

Home Health Physical Therapy is the fastest growing PT setting and the one DPT students are least prepared for. The matrix below shows where each Home Health Pro module fits in the standard 15-course DPT curriculum so program directors can place the platform into existing courses without rebuilding the syllabus.

	Foundations of PT Practice	Orthopedics	Neuromuscular / Neurorehabilitation	Cardiovascular and Pulmonary PT	Geriatrics / PT for the Older Adult	Pediatrics	Acute Care / Complex Care	Integumentary / Wound Management	Clinical Decision Making / Differential Diagnosis	Healthcare Systems / Health Policy	Professional Issues / Ethics / PT Practice	Evidence-Based Practice / Research Methods	Health Promotion / Community Health	Psychosocial Aspects / Behavioral Health in PT	Terminal Clinical Internships / Capstone
<b>M1: Welcome to Home Health</b>					●					●	●			●	●
<b>M2: Anatomy of a Home Health Day</b>										●	●		●		●
<b>M3: Your First Patient: The Start of Care</b>	●	●	●	●	●				●						
<b>M4: Clinical Reasoning &amp; Emergencies</b>		●	●	●	●		●		●					●	
<b>M5: The Unwritten Curriculum</b>					●						●		●	●	
<b>M6: OASIS &amp; Documentation</b>	●								●	●	●				
<b>M7: Case Bank (50 Cases)</b>		●	●	●	●		●		●			●			
<b>M8: The Business of Home Health</b>	●									●	●				●
<b>M9: 1099 Tax &amp; Business Strategy</b>	●									●	●				
<b>M10: Your First 90 Days: The Playbook</b>	●									●	●			●	●

● HIGH primary fit      ● MEDIUM supplementary fit      ● LOW background fit

## Module scope

This introductory module opens with the author's first-hand account of entering home health as a new graduate. It covers why home health is one of the highest-paying entry points in PT, the real challenges nobody warns you about, and what this curriculum will teach you.

*2.5-3 hours · 10 sections · 6 activities · 6 discussion questions*

## Primary course fit

### Healthcare Systems / Health Policy

Most Healthcare Systems courses teach Medicare and Medicaid abstractly. Module 1's regional salary tables, W2 vs 1099 comparison, and career-economics framing give faculty a concrete entry point for explaining why home health pays differently than other settings, before students see the per-visit revenue math in Module 2 or the OASIS payment connection in Module 6.

## Supplementary fit

### Professional Issues / Ethics / PT Practice

Career-setting orientation pairs naturally with Professional Issues coursework on career planning, professional identity, and practice-setting realities new graduates rarely see in school. Module 1's honest treatment of isolation, secretary work, and the emotional weight of solo clinical practice answers the questions students hesitate to ask.

### Psychosocial Aspects / Behavioral Health in PT

Section 3's Welcome to Solo Practice callout names isolation as the #1 Reason New Clinicians Struggle, and the Module 1 takeaway frames the first 3 to 4 months as a survival test driven by isolation, scheduling chaos, and the emotional weight of working alone. Psychosocial Aspects faculty get a candid first-person account of the behavioral-health realities new graduates face before they meet their first patient.

### Terminal Clinical Internships / Capstone

Useful pre-reading for students choosing or returning from clinical rotations who are weighing home health as a first job. The salary reality, isolation factor, and difficult-home-conditions sections cover the realities CIs rarely bring up but students need to evaluate before signing an offer letter.

## Background fit

### Geriatrics / PT for the Older Adult

Module 1's setting orientation frames the demographic trajectory (the 65-and-older population in the United States is projected to nearly double between 2020 and 2060) that makes home health the practice setting where most geriatric care will increasingly happen.

## Module scope

A detailed hour-by-hour breakdown of what a real home health day looks like, from morning prep to evening scheduling calls. Covers the car notes system, geographic clustering, visit flow, revenue math, and the daily rhythms that separate organized clinicians from chaotic ones.

*2.5-3 hours · 7 sections · 6 activities · 6 discussion questions*

## Primary course fit

### Healthcare Systems / Health Policy

Healthcare Systems courses teach payment models in the abstract. Module 2 grounds those models in a concrete daily workflow: morning prep, geographic clustering, per-visit revenue math, scheduling rhythm, and the evening agency-coordination block that nobody tells new clinicians about. Faculty get a real example to anchor reimbursement and productivity lectures.

