



2025 OHSIG RESEARCH GRANT APPLICATION

Occupational Health Special Interest Group
(OHSIG) is a Community of APTA
Orthopaedic

Abstract

This OHSIG SIG supports engagement in occupational health research by members of the Occupational Health SIG who are Occupational Health Practitioners, DPT Education Faculty and Students.

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INSTRUCTIONS FOR GRANT APPLICANTS

I. Background

The Occupational Health Special Interest Group (OHSIG) is a community of APTA Orthopaedic that established an Occupational Health Practitioner (OHP) Certificate Program to drive excellence and opportunities for occupational health practice. Proceeds from the OHP program will be used to support research initiatives by OHSIG Community Members.

II. Purpose

The purpose of the Occupational Health SIG Research Grant is to promote and support research studies relevant to clinical practice or education which will enhance the opportunities and excellence for OHSIG members in occupational health practice. This is provided through grants for approved activities.

III. Eligibility

- A. The Principal Investigator must be a member of the Occupational Health SIG, which is organized as a community under APTA Orthopaedic.
- B. Preference will be given to principal investigators or designated co-Investigators who have qualified with the OHSIG Occupational Health Practitioner Certificate.
- C. The research should be relevant to one or more of the one of the six primary focus areas for the OHSIG [Occupational Health Certificate Program](#) that include:
 - 1. Total Worker Health® Protection and Promotion Programs
 - 2. Functional Job Analysis and Employment Exams
 - 3. Entry Point Care for Workers with Job Participation Barriers
 - 4. Ergonomics for General Industry, Office, and Healthcare
 - 5. Work Rehabilitation: Managing Prolonged Episodes of Care
 - 6. Functional Capacity Evaluation and Disability Determination
- D. Requests for grant funding may not be made for work that is already completed. Research studies are considered complete if data collection and analysis are finished prior to the application deadline.
- E. Research grants shall be awarded only to individuals and institutions which support education and delivery of physical therapy services in accordance with applicable state regulations, the "Code of Ethics" and "Guide for Professional Conduct" of the American Physical Therapy Association (APTA).

IV. OHSIG Research Committee Funding Priorities

Prioritization decisions shall be made by our research committee who are appointed to service as volunteers by OHSIG leaders. Priority will be given to research proposals that promote best practice and value of occupational health practitioners in one of the six primary focus areas for the OHSIG [Occupational Health Certificate Program](#).

V. Award Limits/Utilization for Grant Funds

- A. The maximum amount budgeted per year is dependent on fundraising from the Occupational Health Certificate program or other contributions. Awards may range from \$500 to \$3000, with 1-3 projects awarded per year.
- B. Funds will be disbursed among the highest ranked grant proposals as determined by the OHSIG Research Committee grant review process.

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- C. The principal investigator shall maintain ownership of any equipment or materials purchased by OHSIG Grant funds.
- D. Recipients shall return grant funds if the study is not completed or is substantially changed from the study described in the application.
- E. In the event that the study costs less than the projected budget, unused funds shall be returned to the OHSIG.
- F. The use of the funds is restricted to actual expenses of the study and may not be used for administration overhead of the sponsoring institution, salary, or conference travel and attendance.

VI. Awarding of Grants

Grants are reviewed using the Grant Application Review Form. A copy of this form can be requested from tfred@orthopt.org.

VII. Deadlines

Applications for the OHSIG research grant will be accepted from June 1 to July 31 of 2025.

VIII. Copies of Applications

To be considered, the entire application must be emailed as an attached PDF document to tfred@orthopt.org. Applicants must include the subject line "OHSIG Research Grant Application" and send the email and application by midnight, July 31 Eastern, of the current calendar year.

IX. Reports

- A. The final report is due to the research committee within 12 months of study completion.
- B. The final report should include research abstract that meets criteria for submission as a research poster or platform presentation to the APTA Combined Sections meeting.
- C. Interim reports are required for research studies extending over one year.
- D. If the research study project is published, a reprint of the article should be sent to the OHSIG Research Committee.
- E. When completed, the research must be presented as an OHSIG presentation or described in a brief article for OHSIG newsletter submission to OTP.

X. Credit Line

The following statement must appear on any report, abstract, or other publication regarding the research study: "Supported by a grant for (or "in part" from or "by") the Occupational Health SIG Community in the APTA Orthopaedic Academy.

XI. Instructions for Completing the Application

• Administrative Investigator

This is the individual designated by the institution as the PI and may not apply in all situations.

