

DELTA COLLEGE

**PHYSICAL THERAPIST ASSISTANT
PROGRAM**

CLINICAL INSTRUCTOR HANDBOOK

Table of Contents

FACULTY AND STAFF	1
ESSENTIAL FUNCTIONS OF THE PTA STUDENT	2
Program Mission/Philosophy/Program Goals	4
ACCREDITATION STATUS	5
Non-Discrimination/Affirmative Action	5
POLICY AND PROCEDURES RELATED TO INDIVIDUALS WHO HAVE BLOODBORNE INFECTIOUS DISEASES	5
CONFIDENTIALITY OF MEDICAL RECORDS	6
STUDENT INSURANCE	6
Exposure Incident & Follow-up Procedure	7
Curriculum Sheets	8
COURSE DESCRIPTIONS	10
Outcomes & Objectives.....	14
UNIFORM DRESS, GROOMING & HYGIENE CODE.....	56
HEALTH/PROGRAM REQUIREMENTS	57
CLINICAL EXPECTATIONS	58
POLICY ON CLINICAL INSTRUCTORS TEACHING STUDENTS CLINICAL SKILLS NOT PREVIOUSLY TAUGHT/LEARNED IN THE PROGRAM	63
STUDENT CONDUCT IN CLINICAL EDUCATION CENTERS	63
RULES, REGULATIONS, AND DISCIPLINARY ACTION	64
GENERIC ABILITIES/PROFESSIONAL BEHAVIORS	66
GENERIC ABILITIES IN THE CLINIC.....	66
Generic Abilities Defined**	67
GENERIC ABILITIES DISCIPLINARY PROCESS	68
RESOLVING DISAGREEMENTS	68
CLINICAL ATTENDANCE.....	70
TRAVEL/WEATHER	71
GUIDELINES FOR EFFECTIVE COMMUNICATION BETWEEN CI AND STUDENT.....	71
PROVIDING STUDENTS WITH FEEDBACK.....	72
INFORMAL FEEDBACK	72
FORMAL FEEDBACK.....	72
THE CLINICAL EVALUATION FORM.....	73
Rights and Privileges of Clinical Instructors.....	73
ACCE CLINICAL SITE VISIT	74
ROLE OF THE ACADEMIC COORDINATOR OF CLINICAL EDUCATION	75
MEETING WITH THE CENTER COORDINATOR OF CLINICAL EDUCATION	75
Risk Management Authority Certificate of Coverage	76

PTA Faculty and Staff	1
Essential Functions	12,13
Program Mission/Philosophy/Program Goals.....	14,15
Accreditation Status	15
Non-Discrimination/Affirmative Action Statement.....	15
Policy and Procedures/Bloodborne Diseases	16
Confidentiality of Medical Record.....	16
Student Insurance	17
Exposure Incident and Follow-Up Procedure	18
Curriculum Sheets.....	19, 20
PTA Course Descriptions	21, 22
Outcomes & Objectives.....	23-81
Uniform Dress, Grooming & Hygiene Code.....	82
Health/Program Requirements.....	83
Clinical Expectations	87-91
Policy On New Skills Taught in the Clinic.....	91
Student Conduct in Clinical Education Centers.....	92
Generic Abilities/Professional Behaviors.....	93-107
Student Disciplinary Actions.....	108-110
Resolving Disagreements	111
Clinical Attendance.....	112,113
Student Feedback Guidelines	114,115
Clinical Evaluation Documentation	115
Rights and Privileges of Cl's	125
ACCE Clinical Site Visit.....	126-128
ACCE Student Progress Report.....	129-130
Student Orientation Checklist.....	131
Student Profile.....	132
Clinic I Evaluation Form	Appendix A
PTA 214/224 Clinical Evaluation Form – Clinic II/III	Appendix B
Clinical Instructor Evaluation	Appendix C
In-service Guideline/Evaluation.....	Appendix D
Clinical Education Experience Evaluation	Appendix E

**PHYSICAL THERAPIST ASSISTANT PROGRAM
FACULTY AND STAFF**

	<u>Office</u>	<u>Telephone</u>
Michael Spitz, MSA, PTA, CSCS Academic Coordinator of Clinical Education	P-172 email: amspitz@delta.edu	686-9478
Jamie Duley, MS, PT Program Coordinator	P-170 email: jjduley@delta.edu	686-9316
Kate Rees Office Professional katherinerees@delta.edu	P-160 email:	686-9025
Dave Peruski Health and Wellness Division Chair	P-161	686-9018

DELTA COLLEGE PHYSICAL THERAPIST ASSISTANT PROGRAM

ESSENTIAL FUNCTIONS OF THE PTA STUDENT

Essential functions for the Physical Therapist Assistant Program are based upon the following entry-level duties and activities of a Physical Therapist Assistant.

The graduate Physical Therapist Assistant will be able to perform quality physical therapy treatments to the patient including instruction of and treatment of tests, measurements, modalities, exercise programs, gait, balance and transfer training. Abilities will include patient and room preparation, manipulation of physical therapy equipment, performing technical and ancillary tasks necessary to provide patient services per institutional policy.

1. Lift/push/pull objects in excess of fifty (50) pounds without restriction.
2. Transfer patients of more than 100 pounds without restrictions
3. Stand/walk most of a typical work day (8 hours).
4. Stand and balance self and patient while completing transfer or gait training.
5. Perform manipulative skills such as:
 - a. turning dials and pushing buttons to utilize and set parameters on electric/thermal equipment
 - b. completing sterile and/or clean dressing changes
 - c. assisting patient in donning/doffing prosthetics/orthotics
 - d. raising a patient or an object from the floor to shoulder level and/or lowering a patient or object from shoulder level to floor
 - e. transferring patient from bed, floor, cart, toilet, mat table, treatment table (plinth), wheelchair, chair, whirlpool to same
6. Perform Physical Therapy treatments, such as:
 - a. preparing cold/hot packs with covering and position it on patient
 - b. position and reposition patient supine, prone, sidelying, and sitting according to their health condition on a hospital bed, mat table, plinth, or wheelchair
 - c. Move a patient's body parts to perform or assist them with exercises
 - d. perform a massage on a patient
 - e. position patient in, around or with exercise equipment, set parameters and monitor treatment
 - f. to position patients while performing tests and/or measurements on patients' body

7. Respond promptly to emergency situation.
8. Communicate (verbal and written) needs promptly and effectively in English.
9. Evaluate a patient's condition by asking questions and listening to responses, observing conditions and behaviors, and reviewing charts.
10. Concentrate for extended periods of time for team conferences, note writing and test taking.
11. Attend to a task for extended periods of time, such as attending lectures and participating in laboratory activities.

DELTA COLLEGE PHYSICAL THERAPIST ASSISTANT PROGRAM

Program Mission/Philosophy/Program Goals

MISSION

It is the mission of the Physical Therapist Assistant Program to create learning opportunities that meet the diverse needs of our students and promote the development of critical thinking and problem solving skills. We want to graduate students with the knowledge, skills and professionalism necessary to contribute to the profession of Physical Therapy in the 21st century.

PHILOSOPHY

The Physical Therapist Assistant Program is an educational unity within Delta College's Health & Wellness Division. It is a highly competent professional program adhering to comprehensive goals and objectives. The commitment of the faculty is to create educational environments that will facilitate growth in knowledge, skill, performance, and also to develop responsible health professionals. The faculty is committed to providing learning climates that will develop the full potential of the individual. To meet the obligations to our students, to ourselves and to our communities, we focus on improvement through continuous teaching and learning excellence.

PROGRAM OUTCOMES

- Prepare graduates with the knowledge and technical skills, expected of a competent entry-level physical therapist assistant.
- Develop graduates with the professional behaviors and values expected from members of the physical therapy profession which include professional development, lifelong learning, and civic responsibility
- Provide the community with an adequate supply of competent physical therapist assistants who will be able to use problem-solving and critical thinking abilities within the established plan of care under the supervision of the PT
- Provide learning environments for our students that are clean, safe and comparable to what they will encounter in actual work environments

ACCREDITATION STATUS

The Delta College Physical Therapist Assistant Program is accredited by the American Physical Therapy Association.

Non-Discrimination/Affirmative Action

Delta College is an equal opportunity/affirmative action employer. Delta does not discriminate in employment, education, public accommodation or public service on the basis of religion, race, color, national origin, age, sex, marital status, sexual orientation, height, weight, arrest record, veteran status, disability, or other classifications as required by applicable U.S. federal, state, or local law. Delta College affirms its commitment to Title IX of the Education Amendments of 1972. Inquiries regarding the non-discrimination policy or compliance with Title IX may be directed to the Equity/Title IX Compliance Officer in office J-101, phone 989-686-9547, or email: momosque@delta.edu. Title IX inquiries may also be directed to the Assistant Secretary for Civil Rights at the U.S. Department of Education.

POLICY AND PROCEDURES RELATED TO INDIVIDUALS WHO HAVE BLOODBORNE INFECTIOUS DISEASES

Statement of Assurance of Compliance with Federal Laws

Delta College is committed to the principles of affirmative action, and to an affirmative action program which safeguards the rights of all persons in the areas of admissions, financial aid, programs, activities services, and employment. In compliance with Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, and Sections 503 and 504 of the Rehabilitation Act of 1973, Delta College does not discriminate on the basis of race, color, national origin ancestry, religion, sex, height, weight, arrest record, marital status, age, handicap, veteran status or disability in any of its policies, procedures or practices, and reasonable accommodation. This nondiscrimination policy covers admission and access to treatment and employment in college programs and activities, including but not limited to academic admissions, financial aid, educational services, and employment.

Staff, faculty, and students that have Acquired Immunodeficiency Syndrome fall under Section 504 of the Rehabilitation Act (1973) and, therefore no individual shall be discriminated against solely by reason of his or her handicaps.

CONFIDENTIALITY OF MEDICAL RECORDS

Students in the Physical Therapist Assistant Program at Delta College will have access to patient records during their clinical affiliations. A student may only discuss this information obtained in this record with the patient, parent (if the patient is a minor) or legal guardian; Facility personnel, including, staff physical therapist, or staff physical therapist assistant supervising the student, or physical therapy aide or athletic trainer, if the student is delegating treatments to be completed, physician or nurse working with this patient; ACCE or supervising personnel from Delta College. If a student discloses confidential information to anyone other than the personnel listed above, the student will be dismissed from the Physical Therapist Assistant Program.

A Delta College faculty member or staff member whether full or part-time, may only discuss the information obtained through a patient records with the persons listed above and only in the context of furthering the students education and or facilitating proper treatment of patients. If a faculty member or staff member discloses confidential information to anyone other than the personnel listed above, the faculty member or staff member will be brought up on disciplinary charges. Delta College's Human Resource Department will handle the disciplinary charges.

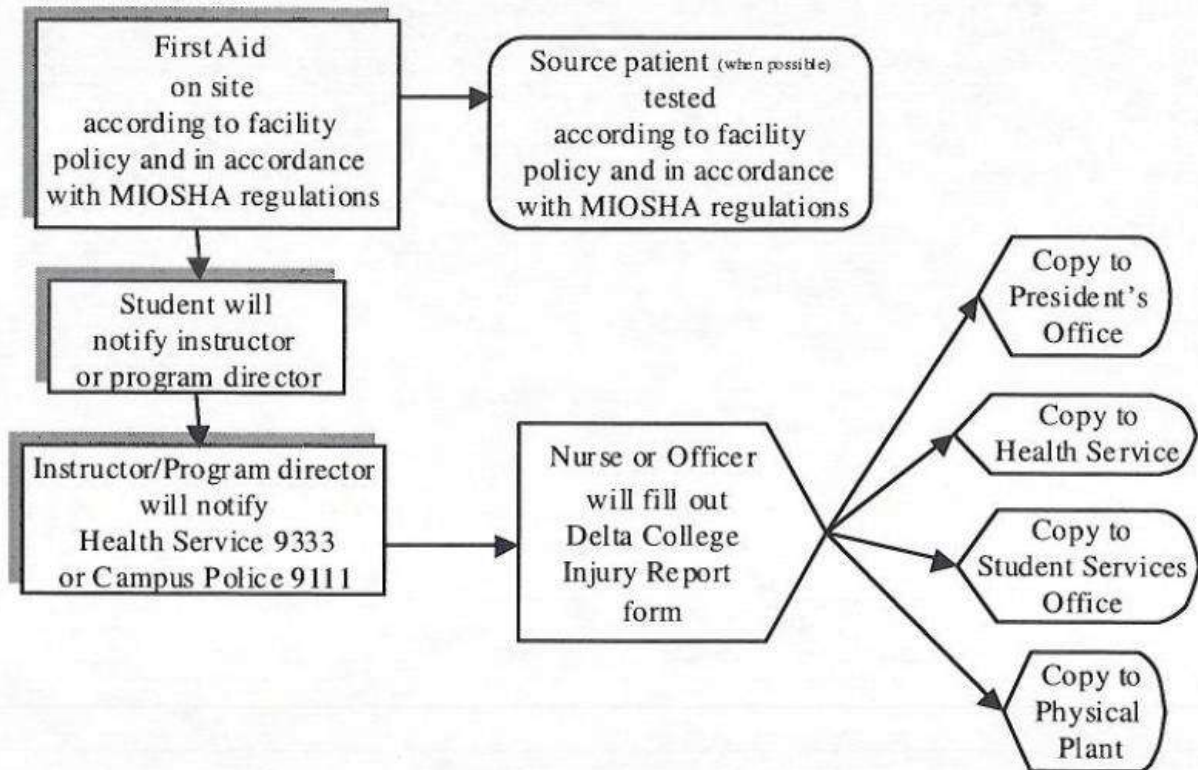
STUDENT INSURANCE

1. It is expected that the student possess adequate medical insurance coverage. The student is responsible for paying the cost of any medical care which might be necessary if the student is injured or becomes ill while practicing in the laboratory and/or clinical education center. The college does not provide insurance coverage in such situations.
2. If a student is injured during the course of clinical education, it is the student's responsibility to inform the clinical instructor immediately. Students are expected to follow the procedural steps dictated by the clinical in such matters.
3. If the injury involves potential exposure to a blood borne pathogen the student will follow the clinics standard procedure for blood borne pathogen exposure incidents. The student will follow up with the college as outlined in the student's exposure control manual and included on the next page of this handbook.

Exposure Incident & Follow-up Procedure

Delta College Exposure Incident & Follow-up Procedure

STUDENTS OFF CAMPUS



**DELTA COLLEGE IS NOT RESPONSIBLE
FOR MEDICAL EXPENSES**

Curriculum Sheets

Physical Therapist Assistant

Options:

- **Physical Therapist Assistant Associate Degree: AAS.20573**



Associate in Applied Science Degree

Delta's program is for the training of Physical Therapist Assistants only. If you are planning to become a Physical Therapist, you should follow the Pre-Physical Therapy program guide and meet with a counselor.

As a Physical Therapist Assistant, you will work under the direction and supervision of Physical Therapists. Such settings include: acute care hospitals, rehabilitation centers, school systems, nursing homes, home care, out-patient facilities, private clinics, and specialty clinics. As a graduate of this program, you will be able to carry out patient treatment programs designed by the Physical Therapist that utilize heat, cold, light, sound, massage, therapeutic exercise, aquatics, manual therapy, and rehabilitation procedures. This program is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE).

Option A - Regular Track (Students can take and complete these validation courses at their own pace.)

General Education Courses

Course	Credits	Course Title	Notes	Completed
BIO 140W	5	Essentials of Human Anatomy & Physiology	+2	_____
		OR		
BIO 152W	(4)	Human Anatomy & Physiology I AND	+2	_____
BIO 153W	(4)	Human Anatomy & Physiology II	+2	_____
		OR		
BIO 240	(4)	Human Anatomy AND	+2	_____
BIO 241	(4)	Physiology	+2	_____
COM 114W	3	Interpersonal Communication	*2	_____
ENG 111	3	College Composition I	*2	_____
HSC 105	2	Medical Terminology	*2	_____
POL —	3/4	Any Approved American Government Requirement	*%	_____
PSY 101W	3	Applied Psychology	*2	_____
	19/23	SUBTOTAL		

Option B - Accelerated Track (Students must take these validation courses in one semester.)

General Education Courses

Course	Credits	Course Title	Notes	Completed
BIO 140W	5	Essentials Of Human Anatomy & Physiology	+3	_____
COM 114W	3	Interpersonal Communication	*3	_____
ENG 111	3	College Composition I	*3	_____
HSC 105	2	Medical Terminology	*3	_____
POL —	3/4	Any Approved American Government Requirement	*%	_____
PSY 101W	3	Applied Psychology	*3	_____
	19/20	SUBTOTAL		

Prior to attempting to register to begin the clinical sequence, you must complete the Validation Application. See Validation Procedures in this catalog for the required process.

Clinical Program Course Sequence

Semester 1 (Fall)

Course	Credits	Course Title	Notes	Completed
ENG 113	3	Technical Communication	*	_____
LW 206A	1	Occupational Wellness I	*	_____
PTA 101	2	Applied Clinical Anatomy I	*	_____
PTA 101LW	1	Applied Clinical Anatomy I Lab	*	_____
PTA 105	2	Physical Agents	*	_____
PTA 105LW	2	Physical Agents Lab	*	_____
PTA 110	2	Fundamentals of Patient Mobility	*	_____
PTA 110L	1	Fundamentals of Patient Mobility Lab	*	_____
	14	SUBTOTAL		

Semester 2 (Winter)

Course	Credits	Course Title	Notes	Completed
LWA 206B	.5	Occupational Wellness 2	*	_____
PTA 102	2	Clinical Neuroanatomy	*	_____
PTA 120	2	Orthopedic Rehabilitation	*	_____
PTA 120L	1	Orthopedic Rehabilitation Lab	*	_____
PTA 121	3	Human Growth and Development	*	_____
PTA 123W	2.5	Clinical Medicine	*	_____
PTA 123LW	.5	Clinical Medicine Lab	*	_____
PTA 124	2	PTA Clinic I	*	_____
PTA 125	1	Applied Clinical Anatomy II	*	_____
PTA 125LW	1	Applied Clinical Anatomy II Lab	*	_____
15.5		SUBTOTAL		

Semester 3 (Spring/Summer) Optional

Course	Credits	Course Title	Notes	Completed
PTA 121	(3)	Human Growth and Development	*	_____
PTA 209	(.5)	Fundamentals of Pediatric Rehabilitation	*	_____
PTA 209L	(.5)	Fundamentals of Pediatric Rehabilitation Lab	*	_____
(4)		SUBTOTAL		

Semester 4 (Fall)

Course	Credits	Course Title	Notes	Completed
LWA 206C	.5	Occupational Wellness 3	*	_____
PTA 205	.5	Physical Agents II	*	_____
PTA 205L	.5	Physical Agents II Lab	*	_____
PTA 209	.5	Fundamentals of Pediatric Rehabilitation	*	_____
PTA 209L	.5	Fundamentals of Pediatric Rehabilitation Lab	*	_____
PTA 210	2	Neuro-Rehabilitation Techniques	*	_____
PTA 210LW	1	Neuro-Rehabilitation Techniques Lab	*	_____
PTA 213	.5	Orthotics and Prosthetics	*	_____
PTA 213L	.5	Orthotics and Prosthetics Lab	*	_____
PTA 214W	3	PTA Clinic 2	*	_____
PTA 216W	1	Introduction to Evidence Based Practice	*	_____
10.5		SUBTOTAL		

Semester 5 (Winter)

Course	Credits	Course Title	Notes	Completed
PTA 221	2	Clinical Seminar	*	_____
PTA 224	9	PTA Clinic 3	*	_____
11		SUBTOTAL		

70/74 TOTAL CREDITS REQUIRED FOR ASSOCIATES DEGREE (OPTION A)

70/71 TOTAL CREDITS REQUIRED FOR ASSOCIATES DEGREE (OPTION B)

NOTATIONS:

+ A "B" minimum grade is required in each course preceded by a plus sign ("+").