## Supplementary fit

### Professional Issues / Ethics / PT Practice

Time management, schedule autonomy, the car-notes documentation system, and the boundary-setting required when an agency pushes for more visits than is safe all fit Professional Issues curricula on managing one's own practice, accountability, and professional self-advocacy.

### Health Promotion / Community Health

Health Promotion courses cover aging-in-place and secondary prevention at the population level. Module 2 is the operational layer where that rhetoric actually plays out, with the agency-coordination block, the geographic clustering routines, and the framing in Module 1 Section 5 that patients have fewer readmissions and better outcomes when they recover at home. Faculty get a real-world example of community-based, post-acute care in action.

## Background fit

### Terminal Clinical Internships / Capstone

Module 2's hour-by-hour walkthrough of a home health day is the operational reality terminal-internship students should see before signing a first-job offer, with the same-day documentation rule and the geographic clustering routines as the two habits that prevent first-month burnout.

## Module scope

The complete 9-step SOC system that transforms the most terrifying visit in home health into a repeatable, efficient process. Covers the mental shift from fearing paperwork to trusting your clinical process, H&P prep, the full visit flow from knock to car, OASIS integration, common SOC scenarios, the post-visit workflow, and how documentation speed evolves from 90 minutes to under 30.

*2.5-3.5 hours · 5 sections · 7 activities · 6 discussion questions*

## Primary course fit

### Foundations of PT Practice

The 9-step Start of Care system extends the first-patient examination framework students learn in Foundations into the home health context. Module 3 shows how the standard exam adapts when there is no clinic, no equipment cart, and no peer to consult mid-visit, with operational detail on consent, OASIS integration, and the post-visit documentation workflow that students rarely see in school.

### Geriatrics / PT for the Older Adult

More than 90 percent of home health patients are over 65. The Start of Care visit covers fall risk screening, polypharmacy review, dementia-friendly interview techniques, and the home safety assessment that belong in any Geriatrics course but are rarely taught with this level of operational detail.

---

## Supplementary fit

### Orthopedics

Orthopedics faculty teach exam and intervention by region but rarely see the early post-discharge home phase. Module 3 includes a sample H&P case (78F, post-left-intertrochanteric-hip-ORIF, day 5 post-discharge, WBAT) and a role-play activity that runs the full 9-step SOC against that case, giving students a realistic post-surgical SOC under the constraints of a home setting with stairs, mixed surfaces, and no clinic equipment.

### Neuromuscular / Neurorehabilitation

Neuromuscular faculty cover stroke assessment and intervention but seldom show what early home-based stroke care looks like. Section 1's first-SOC story (10 days into the clinician's career, patient with aphasia from a prior stroke, POA in Europe) and Section 4's Scenario 1 (moderate-to-severe aphasia from a prior stroke, absent POA) train students to run a defensible SOC when the patient cannot give history and the family is unavailable.

### Cardiovascular and Pulmonary PT

Vitals interpretation, oxygen saturation thresholds, and dyspnea management on the first visit pair with Cardiovascular and Pulmonary coursework. Module 3 gives faculty the home setting where these skills are non-negotiable and the abnormal-finding scenarios that test student readiness for solo decision-making.

### Clinical Decision Making / Differential Diagnosis

Section 4's five SOC curveball scenarios (patient cannot answer questions, family not present, home that surprises, patient who refuses therapy, sicker than referral) and Section 3's abnormal-vitals examples (BP 82/50, SpO2 86 percent) train clinical decision-making under home-context constraints where there is no nurse, no monitor, and no peer to consult.

## Module scope

How to handle referral mismatches, the 3-question clinical reasoning framework used on every visit, real emergency stories from the field, fall management protocols, and the 911 decision framework. Includes when to call 911 vs. when to contact the agency.

*3-4 hours · 7 sections · 7 activities · 6 discussion questions*

## Primary course fit

### Clinical Decision Making / Differential Diagnosis

The 3-question clinical reasoning framework and the differential-by-region content fit Clinical Decision Making courses directly. Module 4 applies the same red-flag screening logic taught in Differential Diagnosis but without imaging, labs, or a colleague to consult, then layers on real emergency stories from the field that test student instinct.

### Cardiovascular and Pulmonary PT

The 911 decision framework, fall management protocols, and vitals red flags connect closely with Cardiovascular and Pulmonary content. Module 4 packages them as a home-setting playbook where the PT is the only clinician in the room, with concrete vitals thresholds, a gait-belt rule, and the agency-vs-911 escalation tree.