• Principal Investigator/Project Director

This individual will be listed as the main contact person for all correspondence from the OHSIG Research Grant.

• Title of Study/Project

The title is limited to 15 words, but inclusive and descriptive.

• Period of Proposed Activity

Describe the time period for which the research project will take place.

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- **Amount of Grant Funds Requested**

This is the same as the total amount requested for the OHSIG Research Grant as indicated in the Budget.

Summary page (Item VIII).

- **Narrative Description**

A narrative description of the proposed study/project should be brief (no more than five pages in the size 12 of Arial font with a margin setting of no less than .5" on the top, bottom, left and right sides on each page) but should provide sufficient information to permit the Grant Application Reviewers to judge how well the proposal meets criteria determining the quality of the project. The list of references of literature will not be counted as a part of the five pages of the narrative body of a project.

Suggested Outline for the Narrative

1. Introduction & Specific Aims

- a) **Background:** Describe what is known in the field of study by citing significant previous studies by the Principal Investigator or other investigators. Describe a problem(s) in the field of study that needs to be resolved. Describe how the current proposed study will narrow a gap to solve the problem.
- b) **Purpose:** State the purpose of the study and the hypothesis of the anticipated outcome of the study.
- c) **Significance and novelty of the study:** Describe the impact/significance to the field of the topic the results of proposed study will bring. If applicable, describe any innovative/novel elements the principal investigator will adopt in conducting the proposed study.
- d) **Credibility of investigators:** Summarize how the principal investigator and associated research team are qualified in carrying out proposed research project.

2. Method

- a) Brief statement of the type of investigative study (e.g., review or clinical study; descriptive, exploratory, epidemiological, experimental, qualitative, etc.).
- b) Description of the target population/sample and methods to be used for participant selection.
- c) Procedures to be used for interventions, data collection and data analysis. Description of uncommon measurements or instruments.
- d) The projected timetable and completion of the study. List all major steps in the study and approximate dates when you anticipate starting and completing work.
- e) Identify limitation(s) of the proposed study and rationale for why you cannot address it/them at this time.

3. Resources Available

- a) Describe the facilities, special equipment, consultative services, and other relevant resources available for the project. If any of these are to be secured through collaborative arrangements with institutions other than that which might be indicated in the address of the Principal Investigator/Project Director, attach letters from each such institution confirming their willingness to provide these resources.
- b) List the amount and source of any other support which may be applied to this project, e.g., personal resources, other grants, costs absorbed by employer/institution. Use budget line items as a reference.

4. Biosketch of Applicant(s)

Provide a brief description of the individual, group, or agency applying for the grant and include their qualifications for the proposed activity.

5. Plans for Future Work and Sharing of Results

- a) Describe your plans for sharing the results of your study/project through such means as publication, presentation at meetings, including, but not limited to, APTA, local,

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- state, or national meetings.
- b) Summarize any plans you have for continuing work in this area of research after this study has been completed.

XII. Abstract

On a separate sheet, include an abstract of the project of no more than 500 words that includes:

- Objective of the study or specific aims
- Study design (experimental, qualitative, etc.)
- Subject description (number, selection criteria)
- Procedures for sampling and interventions
- Descriptions of measurements and instruments for data collection
- Data analysis procedure(s)
- Relevance of findings to physical therapy practice, education, or administration.
- There is a limit of 3,125 characters for the text of your abstract submission, including spaces. This does not include authors, institutions, or references.

XIII. Human Subject Consent/Verification Forms

- A. If the research methodology includes exposing individuals to the risk of physical, psychological, sociological, or other harm, policies which provide protection of human subjects in research as set forth by the Department of Health and Human Services and the Food and Drug Administration as published in the January 1981 Federal Register (including any update of this policy) must be followed. All applicants selected to receive an OHSIG Research Grant must have their project approved by an IRB/Human Subjects Protection Committee and present an informed consent form which has been approved by the Human Subjects Committee of their institution prior to receiving grants funds.
- B. An acceptable informed consent form should include, in plain language, an explanation of the purpose of the research, procedures that the individual will be subjected to, the risks involved, the expected duration of the subject's participation, the fact that participation is voluntary, that the identity of the subject will be kept confidential, whom to contact for answers to pertinent questions, and, in the event there are problems or dissatisfactions, the fact that the subject may withdraw from the study at any time without prejudice, and signature spaces for the subject, principal investigator, and witness (if necessary)

NOTE: Those who cannot submit human subject informed consent approval along with the grant application due to time constraints must have this ready upon notification that the grant will be funded (typically September 1 of the current application year). Consideration of funding will be withdrawn if approval has not been obtained by that time. Any changes made to the original proposal due to the human approval process shall be submitted for final review as soon as possible but no later than September 1 of the current application year.

