

The Academy of Neurologic Physical Therapy Knowledge Translation Summit

Knowledge translation (KT) is defined as *“a dynamic and iterative process that includes synthesis, dissemination, exchange and ethically-sound application of knowledge to improve the health of [the population], provide more effective health services and products and strengthen the health care system.”*¹ Importantly, KT requires not only the dissemination of research evidence, but also its actual use in clinical practice. To be successful, KT requires a coordinated effort among many organizational stakeholders, an understanding of existing barriers to KT, and support from the leadership of the organization in which the project is being implemented.

This workshop will teach clinicians, managers and scientists about the practice and science of KT, which is a process that can be used to implement evidence-based practices (EBPs), and result in the development of an action plan to implement an EBP at the participant’s clinic. Workshop attendees will be expected to attend in groups of 2-3 from one organization and will participate in didactic training and problem based and interactive group work related to KT. Participants are expected to use the action plan developed in the workshop to implement an EBP during the two years following the summit. To facilitate success, KT mentors will be available to support application of the action plan. During the two years after completion of the summit, participants will be asked to participate in community of practice involving online meetings to report on facilitators, barriers, and outcomes of each KT project. The KT mentors will also participate in these calls to support the participants in successfully completing their KT projects.

Objectives: At the conclusion of this workshop, participants will be able to:

- 1) Define the practice and science of knowledge translation and its components
- 2) Explain his or her role as a leader or facilitator of knowledge translation.
- 3) Describe the Knowledge-to-Action Framework
- 4) Create an action plan to implement an evidence-based practice
- 5) Identify leadership strategies to facilitate knowledge translation

Project Proposals: Interested participants in the KT summit will submit a project proposal. The proposal should describe a practice that their organization wants to implement.

The proposal should include:

- 1) Project description (should be feasible to complete in 2 years). All submissions should encompass projects that would improve the physical therapy care or outcomes for patients.
- 2) Description of the evidence-based practice to be implemented and the evidence/research supporting the effectiveness of the EBP (including the strength of the evidence).
- 3) Project objectives (related to clinical practice and implementation goals)
- 4) Setting in which the project will be implemented:
 - a. Patient population (acuity, diagnosis, other identifying characteristics)
 - b. Clinical setting
 - c. Clinical staff that will participate in the project
 - d. Other involved stakeholders (i.e. managers, support staff, etc) and strategies planned to engage these stakeholders
- 5) Description of the implementation team, including team members, disciplines, training, and expertise they bring to the project
- 6) A letter of support from a leadership team member at the facility/clinic (manager, director, etc). The letter must state how the organization will support the implementation project and demonstrate the organization's commitment to the project. The letter must also state that the organization will support the applicant/team throughout implementation of the practice during the two years following the summit, describe who is leading the project (implementation and executive champions). Information should include a contingency plan if key project personnel leave the organization; information on human and other resources required to complete the project; and how the organization will support the project with resources.
- 7) Please indicate if you are an ANPT member on the proposal

Participant Selection

Review Criteria

- Project Approach and Description of the Evidence:
 - Clarity of the proposed project
 - Completeness of the literature description
 - Proposed topic area has sufficient evidence to support its application in the clinic
- Project Objectives:
 - Description of project objectives is detailed
 - Objectives are relevant to the setting
 - Objectives are relevant to clinical practice
 - Objectives are achievable in 2 years
- Setting(s) in which the Project will be Implemented:
 - Setting(s) has the requisite patient population and infrastructure to support the project
 - Feasibility of the project
 - Availability and accessibility of personnel, facilities and infrastructure required to conduct the research
 - Suitability of the environment to conduct the proposed project
 - Suitability of the environment (setting, project and mentors) for the training of personnel (if applicable)
 - Letter for applicant's organization demonstrates a strong commitment towards implementation of the project; description of leaders (implementation and executive champions); describes contingency plan if leader/key participant leaves; commitment to human and other resources required and how they will support the project with resources
 - KT Summit is accepting applications outside of ANPT
- Applicants:
 - Qualifications of the applicant(s), including training, experience, and independence
 - Experience of the applicant(s) in the proposed clinical area and with the proposed methodology