---

## Supplementary fit

### Orthopedics

Section 4's Fall Management Protocols open with the line that falls in the home health population are different from falls in a hospital or SNF, then walk through a six-question post-fall protocol and a head-strike-on-anticoagulants rule. Orthopedics faculty get the post-fall recovery presentation they rarely see in clinic and an operational decision tree for the ortho population most likely to fall again.

### Neuromuscular / Neurorehabilitation

Section 3's phone-call stroke story (a routine scheduling call with a patient's spouse surfaces an active stroke; the spouse calls 911) and the corresponding Activity discussion prompt make stroke recognition outside the bedside a teachable moment. Neuromuscular faculty get a concrete FAST-instinct case students can rehearse before they need it in the field.

### Geriatrics / PT for the Older Adult

Geriatric falls, post-fall syndrome, and emergency response in the home setting fit Geriatrics curricula on fall management and screening. Module 4's six-question post-fall protocol and the head-strike-on-anticoagulants rule are operational details Geriatrics courses often skip.

### Acute Care / Complex Care

Acute Care courses cover medically complex patients in hospitals with full monitoring. Module 4 shows how those same patients present 24 to 72 hours later at home, often with worse vitals, missed medications, and no continuous monitoring, useful for Acute Care faculty teaching transition-of-care reasoning.

### Psychosocial Aspects / Behavioral Health in PT

The Fear section opens with the line that fear presents clinically as resistance: the patient who refuses to practice walking is often terrified of falling, the patient who will not try stairs cannot get past the memory of the last fall. Psychosocial Aspects faculty get a concrete frame for the emotional context of clinical-reasoning decisions made under stress, with the increased fear of falling callout in the falls section as a second anchor.

## Module scope

The soft skills that are actually the hardest skills: navigating family dynamics, maintaining professional boundaries, recognizing compassion fatigue, understanding your patients' emotional landscape, handling difficult home conditions, and protecting your own mental health.

*3-3.5 hours · 6 sections · 8 activities · 6 discussion questions*

## Primary course fit

### **Psychosocial Aspects / Behavioral Health in PT**

Family dynamics (the four types: helpful, overbearing, absent, in-conflict), professional boundaries, compassion fatigue, grief work, and the emotional landscape of patients facing decline are the core of Psychosocial Aspects coursework. Module 5 dedicates a full module to topics most DPT programs cover in a single lecture.

### **Professional Issues / Ethics / PT Practice**

Professional boundaries in a patient's home, the gifts-and-favors framework, mandated reporting obligations, and ethical conduct when there is no peer present fit Professional Issues curricula on practice ethics and boundary management. Module 5 closes with agency-boundary scripts students rehearse before they need them.

---

## Supplementary fit

### **Geriatrics / PT for the Older Adult**

Geriatrics courses touch caregiver burden and family dynamics around aging. Module 5 gives faculty a deeper treatment with specific scripts for difficult home conditions, dementia-friendly communication, and the agency-pushback patterns that develop when an elderly patient declines mid-episode.

### **Health Promotion / Community Health**

Health Promotion courses cover the social determinants of health framework abstractly. Module 5's content on difficult home conditions, caregiver-neglect thresholds, the mandated-reporter framework, and cultural competence in the home gives faculty concrete examples of SDOH that go well beyond textbook treatment.

## Module scope

A comprehensive guide to every documentation type in home health: SOC OASIS section by section, consent forms, evaluation notes, therapy orders, follow-up notes, reassessments, recertifications, discharges, and resumptions of care. Includes time-saving systems, template strategies, and the documentation lifecycle.

*3-4 hours · 7 sections · 6 activities · 6 discussion questions*

## Primary course fit

### Healthcare Systems / Health Policy

OASIS-E1 is the single most important regulatory and reimbursement instrument in home health, and Healthcare Systems courses rarely teach it. Module 6 walks section by section through the SOC OASIS, the eval note, reassessment, recertification, and discharge workflow that ties documentation directly to payment.

### Foundations of PT Practice

Documentation fundamentals belong in Foundations of PT Practice. Module 6 extends those fundamentals into the home health documentation lifecycle, with the 5-question pre-submit checklist, defensive-documentation phrasing, and time-saving systems students need before their first job.

---

## Supplementary fit

### Professional Issues / Ethics / PT Practice

Documentation accuracy, signature requirements, and ethical billing intersect with Professional Issues curricula on professional conduct and risk management. The audit-defense framing and the six common documentation mistakes give students vocabulary for conversations they will have in their first credentialing year.