XIV. Budget Summary

The OHSIG Research Grant will support expenses that are only an integral part of the research study and are not expenses related to proposal or manuscript preparation.

- A. General
1. Each grant proposal, including requests for supplemental funding, must contain a Budget Summary page.
 2. Budget Notes page(s) to justify or explain each line-item request must be attached to the Budget Summary page.
- B. Budget line items: Provide a breakdown of expenses for this project in the following categories:
1. EQUIPMENT PURCHASE/RENTAL -All equipment to be purchased must be documented. Rental of specific equipment must be noted with explanation of

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reason for rental.

- i. Following the project, if the requested equipment would be shared by other investigators or clinicians, it would strengthen the applicant's request. The better use made of the equipment is, the more likely it is that it will be funded. Unnecessary duplication of equipment within the same institution will not be funded.
 - ii. The principal investigator maintains ownership of any equipment or materials purchased with OPTA Research Grant funds.
2. SUPPLIES (disposable) - Indicate type, purpose, cost.
 3. AUDIOVISUAL (CD, DVD, flash drive, etc.) - Indicate if re-usable or permanent. If re-usable, document why funding is required rather than using equipment from the institution's supply.
 4. CLINICAL SITE FEES - Will be funded if there is a specific fee established for the use of special equipment/tools by an institution for use of similar studies by others. Adequate justification will be required (e.g., gait labs).
 5. PERSONNEL/CONSULTANT FEES - Reimbursement for investigator time will be considered for activities which are not part of the investigator's employment responsibilities. Adequate justification will be required. Established hourly fee for specific personnel/technicians, computer programmers, etc., who must operate specific equipment or provide specific services. Such a fee cannot be offered to incidental "helpers". Indicate hourly/daily fee, estimate days of service, and justify.
 6. PARTICIPANT SUPPORT COSTS - Normally participant support will not be covered without good cause. Identify the amount of compensation for each participant and justify.
 7. TRAVEL - Limited to patient transport, public transportation, handicapped transport systems, etc. when such transport cannot be provided by the participating subject or caregiver. Purpose, distance, and frequency must be documented. Note: Transportation of investigators or transfer of equipment will not be routinely funded unless there is a documented need. Reimbursement of travel expenses to professional/scientific meetings to present findings is not to be included in this OHSIG Research Grant application.
 8. COMPUTER TIME - Include justification based on established computer service rates at the proposed institution. Computer services will not be allowed if computer time, programmer costs, etc., are covered by student fees and/or tuition.
 9. COPY SERVICE/DUPLICATING - Will generally not be reimbursed. Exceptions may be made with sufficient justification.
 10. MAIL COST - Cost of mailing questionnaires, follow-up postcards, etc., will be covered if integral parts of study/project.
 11. OTHER - Itemize and justify.

C. Identify the total amount needed to carry out the research project and the amount requested.

XV. Academic Approval

Check to indicate if the study is or is not to fulfill an educational requirement.

If study is to fulfill an educational requirement, indicate whether approvals have been obtained.

When not yet obtained, indicate projected date of final approval. Only projects to fulfill post-entry level degree requirements are eligible for grant funding.

XVI. Certification

- A. Sign as indicated to indicate understanding of, and agreement with, the requirements of the award limits/ utilization of funds specified in Section V above.
- B. Signing also indicates understanding of, and attesting to, provisions of Section X above.
- C. If the study/project is to fulfill a post entry-level educational degree requirement, the signature of the Faculty Advisor is required.

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APPLICATION FOR GRANT AWARD

ADMINISTRATIVE INVESTIGATOR (if applicable)

(Please include Name, Title, and Position)

Name: _____ APTA Member Number _____
Title/Position: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR

(Please include Name, Title, and Position)

Name: _____ APTA Member Number _____
Title/Position: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Names of Co-Investigators	Place of Employment	OHP-certified?
1. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Title of Study/Project: _____

Location of Study: _____

Period of Proposed Activity Starting Date: _____ Ending Date: _____

Amount of Funds Requested from Occupational Health SIG Research Grant: \$ _____

Is this project an extension of - or expansion on - research that has previously been funded by the OHSIG Research Grant? ☐ Yes ☐ No

If grant is approved, to whom should the grant check be issued?

