

Much like the Summit, the purpose of this special edition series is to highlight key issues and experiences,

and to provide a space for continued work, centered on disability. This is an intentional space provided to begin a necessary and ongoing conversation. From perspectives and narratives to analyses of Summit

roundtable discussions, this series of publications in the *Journal of Humanities in Rehabilitation* will take readers on a journey. All are invited to reconsider disability within and external to physical therapy.

## *About the Author*



Amanda Sharp, PT, DPT, PhD is the Associate Vice Provost for Professional Education at the University of Minnesota. In the Division of Physical Therapy, she serves as the Associate Program Director and is an Associate Professor where she directs several courses related to professional development with an emphasis on historical and contemporary issues related to practice. She emphasizes self-awareness, reflection, and advocacy, striving to ensure students consider the complex role of clinical practice; seeing beyond a diagnosis or treatment plan to truly engage with their clients. Dr. Sharp is an educational researcher with a PhD in Higher Education from the University of Minnesota. Her research centers on disability diversity in physical therapy education and she is a regular consultant to students, colleagues, and other professionals on ways to support disability diverse learners in healthcare education.