### Clinical Decision Making / Differential Diagnosis

OASIS scoring decisions are clinical decisions disguised as a form. Module 6 surfaces that overlap for Clinical Decision Making faculty teaching documentation logic, with the clinical-observation-over-self-report rule and the GG-item scoring strategy as concrete teaching anchors.

### Evidence-Based Practice / Research Methods

OASIS grounds documentation in observable, standardized, evidence-informed scoring. Module 6's #1 OASIS Error callout names scoring based on patient self-report rather than clinical observation as the most common error, the GG-item six-point scale maps observation to a standardized scoring framework, and the SDOH callout cites CMS evidence that those items predict rehospitalization. Evidence-Based Practice faculty get a real instrument showing how clinical data becomes regulator-grade evidence.

## Module scope

Fifty clinical cases organized into three tiers (Foundation, Intermediate, Advanced) drawn from real patient encounters. Each case includes patient profile, clinical findings, home environment, a clinical twist, and discussion questions. These are the situations you will actually face in home health.

*6.5-8 hours (full case bank; students self-pace, a faculty-selected core set of 12-15 cases runs ~3-3.5 hours) · 51 sections · 10 activities · 6 discussion questions*

## Primary course fit

### Clinical Decision Making / Differential Diagnosis

50 tiered clinical cases drawn from real home health encounters slot directly into Clinical Decision Making and Differential Diagnosis curricula. Each case includes a clinical twist that tests reasoning under home-setting constraints, with patient profile, home environment, and discussion questions ready for seminar use.

### Geriatrics / PT for the Older Adult

The majority of cases involve geriatric patients with multiple comorbidities, falls, dementia, polypharmacy, and the family-dynamic complications that come with aging at home. Faculty can pull a case as a Geriatrics seminar prompt, assign the foundation-tier cases as homework, or build a full small-group block around the Tier 3 advanced cases.

---

## Supplementary fit

### Orthopedics

Orthopedic cases (post-surgical hip and knee replacement, spinal fusion recovery, deconditioned ortho post-fall) translate readily to Orthopedics courses as home-setting case studies. Faculty get realistic discharge-phase presentations students rarely see in clinic rotations.

### Neuromuscular / Neurorehabilitation

Neuromuscular cases (post-stroke at home, Parkinson's with functional decline, MS exacerbation, brain injury aftercare) extend Neurorehabilitation curricula into the discharge phase students rarely see in clinical rotations, where the home environment becomes part of the treatment plan.

### Cardiovascular and Pulmonary PT

Cardiopulmonary cases (CHF exacerbation at home, post-COVID recovery, oxygen-dependent COPD, pacemaker patients) pair with Cardiovascular and Pulmonary coursework. Each case includes vitals trajectories and the activity-tolerance progression that defines safe home practice.

### Acute Care / Complex Care

Medically complex cases at home show what Acute Care patients look like 24 to 72 hours after discharge, often with worse vitals, missed medications, and no continuous monitoring. Useful for Acute Care faculty teaching transition of care and the realities of post-acute deterioration.

### Evidence-Based Practice / Research Methods

The 50-case bank is built on three tiers (Tier 1: Foundation, Cases 1-20; Tier 2: Intermediate, 21-36; Tier 3: Advanced, 37-50) ready-made for case-appraisal seminars. The Tier 1 activity literally directs students to pick any 3 Tier 1 cases (Cases 1-20), time themselves writing top problems, goals, and visit-frequency recommendations, giving Evidence-Based Practice faculty a structured 30-minute case-appraisal exercise students can repeat across the tiers.

## Module scope

The complete business education for home health clinicians: W2 vs 1099 employment models with real financial comparisons, per-visit economics, the multi-company strategy, rate negotiation tactics, building your referral pipeline, interview strategy, and a long-term career progression framework.

*2.5-3 hours · 5 sections · 6 activities · 6 discussion questions*

## Primary course fit

### Healthcare Systems / Health Policy

W2 versus 1099 employment models, per-visit economics, the multi-company strategy, and the rate-negotiation framework are the business-of-PT content Healthcare Systems courses say they cover but rarely do at this level of specificity. Module 8 gives faculty a teachable treatment with real numbers and decision frameworks.