* A "C" minimum grade is required in each asterisked course. ("**")

% May be taken any time prior to completion of the program.

1. Acceptance into the PTA program occurs each Fall. Enrollment is determined by access to clinical agencies. Anticipated enrollment capacities can be found on the validation chart. The procedures for application into the PTA Program are in

the guidelines for validation. See Validation Procedures in this catalog for required process. You will be eligible to attempt to register for clinical courses only after successfully completing the prerequisite qualifications and receiving a "Semester and Year of Validation".

2. Prerequisite qualifications are: high school graduate or GED equivalent; provide transcripts from high school and all other colleges attended; be admitted to Delta College; completion with a B (3.0) minimum grade in: BIO 140, or BIO 152 and BIO 153, or BIO 240 and BIO 241; and completion with a "C" (2.0) minimum grade in ENG 111, HSC 105, PSY 101, and COM 114, and complete 40 hours of observation time to apply for validation.
3. An "accelerated track" is available for students who would like to complete the entire program, including the General Education courses, in five (5) semesters. All courses required for the "accelerated track" are listed under Option B.
4. Math skills of LEVEL 3 are recommended.
5. ENG 113 Technical Communication must be taken while in the PTA program. If ENG 113 is taken prior to entering the PTA program the student will need to repeat the course. ENG 113 taken within the program will focus on writing skill requirements within the PTA discipline.
6. Physical Therapist Assistant courses are offered day and evening hours and must be taken in the sequence shown. There may be occasional weekend courses, as well, that are mandatory.
7. You must achieve a minimum C (2.0) grade in each Physical Therapist Assistant course to be eligible to continue in the program.
8. In addition to tuition, fees, and textbook costs, you must purchase lab clothes and coats, clinic shoes, name tags, registration fees for conferences, provide your transportation to clinical settings (plus possible hospital parking charges), and field trips.
9. Upon admission to the program, you must have a complete physical examination including a negative TB test or a physician's release form annually.
10. Current CPR for The Professional Rescuer certification is required for admission to the clinical sequence. Current CPR certification must be maintained throughout the program.
11. Proof of Hepatitis B vaccination or signed waiver is required for admission to clinical sequence.
12. An observation series is required prior to validation. Students must observe, at a minimum, two different PT's or PTA's performing their skills in two different clinical practice sites for a minimum of 40 hours. These observations must be documented on the Observation Form which is available on line under the PTA site or can be picked up in the Counseling Office. These forms must be stamped at the Registrar's office at the time the validation application is turned in. Once the form has been stamped it must be turned in to the PTA Program Coordinator.
13. You need to be aware that clinical hospital assignments may be outside the local area.
14. Student Reentry Procedures are printed in the handbook given to all clinical students.
15. Criminal background checks are required to participate in clinical experiences. There is a fee for the criminal background check.
16. Also see "Dual Degrees."

COURSE DESCRIPTIONS

- PTA 101 Applied Clinical Anatomy I 2 Sem Hrs**
Prerequisite: Admission to the Physical Therapist Assistant Program. Concurrent enrollment in PTA 101LW, PTA 105, PTA 105LW, PTA 110, PTA 110L, ENG 113, and LW 206A. Provides skeletal anatomy concepts necessary to implement procedures utilized in physical therapy practice. Provides the technical and data collection knowledge necessary to assist a physical therapist with goniometry. Prepares the student to perform physical therapy intervention as part of a physical therapist's plan of care, under the direction and supervision of the physical therapist.
- PTA 101LW Applied Clinical Anatomy I Lab 1 Sem Hr**
Prerequisite: Admission to the Physical Therapist Assistant Program. Concurrent enrollment in PTA 101, PTA 105, PTA 105LW, PTA 110, PTA 110L, ENG113, and LW206A. Provides the skills necessary for palpation of bony landmarks. Prepares the student to perform PROM and goniometric measurements. Prepares the student to perform physical therapy intervention as part of a physical therapist's plan of care, under the direction and supervision of the physical therapist. (0-45)
- PTA 102 Clinical Neuroanatomy 2 Sem Hrs**
Prerequisite: PTA 101, PTA 101LW, PTA 105, PTA 105LW, PTA 110, PTA 110L, ENG 113, and LW 206A, with a "C" (2.0) minimum grade. Concurrent enrollment in PTA 120, PTA 120L, PTA 123W, PTA 123LW, PTA 124, PTA 125, PTA 125LW, and LWA 206B. Provides the neuroanatomy concepts necessary to implement procedures utilized in physical therapy practice. Prepares the student to perform physical therapy intervention as part of a physical therapist's plan of care, under the direction and supervision of the physical therapist. (30-0)
- PTA 105 Physical Agents I 2 Sem Hrs**
Prerequisite: Admission to the Physical Therapist Assistant program. Concurrent enrollment in PTA 101, PTA 101LW, PTA 105LW, PTA 110, PTA 110L, ENG113, and LW 206A. Provides the theory and principles of modalities including, but not limited to, hydrotherapy, therapeutic massage, thermal agents, ultrasound, traction, intermittent compression, and cryotherapy. Prepares the student to perform physical therapy intervention as part of a physical therapist's plan of care, under the direction and supervision of the physical therapist. (30-0)
- PTA 105LW Physical Agents I Lab 2 Sem Hrs**
Prerequisite: Admission to the Physical Therapist Assistant program. Concurrent enrollment in PTA 101, PTA 101LW, PTA 105, PTA 110, PTA 110L, ENG 113, and LW 206A. Provides the technical skills to perform modalities including, but not limited to, hydrotherapy, therapeutic massage, thermal agents, ultrasound, traction, intermittent compression, and cryotherapy. Prepares the student to perform physical therapy intervention as part of a physical therapist's plan of care, under the direction and supervision of the physical therapist. (0-75)
- PTA 110 Fundamentals of Patient Mobility 2 Sem Hrs**
Prerequisite: Admission to the PTA program. Concurrent enrollment in PTA 101, PTA 101LW, PTA 105, PTA 105LW, PTA 110L, ENG 113, and LW 206A. Introduces basic principles of patient mobility. Focuses on the analysis of gait, gait training, use of assistive devices, patient transfers, postural assessment, balance and
- PTA 110L Fundamentals of Patient Mobility Lab 1 Sem Hr**
Prerequisite: Admission to the PTA program. Concurrent enrollment in PTA 101, PTA 101LW, PTA 105, PTA 105LW, PTA 110, ENG 113, and LW 206A. Prepares student to perform and instruct basic therapeutic exercise, activities of daily living, kinematic gait analysis, gross postural assessment, transfer techniques, and gait training with assistive devices. Prepares the student to perform physical therapy intervention as part of a physical therapist's plan of care, under the direction and supervision of the physical therapist. (0-45)
- PTA 120 Orthopedic Rehabilitation 2 Sem Hrs**
Prerequisites: PTA 101, PTA 101LW, PTA 105, PTA 105LW, PTA 110, PTA 110L, ENG 113, and LW 206A with a "C" (2.0) minimum grade in each. Concurrent enrollment in PTA 102, PTA 120L, PTA 123W, PTA 123LW, PTA 124, PTA 125, PTA 125LW, and LWA 206B. Introduces common orthopedic injuries and disabilities that affect adults and children. Provides entry-level principles and rationale needed to administer rehabilitation exercise programs for orthopedic conditions. Prepares the student to perform physical therapy intervention as part of a physical therapist's plan of care, under the direction and supervision of the physical therapist. (30-0)
- PTA 120L Orthopedic Rehabilitation Lab 1 Sem Hr**
Prerequisites: PTA 101, PTA 101LW, PTA 105, PTA 105LW, PTA 110, PTA 110L, ENG 113, and LW 206A with a "C" (2.0) minimum grade. Concurrent enrollment in PTA 102, PTA 120, PTA 123W, PTA 123LW, PTA 124, PTA 125, PTA 125LW, and LWA 206B. Provides entry-level technical skills needed to administer rehabilitation exercise programs for orthopedic conditions. Prepares the student to perform physical therapy intervention as part of a physical therapist's plan of care, under the direction and supervision of the physical therapist. (0-45)

Outcomes & Objectives

PROGRAM OUTCOMES

- Outcome 1:** Function as a competent entry level-physical therapist assistant with appropriate technical and interpersonal skills.
- Outcome 2:** Demonstrate professional behaviors and values of the profession which include lifelong learning and civic responsibility.
- Outcome 3:** Demonstrate abilities that will enable employment as a physical therapist assistant.
- Outcome 4:** Utilize appropriate problem solving and critical thinking abilities to carry out an established patient plan of care under the supervision of a physical therapist.

Outcome: 1 Describe the basic functional characteristics of the human skeletal system.

Objectives:

- A Define anatomical terminology.
- B Define planes of motion and types of motion.
- C Describe the composition and structure of bone.
- D Define three classes of joints and types within each class.
- E Define planes and axes of movement of joints.
- F Describe the structure of the joint.
- G Define the functions of the skeleton.

Outcome: 2 Describe the neuromusculoskeletal characteristics of the human neck and trunk.

Objectives:

- A Label and define normal and abnormal curves of vertebral column.
- B Describe components of typical vertebra.
- C Define orientation and function of facets at each level of the spine.
- D Describe the bony anatomy of the skull.

Outcome: 3 Describe the neuromusculoskeletal characteristics of the human upper extremity.

Objectives:

- A Identify real or functional joints of the shoulder complex.
- B Define scapulo-humeral rhythm and glenohumeral rhythm.
- C Explain carrying angle of the elbow joint.
- D Describe the bony anatomy of the upper extremity.
- E Describe the clinical significance of upper extremity bony landmarks.

Outcome: 4 Describe the neuromusculoskeletal characteristics of the human lower extremity.

Objectives:

- A Identify structural and functional differences between the hip and shoulder.
- B Describe the articular surface of the acetabulum.
- C Explain the angle of inclination and the angle of torsion.
- D Describe selected bursae of the body joints and locations.
- E Describe the bony anatomy of the lower extremity.
- F Describe the clinical significance of lower extremity bony landmarks.

Outcome: 5 Communicate accurately about the human skeletal system.

Objectives:

- A Communicate verbally to patients, peers, caregivers, and other health care professionals using proper anatomical terminology appropriate to the audience.
- B Communicate proper anatomical concepts as related to patients and their treatment in writing for use by medical or non-medical personnel.
- C Describe verbally and in writing anatomical components of the body in relationship to specific symptoms, diseases or disease processes.
- D Read and comprehend anatomical references in patient charts, or other literature.

Outcome: 6 Discuss potential legal and ethical issues pertaining to course content and appropriate responses to each issue.

Objectives:

- A Recognize course content that might have legal or ethical consequences.

Outcome: 7 Understand the concept of joint range of motion measurement.

Objectives:

- A Define goniometry.
- B Explain the principles of goniometry.
- C Describe the parts of goniometry.

Outcome: 1 Describe the basic functional characteristics of the human skeletal system.

Objectives:

- A Define anatomical terminology.
- B Define planes of motion and types of motion.
- C Describe the composition and structure of bone.
- D Demonstrate active and passive insufficiency.

Outcome: 2 Describe the neuromusculoskeletal characteristics of the human neck and trunk.

Objectives:

- A Identify regions of vertebral column by name.
- B Identify the bones of the trunk and neck.
- C Identify and palpate bony landmarks of the trunk and neck.
- D Identify and define characteristics of each region of vertebral column.
- E Identify and describe the function of the ligaments of spine.
- F Describe and demonstrate joint motions of the vertebral column.

Outcome: 3 Describe the neuromusculoskeletal characteristics of the human upper extremity.

Objectives:

- A Identify the bones of the upper extremity.
- B Identify and palpate bony landmarks of the upper extremity.
- C Identify and define characteristics of each region of the upper extremity.
- D Identify and describe the articulating surfaces of all the joints of the upper extremity.
- E Identify and describe the function of the ligaments of all joints of the upper extremity.
- F Describe and demonstrate joint motions of all joints of the upper extremity.
- G Identify structures/borders and contents of cubital fossa, carpal tunnel, and anatomic snuff box.

Outcome: 4 Describe the neuromusculoskeletal characteristics of the human lower extremity.

Objectives:

- A Identify the bones of the lower extremity.
- B Identify and palpate bony landmarks of the lower extremity.
- C Identify and define characteristics of each region of the lower extremity.
- D Identify and describe the articulating surfaces of all the joints of the lower extremity.
- E Identify and describe the function of the ligaments of all joints of the lower extremity.
- F Describe and demonstrate joint motions of all joints of the lower extremity.
- G Identify the borders and contents of the femoral triangle.

Outcome: 5 Communicate accurately about the human neuromusculoskeletal system.

Objectives:

- A Communicate verbally to patients, peers, caregivers, and other health care professionals using proper anatomical terminology appropriate to the audience.
- B Communicate proper anatomical concepts as related to patients and their treatment in writing for use by medical or non-medical personnel.
- C Describe verbally and in writing anatomical components of the body in relationship to specific symptoms, diseases, or disease processes.
- D Read and comprehend anatomical references in patient charts, or other literature.

Outcome: 6 Perform PROM movements on upper and lower extremity joints.

Objectives:

- A Describe ROM end feels.
- B Describe indications/benefits/limitations of PROM.
- C Perform ROM movements with correct hand placements.
- D Identify all movements available at each joint in the body.

Outcome: 7 Write SOAP notes that reflect the patient's status.

Objectives:

- A Provide examples of information that goes into each category of the SOAP note.
- B Write a SOAP note following a mock treatment.

Outcome: 8 Take appropriate action in emergency situations.

Objectives:

- A Initiate BCLS procedures during mock emergency scenarios.
- B Participate in mock disaster drills.

Outcome: 9 Perform joint range of motion measurements.

Objectives:

- A Perform the technique for proper goniometric measurement of all joints.
- B Properly document goniometric measurements.

PTA 102

Clinical Neuroanatomy

Outcome: 1 Describe the nervous system in relation to its maturation and subdivisions.

Objectives:

- A Describe the three parts of the nervous system, including the central nervous system (CNS), Peripheral Nervous System (PNS), and the Autonomic Nervous System (ANS).
- B Describe the embryological development of the nervous system.
- C List the parts of the adult brain that develops from the myelencephalon, metencephalon, midbrain, diencephalon, and telencephalon and state each function.
- D Describe the anatomy of the CNS including the cerebrum--its four lobes, the cerebellum, the brainstem (medulla, pons and midbrain) and state each function.
- E Identify the gray matter and the white matter and describe its function and spinal cord and relate it to nuclei and tracts.
- F Identify the 12 cranial nerves and list their functions.
- G Compare and contrast sympathetic nervous system responses to parasympathetic nervous system responses of the Autonomic Nervous System.
- H Compare and contrast somatic vs. autonomic nervous system.

Outcome: 2 Describe the meningeal and circulatory system of the CNS.

Objectives:

- A Describe, draw and label the three layers of the CNS .
- B Describe the function of the meninges relationship to cerebrospinal fluid (CSF).
- C Explain the flow distribution of CSF.
- D Describe, draw and label the cranial arterial circulation.

Outcome: 3 Describe the anatomy and function of the spinal cord.

Objectives:

- A Identify the anatomy of the spinal cord.
- B Identify the conus medullaris, filum terminale, and cauda equina in respect to the distal spinal cord region.
- C Compare and contrast the gray matter, white matter, ventral horn, and dorsal horn.
- D Differentiate between the levels of the spinal cord in respect to cervical, thoracic, and lumbar regions.
- E Identify the gray matter and the white matter and describe its function and spinal cord and relate it to nuclei and tracts.
- F Identify the dorsal nerve root, ventral nerve root, and spinal nerve and relate these to motor and/or sensory function.
- G Compare afferent vs. efferent, sensory pathways vs. motor pathways, dorsal root vs. ventral root.

Outcome: 4 Describe the nervous system at its cellular level.

Objectives:

- A Identify the parts of the neuron and give the function of each part.
- B Describe the myelin sheath of the neuron and its purpose.
- C Compare the production of myelin in the CNS vs. PNS.
- D List the various types of glial cells in the CNS and state the function of each.
- E Compare nuclei vs. ganglia.
- F List names given to bundles of nerve fibers in the CNS vs. the PNS.
- G Distinguish between a neuron, fascicles, and nerve.

Outcome: 5 Describe the physiology involved in impulse transmission and synapses.

Objectives:

- A Describe impulse transmission along a neuron including resting membrane potential, chemical composition of the neuron, depolarization, repolarization, hyperpolarization, action potential, excitation, absolute refractory period, relative refractory period.
- B List factors affecting the rate of transmission of an impulse, including axon diameter and myelin sheath and describe each.
- C Draw a diagram depicting the Na⁺/K⁺ Pump.
- D Discuss the components of a synaptic event, including presynaptic terminal, synaptic cleft, postsynaptic membrane, and neurotransmitter.
- E Define motor end plate, myoneural junction and neuromuscular junction.
- F Define inhibitory neuron.
- G Define interneuron.
- H Identify the muscle spindle, including intrafusal fibers, extra fusal fibers, gamma motor units, group Ia afferents and group II afferents.
- I Relate GTO's to 1b sensory neurons.
- J Define the purpose of group III sensory neurons.