- Appropriateness of the team of applicants to carry out the proposed project, in terms of complementarity of expertise and synergistic potential
- Impact of the Project
 - Proposed topic area is a priority for the Academy/ APTA (ie. matches with CPG/EDGE priorities)
 - KT Project addresses a significant need or gap in health research and/or the health care system
 - Potential impact on patients or providers of the applicant's organization for the implementation of the knowledge
 - Appropriateness and adequacy of the proposed plan for knowledge dissemination and exchange

Projects *may be* prioritized if:

- 1) Applicants include researcher/clinician/management team (researchers may be from another institution, such as a local university)
- 2) Applicants that aim to implement an APTA endorsed Clinical Practice Guideline

DEADLINES:

An intent to apply form was encouraged but not required by August 1, 2025.

KT Summit Proposals should be submitted as a single pdf document by Friday September 12, 2025, on this form [HERE](#).

Approved projects will receive notification of acceptance by the end of October 2025. Members of the approved project would then be expected to register for the pre-conference at CSM.

Questions can be included in the intent to apply form or emailed to Wendy Romney, ANPT's Director of Practice, at romneyw@sacredheart.edu with subject line "KT Summit 2025 Inquiry".

Fee: The cost will be APTA's CSM rate for a 2-day pre-conference. Attendees are required to register themselves. More information to come after acceptances are sent in October.

Responsibilities: Individuals who attend the workshop will be asked to:

- 1) Create an action plan to implement the EBP
- 2) Implement the action plan/EBP during the two years after the summit
- 3) Systematically document the implementation process, including barriers, facilitators, KT interventions used, and outcomes of the project
- 4) Report on project progress during monthly conference calls with a KT mentor and other summit participants
- 5) Agree to mentor future summit participants in KT initiatives
- 6) Present or publish findings from KT project

Agenda

Day 1, 8 AM to 5 PM

Time	Topic
8:00 – 8:30AM	Workshop Introduction
8:30 – 9:15 AM	Knowledge Translation in Healthcare
9:15 – 10:00 AM	The Knowledge-to-Action Cycle: Knowledge Creation and the Action Cycle (with integrated case)
10:00–10:15AM	Break
10:15– 10:45 AM	Knowledge Creation Funnel and Know-Do Gap
10:45– 11:15AM	Adapting Knowledge to your Context
11:15- 12:00AM	Identification and Measurement of Barriers/Facilitators
12:00 – 1:00 PM	Lunch
1:00 – 1:45	Knowledge Translation in Rehabilitation: Case Presentation
1:45 – 2:45 PM	Small Group Activity: Developing the KT Plan for the Know-Do Gap, Adaptation, and Identification of Barriers/Facilitators
2:45 – 3:00 PM	Break
3:00 – 3:45 PM	Knowledge Translation in Rehabilitation: Case Presentation
3:45 – 5:00 PM	Small Group Activity, Groups Report Back

Day 2, 8 AM to 5 PM

Time	Topic
8:00 – 8:45 AM	Overview of Agenda and Small Group Work
8:45 – 9:15AM	Knowledge Translation Interventions
9:15 – 9:30 AM	Break
9:30 – 11:15 AM	Small Group Activity, Few Groups Report Back
11:15– 12:00 PM	Knowledge Translation in Rehabilitation: Case Presentation
12:00 – 1:00 PM	Lunch
1:00 – 1:30 PM	Monitoring Knowledge Use and Evaluating Outcomes
1:30– 2:00 PM	Sustain Use
2:00– 4:00 PM	Small Group Activity, Few Groups Report Back
4:00 – 5:00 PM	Next Steps, Discussion, and Wrap-Up