### Professional Issues / Ethics / PT Practice

Rate negotiation, building a referral pipeline, interview strategy, and the Year 1 / Year 2 / Year 3+ career progression framework fit Professional Issues curricula on career development and the business of practice. Faculty get specific scripts students can rehearse before their first offer letter.

---

## Supplementary fit

### Terminal Clinical Internships / Capstone

Terminal-internship students preparing for first-job offers benefit from the financial comparison, the salary negotiation script, and the W2-vs-1099 decision framework as pre-graduation reading. Module 8 is the practical companion to whatever transition-to-practice content the capstone block already covers.

---

## Background fit

### Foundations of PT Practice

Module 8 names a specific gap in foundational PT education: students graduate with \$100,000 or more in debt and limited understanding of how employment models work, what their labor is worth, or how to negotiate rates. Useful background for Foundations faculty thinking about what professional preparation means beyond the clinical curriculum.

---

*Few DPT programs cover this content in a dedicated course, which is the gap this module fills.*

## Module scope

The complete tax and business formation guide for 1099 clinicians: understanding your tax burden by state, the S-Corp strategy that saves \$7,000-\$10,000/year, mileage and business deductions, quarterly estimated payments, managing your own payroll, retirement accounts, and why hiring a CPA is the most important financial decision you will make.

*2.5-3 hours · 5 sections · 6 activities · 6 discussion questions*

## Primary course fit

### Healthcare Systems / Health Policy

LLC versus S-Corp election, quarterly estimated taxes, mileage and business deductions, retirement-account strategy, and the CPA-selection framework are the practice-management content most Healthcare Systems courses skip entirely. Module 9 makes it teachable with worked examples, real tax-rate stacking math, and the five foundational actions every 1099 clinician needs.

## Supplementary fit

### Professional Issues / Ethics / PT Practice

Professional Issues curricula on practice ownership and business literacy pair naturally with the tax-strategy framework. Module 9 closes a gap most programs leave open: the business infrastructure new graduates must build for themselves when no agency is handling payroll or compliance.

## Background fit

### Foundations of PT Practice

Module 9's intro names the gap explicitly: DPT programs do an incredible job on anatomy, biomechanics, neuro, ortho, cardiopulm, and evidence-based practice, but skip the financial and business side of being self-employed. Useful background for Foundations faculty showing what professional practice means after the clinical degree is in hand.

*Few DPT programs cover this content in a dedicated course, which is the gap this module fills.*

## Module scope

The complete week-by-week roadmap from job search through Day 90 in the field. Covers interview preparation, the survive-stabilize-build-confidence progression, milestone checklists, the 10 most common first-90-day mistakes, revenue benchmarks, and your first-day-eve checklist.

*2.5-3 hours · 7 sections · 6 activities · 6 discussion questions*

## Primary course fit

### Professional Issues / Ethics / PT Practice

Job search strategy, interview preparation, the survive-stabilize-build-confidence emotional arc, and the week-by-week survival roadmap are Professional Issues content. Module 10 packages it as a concrete playbook students can follow from offer letter to Day 90, with the 10 most common first-job mistakes called out so they can be avoided.

### Terminal Clinical Internships / Capstone

Terminal-internship students are exactly the audience for the first-90-days framework. Module 10 fits as capstone seminar material or as transition-to-practice reading in the final clinical block, with the day-before-first-day checklist as a literal handoff students take into the field.

---

## Supplementary fit

### Healthcare Systems / Health Policy

Revenue benchmarks, productivity expectations, and the survive-stabilize-build-confidence progression connect to Healthcare Systems coursework on practice operations. The week-by-week visit-volume targets give faculty concrete numbers students can use to evaluate offers and set first-year goals.

### Psychosocial Aspects / Behavioral Health in PT

Module 10's description names the survive-stabilize-build-confidence emotional arc explicitly, mapping it to the week-by-week first-90-day playbook. Psychosocial Aspects faculty get a real-world model of the affective trajectory new clinicians ride from Day 1 through Day 90, complete with the 10 most common first-job mistakes that surface when the survive phase overwhelms the build phase.

---

## Background fit

### Foundations of PT Practice

Module 10's first-90-days framework picks up where Foundations of PT Practice leaves off. Section 1 frames the period as where careers are built or broken: students establish their professional reputation, develop their clinical rhythm, and build relationships with agencies. Useful background for Foundations faculty showing what professional-behaviors instruction actually looks like when graduates hit the field.

---

*Few DPT programs cover this content in a dedicated course, which is the gap this module fills.*