Outcome: 6 Explain the various routes that information is carried from the periphery to the CNS and the anatomy of these routes.

Objectives:

- A Explain the following spinal reflexes: stretch reflexes, flexor withdrawal reflexes and cross extension reflex.
- B Define muscle tone and relate it to hypotonia, hypertonia, spasticity and rigidity.
- C List the principal ascending and descending tracts of the spinal cord.
- D Compare pyramidal vs. extra pyramidal tracts.
- E Trace a nerve impulse from a sensory neuron in the skin to the brain and back to voluntary muscles including sensory neuron, interneuron, ascending tract, decussation, thalamus sensory cortex, motor cortex, descending tract, motor neuron.

Outcome: 7 Discuss the effects of various injuries to the Nervous System.

Objectives:

- A Compare upper motor vs. lower motor lesion clinical effects.
- B Describe clinical results from spinal cord lesions.
- C Describe the process of nerve regeneration in the PNS and plasticity in the CNS.
- D Describe clinical symptoms that may result in CNS lesions in various parts of the brain, including cerebellum, basal ganglia, thalamus, hypothalamus, cerebrum (right vs. left hemisphere).
- E Describe clinical findings if arterial damage occurs within the brain.
- F Differentiate between CNS diseases, such as CVA, intercerebral hemorrhage, Parkinson's Disease, Huntington's Disease, Multiple Sclerosis, Charcot Marie Tooth Disease, Guillain-Barre Syndrome, Amyotrophic Lateral Sclerosis, and relate it to changes in the function of the nervous system.

Outcome: 8 Discuss potential legal and ethical issues pertaining to course content.

Objectives:

- A Describe an appropriate response to each legal/ethical issue discussed in class.

Outcome: 1 Utilize appropriate medical documentation to thoroughly document all aspects of patient care.

Objectives:

- A Describe the SOAP note format.
- B Correctly identify which category medical information is placed in, within the SOAP note.

Outcome: 2 Understand the basics of energy transfer and how various physical agents affect human tissue.

Objectives:

- A Differentiate between treatments which affect superficial and deep tissues of the human body.
- B Differentiate between the different modes of heat transfer including evaporation, convection, conduction, radiation, and conversion.
- C Give specific examples of common physical agents and their mode of heat transfer.

Outcome: 3 Understand the theory of moist heat and its application to patient treatment.

Objectives:

- A List the physiological effects of heat.
- B List the indications, contraindications, and precautions for usage of moist heat on patients.
- C Discuss the mode of heat transfer that occurs with moist heat.

Outcome: 4 Understand the theory of cryotherapy and its application to patient treatment.

Objectives:

- A List the physiological effects of cold.
- B Distinguish between the indications, contraindications, and precautions for usage of cryotherapy on patient.
- C Discuss the mode of heat transfer with cryotherapy.
- D Discuss the physiological effects of contrast bath procedure on human tissue.

Outcome: 5 Understand the theory of ultrasound and its application to patient treatment.

Objectives:

- A List the physiological effects of ultrasound.
- B List the indications, contraindications, and precautions for ultrasound use in humans.
- C Distinguish between the indications, contraindications, and precautions for usage of ultrasound on patients.
- D Discuss the mode of heat transfer that occurs with ultrasound.
- E Compare and contrast the different mediums utilized with ultrasound including gel, water, lotion, and medicated cream.
- F Differentiate between the use of continuous versus pulsed ultrasound duty cycles and its effect on human tissues.
- G Provide rationale of use of different size ultrasound heads.
- H Differentiate between the use of 1 Mhz and # Mhz frequencies and its effect on human tissue.

Outcome: 6 Understand the theory of therapeutic massage and its application to patient treatment.

Objectives:

- A Define massage.
- B State the physiological theory behind massage.
- C Describe each of the following massage techniques and its effect on human tissue:
- D List the indications, contraindications, and precautions for massage use in humans.
- E Describe and provide rationale for each of the medium options for massage:

Outcome: 7 Understand the theory of paraffin and its application to patient treatment.

Objectives:

- A Define paraffin.
- B Explain the theory of paraffin.
- C List the physiological effects of paraffin.
- D List the indications, contraindications, and precautions for paraffin use in humans.

Outcome: 8 Understand the theory of pelvic and cervical traction and its application in patient treatment.

Objectives:

- A Explain the effects and purpose of traction.
- B Identify the different types of spinal traction:
- C List the indications, contraindications, and precautions for mechanical and manual traction use in humans.

Outcome: 9 Understand the theory of hydrotherapy and the application to patient treatment.

Objectives:

- A Define hydrotherapy.
- B Describe hydrotherapy equipment and the rationale for its use.
- C List the physiological effects of hydrotherapy.
- D List the indications, contraindications, and precautions for hydrotherapy use with humans.
- E List the specific temperature protocols for various problems encountered in physical therapy.
- F Recognize the need for direct versus indirect agitation in various diagnosis/conditions.

Outcome: 10 Understand the theory of ultraviolet and its application to patient treatment.

Objectives:

- A Explain the physiological effects of ultraviolet.
- B List the indications, contraindications, and precautions of ultraviolet radiation use in humans.
- C Describe the purpose of the MED in use with UV radiation.

Outcome: 11 Understand the theory of diathermy and its application to patient treatment.

Objectives:

- A Explain the theory of diathermy.
- B List the indications, contraindications, and precautions of diathermy use in humans.

Outcome: 12 Understand the theory of infrared radiations and its application to patient treatment.

Objectives:

- A List the physiological effects of infrared.
- B Distinguish between the indications, contraindications, and precautions of infrared radiation use in humans.

Outcome: 13 Understand the theory of intermittent pneumatic compression and its application to patient treatment.

Objectives:

- A Identify the physiological effects of intermittent compression on human tissue.
- B Explain the theory behind intermittent pneumatic compression.
- C List the indications, contraindications, and precautions for intermittent pneumatic compression use in humans.
- D Describe the general function of the lymphatic system and the effects of abnormal conditions of the lymphatic system on human tissue.
- E Describe various lymphedema techniques other than intermittent pneumatic compression to decrease edema.

Outcome: 14 Understand the theory of aquatherapy and its application to patient treatment.

Objectives:

- A Define and discuss the properties of water and the clinical relevance of these properties for physical therapy treatments including:
- B Discuss the benefits of buoyancy on early weightbearing for various conditions.
- C Relate how various water depths to estimated percentage of body weight placed on the lower extremities can assist in progression of treatment.
- D Discuss the parameters of the aquatherapy environment for optimal therapeutic benefit.
- E Discuss the overall physiological effects of aquatherapy on the body.

Outcome: 15 Read and understand current physical therapy literature related to the use of physical agents.

Objectives:

- A Given a specific agent to research, find professional journal articles that have determined the effectiveness of various agents used currently in the physical therapy setting.
- B Summarize current literature in a 2-3 page paper.

Outcome: 16 Discuss potential legal and ethical issues pertaining to course content.

Objectives:

- A Describe an appropriate response to each legal/ethical clinical issue discussed in class.

Outcome: 17 Take appropriate action in emergency situations.

Objectives:

- A Initiate BLS procedures during mock emergency scenarios.
- B Participate in mock disaster drills.

PTA 105LW Physical Agents I Lab

Outcome: 1 Perform the medical application of electrical stimulation for a physical therapy treatment.

Objectives:

- A Describe and perform the various clinical setups including two pad, four pad, four pad reciprocal, and point electrode.
- B Compare and contrast the appropriate use of the electrical stimulation equipment.
- C Perform electrical stimulation treatments in combination with other modalities and exercise.
- D Perform electrical stimulation treatments in a timely, safe, legal, and ethical manner.

Outcome: 2 Perform the application of TENS (Transcutaneous Electrical Nerve Stimulation).

Objectives:

- A Describe and perform positioning for TENS application.
- B Describe the sensation of TENS.
- C Perform TENS application.

Outcome: 3 Perform the application of NMES/FES.

Objectives:

- A Describe the sensation of NMES/FES.
- B Perform NMES/FES application.

Outcome: 4 Perform the application of interferential electrical stimulation.

Objectives:

- A Perform interferential applications.

Outcome: 5 Perform the application of Direct Current iontophoresis.

Objectives:

- A Perform application of motor point stimulation with DC.

Outcome: 6 Perform the application of High Volt and Medium Frequency electrical stimulation.

Objectives:

A Perform High Volt and Medium Frequency applications.

Outcome: 7 Perform the application of US with EMS.

Objectives:

A Perform US with EMS applications.

Outcome: 8 Communicate and effectively treat regarding electrical stimulation.

Objectives:

A Document the treatment, response, and all related information after each treatment.

B Communicate with peers regarding electrotherapy.

C Respond to acute changes in physiological state and modify treatment program as appropriate and report these changes to the supervising physical therapist.

Outcome: 9 Discuss potential legal and ethical issues pertaining to course content.

Objectives:

A Describe an appropriate response to each legal/ethical clinical issue discussed in class.

Outcome: 10 Take appropriate action in emergency situations.

Objectives:

A Initiate BCLS procedures during mock emergency scenarios.

B Participate in mock disaster drills.

PTA 110

Fundamentals of Patient Mobility

Outcome: 1 Monitor a patient's status during exercise.

Objectives:

A List normal values.

B Define hypertension and hypotension.

Outcome: 2 Describe proper body mechanics and lifting techniques.

Objectives:

A Define body mechanics.

B List the principles of proper body mechanics.

C Describe the various lifting techniques.

Outcome: 3 Recognize and gain knowledge in the prevention of the decubitus ulcer process.

Objectives:

A Define the four stages of a decubitus ulcer.

B Describe the body areas susceptible to pressure ulcers.

C List the purposes of proper patient positioning.

D Describe patient positions that will prevent pressure ulcers.

E Recognize the signs of development of a decubitus ulcer.

F Verbalize appropriate measures to prevent decubitus ulcers.

Outcome: 4 Describe how to prevent contractures.

Objectives:

A Define contracture.

B Describe how contractures develop.

C Describe appropriate patient positioning to avoid contracture development in AKA, BKA, RA, and burn patients.

D Educate patients on proper positioning to avoid the development of contractures.

Outcome: 5 Describe bed mobility and transfer skills.

Objectives:

A Define bed mobility.

B Define transfers.

C Define the different levels of assistance that may be required.

D List the general rules of safe transfers.

Outcome: 6 Describe tilt table usage.

Objectives:

- A Describe the components of the tilt table.
- B Define orthostatic hypotension and describe how it relates to the tilt table.

Outcome: 7 Discuss gait deviations.

Objectives:

- A Describe antalgic gait, gluteus medius gait, gluteus maximus gait, hip flexor gait, and dorsiflexor gait.
- B List normal ROM of the lower extremities and pelvis during gait.
- C Define the phases of the gait cycle and each stage within each phase using Rancho Los Amigos and Traditional terminology.
- D Describe muscles that are active during each stage of the gait cycle.

Outcome: 8 Describe assistive devices.

Objectives:

- A Describe the muscles involved in ambulation with assistive devices.
- B Describe the purposes of assistive devices.
- C List the advantages and disadvantages of the various assistive devices.
- D Describe the order of greatest to least support for the assistive devices.

Outcome: 9 Describe gross postural analysis.

Objectives:

- A Describe the different body types.
- B Discuss normal posture and compare/contrast normal vs. abnormal.
- C Describe the grading scale used to define the deviations detected.
- D Define terms used for postural analysis.

Outcome: 10 Discuss spinal scoliosis.

Objectives:

- A Define scoliosis.
- B Differentiate between structural and functional scoliosis.
- C Describe the etiology of structural and functional scoliosis.
- D Categorize scoliosis curves by their names.
- E Identify problems that a scoliosis patient may have.

Outcome: 11 Discuss normal and abnormal dynamic and static balance.

Objectives:

- A Define balance.
- B Define and apply balance rating scale.
- C Describe how the patient's environment can impact his/her balance.
- D Describe the FIM.

Outcome: 12 Demonstrate an understanding of therapeutic exercise.

Objectives:

- A List the goals of therapeutic exercise.
- B Define strength.
- C Define the biomechanical factors that influence strength.
- D Differentiate between muscle and total body strength.
- E Recognize metabolic changes that occur as adaptations to endurance training.
- F Describe the difference between resistive and endurance exercise.
- G Describe joint mobility.
- H Compare/contrast the different types of mobility exercises.
- I Describe the therapeutic basis of relaxation exercises.
- J Differentiate between balance, coordination, and skill.

Outcome: 13 Discuss the theory of mobility exercises.

Objectives:

- A List the components which can interfere with mobility and flexibility.
- B List the types of mobility exercises that are available.
- C Differentiate between AROM, AAROM, and PROM.
- E Describe the effect of gravity in respect to joint active mobility.
- F Differentiate between gravity resisted, gravity eliminated, and gravity assisted.
- G Determine positions of the body, in respect to GR, GE, and GA, for mobility exercises.
- D Compare and contrast indications/benefits/limitations of AROM, AAROM, and PROM.
- H Define the concepts of muscle insufficiencies.
- I Describe ROM end feels.

Outcome: 14 Describe the theory of stretching exercises.

Objectives:

- A Define the purpose of stretching.
- B Identify conditions that lead to soft tissue shortening.
- C Describe and perform various types of stretching exercises.
- D Define ballistic stretching.
- E List indications and contraindications for stretching.

Outcome: 15 Develop an awareness of the way society treats individuals with disabilities.

Objectives:

- A Describe appropriate communication with persons with disabilities.
- B Describe the Americans with Disabilities Act.

Outcome: 16 Discuss potential legal and ethical issues pertaining to course content and appropriate responses to each issue.

Objectives:

- A Describe an appropriate response to each legal/ethical clinical issue discussed in class.

Outcome: 17 Take appropriate action in emergency situations.

Objectives:

- A Initiate BCLS procedures during mock emergency situations.
- B Participate in mock disaster drills.

PTA 110L Fundamentals of Patient Mobility Lab

Outcome: 1 Monitor a patient's status during exercise.

Objectives:

- A Take vital signs.
- B Define hypertension and hypotension.
- C Calculate maximum HR, Heart Rate Reserve, and target zone.
- D Recognize visible signs of a patient in distress.

Outcome: 2 Demonstrate proper body mechanics and lifting techniques.

Objectives:

- A Recognize inappropriate body mechanics and lifting techniques.
- B Instruct a patient in usage of correct body mechanics and lifting techniques.
- C Perform various lifting techniques.

Outcome: 3 Safely perform and instruct bed mobility and transfer skills.

Objectives:

- A Assess the amount of assistance one needs for mobility and transfers.
- B Provide verbal/physical cues for transfers and bed mobility.
- C Choose appropriate transfer for specific diagnoses.
- D Perform the following transfers:

Outcome: 4 Safely utilize the tilt table.

Objectives:

- A Properly position a patient on the tilt table.
- B Raise and lower a patient on the tilt table using the correct procedure.
- C Monitor a patient's vital signs and visible signs of distress during tilt table procedure.
- D Recognize when tilt table treatment should not continue.

Outcome: 5 Recognize and analyze gait deviations.

Objectives:

- A Perform gait analysis.
- B Define and measure step length, stride length, and cadence.
- C Recognize muscles that are active during each stage of the gait cycle.

Outcome: 6 Safely utilize assistive devices in the treatment of patients.

Objectives:

- A Correctly fit assistive devices for patients.
- B Clearly communicate to patients the safe and effective way to transfer while using assistive devices.
- C Discuss the appropriate assistive device for patients with regards to diagnosis and the patient's environment.
- D Provide clear instructions to patients on how to use the assistive devices.

Outcome: 7 Safely and correctly perform gait training with and without assistive devices.

Objectives:

- A Choose an appropriate gait pattern in regards to your patient's status and environment.
- B Use proper guarding techniques while performing gait training.
- C Provide correct gait training instructions for level surfaces and stairs.
- D Describe and demonstrate the following gait patterns:

Outcome: 8 Perform gross postural analysis.

Objectives:

- A Detect bony asymmetries by visual examination from anterior, posterior, and lateral views.
- B Detect bony asymmetries by palpation of bony landmarks.

Outcome: 9 Perform procedures utilized in patients with balance issues.

Objectives:

- A Perform various dynamic and static balance tests.
- B Perform exercises to improve balance deficits.

Outcome: 10 Demonstrate knowledge and implementation of common protocol exercises for THR and TKR.

Objectives:

- A Describe the exercises included in THR and TKR protocols.
- B Demonstrate the exercises included in TKR and THR exercise protocols.
- C Discuss the importance and purpose of each exercise.
- D Instruct a patient in proper execution of each exercise.

Outcome: 11 Perform stretching exercises based on the physical therapist's plan of care.

Objectives:

- A Perform active inhibition techniques to increase ROM.
- B Provide clear instructions for a HEP of stretching exercises with both written and verbal communication.

Outcome: 12 Read, interpret, and write SOAP notes that reflect the patient's status.

Objectives:

- A Define the meaning of the initials SOAP.
- B Provide examples of information that goes into each category of the SOAP note.
- C Write a SOAP note following a mock treatment session.

Outcome: 13 **Develop an understanding of the social implications, bodily demands, and potential physical barriers found in the home, community, and workplace for those utilizing assistive devices and wheelchairs.**

Objectives:

- A Utilize assistive devices and wheelchairs in the community as their mode of mobility and to fully recognize safety hazards, physical demands, and social issues surrounding the use of wheelchairs and assistive devices in society.
- B Learn basic wheelchair skills and demonstrate the ability to teach patients (based on a case study) the same wheelchair skills.

PTA 120 Orthopedic Rehabilitation

Outcome: 1 **Demonstrate an entry-level knowledge of the concepts of peripheral joint mobilizations for the shoulder, wrist, hip, and ankle.**

Objectives:

- A Define terms and principles of peripheral joint mobilizations.
- B Define and describe the concave-convex rule.
- C Define the grades used for mobilization.
- D Identify and describe joint end-range feel.
- E Identify common indications and contraindications for mobilization.
- F Discuss the appropriate applications of peripheral joint mobilization.
- G Discuss the role of the PTA in assisting the PT with the delivery of peripheral joint mobilizations.