Speakers

Jennifer Moore PT, DHS, NCS

Jennifer Moore PT, DHSc, NCS is the Founder of the Institute for Knowledge Translation (USA) and an advisor to the South Eastern Norway Center for Knowledge Translation. Dr. Moore's research and clinical practice efforts focus on implementing evidence-based assessments and interventions in the United States and Norway. In addition, she has led efforts related to the dissemination and implementation of evidence-based practices as the Director of the Rehabilitation Measures Database (2008-2016; www.rehabmeasures.org), as co-chair of the Clinical Practice Guideline on a Core Set of Outcome Measures for Neurologic Physical Therapy (Moore et al, 2018), and as a chair of the Academy of Neurologic Physical Therapy Knowledge Translation Summit. In 2021, Dr. Moore joined the Stroke Recovery and Rehabilitation Roundtable for Standardized Measurement of Balance and Mobility Post-Stroke, which is an international group of experts who build consensus on how to develop, conduct, and report stroke research. Dr. Moore has also published many peer-reviewed articles on measurement psychometric properties and implementation.

Wendy Romney, PT, DPT, PhD, NCS

Wendy Romney, PT, DPT, PhD, NCS is an Associate Professor at Sacred Heart University, teaching courses on physical therapy examination including use of outcome measures and treatment of patients with neurological disease and dysfunction and medically complex issues. Dr. Romney earned her PhD from Rutgers University in Health Science with a focus on knowledge translation and her research is focused on improving the use of outcome measures in PT practice. She is a Board-Certified Specialist in Neurological Physical Therapy and continues to practice at Gaylord Specialty HealthCare, Wallingford, CT treating patients with neurologic disease and medically complex issues. She is the Director of Practice for the Academy of Neurologic Physical Therapy, a member of the SCI EDGE workgroup and a member the guideline development group on the Core Set of Outcome Measures CPG for the Academy of Neurologic Physical Therapy.

T. George Hornby PT, PhD

T. George Hornby PT, PhD is a Professor of Physical Medicine and Rehabilitation at Indiana University and the director of the Locomotor Recovery Laboratory at the Rehabilitation Hospital of Indiana. Dr. Hornby's work is focused on optimizing rehabilitation interventions to improve lower extremity function in patients with stroke and spinal cord injury, with a primary focus on restoration of walking ability. Recently, his activity has focused on direct translation of his research to clinical practice in rehabilitation. Dr. Hornby has co-authored over 110 research publications and is PI or Co-PI on active R01, DOD, and NIDRR center grants. He was previously the Director of Research and Director of Knowledge Synthesis for the ANPT.

Irene Ward, PT, DPT, NCS

Irene Ward, PT, DPT, NCS. Through clinical practice at the Rusk Institute for Rehabilitation and her current role as the Clinical Research Coordinator for the Brain Injury Program at the Kessler Institute for Rehabilitation and adjunct faculty for Seton Hall University's DPT Program, she has had the opportunity to contribute to the field of neurologic practice as a clinician, educator, and researcher. She is the Director of Knowledge Synthesis for the ANPT, the Co-chair of the TBI EDGE 2.0 Taskforce and has served as the methodologist for the *Clinical Practice Guideline to Improve Locomotor Function Following Chronic Stroke, Incomplete Spinal Cord Injury and Brain Injury* (JNPT 2020). Irene was the Principal Investigator of the *Implementation of High Intensity Gait Training in an Acute Rehabilitation Hospital for Individuals with Acquired Brain Injury*, a knowledge translation project funded by the ANPT Knowledge Translation Grant.

Keywords: Knowledge Translation, Implementation Science, Evidence Based Practice, Clinical Practice Guidelines

Teaching and learning assessment methods: Didactic presentations, group work and discussions will occur throughout the workshop, and ongoing mentoring will be provided for up to two years following the course. Participants will be

assessed using a pre and post-test. Additionally, each participant/team of participants will be asked to draft a knowledge translation plan.

Recommended content level: Basic

Conflict of interest disclosure: The speakers of no conflicts of interest to disclose.

References:²⁻⁷

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