

USC/CHLA PEDIATRIC PHYSICAL THERAPY RESIDENCY

The USC/CHLA Pediatric Physical Therapy Residency combines the academic resources of the University of Southern California with the clinical expertise of Children's Hospital Los Angeles. It is accredited by the American Board of Physical Therapy Residency and Fellowship Education.

PROGRAM DETAILS

- One-year **position at CHLA** for 30 hrs /wk with full benefits
 - 50% outpatient, 25% inpatient, 25% inpatient rehab
 - Includes 3-4 paid mentored hours each week
- Participation in the **California Leadership Education in Neurodevelopmental and Related Disabilities (CA-LEND) Program** (September to May)
- Teaching in the USC DPT Program (January to April)
- Academic modules (self-paced)
 - Evidence-based Practice (will result in a publishable, systematic review)
 - Specialty Practice
 - Tests and Measures
- Clinical modules (½ day, 3 times at each site below):
 - **California Children's Services**
 - **UCLA's Early Intervention Program**
 - **School-based physical therapy services through Kids in Motion**

ADMISSIONS REQUIREMENTS

- Graduate from an APTA-accredited program in physical therapy
- California state license as a physical therapist prior to starting the residency in August

PROGRAM BENEFITS/COST

- Paid 30 hour / week position with **full benefits** from CHLA
- Additional stipend for the CA-LEND Program and teaching in the USC DPT Program
- Salary and stipends total \$74,969.
- If accepted, one-year USC program fee of \$2,500 due by October

APPLY

- Please apply on the **RF-PTCAS website** by January 1 of each year (Application site opens October 1).
- Interview notification: mid-January with interviews held early February.
- Decision notification: by February 28

FOR MORE INFORMATION

Please visit the **USC Physical Therapy Residency website** or contact **Karen Fadul**, Staff Development Coordinator, at kfadul@chla.usc.edu.



USC University of
Southern California

USC/CHLA PEDIATRIC PHYSICAL THERAPY RESIDENCY OUTCOMES

GRADUATE OUTCOMES

- The USC/CHLA Pediatric Physical Therapy Residency started in 2012 and has accepted 1-2 residents a year for a total of 21 residents: 19 residency graduates and 2 current residents.
- 100% of residents accepted into the program completed the USC/CHLA residency.

CLINICAL PRACTICE OUTCOMES

- 84% of USC/CHLA residency graduates are Board-Certified Clinical Specialists in Pediatric Physical Therapy, and 3 plan to take the exam next year.
- 100% of USC/CHLA residency graduates secured an advanced care clinical position in pediatrics upon graduation from the residency. Our residency graduates are currently employed at: Children's Hospital Los Angeles, Children's National Hospital – HSC Pediatric Center, Dell Children's Medical Center of Central Texas, Doernbecher Children's Hospital – Child Development and Rehabilitation Center, Lucile Packard Children's Hospital Stanford, Lurie Children's Hospital of Chicago, and St. Louis Children's Hospital. One residency graduate owns a pediatric/neurologic private practice.

TEACHING OUTCOMES

- 47% of our residency graduates teach at the graduate level in a Doctor of Physical Therapy or Special Education program or in a Leadership Education in Neurodevelopmental and Related Disabilities (LEND) program.

SERVICE OUTCOMES

- 74% of our residency graduates demonstrate significant service and/or leadership for the American Physical Therapy Association (APTA), the physical therapy profession, or their community.

RESEARCH OUTCOMES

- 100% of our residency graduates contributed to evidence-based practice through publications or conference presentations at the APTA Combined Sections Meeting or the APTA Academy of Pediatric Physical Therapy Annual Conference.
- 100% of our residency graduates contributed to evidence-based practice through publications completed as part of the residency program (names in blue).

Iwamoto K, Pines K, Lochala CR, Long DN, Hess P, Sargent B. Systematic review to inform the Developmental Coordination Disorder Clinical Practice Guideline update: physical therapy intervention. *Pediatr Phys Ther.* 2025;37(2) – *accepted*

Long DN, Lochala CR, **Pines K, Iwamoto K**, Hess P, Sargent B. Systematic review to inform the Developmental Coordination Disorder Clinical Practice Guideline update: physical therapy examination/evaluation. *Pediatr Phys Ther.* 2025;37 – accepted

Mendonca B, **Kong M**, Coombs A, Kysh L, Sargent B. Psychometric properties of the Alberta Infant Motor Scale and culturally adapted or translated versions when used for infant populations internationally: a systematic review. *Dev Med Child Neurol.* 2024. Epub ahead of print.