Outcome: 2 **Describe appropriate methods of management and rehabilitation for select orthopedic diagnoses of the shoulder in accordance with the plan of care established by the physical therapist.**

Objectives:

- A Describe common anatomy as it relates to the shoulder.
- B Identify and describe common injuries of the shoulder.
- C Discuss potential treatment methods for the identified injuries of the shoulder.
- D Recognize the need for progression in an exercise program designed for the shoulder.
- E Recognize various special tests as they relate to common orthopedic problems of the shoulder.
- F Describe various contraindications for exercise as they relate to common orthopedic problems of the shoulder.
- G Compare/contrast various exercise protocols for different orthopedic problems of the shoulder.
- H Describe common mobilization techniques for the shoulder.

Outcome: 3 **Describe appropriate methods of management and rehabilitation for select orthopedic diagnoses of the elbow in accordance with the plan of care established by the physical therapist.**

Objectives:

- A Describe common anatomy as it relates to the elbow.
- B Identify and describe common injuries of the elbow.
- C Discuss potential treatment methods for the identified injuries of the elbow.
- D Recognize the need for progression in an exercise program designed for the elbow.
- E Recognize various special tests as they relate to common orthopedic problems of the elbow.
- F Describe various contraindications for the exercise as they relate to common orthopedic problems of the elbow.
- G Compare/contrast various exercise protocols for different orthopedic problems of the shoulder.

Outcome: 4 **Describe appropriate methods of management and rehabilitation for select orthopedic diagnoses of the wrist and hand in accordance with the plan of care established by the physical therapist.**

Objectives:

- A Describe common anatomy as it relates to the wrist and hand.
- B Identify and describe common injuries of the wrist and hand.
- C Discuss potential treatment methods for the identified injuries of the wrist and hand.
- D Recognize the need for progression in an exercise program designed for the wrist and hand.
- E Recognize various special tests as they relate to common orthopedic problems of the wrist and hand.
- F Describe various contraindications for exercise as they relate to common orthopedic problems of the wrist and hand.
- G Compare/contrast various exercise protocols for different orthopedic problems of the wrist and hand.
- H Describe common mobilization techniques for the wrist and hand.

Outcome: 5 **Describe appropriate methods of management and rehabilitation for select orthopedic diagnoses of the hip in accordance with the plan of care established by the physical therapist.**

Objectives:

- A Describe common anatomy as it relates to the hip.
- B Identify and describe common injuries of the hip.
- C Discuss potential treatment methods for the identified injuries of the hip.
- D Recognize the need for progression in an exercise program designed for the hip.
- E Recognize various special tests as they relate to common orthopedic problems of the hip.
- F Describe various contraindications for exercise as they relate to common orthopedic problems of the hip.
- G Compare/contrast various exercise protocols for different orthopedic problems of the hip.
- H Describe common mobilization techniques for the hip.

Outcome: 6 **Describe appropriate methods of management and rehabilitation for select orthopedic diagnoses of the knee in accordance with the plan of care established by the physical therapist.**

Objectives:

- A Describe common anatomy as it relates to the knee.
- B Identify and describe common injuries of the knee.
- C Discuss potential treatment methods for the identified injuries of the knee.
- D Recognize the need for progression in an exercise program designed for the knee.
- E Recognize various special tests as they relate to common orthopedic problems of the knee.
- F Describe various contraindications for exercise as they relate to common orthopedic problems of the knee.
- G Compare/contrast various exercise protocols for different orthopedic problems of the knee.
- H Describe common mobilization techniques for the knee.

Outcome: 7 Describe appropriate methods of management and rehabilitation for select orthopedic diagnoses of the ankle in accordance with the plan of care developed by the physical therapist.

Objectives:

- A Describe common anatomy as it relates to the ankle.
- B Identify and describe common injuries of the ankle.
- C Discuss potential treatment methods for the identified injuries of the ankle.
- D Recognize the need for progression in an exercise program designed for the ankle.
- E Recognize various special tests as they relate to common orthopedic problems of the ankle.
- F Describe various contraindications for exercise as they relate to common orthopedic problems of the ankle.
- G Compare/contrast various exercise protocols for different orthopedic problems of the ankle.
- H Describe common mobilization techniques for the ankle.

Outcome: 8 Describe appropriate methods of management and rehabilitation for select orthopedic diagnoses of the neck and back in accordance with the plan of care established by the physical therapist.

Objectives:

- A Describe common anatomy as it relates to the neck and back.
- B Identify and describe common injuries of the neck and back.
- C Discuss potential treatment methods for the identified injuries of the neck and back.
- D Recognize the need for progression in an exercise program designed for the neck and back.
- E Recognize various special tests as they relate to common orthopedic problems of the neck and back.
- F Describe various contraindications for exercise as they relate to common orthopedic problems of the neck and back.
- G Compare/contrast various exercise protocols for different orthopedic problems of the neck and back.
- H Define and describe ergonomics, back schools, FCE's, and work hardening.

Outcome: 9 Utilize relaxation techniques.

Objectives:

- A Define various relaxation techniques.

Outcome: 10 Successfully read and interpret health care literature pertaining to orthopedic conditions.

Objectives:

- A Seek out appropriate orthopedic health care literature.
- B Discuss literature received.
- C Describe reaction to literature reviewed.

Outcome: 11 Discuss potential legal and ethical issues pertaining to course content.

Objectives:

- A Describe an appropriate response to each legal/ethical clinical issue discussed in class.

Outcome: 12 Take appropriate action in emergency situations.

Objectives:

- A Initiate BCLS procedures during mock emergency scenarios.
- B Participate in mock disaster drills.

Outcome: 1 **Demonstrate an entry-level knowledge of the concepts of peripheral joint mobilizations for the shoulder, wrist, hip, and ankle.**

Objectives:

- A Identify and describe joint end-range feel.
- B Assess gliding motions of the shoulder, wrist, hip, and ankle joints.

Outcome: 2 **Perform appropriate methods of management and rehabilitation for select orthopedic diagnoses of the shoulder in accordance with the plan of care established by the physical therapist.**

Objectives:

- A Discuss potential treatment methods for the identified injuries of the shoulder.
- B Recognize the need for progression in an exercise program designed for the shoulder.
- C Recognize various special tests as they relate to common orthopedic problems of the shoulder.
- D Describe various contraindications for exercise as they relate to common orthopedic problems of the shoulder.
- E Compare/contrast various exercise protocols for different orthopedic problems of the shoulder.
- F Perform designed exercise protocols on simulated patients.

Outcome: 3 **Perform appropriate methods of management and rehabilitation for select orthopedic diagnoses of the elbow in accordance with the plan of care established by the physical therapist.**

Objectives:

- A Discuss potential treatment methods for the identified injuries of the elbow.
- B Recognize the need for progression in an exercise program designed for the elbow.
- C Recognize various special tests as they relate to common orthopedic problems of the elbow.
- D Describe various contraindications for the exercise as they relate to common orthopedic problems of the elbow.
- E Compare/contrast various exercise protocols for different orthopedic problems of the elbow.
- F Perform designed exercise protocols on simulated patients.

Outcome: 4 **Perform appropriate methods of management and rehabilitation for select orthopedic diagnosis of the wrist and hand in accordance with the plan of care established by the physical therapist.**

Objectives:

- A Discuss potential treatment methods for the identified injuries of the wrist and hand.
- B Recognize the need for progression in an exercise program designed for the wrist and hand.
- C Recognize various special tests as they relate to common orthopedic problems of the wrist and hand.
- D Describe various contraindications for exercise as they relate to common orthopedic problems of the wrist and hand.
- E Compare/contrast various exercise protocols for different orthopedic problems of the wrist and hand.
- F Describe common mobilization techniques for the wrist and hand.
- G Perform designed exercise protocols on simulated patients.

Outcome: 5 **Perform appropriate methods of management and rehabilitation for select orthopedic diagnoses of the hip in accordance with the plan of care established by the physical therapist.**

Objectives:

- A Discuss potential treatment methods for the identified injuries of the hip.
- B Recognize the need for progression in an exercise program designed for the hip.
- C Recognize various special tests as they relate to common orthopedic problems of the hip.
- D Describe various contraindications for exercise as they relate to common orthopedic problems of the hip.
- E Compare/contrast various exercise protocols for different for different orthopedic problems of the hip.
- F Describe common mobilization techniques for the hip.
- G Perform designed exercise protocols on simulated patients.

Outcome: 6 **Perform appropriate methods of management and rehabilitation for select orthopedic diagnoses of the knee in accordance with the plan of care established by the physical therapist.**

Objectives:

- A Discuss potential treatment methods for the identified injuries of the knee.
- B Recognize the need for progression in an exercise program designed for the knee.
- C Recognize various special tests as they relate to common orthopedic problems of the knee.
- D Describe various contraindications for exercise as they relate to common orthopedic problems of the knee.
- E Compare/contrast various exercise protocols for different orthopedic problems of the knee.
- F Describe common mobilization techniques for the knee.
- G Perform designed exercise protocols on simulated patients.

Outcome: 7 **Perform appropriate methods of management and rehabilitation for select orthopedic diagnoses of the ankle in accordance with the plan of care developed by the physical therapist.**

Objectives:

- A Discuss potential treatment methods for the identified injuries of the ankle.
- B Recognize the need for progression in an exercise program designed for the ankle.
- C Recognize various special tests as they relate to common orthopedic problems of the ankle.
- D Describe various contraindications for exercise as they relate to common orthopedic problems of the ankle.
- E Compare/contrast various exercise protocols for different orthopedic problems of the ankle.
- F Describe common mobilization techniques for the ankle.
- G Perform designed exercise protocols on simulated patients.

Outcome: 8 **Perform appropriate methods of management and rehabilitation for select orthopedic diagnoses of the neck and back in accordance with the plan of care established by the physical therapist.**

Objectives:

- A Discuss potential treatment methods for the identified injuries of the neck and back.
- B Recognize the need for progression in an exercise program designed for the neck and back.
- C Recognize various special tests as they relate to common orthopedic problems of the neck and back.
- D Describe various contraindications for exercise as they relate to common orthopedic problems of the neck and back.
- E Compare/contrast various exercise protocols for different orthopedic problems of the neck and back.
- F Develop back stabilization exercises and utilize them correctly.
- G Perform designed exercise protocols on simulated patients.

Outcome: 9 Utilize relaxation techniques.

Objectives:

A Demonstrate various relaxation techniques.

Outcome: 10 Recognize when an exercise program should not be performed due to change in patient's status.

Objectives:

A Ask appropriate assessment questions prior to implementing an exercise program.

B Review notes from previous treatments.

C Observe patient's nonverbal body language for signs of distress or pain.

Outcome: 11 Discuss potential legal and ethical issues pertaining to course content.

Objectives:

A Describe an appropriate response to each legal/ethical clinical issue discussed in class.

Outcome: 12 Take appropriate action in emergency situations.

Objectives:

A Initiate BCLS procedures during mock emergency scenarios.

B Participate in mock disaster drills.

PTA 121

Human Growth and Development

Outcome: 1 Discuss motor development across the entire life span.

Objectives:

A Compare and contrast motor development and behavior through prenatal, infancy, early and late childhood and adolescence.

B Compare and contrast motor development and behavior between pediatric and geriatric population.

C Define and demonstrate the motor developmental sequence that a normal, healthy infant progresses through.

D Understand conflicting theories of motor development.

E Recognize the interrelationships of stages of motor development and corresponding reflex activity in all ages.

F Test for problems of abnormal behavior and describe probable causes.

G Recognize and name the gross and fine motor milestones and the approximate age when a child reaches the milestone.

Outcome: 2 Become familiar with tests of infant and child development and discuss how they relate to dysfunction at other ages.

Objectives:

A Describe specific reflexes and reactions, the positions to elicit them, and the normal responses.

B Ascertain the developmental age of an individual through reflex testing.

C Discuss the purposes of developmental testing.

D Define and perform basic methods of assessment.

E Define and discuss overview testing, screen testing, tests of motor function, comprehensive developmental scales, and assessment of functional capabilities.

Outcome: 3 Demonstrate entry level knowledge of various pediatric orthopedic and neurological disorders.

Objectives:

A Define and discuss the etiology and complications related to the following: Down's Syndrome, Cerebral Palsy, Myelomeningocele, Cru di Chat, Prader-Willi Syndrome, Osteogenesis Imperfecta, Cystic Fibrosis, Spinal Muscle Atrophy, Duchenne Muscular Dystrophy, Fragile X Syndrome, Legg-Calve-Perthes Disease, JRA, Forticulles Brachial Plexus Injuries, and Scoliosis.

Outcome: 4 Discuss changes in growth and development across the life span.

Objectives:

- A Compare the general aging process from birth to death.
- B Compare and contrast the differences in the treatment approach for patients of all ages.

Outcome: 5 Understand the applied gerontological concepts as they relate to aging and physical therapy treatment.

Objectives:

- A Define demographics of an aging population.
- B Compare and contrast theories of aging.
- C Compare and contrast age related changes in biology, physiology, and anatomy.
- D Describe the psychosocial aspects of aging.
- E Describe the pathological manifestations of aging.
- F Define types of mental, functional and physical therapy assessment instruments.

Outcome: 6 Have the knowledge to participate in geriatric rehabilitation including discussion, planning, treatment, and education.

Objectives:

- A Identify normal age-related changes of communication and modify treatment programs to reflect these changes.
- B Identify community based screening program needs for the geriatric population.
- C Discuss the pharmino-cokinetic changes that occur with the normal aging process and how the body responds to medications taken in the geriatric population.
- D Discuss the concepts of polypharmacy, adverse drug reactions, noncompliance, and how this may impact recovery of the geriatric population.
- E Discuss the psychological, behavioral, and cognitive aspects of aging and how they may play a role in carrying physical therapy treatment programs.
- F Discuss the nutritional needs in the elderly and how physiological changes can lead to malnutrition.
- G Discuss how application of physical agents may be altered to be safely and effectively applied to the geriatric population based on normal age-related changes.
- H Discuss how cultural diversity in the elderly can play a role in the recovery process.
- I Discuss how to modify educational materials for the geriatric population taking into consideration age-related learning, memory, intelligence, physical, and physiological changes.
- J Interact with nursing, recreational therapy, and social work staff in a fall prevention screening program at a local retirement community under supervision of a P.T.

Outcome: 7 Understand attitudes and ethics related to treatment of geriatric population.

Objectives:

- A Discuss care giver stress.
- B Identify and practice and advocate patient rights and patient dignity.
- C Understand informed consent.
- D Discuss death issues, e.g., living wills, euthanasia, terminal care, hospice, suicide, cardiopulmonary resuscitation.
- E Discuss how understanding cultural diversity of the older population can play a role in recovery and overall health status.

Outcome: 8 Read and understand health care literature related to the geriatric population.

Objectives:

- A Given a particular topic relating to the elderly, utilize professional physical therapy journals to present a poster presentation discussing recent research and benefits in treating the geriatric population with various dysfunctions.

Outcome: 9 Discuss potential legal and ethical issues pertaining to course content.

Objectives:

- A Describe an appropriate response to each legal/ethical clinical issues discussed in class.

Outcome: 1 Recognize and respond appropriately to an inflammatory response.

Objectives:

- A Discuss appropriate physical agents utilized in response to an inflammatory response.
- B List the causes of inflammation.
- C Discuss the signs and symptoms of inflammation and the etiology of those signs and symptoms.

Outcome: 2 Discuss appropriate treatment interventions utilized with various wounds encountered in the physical therapy setting.

Objectives:

- A Describe the tissue healing process.
- B List and describe factors that affect the wound healing process.
- C Describe the tools used to document wound progression.
- D Describe the wound staging system.
- E List characteristics of different types of wound dressings.
- F Describe various forms of wound debridement procedures.
- G Differentiate between viable and nonviable tissue.
- H Describe various treatment techniques utilized in wound care.
- I Recognize changes in skin conditions that can lead to wounds.
- J Identify precautions for dressing removal.

Outcome: 3 Recognize common bone fractures that are associated with the field of physical therapy and the bone healing process.

Objectives:

- A Describe the different types of bone fractures.
- B Define "special named" fractures.
- C Describe the sequence of bone healing.
- D List factors that can affect the bone healing process.
- E Recognize approximate healing times for fractures depending on the site and how this plays a role in patient treatment.

Outcome: 4 Identify and describe appropriate physical therapy interventions for patients with bone fractures.

Objectives:

- A List contraindications for physical therapy interventions for patients with bone fractures.
- B Identify the general role of physical therapy in the recovery process after a fracture.
- C Identify potential physical therapy interventions that can be utilized to promote recovery from a fracture.

Outcome: 5 Gain an entry level understanding of disease process and the role of physical therapy for common pathological conditions that PTAs may encounter in the field of physical therapy including Alzheimer's Disease, Chronic Fatigue Syndrome, MS, ALS, AIDS, Huntington's Chorea, Diabetes, Post-polio, Parkinson's Disease, and Rheumatoid Arthritis.

Objectives:

- A Research an assigned topic utilizing recent health care literature.
- B Demonstrate knowledge of assigned topic in the form of an oral presentation and a written paper.
- C Participate in presentations as an audience member by asking relevant questions, taking notes, and giving constructive feedback to presenters.
- D Demonstrate understanding of the disease conditions in regards to implications, impact, and medical interventions for patients with these conditions.
- E Discuss the role of physical therapy in patients with these conditions.

Outcome: 6 Demonstrate entry level knowledge of respiratory anatomy and related disease processes.

Objectives:

- A Describe the anatomy and gross physiology of the respiratory system.
- B Discuss the pathophysiology of the following respiratory diseases: pneumonia, pneumothorax, atelectasis, pleurisy, COPD, emphysema, TB, asthma, and cystic fibrosis
- C Describe the pathway for air exchange from inhalation to exhalation.
- D Identify the anatomical structures that define the upper and lower respiratory tract.
- E Identify the primary and accessory muscles of respiration and their function in the breathing process.
- F Describe the movements of thorax during normal and abnormal conditions.
- G Compare the anatomical differences between inspiration and expiration.

Outcome: 7 Discuss entry level knowledge of chest physical therapy theories and techniques.

Objectives:

- A Observe and describe the general appearance of a patient in terms of vital signs, level of awareness, coloration, breathing, and overall function.
- B Observe various chest shapes related to respiratory diseases.
- C Compare normal and abnormal trunk and chest mobility that affects a patient's ability to breathe.
- D Compare normal and abnormal breathing patterns including apneusis, apnea, orthopnea, cheyne-stokes, bradypnea, tachypnea, dyspnea, and hyperventilation.
- E Describe various sputum characteristics and potential pathology related to those characteristics.

Outcome: 8 Understand the education and roles of other health care disciplines that may be involved in the patient's plan of care.

Objectives:

- A Interview one member from a health care discipline other than physical therapy.
- B Present information on another health care discipline on a posterboard.
- C Participate in discussions concerning other health care disciplines.