- ☐ Administrative Investigator
☐ Principal Investigator
☐ Institution/Other (Please provide specific name): _____
☐ Corporation (Please provide specific name): _____

CONSENT/VERIFICATION FORMS

Attach, as appropriate, copy of Human Subjects Informed Consent Form approval.

IRB Approval Date: _____ **IACUC Approval Date:** _____

☐ IRB or IACUC approval has not been obtained. I understand that funds will not be awarded until I show proof of approval.

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BUDGET SUMMARY

Remember: Budget Notes to justify or explain line-item requests must be attached to application.

Total amount necessary for research project: \$ _____

Equipment Purchase/Rental: _____

Supplies: _____

Videotape, Cassettes: _____

Clinical Site Fees: _____

Personnel/Consultant Fees: _____

Participant Support Costs: _____

Travel Research Project: _____

Computer Time: _____

Copy Service/Duplicating: _____

Mail Cost: _____

Telephone: _____

Other: _____

Funding received from other sources: \$ _____ Funding requested from OHSIG: \$ _____

ACADEMIC APPROVAL

Is research study part of a course of study for an educational degree? ☐ Yes ☐ No

- If "yes" is checked, has approval been received from all necessary committees and school authorities to pursue this study or project? ☐ Yes ☐ No

- If not yet approved, anticipated approval date: _____

Applications may be considered prior to receipt of this approval and grants may be awarded contingent upon notification of receipt of such approval.

CERTIFICATION

☐ I certify that the statements herein are true and complete to the best of my knowledge and agree to any conditions placed on the award.

I certify that I have read and reviewed the:

- ☐ Code of Ethics and Guide for Professional Conduct of the American Physical Therapy Association
- ☐ Principal investigator maintains ownership of equipment or materials, purchased by grant funds.
- ☐ I understand and agree that the use of grant funds is restricted to actual expenses of the study or project and may not be used for administrative overhead of the sponsoring institution.
- ☐ I agree to submit a report(s) as required by item VIII and follow the Credit Line provision of Item IX of the "Instructions for Grant Applicants", if the grant is awarded.
- ☐ I agree to return grant funds if this research study/education project is not completed or is substantially changed from the study/project as described in this application.

Signature of Person in Item 1

Signature of Faculty
(when study fulfills educational degree requirements)

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INTERIM REPORT FORM

(Only required for projects lasting more than 1-year)

Principal Investigator: _____

Title of Study: _____

Projected Completion Date: _____

I. **Please respond to the following questions and provide a brief explanation on an attached page for any "no" responses.**

Project is progressing as proposed ☐Yes ☐No

Project is progressing on time. ☐Yes ☐No

Actual budget is meeting budget projections. ☐Yes ☐No

(Make and explain any adjustments to the copy of your projected budget provided.)

II. **Plans for Dissemination of Results.** For "yes" responses, please indicate when and where.

a. **Poster:** ☐Yes ☐No

When/Where: _____

b. **Platform:** ☐Yes ☐No

When/Where: _____

c. **Publication:** ☐Yes ☐No

When/Where: _____

d. **Other:** ☐Yes ☐No

When/Where: _____

III. **An interim report is required on longitudinal studies. Please attach a brief explanation of progress thus far and remaining tasks.**

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FINAL REPORT FORM

Principal Investigator: _____

Title of Study: _____

Projected Completion Date: _____

IV. **Please respond to the following questions and provide a brief explanation on an attached page for any "no" responses.**

Project is progressing as proposed ☐Yes ☐No

Project is progressing on time. ☐Yes ☐No

Actual budget is meeting budget projections. ☐Yes ☐No

(Make and explain any adjustments to the copy of your projected budget provided.)

V. **Plans for Dissemination of Results.** For "yes" responses, please indicate when and where.

a. **Poster:** ☐Yes ☐No

When/Where: _____

b. **Platform:** ☐Yes ☐No

When/Where: _____

c. **Publication:** ☐Yes ☐No

When/Where: _____

d. **Other:** ☐Yes ☐No

When/Where: _____

VI. **Please attach a research abstract or description of project outcome (200 words or less) suitable for publication in an OHSIG newsletter, on the OHSIG website or in other APTA Orthopaedic Academy related publications.**