<https://doi.org/10.1111/dmcn.16070>

Castilla A, Gonzalez M, Kush L, Sargent B. Informing the physical therapy management of congenital muscular torticollis clinical practice guideline: a systematic review. *Pediatric Physical Therapy.* 2023;35(2):190-200. <https://doi.org/10.1097/pep.0000000000000993>

- *Pediatric Physical Therapy* Expert Interview on: Congenital Muscular Torticollis: Systematic Review to Inform Best Practice <https://youtu.be/zMp4XksxYQU>

Januszyk D, Schafer E, Thompson H, Sargent B. Effect of exercise and motor interventions on physical activity and motor outcomes for adults with cerebral palsy: a systematic review. *Developmental Neurorehabilitation.* 2023;26(6-7):389-412.

<https://doi.org/10.1080/17518423.2023.2259978>

Baker A, Niles N, Kysh L, Sargent B. Effect of motor intervention for infants and toddlers with cerebral palsy: a systematic review and meta-analysis. *Pediatric Physical Therapy.* 2022;34(3):297-307. <https://doi.org/10.1097/pep.0000000000000914>

Morgan C, Fetters L, ... **Zamany A**, Novak I. Early intervention for children aged 0 to 2 years with or at high risk of cerebral palsy: international clinical practice guideline based on systematic reviews. *JAMA Pediatrics.* 2021;175(8):846-858. <https://doi.org/10.1001/jamapediatrics.2021.0878>

Coombs A, Schilperoort H, Sargent B. The effect of exercise and motor interventions on physical activity and motor outcomes during and after medical intervention for children and adolescents with acute lymphoblastic leukemia: a systematic review. *Critical Reviews in Oncology and Hematology.* 2020;152:103004. <https://doi.org/10.1016/j.critrevonc.2020.103004>

Ruggeri A, Dancel A, Johnson R, Sargent B. The effect of motor and physical activity intervention on motor outcomes of children with autism spectrum disorder: a systematic review. *Autism.* 2020; 24(3):544-568. <https://doi.org/10.1177/1362361319885215>

Donenberg J, Fetters L, Johnson R. The effects of locomotor training in children with spinal cord injury: a systematic review. *Developmental Neurorehabilitation.* 2019;22(4):272-287.

<https://doi.org/10.1080/17518423.2018.1487474>

Heidenreich E, Johnson R, Sargent B. Informing the update to the Physical Therapy Management of Congenital Muscular Torticollis Evidence-Based Clinical Practice Guideline: a systematic review. *Pediatric Physical Therapy*. 2018; 30(3):164-175.

<https://doi.org/10.1097/pep.0000000000000517>

- *Pediatric Physical Therapy* Expert Interview on: Congenital Muscular Torticollis Physical Therapy Guideline Evidence Base <https://youtu.be/f6s9MDLH6p4>

Peterson S, Su J, Szmuszkovicz J, Johnson R, Sargent B. Exercise capacity following pediatric heart transplantation: a systematic review. *Pediatric Transplantation*. 2017;21(5).

<https://doi.org/10.1111/petr.12922>

Mendonça B, Sargent B, Fetters, L. The cross-cultural validity of standardized motor development screening and assessment tools: a systematic review. *Developmental Medicine and Child Neurology*. 2016;58(12):1213-1222. <https://doi.org/10.1111/dmcn.13263>

Hardee J, Fetters L. The effect of exercise intervention on daily life activities and social participation in individuals with Down syndrome: a systematic review. *Research in Developmental Disabilities*. 2016; 62:81-103. <https://doi.org/10.1016/j.ridd.2017.01.011>

Wong J, Fetters L. Effects of exercise intervention for children with acute lymphoblastic leukemia: a systematic review. *Rehabilitation Oncology*. 2014; 32(3):40-51.