Outcome: 9 Gain entry level knowledge of cardiac disease conditions and the role of the PTA in patient recovery.

Objectives:

- A Review cardiac anatomy and circulatory system function.
- B Give an overview and compare/contrast the pathophysiology of the following conditions: CAD, MI, CHF, arteriosclerosis, atherosclerosis.
- C Discuss various medical interventions used in the above conditions.
- D Discuss the role of physical therapy in promoting recovery in patients with cardiac disease.
- E Define phase I, II, III of cardiac rehabilitation.
- F Become familiar with various methods of assessing energy expenditure in patients with cardiac disease during aerobic conditioning, strength training, and reconditioning programs.

Outcome: 10 Understand bloodborne pathogens and demonstrate methods to control the spread of infection.

Objectives:

- A Define bloodborne pathogens.
- B Describe potentially infectious materials.
- C Compare the following: Hep A, B, C; MRSA, VRE, and HIV.
- D Describe personal protective equipment and its function.
- E Identify potential exposure incidents and appropriate safety procedures.
- F Discuss isolation techniques to prevent exposure to pathogens via air.
- G Discuss isolation techniques to prevent exposure to pathogens via direct contact.
- H Discuss isolation techniques to prevent exposure to pathogens via droplet.

Outcome: 11 Discuss potential legal and ethical issues pertaining to course content.

Objectives:

- A Describe an appropriate response to each legal/ethical clinical issue discussed in class.

Outcome: 1 Respond appropriately to an inflammatory response.

Objectives:

- A Utilize appropriate physical agents in response to an inflammatory response.

Outcome: 2 Utilize appropriate treatment interventions with various wounds encountered in the physical therapy setting.

Objectives:

- A Utilizing wound measurement tools, accurately document findings and procedures during treatment of a wound.
- B Demonstrate appropriate use of pulsed lavage with suction to assist in wound healing.
- C Practice sterile debridement techniques using a mock wound.
- D Demonstrate appropriate application and removal of dressing changes or agents based on a plan of care by the supervising therapist.
- E Identify precautions for dressing removal during mock wound treatment.
- F Recognize changes within a wound that require evaluation by the physical therapist and report those changes to the supervising PT.

Outcome: 3 Properly set up a sterile field for wound care interventions.

Objectives:

- A Identify appropriate materials used in a sterile field for wound care.
- B Differentiate between medical and surgical asepsis.
- C Demonstrate proper donning and doffing of personal protective equipment to reduce contamination of wound and environment.
- D Effectively place wound treatment materials in a sterile field.

Outcome: 4 Demonstrate entry level knowledge of chest physical therapy theories and techniques.

Objectives:

- A Perform appropriate patient positioning for posture drainage of specific areas of lungs.
- B Demonstrate appropriate use of percussion to assist in secretion clearance in specific areas of the lungs.
- C Demonstrate specific thoracic mobilization exercises to improve posture and thoracic mobility for more efficient breathing.
- D Monitor vital signs during patient treatment including BP, HR, respiration rate, pulse oximetry, and SOB.
- E Document a physical therapy treatment of chest physical therapy interventions and report any changes to the supervising PT.

Outcome: 5 Understand blood borne pathogens and methods to control spread of infections.

Objectives:

- A Demonstrate proper handwashing techniques.
- B Choose appropriate PPE during physical therapy interventions to reduce risk of contamination.

Outcome: 6 Discuss potential legal and ethical issues pertaining to course content.

Objectives:

- A Describe an appropriate response to each legal/ethical clinical issue discussed in class.

Outcome: 1 Be familiar with the clinical facility and comply with departmental policies and procedures.

Objectives:

- A Read policy and procedure manual.
- B Follow policies and procedures.
- C Employ time management skills.
- D Ask questions about any part of the manual that he/she does not understand.

Outcome: 2 Communicate effectively with the supervising Physical Therapist or Physical Therapist Assistant.

Objectives:

- A Discuss observations of evaluations by physical therapist.
- B Complete documentation as required regarding the patient's status, progress, or treatment with supervision.
- C Pronounce and use medical terms correctly.
- D Demonstrate good listening skills.
- E Write legible with correct spelling and terminology.

Outcome: 3 Perform treatments on patients using modalities or techniques practiced in PTA curriculum prior to this clinical affiliation.

Objectives:

- A Prepare treatment area for application of treatment techniques.
- B Demonstrate proper placement and/or use of equipment.
- C Position patient appropriately for specific treatment.
- D Handle patient with care.
- E Utilize good body mechanics.
- F Seek appropriate input from CI.
- G Clean treatment area after treatment is given.
- H Read medical chart and find significant information necessary to treat the patient.
- I Demonstrate an awareness to indications and contraindications to treatment procedures.

Outcome: 4 Communicate effectively with patients, family, physicians, and other support staff.

Objectives:

- A Question the patient about comfort level before, during and after treatment.
- B Introduce self.
- C Ask questions of patient, family, or other health care professionals when appropriate.
- D Adapt tone modulation, level, and word usage to situation.
- E Respond sensitively and courteously during interactions.

Outcome: 5 Participate in evaluation of clinical experience.

Objectives:

- A Discuss performance accurately and openly with CI.
- B Respond to evaluation with constructive comments and suggestions.
- C Acknowledge feedback received.
- D Complete required evaluation forms.

Outcome: 6 Learn to provide continuity in patient care

Objectives:

- A Provide treatment to the same patient twice in one week.
- B Recognize the need to progress patient treatment.
- C Develop rapport with patients.
- D Assess improvements or regression in patient's status.
- E Develop patient treatment progression skill

Outcome: 7 Discuss potential legal and ethical issues pertaining to course content and appropriate responses to each issue.

Objectives:

- A. Describe an appropriate response to each legal/ethical issue discussed in class.

Outcome: 1 Understand how and why strength testing is performed and how to properly document results.

Objectives:

- A Describe the purpose of Manual Muscle Testing.
- B Appropriately identify the grades for MMT.
- C Describe other methods used for testing strength.
- D Describe other methods used for testing strength.

Outcome: 2 Identify specific muscles or recognize muscle substitutions during testing.

Objectives:

- A List the primary muscle(s) involved in each joint motion which is being muscle tested.

Outcome: 3 Describe the basic functional characteristics of the human muscular system.

Objectives:

- A Describe the muscle fiber arrangement.
- B Define length-tension relationship in muscle tissue.
- C Describe active and passive insufficiency.
- D Define types of muscle contraction.
- E Describe the roles of muscles.
- F Describe the basis behind muscle attachment and name.
- G Describe muscle leverage, classes of levers, and mechanical advantage.

Outcome: 4 Describe the neuromusculoskeletal characteristics of the human neck and trunk.

Objectives:

- A Describe origin/insertion/action/innervation of all trunk and neck muscles.

Outcome: 5 Describe the neuromusculoskeletal characteristics of the human upper extremity.

Objectives:

- A Describe origin/insertion/action/innervation of all upper extremity muscles.
- B Name muscles and function of rotator cuff.
- C Describe the difference between the extrinsic and intrinsic muscles of the hand.
- D Describe the action of upper extremity muscles.

Outcome: 6 Describe the neuromusculoskeletal characteristics of the human lower extremity.

Objectives:

- A Describe origin/insertion/action/innervation of all lower extremity muscles.
- B Describe the action of lower extremity muscles.

Outcome: 7 Discuss potential legal and ethical issues pertaining to course content and appropriate responses to each issue.

Objectives:

- A Describe an appropriate response to each legal/ethical clinical issue discussed in class.

Outcome: 8 Take appropriate action in emergency situations.

Objectives:

- A Initiate BCLS procedures during mock emergency scenarios.
- B Participate in mock disaster drills.

Outcome: 1 Perform a neurological assessment to observe and document patient progress or changes.

Objectives:

- A Utilize equilibrium and non-equilibrium coordination tests to assist in determining patient progress and appropriate progression of activities.
- B Perform a basic assessment of mental status including memory, cognition, and ability to follow commands and report changes to supervising physical therapist.
- C Perform spinal nerve dermatomal sensation testing for light touch, hot/cold, and sharp/dull to determine progress or changes in patient status.

Outcome: 2 Perform muscle length assessment and recognize muscle length imbalances and the role imbalances can play in muscle function.

Objectives:

- A Utilize the following tests to perform muscle length assessment: Thomas Test, Ober and Modified Ober, and Straight Leg Raise.
- B Assess the following muscle lengths at the shoulder: pectoralis major and pectoralis minor.
- C Describe and perform interventions to improve muscle length imbalances at the hip and shoulder.

Outcome: 3 Discuss potential legal and ethical issues pertaining to course content and appropriate response to each.

Objectives:

- A Describe an appropriate response to each legal/ethical clinical issue discussed in class.

Outcome: 4 Correctly perform manual muscle testing for major joints of the body.

Objectives:

- A Correct patient position.
- B Correct stabilization by PTA.
- C Correct resistance by PTA.

Outcome: 5 Document results of manual muscle testing.

Objectives:

- A Utilize correct MMT grades.
- B Identify numbers in correspondence to letters.

PTA 205

Physical Agents II

Outcome: 1 Describe the medical application of electrical stimulation for a physical therapy treatment.

Objectives:

- A List the indications and contraindications for electrotherapy.
- B Describe the sensation of electrotherapy.
- C Describe and perform the various clinical setups including two pad, four pad, four pad reciprocal, point electrode.
- D Summarize the theory of electricity and its application to treatment.
- E Describe the various diagnoses that can be treated with electrical stimulation.
- F Compare and contrast the appropriate use of the electrical stimulation equipment.

Outcome: 2 Describe the application of TENS (Transcutaneous Electrical Nerve Stimulation).

Objectives:

- A Describe and perform positioning for TENS application.
- B Identify the various options for utilization of TENS, including trigger points, meridians, cutaneous areas.
- C Explain the principles of pain modulation including the endorphin theory and gate control theory.
- D List indications and contraindications and precautions for TENS.
- E List special considerations in the use of TENS.
- F Describe the sensation of TENS.

Outcome: 3 Describe the application of NMES/FES.

Objectives:

- A Describe the theory behind NMES/FES.
- B List the indications and contraindications and precautions for NMES/FES.
- C List special considerations in the use of NMES/FES.
- D Describe the sensation of NMES/FES.

Outcome: 4 Describe the application of biofeedback.

Objectives:

- A Describe the theory of biofeedback.
- B List the indications and contraindications and precautions for biofeedback.
- C List the special considerations for the use of biofeedback.

Outcome: 5 Describe the application of interferential electrical stimulation.

Objectives:

- A Describe the theory of interferential current.
- B List the indications and contraindications and precautions for interferential.
- C List the special considerations for the use of interferential.

Outcome: 6 Describe the application of Direct Current iontophoresis.

Objectives:

- A Describe the theory of DC and iontophoresis.
- B List the indications and contraindications and precautions for DC and iontophoresis.
- C List the diagnosis appropriate for the use of DC and iontophoresis.
- D Apply motor point stimulation with DC.

Outcome: 7 Describe the application of High Volt and Medium Frequency electrical stimulation.

Objectives:

- A Describe the theory.
- B List the indications/contraindications and precautions.
- C List special considerations.

Outcome: 8 Describe the application of US with EMS.

Objectives:

- A Describe the theory of US with EMS.
- B List the indications and contraindications and precautions for US with EMS.
- C List the special considerations for the use of US with EMS.

Outcome: 9 Communicate and effectively treat regarding electrical stimulation.

Objectives:

- A Teach other health care providers, patients, and families to perform electrical stimulation treatments as appropriate.

Outcome: 10 Discuss the rationale for using electrical stimulation during wound care.

Objectives:

- A Discuss the utilization, contraindications, indications, warnings, and precautions of electrical stimulation during wound care.

Outcome: 11 Discuss potential legal and ethical issues pertaining to course content.

Objectives:

- A Describe an appropriate response to each legal/ethical clinical issue discussed in class.

Outcome: 12 Take appropriate action in emergency situations.

Objectives:

- A Initiate BCLS procedures during mock emergency scenarios.
- B Participate in mock disaster drills.

Outcome: 1 Perform the medical application of electrical stimulation for a physical therapy treatment.

Objectives:

- A Describe and perform the various clinical setups including two pad, four pad, four pad reciprocal, and point electrode.
- B Compare and contrast the appropriate use of the electrical stimulation equipment.
- C Perform electrical stimulation treatments in combination with other modalities and exercise.
- D Perform electrical stimulation treatments in a timely, safe, legal, and ethical manner.

Outcome: 2 Perform the application of TENS (Transcutaneous Electrical Nerve Stimulation).

Objectives:

- A Describe and perform positioning for TENS application.
- B Describe the sensation of TENS.
- C Perform TENS application.

Outcome: 3 Perform the application of NMES/FES.

Objectives:

- A Describe the sensation of NMES/FES.
- B Perform NMES/FES application.

Outcome: 4 Perform the application of interferential electrical stimulation.

Objectives:

- A Perform interferential applications.

Outcome: 5 Perform the application of Direct Current iontophoresis.

Objectives:

- A Perform application of motor point stimulation with DC.

Outcome: 6 Perform the application of High Volt and Medium Frequency electrical stimulation.

Objectives:

- A Perform High Volt and Medium Frequency applications.

Outcome: 7 Perform the application of US with EMS.

Objectives:

- A Perform US with EMS applications.

Outcome: 8 Communicate and effectively treat regarding electrical stimulation.

Objectives:

- A Document the treatment, response, and all related information after each treatment.
- B Communicate with peers regarding electrotherapy.
- C Respond to acute changes in physiological state and modify treatment program as appropriate and report these changes to the supervising physical therapist.

Outcome: 9 Discuss potential legal and ethical issues pertaining to course content.

Objectives:

- A Describe an appropriate response to each legal/ethical clinical issue discussed in class.

Outcome: 10 Take appropriate action in emergency situations.

Objectives:

- A Initiate BCLS procedures during mock emergency scenarios.
- B Participate in mock disaster drills.

Outcome: 1 Discuss the role of adaptive equipment as an adjunct to direct physical therapy in treating physically challenged children.

Objectives:

- A Discuss a child's equipment needs for home or school.
- B Discuss how to select and secure purchase of equipment for home and school.
- C Discuss the importance of proper positioning for the child in the classroom to promote optimal function.
- D Define precautions when using adaptive equipment.
- E Compare and contrast the equipment needs of hospitalized children, infants, and toddlers for ADLs.

Outcome: 2 Recognize abnormal motor development through developmental and reflexive assessment.

Objectives:

- A Identify reflexes that have not been integrated and the importance of utilization of reflex activity in patient treatment and function.
- B Assess for problems of abnormal motor behavior utilizing developmental assessments and screens.
- C Discuss the importance for a child with a disability to learn through exploring the environment.

Outcome: 3 Discuss various topics of physical therapy that affect children in general and the educational environment.

Objectives:

- A Discuss direct and indirect delivery of physical therapy services as well as program development in the school system.
- B Discuss the documentation required when working with children in the school system including IEP.
- C Discuss the differences of the school versus medical model of physical therapy care.
- D Define legislation that affects delivery of physical therapy services to students in the school.
- E Discuss current issues in the health care field that directly relate to children and therapy services.
- F Discuss other health care team members involved in a child's therapy that the PTA may work with and the role each member plays.
- G Discuss the various emotional aspects of being a parent of a disabled child including denial, frustration, and anger.

Outcome: 4 Discuss various treatment activities utilized with children with neurological and orthopedic disorders in accordance with the plan of care developed by the supervising physical therapist.

Objectives:

- A Discuss the importance of the relationship of cognitive development to gross motor development in regards to realistic functional outcomes of goals.
- B Discuss the role of sensory integration therapy in enhancing motor and cognitive function in children with neurological dysfunction.

Outcome: 5 Discuss potential legal and ethical issues pertaining to course content.

Objectives:

- A Describe an appropriate response to each legal/ethical clinical issue discussed in class.

Outcome: 1 **Recognize abnormal motor development through developmental and reflexive assessment.**

Objectives:

- A Identify reflexes that have not been integrated and the importance of utilization of reflex activity in patient treatment and function.
- B Assess for problems of abnormal motor behavior utilizing developmental assessments and screens.

Outcome: 2 **Perform various treatment activities utilized with children with neurological and orthopedic disorders in accordance with the plan of care developed by the supervising physical therapist.**

Objectives:

- A Demonstrate the use of the developmental sequence in treatment activities to enhance motor function.
- B Perform treatment activities for children with the following disorders: high risk neonatal, spina bifida, cerebral palsy, juvenile rheumatoid arthritis, Down's Syndrome, cystic fibrosis, various orthopedic disorders, muscular dystrophy, developmental delay, and other diagnoses seen within the school system.
- C Demonstrate introductory handling skills to foster normal motor control in children with neurological disorders.
- D Discuss the role of sensory integration therapy in enhancing motor and cognitive function in children with neurological dysfunction.

Outcome: 3 **Discuss potential legal and ethical issues pertaining to course content.**

Objectives:

- A Describe an appropriate response to each legal/ethical clinical issue discussed in class.

Outcome: 1 Demonstrate competency in discussing various topics related to the rehabilitation of patients with spinal cord injuries (SCI).**Objectives:**

- A Identify common causes of spinal cord injuries.
- B Describe the ASIA impairment classification system for spinal cord injuries.
- C Discuss the potential clinical manifestations of the following specific spinal cord injuries: central cord, anterior cord, dorsal column, Brown-Sequard, and cauda equine syndromes.
- D Define the terms "neurological level," "level of injury," and "sacral sparing" as they relate to the rehabilitation of the patient with spinal cord injury.
- E Identify complications associated with spinal cord injuries and how they may impact the rehabilitation process in a patient with a SCI.
- F Discuss common acute medical interventions utilized immediately after a SCI has occurred.
- G Describe the progression of function in rehabilitation of the patient with SCI to reach the highest level of independence.
- H Identify various wheelchair seating options and accessories that may be utilized by a person with SCI.
- I Identify realistic functional outcomes for people with SCI based on level of injury.
- J Identify various wheelchair skills needed by a person with a SCI to negotiate throughout the community.
- K Define various mechanisms of injury that can cause SCI.
- L Identify key muscles tested to assist in determining level of injury in a patient with a SCI.
- M Discuss the impact of a SCI on the respiratory system.
- N Discuss the benefits of standing/ambulation to the patient with a SCI.
- O Discuss the differences between therapeutic, household, and community ambulation.
- P Discuss the projected outcomes for gait for a patient at various SCI levels.
- Q Discuss various assistive devices a person with SCI would utilize during ambulation based on level of injury.

Outcome: 2 Demonstrate competency in discussing various topics related to the rehabilitation of a patient with traumatic brain injury (TBI).**Objectives:**

- A Discuss various types of head injuries.
- B Describe the Glasgow Coma Scale and the role it plays in the rehabilitation process.
- C Define decerebrate and decorticate posturing as a result of TBA.
- D Describe the Ranchos Los Amigos Cognitive Recovery Scale and its role in the rehabilitation process of a person with TBI.
- E Describe the important areas of functioning for each lobe of the brain.
- F Describe potential deficits in the individual with a TBI.
- G Discuss physical therapy goals for patients with TBI in various stages of recovery.
- H Discuss PT interventions to address physical therapy goals for the patient with TBI in various stages of recovery.

Outcome: 3 **Discuss the concept of motor control as it relates to the rehabilitation process of individuals with neurological dysfunction.**

Objectives:

- A Define motor control.
- B Name the components of motor control and the role each plays in normal movement.
- C Define motor learning.
- D Compare and contrast the terms "compensation" and "restoration" and the role each plays in the rehabilitation process.
- E Discuss the three phases of motor learning from a rehabilitation perspective.
- F Define the investment principle and its importance in the recovery of normal function.
- G Discuss motor learning strategies to improve motor learning in a patient with a neurological condition including feedback, practice, and learning transfer.
- H Discuss the state of motor control including mobility, stability, controlled mobility, skill, and the role these stages play in the rehabilitation process.

Outcome: 4 **Demonstrate entry level knowledge of the neurodevelopmental treatment approach to neurological rehabilitation.**

Objectives:

- A Describe basic facilitory techniques used with NDT.
- B Describe the theoretical basis of NDT.

Outcome: 5 **Demonstrate entry level of the Proprioceptive Neuromuscular Facilitation approach to neurological rehabilitation.**

Objectives:

- A Discuss the theoretical basis for PNF in neurorehabilitation.
- B Define the "overflow principle" and its role in rehabilitation.
- C Identify the UE/LE diagonal movement patterns.

Outcome: 6 **Demonstrate entry-level knowledge of the Brunnstrom Approach to neurorehabilitation.**

Objectives:

- A Define the recovery stages for a person with a CVA according to the Brunstrom approach.
- B Identify the components of the UE/LE abnormal synergies patterns names in the Brunstrom approach.

Outcome: 7 **Demonstrate entry-level knowledge of utilization of sensory techniques in neurorehabilitation.**

Objectives:

- A Describe the physiological effect on muscle activity each of the following sensory inputs may have:

Outcome: 8 **Discuss potential legal and ethical issues pertaining to course content and appropriate responses to each issue.**

Objectives:

- A Describe an appropriate response to each legal/ethical clinical issue discussed in class.

Outcome: 9 **Demonstrate an introductory understanding of vestibular rehabilitation.**

Objectives:

- A Identify the components of the balance system and the specific role of the vestibular system.
- B Identify and discuss the anatomy of the vestibular system.
- C Discuss symptoms of various vestibular dysfunctions.

Outcome: 1 Demonstrate entry level treatment skills during the rehabilitation process of an individual with a spinal cord injury within the plan of care of the physical therapist.

Objectives:

- A Demonstrate competency in developing activities utilizing a functional progression including supine, supine on elbows, prone, prone on elbows, sitting, quadruped, and tall kneel positions for strengthening in a patient with a SCI.
- B Utilize various sensory inputs to assist in strengthening functioning muscles including resistance, quick stretch, and joint compression.
- C Demonstrate competency in utilizing appropriate transfer techniques with a patient with a SCI including two-person lift, sit pivot, dependent lateral slide board, and assisted lateral slide board.
- D Demonstrate competency in utilizing the head-to-hip ratio and discuss the role it plays in enhancing a patient's mobility during transfers.
- E Demonstrate entry-level competency in performing standing activities and gait training with a person with a SCI including but not limited to the following: swing through, quarter turns, 4-point gait pattern, 2-point gait pattern, utilization of loftstrand crutches, and standing with orthoses from a wheelchair.
- F Perform MMT testing assessments utilizing the key muscles to determine any changes in a patient's neurological condition.
- G Perform light touch sensation testing assessments utilizing nerve root to determine any changes in a patient's neurological status.
- H Monitor a patient's response to treatment activities to assess any changes in neurological status.
- I Demonstrate entry-level skills in performing chest wall stretches to improve mobility and overall respiratory function.
- J Demonstrate entry-level skills in performing cough assist techniques to assist in clearance of secretions in the airway.

Outcome: 2 Demonstrate entry-level communication skills during treatment with a patient with a spinal cord injury (SCI).

Objectives:

- A Accurately and efficiently educate the patient/caregiver on the signs and symptoms of autonomic dysreflexia and orthostatic hypotension.
- B Accurately and efficiently educate the patient/caregiver on appropriate pressure relief techniques.
- C Accurately and efficiently educate the patient/caregiver on appropriate self-ROM techniques for the LE.
- D Accurately and efficiently educate the patient/caregiver on appropriate breathing exercises and cough assist techniques to enhance the respiratory function of a patient with a SCI.

Outcome: 3 Demonstrate entry-level skills in performing neuromuscular reeducation techniques to enhance the recovery process of a patient with a neurological dysfunction under the plan of care by the supervising physical therapist.

Objectives:

- A Correctly perform PROM/AAROM/AROM utilizing the PNF diagonals for the UE/LE.
- B Demonstrate competency in performing the following PNF principles in treatment: rhythmic initiation, alternating isometrics, quick stretch, and repeated contractions.
- C Demonstrate competency in utilizing developmental position and sequence to enhance motor recovery.
- D Demonstrate competency in utilizing sensory inputs to enhance motor recovery including stretch, pressure, touch, ice, and resistance.
- E Demonstrate competency in utilizing basic facilitory techniques and NDT principles to enhance motor recovery and normal movement.
- F Demonstrate competency in incorporating the UE during functional activities.
- G Demonstrate competency in opening the high toned hand in preparation for weight bearing utilizing facilitory techniques described in the NDT approach to rehab.
- H Discuss and practice strategies to treat Pusher syndrome.
- I Identify abnormal movement patterns during functional activities often seen after a neurological insult including sit to stand, ambulation, rolling, sitting, and standing.
- J Perform a 45-minute treatment session on a mock patient with a neurological insult based on a plan of care by the physical therapist and adjust treatment interventions based on patient response to the treatment and report any changes to the supervising physical therapist.
- K Perform treatment activities to improve the balance of patients with neurological dysfunction based on a plan of care by a physical therapist.
- L Adjust balance activities and treatment based on patient response to the activities and report any changes to the supervising physical therapist.

Outcome: 4 Demonstrate an entry-level understanding of the functional independence measure (FIM).

Objectives:

- A Give patient scenarios, utilizing the scoring of the FIM to assist in determining discharge needs and patient progress.
- B Discuss the advantages and disadvantages of utilizing the FIM in different clinical settings.
- C Discuss the role of the FIM in the rehabilitation process.

Outcome: 5 Discuss potential legal and ethical issues pertaining to course content and appropriate responses to each issue.

Objectives:

- A Describe an appropriate response to each legal/ethical clinical issue discussed in class.

Outcome: 6 Interact with other members of the health care team.

Objectives:

Outcome: 7 Take appropriate action in emergency situations.

Objectives:

- A Initiate BCLS procedures during mock emergency situations.
- B Participate in mock disaster drills.

Outcome: 8 Effectively complete thorough documentation of neurological interventions.

Objectives:

Outcome: 9 Demonstrate an introductory understanding of vestibular rehabilitation.

Objectives:

- A Perform basic vestibular exercises based on a plan of care developed by a physical therapist.
- B Adjust treatment interventions based on patient response to treatment and report any changes to the supervising physical therapist.
- C Discuss how patients with vestibular dysfunction may respond to vestibular exercises and how that response may differ from other neurological dysfunctions.

Outcome: 1 Recognize and describe pre-operative foot care.**Objectives:**

- A Identify areas susceptible to pressure sores.
- B Educate patients in the prevention and management of an ulcerated foot.
- C Describe a diabetic foot.

Outcome: 2 Demonstrate an understanding of and be able to discuss the physical characteristics of upper extremity and lower extremity amputations.**Objectives:**

- A Identify the causes of amputations and define the percentage of occurrence of each.
- B Recognize the occurrence of each.
- C Describe the special precautions for an amputee patient due to Peripheral Vascular Disease.
- D Define the possible limitations of the amputee patient with regard to pain, circulation, endurance, strength, sensation and psychological stress.
- E Describe what is volume control in regards to an amputee.
- F List eight emotional/psychological problems experienced by amputees.

Outcome: 3 Recognize, describe and discuss the basic components of prosthetics and their functions along with types of post-op dressing.**Objectives:**

- A Identify the proper weight bearing and relief sites of BKA socket.
- B Define the purpose of a post-op dressing.
- C Recognize and define abnormal weight bearing on the residual limb from the prosthetic socket and describe ways to decrease it.
- D Define the purpose of the post-op dressing.
- E Define the two major complaints of early prosthetic users.
- F List three most important factors to be considered in selecting the appropriate prosthesis.
- G List the five possible physical problems to watch for in a patient wearing a prosthesis.
- H List two major advantages of a silicon suction device on a prosthesis.
- I Discuss the general biomechanics of a BK/AK prosthesis.
- J List and discuss the variety of prosthesis, including partial foot, Syme-level, BK, AK, Bilateral BK or AK, hip disarticulation/hemipelvectomy.

Outcome: 4 Discuss the information utilized by the PT to create a treatment program and determine the amount of progression or regression after each treatment.**Objectives:**

- A Discuss all information relevant for the physical therapy evaluation of the amputee patient.
- B Assess patient's abilities in all levels of mobility and function.
- C Assess residual limb prior to and after treatment, including volume, length, girth, shape, skin, and incision integrity and condition, sensation and knee stability.
- D Assess unaffected extremities.

Outcome: 5 Discuss a progressive amputee treatment protocol, and how to educate the patient, family or caregivers in the protocol.**Objectives:**

- A Define the principles and purposes of correct stump wrapping and consequences of improper wrapping.
- B Define phantom sensations, phantom pains, and residual limb pain and define sic methods for decreasing this problem.
- C List six "don'ts" a BKA must follow in regard to positioning to prevent contractures and decrease edema.
- D List two additional "don'ts" necessary to an AKA to follow in regard to positioning to prevent contractures and decrease edema.

Outcome: 6 Discuss proper gait training procedures with a prosthesis as well as the proper assistive devices necessary to assist amputee in mobility and function.

Objectives:

- A Discuss the steps necessary to secure the purchase of applicable and appropriate assistive devices.
- B Describe the major gait difficulty with prosthetics.
- C Describe the major considerations in purchasing a wheelchair of an amputee in regards to the wheelchair.

Outcome: 7 Communicate effectively regarding the amputee patient.

Objectives:

- A Communicate with the patient, family and caregiver verbally and in writing regarding his/her condition and treatment using proper terminology applicable and understandable to all participants.
- B Communicate with all members of the interdisciplinary team involved in the care of the amputee patient verbally and in writing using proper terminology applicable and understandable to all participants.

Outcome: 8 Discuss the inpatient, outpatient and community resources available to patients for rehabilitation.

Objectives:

- A List 10 community resources the patient may call on for assistance to maintain independence at home.
- B Describe the purpose of an amputee clinic and list five interdisciplinary team members who may be present at an amputee clinic.
- C Describe what the advantages and disadvantages are in attending an amputee clinic.
- D Define at least seven members of the rehab team in the hospital setting and their roles.
- E Discuss the role of the PTA in working with patients that utilize prosthetics and/or orthotics.

Outcome: 9 Discuss the role of orthotics for use with patient rehabilitation.

Objectives:

- A Describe what a defiance brace is and what it is used for.
- B Define the following: AFO, KAFO, HKAFO, TLSO, WHO.
- C Define at least six main pressure areas to be aware of when wearing an AFO.
- D List five purposes of orthotics.
- E Discuss the two main advantages of using a show insert.
- F Discuss the advantages and disadvantages of using a plastic AFO and AFO with bilateral metal uprights.
- G Describe the purpose of using an axial resistance brace.
- H Educate a patient in the proper procedure in fitting a lumbosacral corset.
- I Describe three situations when a doctor may order a jewet brace.
- J Describe the advantages of using a ring collar over a miami jay collar cervical brace.
- K Describe the process of being fit for a custom molded AFO.

Outcome: 10 Discuss potential legal and ethical issues pertaining to course content.

Objectives:

- A Describe an appropriate response to each legal/ethical clinical issue discussed in class.

Outcome: 1 Demonstrate pre-operative foot care.

Objectives:

- A Educate patients in the prevention and management of an ulcerated foot.
- B Provide treatment and exercises to increase circulation and decrease swelling of an ulcerated foot.

Outcome: 2 Discuss and gather information necessary to create a treatment program and determine the amount of progression or regression after each treatment.

Objectives:

- A Discuss all information relevant for the physical therapy evaluation of the amputee patient.
- B Assess patient's abilities in all levels of mobility and function.
- C Assess residual limb prior to and after treatment, including volume, length, girth, shape, skin and incision integrity and condition, sensation, and knee stability.
- D Assess unaffected extremities.

Outcome: 3 Perform a progressive amputee treatment protocol and educate the patient, family, or caregivers in the protocol.

Objectives:

- A Perform effective stump wrapping and educate patient/caregiver to do so.
- B Perform a progressive amputee exercise regime to obtain optimal return of function.
- C Educate the amputee in care of the residual limb, expectations during rehabilitation and discharge.
- D Instruct the patient in treatment techniques to help assist in volume control.

Outcome: 4 Educate a patient in gait training with the prosthesis as well as the proper assistive devices necessary to assist amputee in mobility and function.

Objectives:

- A Instruct the patient in proper gait with the prosthesis or orthoses.
- B Recognize gait deviations and report changes to the supervising physical therapist.
- C Educate the amputee in proper wheelchair seating and mobility.
- D Instruct the patient/caregiver in the use of the proper assistive device.

Outcome: 5 Communicate effectively regarding the amputee patient.

Objectives:

- A Communicate with the patient, family, and caregiver verbally and in writing regarding his/her condition and treatment using proper terminology applicable and understandable to all participants.
- B Communicate with all members of the interdisciplinary team involved in the care of the amputee patient verbally and in writing using proper terminology applicable and understandable to all participants.

Outcome: 6 Discuss potential legal and ethical issues pertaining to course content.

Objectives:

- A Describe an appropriate response to each legal/ethical clinical issue discussed in class.

Outcome: 1 Be familiar with the clinical facility and comply with departmental policies and procedures.

Objectives:

- A Read policy and procedure manual.
- B Ask questions about any part of manual that he/she does not understand.
- C Follow the policies and procedures as outlined in the manual.
- D Employ good time management skills.
- E Review CCIF for his/her clinical site.

Outcome: 2 Perform assessment procedures within the scope of work of a PTA.

Objectives:

- A Select appropriate assessment tools based on the patient's status.
- B Demonstrate proper use and/or placement of equipment.
- C Demonstrate proper sequence of procedure steps.
- D Modify approach based on patient's response.

Outcome: 3 Perform on patients using modalities and techniques practiced in the PTA curriculum prior to the clinical affiliation.

Objectives:

- A Read the medical chart and find significant information necessary to treat the patient.
- B Demonstrate an awareness of indications and contraindications to treatment procedures.
- C Prepare treatment area for application of treatment techniques.
- D Prepare patient for application of treatment techniques using correct positioning.
- E Demonstrate proper placement and/or use of equipment.
- F Use logical sequence of treatment steps.
- G Respond to changes in patient's status.
- H Handle patient with care.
- I Utilize good body mechanics during treatment procedures.
- J Seek appropriate input from CI.
- K Terminate treatment session appropriately.

Outcome: 4 Communicate effectively with the supervising Physical Therapist or Physical Therapist Assistant.

Objectives:

- A Discuss evaluations performed by the Physical Therapist.
- B Pronounce and use medical terms correctly.
- C Organize thoughts logically.
- D Show evidence of personal thought and ability to see multiple perspectives when questioned.
- E Asks questions about appropriate behaviors.
- F Recognize effects of non-verbal signals.
- G Demonstrate good listening skills.
- H Complete documentation as required regarding the patient's status, progress, or treatment using correct format with legible writing and appropriate terminology.
- I Volunteer reaction to situations.

Outcome: 5 Communicate effectively with patient, family, physicians and other support staff.

Objectives:

- A Question the patient about comfort level before, during, and after treatment session.
- B Introduce self.
- C Explain treatment to patient in layperson terms.
- D Ask questions of patient, family or other health care personnel when appropriate.
- E Maintain appropriate leadership in patient/family interactions.
- F Respond sensitively and courteously during interactions.
- G Demonstrate good listening skills.
- H Adapt tone modulation, level and word usage to situation.

Outcome: 6 Participate as an interdisciplinary health care team member.

Objectives:

- A Name other disciplines directly involved with patient care.
- B Suggest other staff which may assist in solving patient problems.
- C Be respectful of other health care team members.
- D Be helpful to and supportive of other health care team members.
- E Demonstrate an interest in conference, meeting, inservices, quality assurance, peer review, etc.
- F Attend meetings, inservices, etc.

Outcome: 7 Participate in evaluation of clinical experience.

Objectives:

- A Discuss performance accurately and openly with CI.
- B Respond to evaluation with constructive feedback and suggestions.
- C Identify major strengths and weaknesses.
- D Set realistic goals for level of ability.
- E Attempt to incorporate suggestions into behavior.
- F Accept responsibility for learning.
- G Complete CI evaluation form.
- H Complete clinical center evaluation form.
- I Review his/her evaluation with the CI.

Outcome: 8 Discuss potential legal and ethical issues pertaining to course content.

Objectives:

- A Describe an appropriate response to each ethical/legal clinical issue discussed in class.

PTA 216W Introduction to Evidence Based Practice

Outcome: 1 Gain an entry-level understanding of the role of evidenced based practice in physical therapy decision making and treatment selection.

Objectives:

- A Define evidence-based practice.
- B Describe how evidence-based practice enhance clinical experiences for best practice.

Outcome: 2 Understand the various research sources and databases available to physical therapy clinicians.

Objectives:

- A Define and describe the scope of each of the following:

Outcome: 3 Gain an understanding of entry level ability to utilize the research for various aspects of physical therapy practice.

Objectives:

- A Demonstrate efficient and effective use of search databases as available including
- B Develop a clinical question based on a patient case and use evidence based practice methods of investigation to answer the clinical question.
- C Apply research findings to clinical practice.

Outcome: 4 Gain an understanding of the hierarchy of research and the implications for clinical practice.

Objectives:

- A Define quantitative reasearch designs and implicatuions to PT practice.
- B Define qualitative research designs and implications to PT practice.
- C Discuss the elements of a research aritcle.
- D Evalutate a research article from professional literature.

Outcome: 5 Gain an understanding of how to assess the quality of a research article from the professional literature.

Objectives:

- A Define basic statistical terms.
- B Describe, apply and evaluate basic statistical methods to clinical research.
- C Describe basic statistical terms used in research and their significance during literature reviews.

Outcome: 1 Know the APTA (American Physical Therapy Association) and their governing rules.

Objectives:

- A Discuss the role of the APTA, its history and purpose in health care today.
- B Discuss the APTA standards of ethical conduct of the physical therapist assistant.
- C Discuss the APTA guide for conduct of the affiliate member.
- D Discuss the APTA guide for professional conduct.
- E Discuss the APTA code of ethics for the physical therapy profession .

Outcome: 2 Be prepared for employment in the community.

Objectives:

- A Produce an updated resume and cover letter.
- B Understand, discuss and demonstrate employability skills.
- C Understand, discuss and demonstrate professionalism.
- D Understand OSHA/MIOSHA standards in the workplace.
- E Discuss how attitude affects career.
- F Discuss the Americans with Disabilities Act (ADA).

Outcome: 3 Satisfactorily prepare for a state board licensure exam.

Objectives:

- A Prepare for taking a state board licensure exam.
- B Successfully complete a timed mock state board exam.

Outcome: 4 Be competent in the understanding of health care organizations, how they function as systems and the role of physical therapy management within these systems.

Objectives:

- A Discuss fiscal management of PT.
- B Discuss planning and decision making in PT management.
- C Discuss PT systems in various settings including schools, community hospitals, multi hospital corporations, outpatient settings, etc.
- D Discuss organizational behavior and management of people in the PT environment.
- E Discuss the importance of marketing PT.
- F Understand and demonstrate quality and productivity in PT.
- G Discuss laws and regulations governing PT practice in Michigan and nationally.
- H Discuss ethical aspects of PT management as it relates to moral dilemmas, principles and debates, rights and obligations of employees, patients, and health care organizations.

Outcome: 5 Be competent in patient/practitioner interaction.

Objectives:

- A Define, compare and contrast values, needs, morals.
- B Develop ethical consciousness and moral decision making skills.
- C Discuss cultural and personal biases of patients and clinicians and how they impact treatment.
- D Identify and resolve moral dilemmas.
- E Discuss assertiveness.
- F Identify ways to deal with anger/stress/burnout.
- G Discuss how your attitude affects your patient interactions.
- H Define what it means to be a professional.
- I Discuss effects of nonverbal language.
- J Describe the impact of disabilities on an individual's sexuality.
- K Discuss cultural differences that may impact patient care.

Outcome: 6 Discuss the international/intercultural aspects of health care.

Objectives:

- A Discuss global issues of health care and any effect locally.
- B Discuss cultural differences in health care.
- C Discuss strategies for dealing with cultural differences in the delivery of health care.
- D Describe alternative or complimentary forms of treatment and how they may impact physical therapy treatments.

Outcome: 7 Demonstrate a commitment to professionalism, continuing education, and civic involvement.

Objectives:

- A Participate in professional activities related to the profession of physical therapy.
- B Participate in continuing education activities outside of the college environment.
- C Participate in civic activities.
- D Complete a professional involvement portfolio that details outcome activities.

Outcome: 8 Discuss potential legal and ethical issues pertaining to course content and appropriate responses to each issue.

Objectives:

- A. Describe appropriate legal/ethical responses to each issue discussed in class.

Outcome: 9 Recognize the role of the PTA in the clinical education of the PTA student.

Objectives:

- A Define the responsibilities of a clinical instructor.
- B List the advantages and disadvantages of being a clinical instructor.
- C Describe the requirements, as defined by the APTA, to be a clinical instructor.

Outcome: 10 Discuss quality assurance practices in the physical therapy setting.

Objectives:

- A Describe methods to promote quality assurance in the physical therapy setting.
- B Identify key indicators used to evaluate quality assurance in the physical therapy setting.

PTA 224W PTA Clinic 3 9 Sem Hrs

Outcome: 1 Be familiar with the clinical facility and comply with departmental policies and procedures.

Objectives:

- A Read the policy and procedure manual.
- B Ask questions about any part of the manual that they do not understand.
- C Follow the policies and procedures as outlined in the manual.
- D Employ good time management skills.
- E Discuss the influence of policies and procedures on the workings of the department.
- F Complete billing and statistical records accurately.
- G Review CCIF for his/her clinical site.

Outcome: 2 Perform assessment procedures within the scope of practice of a PTA.

Objectives:

- A Select appropriate assessment tools based on patient's status.
- B Demonstrate proper use and/or placement of equipment.
- C Modify approach based on patient's response.
- D Demonstrate proper sequence of procedure steps.
- E Correlates objective data to functional levels.
- F Relate the assessment procedure selected to the patient's condition.
- G Recognize when the patient has reached optimum benefit from P.T.

Outcome: 3 Perform treatment on patients using modalities and techniques practiced in the PTA curriculum prior to the clinical affiliation.

Objectives:

- A Read the medical chart and find significant information necessary to treat the patient.
- B Demonstrate an awareness of indications and contraindications to treatment procedure.
- C Prepare treatment area for application of treatment techniques.
- D Prepare patient for application of treatment techniques using correct positioning.
- E Demonstrate proper placement and/or use of equipment.
- F Use logical sequence of treatment steps.
- G Respond to changes in patient's status.
- H Handle patient with care.
- I Utilize good body mechanics during treatment procedures.
- J Seek appropriate input from CI.
- K Terminate treatments session appropriately.
- L Discuss the rationale behind the chosen treatment.
- M Select appropriate modifications to treatment based on patient's response.
- N Apply multiple treatments in a reasoned sequence when appropriate.
- O Provide follow up instructions and information at the end of the treatment session.

Outcome: 4 Communicate effectively, both written and verbal, with the supervising Physical Therapist or Physical Therapist Assistant.

Objectives:

- A Discuss evaluations performed by the Physical Therapist.
- B Pronounce and use medical terms correctly.
- C Organize thoughts logically.
- D Show evidence of personal thought and ability to see multiple perspectives when questioned.
- E Ask questions about appropriate behaviors.
- F Recognize effects of non-verbal signals.
- G Demonstrate good listening skills.
- H Complete documentation as required regarding the patient's status, progress, or treatment using correct format with legible writing and appropriate terminology.
- I Volunteer reaction to situations.
- J Document changes in patient's goals.
- K Adjust patient's short-term goals as patient's status changes.

Outcome: 5 Communicate effectively with patient, family, physicians and other support staff.

Objectives:

- A Question the patient about comfort level before, during and after treatment session.
- B Introduce self.
- C Explain treatment to patient in layperson terms.
- D Ask questions of patient, family or other health care personnel when appropriate.
- E Maintain appropriate leadership in patient/family interactions.
- F Respond sensitively and courteously during interactions.
- G Demonstrate good listening skills.
- H Adapt tone modulation, level, and word usage to situation.
- I Provide the patient with clear instructions on home exercise programs.
- J Interact in new relationships or situations.

Outcome: 6 Participate as an interdisciplinary health care team member.

Objectives:

- A Name other disciplines directly involved with patient care.
- B Suggest other staff, which may assist in solving patient problems.
- C Be respectful of other health care team members.
- D Be helpful to and supportive of other health care team members.
- E Demonstrate an interest in conferences, meetings, inservices, quality assurance, peer review, etc.
- F Attend meetings, inservices, etc.
- G Discuss skill levels and training of various team members, within the P.T. department and outside the department.
- H Assure that results of referral are communicated to patient and/or family.

Outcome: 7 Participate in evaluation of clinical experience.

Objectives:

- A Discuss performance accurately and openly with CI.
- B Respond to evaluation with constructive feedback and suggestions.
- C Identify major strengths and weaknesses.
- D Set realistic goals for level of ability.
- E Set a course of action to reach goals.
- F Attempt to incorporate suggestions into behavior.
- G Accept responsibility for learning.
- H Complete CI evaluation form.
- I Complete clinical center evaluation form.
- J Review student's evaluation with the CI.

**UNIFORM DRESS, GROOMING & HYGIENE CODE
FOR
PHYSICAL THERAPIST ASSISTANT STUDENTS**

Note: All requirements are effective Semesters 1 through 5 UNLESS indicated otherwise. **STUDENTS MUST ALWAYS KEEP IN MIND THAT CLEANLINESS, NEATNESS, AND GOOD PERSONAL BODY HYGIENE ARE IMPORTANT TO THE IMAGE PROJECTED TO PATIENTS, PEERS AND PROFESSIONALS WITHIN THIS HEALTH PROFESSION.**

Clinical:

1. Clothing: a white short lab coat may be required by the clinic. Students will wear button down polo shirts (green, white, or blue) and Khaki colored pants. (no denim allowed)
2. Socks or hose should be worn at all times.
3. Shoes: must be clean, flat or very low-heeled with rubber or crepe bottoms. No open-toed or open-heeled shoes are allowed.
4. Jewelry: will be kept to a minimum for safety purposes. Name pins must be attached to the left side of top at breast pocket height. No visible piercing except the ear.
5. Hair: will be neat and clean.
 - a. Sideburns, mustache, and beard will be neat, clean, and trimmed.
6. Fingernails will be short and clean.
7. It may be necessary to cover tattoos if requested by the clinical site

STUDENTS MUST CONTACT EACH CLINICAL SITE PRIOR TO EACH AFFILIATION TO CHECK ON SPECIFIC DRESS CODE REQUIREMENTS.

HEALTH/PROGRAM REQUIREMENTS

1. **CPR Card** - - Current (Annual)
 - a. American Red Cross/CPR for Professional Rescuer
OR
 - b. American Heart Association/Course "C"
2. **TB Test** - - Current (Annual)
 - a. Proof of results and date read
3. **Physical** - - One time only, upon entrance into program, including immunization record relating to MMR and TD. Upon entrance into program, get appropriate forms from the Health and Wellness Division secretary.
4. **Hep B Form** – One time only, upon entrance into program
 - a. Sign waiver
OR
 - b. Attach proof of shots and dates
5. **Criminal Background Check** – all students are required to have a criminal background check. Background checks are purchased at the college bookstore. Results are sent to the Program Coordinator.

Proof of Health/Program Requirements will be submitted to the clinical sites in the form of a student passport check off page signed by the ACCE.

CLINICAL EXPECTATIONS

Students are expected to observe, learn, and perform P.T. treatments under direct supervision. Developing patient rapport and building on interpersonal communication skills is another primary objective. Students are expected to demonstrate the professional behaviors of a member of the Physical Therapy profession. Clinical Instructors are expected to ensure that each patient is informed when a student will be providing treatment and their consent is received before the student renders treatment.

The course for which each listed procedure is taught is listed next to the procedure. All procedures taught in “completed courses” have been assessed via lab practicals to ensure minimum competency. Clinical Instructors should be informed that depending on the particular week during clinical rotations; some procedures taught in “courses in progress” may not have been assessed by the program faculty via practicals. Those procedures are listed as requiring additional assistance. Clinical Instructors are urged to review the list of Course Outcomes and Objectives on pages 23-81 for a complete list of curriculum content.

- A. Clinic I (PTA 124, Winter Semester, First year, two full days per week)**
- a. Completed courses: PTA 101, 105 and 110.**
 - b. Courses in progress: PTA 102, 120, 123, 125**

Students are expected to perform procedures 1-14 with no more than minimal assistance and procedures 15-17 with no more than moderate assistance during Clinic I.

1. Heat (PTA 105)
 - a. Hot packs
 - b. Paraffin
 - c. Short wave diathermy
 - d. Infrared
2. Cold (PTA 105)
 - a. Ice massage
 - b. Cold packs
3. Light (PTA 105)
 - a. Ultraviolet treatment
4. Sound (PTA 105)
 - a. Ultrasound
 - b. Phonophoresis
5. Hydrotherapy (PTA 105)
 - a. Whirlpools
 - b. Hubbard tank
 - c. Contrast baths

6. Pneumatic compression (PTA 105)
 - a. Jobst compression
 - b. Measuring for pressure garments
7. Therapeutic Exercise (PTA 110)
 - a. PROM – anatomical planes
 - b. AAROM – anatomical planes
 - c. AROM – anatomical planes
 - d. ARROM – anatomical planes
 - e. Isometrics
 - f. Isotonics (PTA 120)
 - g. Stretches
 - h. Isokinetics (PTA 120)
 - i. Tilt table
8. Massage (PTA 105)
 - a. Effleurage
 - b. Deep friction
 - c. Trigger point release
9. Sterile technique and Universal precautions (PTA 123)
10. Traction (PTA 105)
 - a. Cervical
 - b. Pelvic
11. Transfer techniques (PTA 110)
 - a. Stand & Pivot
 - b. Two person lift
 - c. Sliding board
 - d. Three person lift
 - e. Utilize proper WB
 - f. Hoyer lift
 - g. lateral transfer
 - h. Bed position change
12. Other therapeutic exercises (PTA 120)
 - a. Pulleys
 - b. Shoulder wheel
 - c. Finger ladder
 - d. Powder board
 - e. TKR/THR protocol's (PTA 110)
 - f. Dumbbells/cuff wts.
 - g. Tubing/Therband
 - h. Theraputty
 - i. Proprioceptive activity
 - j. Plyometrics
 - k. Closed chain activities

13. Vital Signs (PTA 110)
 - a. BP
 - b. Pulse
 - c. Respirations

14. Ambulation activities (PTA 110)
 - a. Use of assistive devices (crutches, canes, walkers)
 - b. Gait patterns
 - 1) Step thru
 - 2) Step to
 - 3) Two point
 - 4) Three point
 - 5) Four point
 - 6) NWB
 - 7) PWB
 - 8) TTWB (toe-touch)
 - 9) WBAT
 - 10) FWB
 - 11) Steps
 - 12) Curbs
 - c. Wheel chair activity

15. Therapeutic exercise (PTA 120)
 - a. Teaching and performing specific orthopedic exercise programs (neck, shoulder, elbow, ankle, scoliosis, surgical knees/hips, and wrist.
 - b. Coordination exercises for neurologic patients
 - c. Low back exercise programs (McKenzie and Williams, DLS)
 - d. Exercises to decrease or eliminate gait deviations

16. Assist with the following measurement techniques (PTA 125)
 - a. Manual muscle testing
 - b. Goniometry
 - c. Gait analysis (PTA 110)
 - d. Sensation testing
 - e. Coordination testing
 - f. Leg length testing (PTA 110)
 - g. Girth measurements
 - h. Muscle length assessment
 - i. Gross postural assessment(PTA 110)

17. Wound care (PTA 123)

- B. Clinic II, (PTA 214, Fall Semester, four weeks, full time)**
a. Completed courses: PTA 101, 105, 110, 120, 125, 123, 102, 121, 209, 205, 210, 213, 215

Students should reach independence in all Clinic I skills and will need no more than minimal guidance in the following areas:

1. ADL (mat programs, wheelchair activities (PTA 210, 213)
 - a. Quadriplegic
 - b. Paraplegic
 - c. Hemiplegic
 - d. Amputees
 - e. TBI
2. Amputation techniques (PTA 213)
 - a. Pre-prosthetic exercises
 - b. Pre-prosthetic gait training
 - c. Prosthetic gait training
 - d. Stump wrapping
 - e. Patient education
3. Sensory techniques used for normalizing tone and/or improving muscle contractions. (PTA 210)
 - a. Weight bearing
 - b. Quick/prolonged stretch
 - c. Joint approximation
 - d. Resistance
 - e. Ice
4. Appropriate utilization of PNF patterns (PTA 210)
 - a. D1 flexion/extension UE
 - b. D2 flexion/extension UE
 - c. D1 flexion/extension LE
 - d. D2 flexion/extension LE
 - e. Scapular anterior elevation/posterior depression
 - f. Scapular posterior elevation/anterior depression
 - g. Pelvic anterior elevation/posterior depression
 - h. Pelvic posterior elevation/anterior depression
5. Utilize Functional Independence Measure (FIM)(PTA 110,210)
6. Balance tests (PTA 121, 210)
 - a. Berg Balance Assessment
 - b. Tinetti
 - c. Dynamic Gait Index
 - d. Functional Reach
 - e. Timed UP and Go
 - f. Sharpened Romberg
 - g. Single Leg Stance
 - h. Sit to Stand

7. Appropriate utilization of developmental positions (PTA 210)
 - a. prone on elbows
 - b. quadruped
 - c. tall knee
 - d. half kneel
 - e. modified plantar grade
8. Developing appropriate HEP that include learned techniques
9. Electrical Stimulation (Students should be provided supervision for these techniques)(PTA 205)
 - a. Biofeedback
 - b. Functional electrical stimulation
 - c. Low volt
 - d. High volt
 - e. TENS
 - f. Iontophoresis
 - g. Medcosonalator
 - h. Microcurrent
 - i. Interferential

C. Clinic III, (PTA 224, Winter Semester, Second year, Two full-time affiliations, six weeks each)

a. Course in progress: PTA 221

Students should reach independence in all skills in Clinic I, Clinic II, and require minimal to moderate assistance in the following:

1. Chest Physical Therapy (PTA 123)
 - a. Postural drainage
 - b. Breathing exercises
 - c. Coughing
 - d. Percussion/vibration/shaking/rib springing
2. Cardiac Rehab (PTA 123)
3. Wound Care (PTA 123)
4. Aquatic Therapy (PTA 105, 120, 209)

POLICY ON CLINICAL INSTRUCTORS TEACHING STUDENTS CLINICAL SKILLS NOT PREVIOUSLY TAUGHT/LEARNED IN THE PROGRAM

Students should not be expected to perform nor should they be evaluated on techniques and clinical skills that have not been introduced in the academic setting. This does not imply that students can not learn or be taught new techniques in the clinic, but rather, students should only perform new skills, procedures or techniques not previously learned in the academic setting after being thoroughly instructed by the Clinical Instructor. This instruction must include theory, rationale for use, a structured practice session and an evaluation of the student's competence in applying the procedure, skill or technique. It is the Clinical Instructor's responsibility to ensure that the student is competent and safe with the new procedure, skill or technique before they use it on a patient.

Please review the list of expected student outcomes for each clinical rotation on pages 39-43 and the list of course outcomes and objectives on pages 23-33.

The program appreciates all efforts to provide students with the best possible clinical education. We thank you for your cooperation with this policy.

STUDENT CONDUCT IN CLINICAL EDUCATION CENTERS

The purpose of these rules, regulation, amendments, and additions is to protect the health and safety of the patients, students, and hospital personnel. These rules and regulations also maintain uninterrupted service to protect the Hospital and College's goodwill and/ or property. We ask the wholehearted cooperation of all students in the observance of these rules and regulations which were designed for our mutual protection and benefit. The Academic Coordinator of Clinical Education of the Physical Therapist Assistant Program will be the individual responsible to clarify and enforce these rules and regulations.

Any violation of these rules and regulations will be cause for disciplinary action, including counseling, reduction of final grade and permanent discharge from both clinical assignment and the program. Dismissal from clinical assignment constitutes a failing grade and removal from the Physical Therapist Assistant Program. Offenses will be considered cumulative throughout the program. If any form of disciplinary action is taken, the student is encouraged to first discuss the alleged offense and disciplinary action with the Clinical Instructor. In every case, an attempt will be made to remedy the situation at this level. In the event the student feels he/she has justification for challenging the disciplinary action, based upon the alleged offense, the Physical Therapist Assistant Review Board will review the matter and render a decision.

RULES, REGULATIONS, AND DISCIPLINARY ACTION

GROUP I

DISCIPLINARY ACTION: ANY OFFENSE IN THIS GROUP RESULTS IN PERMANENT DISCHARGE FROM CLINICAL ASSIGNMENT

Offenses:

1. Obtaining, possessing, selling or using marijuana, narcotics, amphetamines, hallucinogenic substances, or alcohol on hospital premises. Reporting to clinical station or class under the influence of any of these substances.
2. Theft, abuse, misuse, or destruction of the property or equipment of any patient, visitor, faculty, student, hospital employee or the hospital.
3. Disclosing confidential information about any patient, faculty, student, or hospital employee without proper authorization.
4. Immoral, indecent, illegal, or unethical conduct on hospital or college premises.
5. Possession of weapons, wielding or threatening to use firearms, illegal knives, etc., on hospital or college premises.
6. Assault on any patient, visitor, faculty, student, or hospital personnel.
7. Misuse or falsification of patient, student, or official hospital/college records.
8. Removal of patient, student, or official hospital/college records without proper authorization.
9. Dishonesty to clinical instructor or Delta faculty regarding classroom or clinic.
10. Creating or providing unsafe environment with the potential to cause bodily harm.

GROUP II

DISCIPLINARY ACTION: ANY OFFENSE IN THIS GROUP MAY RESULT IN ONE OF THE FOLLOWING:

1 st Offense	Counseling
2 nd Offense	Decrease overall grade of class by one-third grade
3 rd Offense	Decrease overall grade of class by one full grade
4 th Offense	Failing grade and permanent discharge

These offenses are cumulative throughout all semesters of the P.T. Assistant Program

1. Engaging in disorderly conduct that could ultimately threaten the physical well-being of any patient, visitor, student, faculty, or hospital employee.
2. Leaving clinical area without proper authorization.
3. Sleeping during scheduled clinical hours.
4. Restricting or impeding clinical output or classroom learning experiences.
5. Insubordination and refusal to obey orders.
6. Inconsiderate treatment of patients, visitors, faculty, students, or hospital employees.
7. Unexcused absences.
8. Altering or punching another's time card or inducing any student or hospital employee to do so.
9. Failure to be ready for classroom or clinical assignment at starting time.
10. Failure to perform responsibilities or to exercise reasonable care in the performance of responsibilities.
11. Violation of safety rules and regulations or failure to use safety equipment provided.
12. Misuse of clinical or classroom time.
13. Unauthorized use of equipment.
14. Smoking in restricted areas.
15. Unauthorized posting, removing, or tampering with bulletin board notices.
16. Unauthorized soliciting, vending, or distribution of written or printed matter.
17. Creating or contributing to unsafe or unsanitary conditions.
18. Threatening, intimidating, coercing other students, patients, faculty, visitors, or hospital personnel.
19. Individual acceptance of gratuities from patients. NO MONEY
20. Inappropriate dress or appearance based upon program or clinical regulations.
21. Disruption of class while instructor is lecturing.
22. Late for class 3 or more times

GENERIC ABILITIES/PROFESSIONAL BEHAVIORS

The program faculty believes that professional behaviors are very important to the success of physical therapist assistants. Therefore, in an attempt to develop these professional behaviors in physical therapist assistant students, the faculty has chosen to incorporate the Generic Abilities Program that was first developed by Warren May et al. in 1991.

Students will be assessed by faculty on their demonstration and attainment of the Generic Abilities throughout the program. The faculty will provide continuous feedback to the students concerning their professional behaviors. In addition, students will perform formal self-assessments of their professional behaviors twice each semester. Following the completion of this self assessment, students will meet with the faculty to share their self-assessment and receive additional formal feedback from the faculty.

A disciplinary process has been developed in the event students fail to make adjustments to their professional behavior following repeated feedback from the faculty. **It should be noted, this disciplinary process may lead to the student being dismissed from the program.**

GENERIC ABILITIES IN THE CLINIC

It is expected that Clinical Instructors will assess the student's behavior as it relates to the listed Generic Abilities and the Behavioral Criteria listed on the following pages and provide continuous feedback to the student. In addition, should the student's behavior continue to fall below the expectations, the **Clinical Instructor should notify the ACCE.** The Clinical Instructor is expected to write comments related to the student's demonstration of the expected behaviors on all student evaluation materials and complete the Generic Ability Assessment Form provided with the student's evaluation materials.

Generic Abilities Defined**

Generic abilities are attributes, characteristics or behaviors that are not explicitly part of the profession's core of knowledge and technical skills but are nevertheless required for success in the profession. Ten generic abilities were identified through a study conducted at UW-Madison in 1991-92. The ten abilities and definitions developed are:

Generic Ability	Definition
1. Commitment to Learning	The ability to self-assess, self-correct, and self-direct; to identify needs and sources of learning; and to continually seek new knowledge and understanding.
2. Interpersonal Skills	The ability to interact effectively with patients, families, colleagues, other health care professionals, and community and to deal effectively with cultural and ethnic diversity issues.
3. Communication Skills	The ability to communicate effectively (i.e., speaking, body language, reading, writing, listening) for varied audiences and purposes.
4. Effective Use of Time and Resources	The ability to obtain the maximum benefit from a minimum investment of times and resources.
5. Use of Constructive Feedback	The ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction.
6. Problem-Solving	The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.
7. Professionalism	The ability to exhibit appropriate professional conduct and to represent the profession effectively.
8. Responsibility	The ability fulfill commitments and to be accountable for actions and outcomes.
9. Critical Thinking	The ability to question logically; to identify, generate, and evaluate elements of logical argument; to recognize and differentiate facts, illusions, assumptions, and hidden assumptions; and to distinguish the relevant from the irrelevant.
10. Stress Management	The ability to identify sources of stress and to develop effective coping behaviors.

** Developed by the Physical Therapy Program, University of Wisconsin-Madison

May et al. *Journal of Physical Therapy Education*. 9:1, Spring 1995.

GENERIC ABILITIES DISCIPLINARY PROCESS

1. Students will first receive informal discussions concerning their negative performance with individual generic abilities behaviors. The number of these informal discussions prior to more formal measures will be at the faculty's discretion.
2. After informal discussions have failed to bring out a change in the student's behavior on a particular generic abilities behavior the student will receive formal counseling with a written report of what was discussed.
3. If the first formal counseling session does not result in a behavior change the student will receive a second formal counseling session with the addition of all semester course final grades being reduced by 1/3 letter grade.
4. A third formal counseling session for the same generic ability behavioral problem will result in all semester course final grades being reduced by 1 full letter grade.
5. After 3 formal counseling sessions for the same behavioral problem and no changes in the student's behavior have been noted the fourth and final counseling session will result in a permanent discharge from the PTA program

RESOLVING DISAGREEMENTS

1. A written disciplinary report stating the alleged offense and disciplinary action shall be issued to the student for each violation of an alleged offense no later than two (2) working days following the commission of the alleged offense. The student must sign the disciplinary report. This signature does not signify admission of guilt; it merely signifies receipt of the disciplinary report.
2. The student is encouraged to first discuss the alleged offense and disciplinary action with the Clinical Instructor. In every case an attempt will be made to remedy the situation at this level.
Follow levels of authority – Problems with teachers go to teachers.
3. Students desiring to contest the alleged offense and disciplinary action must submit to the Physical Therapist Assistant Counselor a written statement of intent to contest the alleged offense and disciplinary action. This statement must be submitted within seven (7) days following receipt of the disciplinary report.

4. Within ten (10) school days following receipt of the student's written intent to contest, the Physical Therapist Assistant Counselor shall convene the Physical Therapist Assistant Review Board to review the matter. Both the student and the Clinical Instructor shall have the opportunity to provide evidence and witnesses deemed germane by the Physical Therapist Assistant Review Board. The Review Board shall be permitted to question the evidence and witnesses of both parties.
5. Based strictly on the evidence of record, the Physical Therapist Assistant Review Board shall render a decision in writing within five (5) working days after review of all the evidence is complete. The student shall be notified of the decision immediately and shall also be mailed a written copy of the decision without delay.
6. The decision of the Physical Therapist Assistant Review Board is final.

NOTE: These policies are effective immediately and supersede all other related policies

CLINICAL ATTENDANCE

1. Absence - Clinic: PTA 124 - One(1)excused absence but time must be made up
PTA 214 - One(1)excused absence
PTA 224 – One(1)excused absence per each 6-week rotation.

Any hours missed beyond the excused days must be made up prior to a final grade being issued for the course. If the hours are not made up prior to grades being due an **incomplete** will be issued. All clinic time must be completed prior to beginning the next clinic as it is a prerequisite to continue in the PTA program. In addition, each full day missed beyond the excused days will result in a 5% reduction of the final grade and each half day missed will result in a 3% reduction in the final grade.

EXCEPTIONS: The following circumstances would warrant an exception to the grade penalties listed above:

1. missed time due to a death of an immediate family member defined as: spouse, child, mother, father, sibling
2. missed time due to hospitalization(verification required).
3. student has an **highly** infectious disease documented by a physician.

No other exceptions will be considered

NOTE: It is the responsibility of the student to:

- a) Notify the Clinical Instructor of each impending absence at least one-half hour prior to scheduled starting time.
- b) Notify the Academic Coordinator for Clinical Education when clinical hours have been missed.
- c) Make the necessary arrangements for makeup time with the Clinical Instructor within three days following return to the clinical education center.

2. Tardiness

Students will report for duty and be ready to begin their daily assignments at least five (5) minutes prior to scheduled starting time. Students are considered tardy if they do not report 5 minutes early.

Any attendance violations will be considered grounds for disciplinary action. (See “Student Conduct in Clinical Education Centers”)

TRAVEL/WEATHER

1. Students are expected to provide their own transportation. This may include parking fees.
2. In the event that the college is closed due to inclement weather, it is the student's responsibility to decide if it is safe for them to travel to their clinic. However, any hours missed due to inclement weather, must be made-up in the same clinic during the same internship time. Scheduling of this time must be determined mutually between the Clinical Instructor and the student. The Academic Coordinator for Clinical Education must also be notified of the time change.
3. Students are reminded that an official closing of the college will be announced on radio stations in the Tri-County area and beyond.

GUIDELINES FOR EFFECTIVE COMMUNICATION BETWEEN CI AND STUDENT

1. Establish student objectives/goals
2. Review established goals with your student
3. Make these goals reflect the types of patients you see
4. Review these goals both FORMALLY and INFORMALLY
5. Follow-through with the student on set goals and objectives

PROVIDING STUDENTS WITH FEEDBACK

- You decide how often (twice daily, daily, after each patient, each specific task, etc)
 - frequency is dependent on level of student and where they are in their education
 - also is dependent on student's need
 - make sure that the environment is a place where student feels comfortable receiving feedback (time, place, with people around, one on one)

INFORMAL FEEDBACK

- Start by asking the student to give you his or her impression of the performance you are evaluating
- How did the student perceive his performance?
 - Was he accurate?
 - Does his assessment agree/disagree with yours?
 - Was he able to give details of his performance?

Example Questions to Engage the Student in His Self-Assessment

- How did you think that transfer went?
- What went well?
- Why didn't it go well?
- Why do you think that the transfer wasn't successful?
- What do you think they would have done differently?

FORMAL FEEDBACK

- Written Midterm/Final
 - CAR Form – written comments are a must to substantiate your observations. Written comments are necessary no matter what number is circled by the CI. Written comments are invaluable to students and a must for the ACCE to determine the students abilities prior to graduation
 - if you have communicated effectively with your student, there shouldn't be any surprises on the midterm/final evaluations

THE CLINICAL EVALUATION FORM

1. The Clinical Instructor **must** notify the ACCE immediately if any major issues arise in a student's clinical performance or professional behavior. Please do not wait until the midterm visit or final to notify the ACCE of performance or behavior issues.
2. At a minimum, the Clinical Instructor will schedule a formal meeting with the student at Mid-Term and Final to go over the clinical evaluation form.
3. The student must be provided an opportunity to make comments on the evaluation form of any assessments that they disagree with.
4. At the conclusion of the meeting to discuss the Final evaluation, the Clinical Instructor and the student must both sign the evaluation form stating that they have formally discussed the final evaluation.

Rights and Privileges of Clinical Instructors

Clinical Instructors for PTA students enrolled in the PTA program at Delta College are not paid employees of the college and therefore are not entitled to any rights and privileges associated with employment by the college.

Clinical Instructors are entitled to full use of the Library Learning and Information Center and its services and the college Bookstore. In addition, Clinical Instructors can become members of the college Fitness Center.

Clinical Instructors are entitled to free admission to clinical instructor training seminars developed by the program ACCE. Discounts for CI's to continuing education seminars sponsored by the college may also be offered.

These rights and privileges are consistent with other non-paid clinical instructors of Delta College allied health care programs .

PHYSICAL THERAPIST ASSISTANT PROGRAM ACCE CLINICAL SITE VISIT

INTRODUCTION

Supervised clinical internships contribute to the success of the Physical Therapist Assistant's education. Considerable time and effort are given to matching students with clinical instructors and clinical centers. The outcome of the experience has a definite impact on a student's entry into the professional arena. Visiting the clinical site and meeting with staff and students enriches the experience for all involved.

OBJECTIVES

The objective of a site visit is to meet individually with the affiliating student(s) and their Clinical Instructors (CI's). The ACCE also gains pertinent information about the clinical site. An on-site assessment (if possible) of a facility serves as a means of verifying information provided in writing by the facility so that future internships may be arranged more effectively.

SITE VISIT

Site visits take approximately 30 minutes, assuming only one student is at the site. This allows adequate time for the ACCE to meet with the CI and the student. We realize most visits occur during treatment hours; therefore, all visits have been scheduled many months in advance to allow the CI enough time to make the necessary arrangements in their schedule. When scheduling a visit, the ACCE will:

1. Request to meet with the CI. Anticipate needing 10-15 minutes.
2. Request to meet with the student. Anticipate needing 10-15 minutes.
3. If the facility is new to the academic program, additional time will be needed to tour the site. Tour may be completed by any knowledgeable staff.
4. Request to meet with CI/student together 5-10minutes. (Cases where conflicting information needs to be resolved.)

ROLE OF THE ACADEMIC COORDINATOR OF CLINICAL EDUCATION

The primary role of an ACCE during a routine site visit is one of being an “active listener.” Questions are asked to obtain a broad sense of the clinical experience. Understand the student’s excitement and frustrations and ask the clinical staff for input on general student strengths/weaknesses before more serious problems arise which jeopardize a student’s successful completion of the clinical rotation. If minor difficulties arise, such as a student who initially feels timid and lacks confidence, usually time and direct experience will resolve this. ACCE becomes both an active listener and a mediator.

MEETING WITH THE CENTER COORDINATOR OF CLINICAL EDUCATION

The Center Coordinator of Clinical Education (CCCE) is the person who oversees the student program at each clinical center. Specific objectives for meeting with the CCCE are to:

1. Relate information about the academic program, especially new developments in the curriculum or faculty.
2. Learn about facility changes, e.g., staffing patterns, new programs or the creation of new departments and its impact on the student program.
3. Tour the facility, if the facility is new to the academic program.
4. Obtain a general sense how CI’s are assigned and general facility policies on student internships and opportunities for students over and above routine education.

Risk Management Authority Certificate of Coverage

MICHIGAN COMMUNITY COLLEGE RISK MANAGEMENT AUTHORITY

CERTIFICATE OF COVERAGE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the duly adopted coverage documents of the Michigan Community College Risk Management Authority.

This is to certify that a formal, funded self-insurance program has been undertaken by the member listed below through the Michigan Community College Risk Management Authority pursuant to Act 138 P.A., 1982. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the coverage afforded by the coverage documents described here is subject to all the terms, exclusions, and conditions of such documents.

COVERAGE INCLUDES:

COMPREHENSIVE GENERAL LIABILITY including bodily injury, property damage, law enforcement, public officials errors & omissions, operation of motor vehicles, and professional liability for students and staff participating in child care, registered nursing, occupational therapy assistant medical lab technology, medical record technology, medical assisting, biomedical engineering technology, cardiovascular technology, emergency medical technician, other allied health and similar practicum.

Limit of Liability: \$15,000,000 each occurrence

COMPREHENSIVE PROPERTY including, but not limited to extended coverage, vandalism and malicious mischief, sprinkler damage and explosion of steam boilers, pressure vessels or similar apparatus, for all proper owned/leased by the Member. Losses adjusted on a replacement cost basis less maximum retention of \$100,000 each occurrence.

MOTOR VEHICLE PHYSICAL DAMAGE including all vehicles owned/leased by the member or for which the member is legally responsible.

Deductible: All losses in excess of \$500 under Comprehensive or Collision coverages are paid in full.

CERTIFICATE HOLDER:

SAMPLE COPY ONLY
Not to be used as official copy

MEMBER:

Delta College
University Center, MI 48710

POLICY NUMBER: 7003

Date Issued: 00/00/00

Expiration Date of Membership/Coverage: Continuous Until Withdrawn

Issued by: _____

Member or Alternate Member Representative