CLINICAL FACULTY HANDBOOK

Updated February 2019

Disclaimer: The materials in this handbook are made available for general information purposes and subject to change.
## Contents

INTRODUCTION .................................................................................................................................. 1  
WELCOME ........................................................................................................................................ 1  
DEPARTMENT/CAMPUS CONTACTS ............................................................................................. 2  
DEPARTMENT FACULTY & STAFF .................................................................................................. 3  
PHILOSOPHY STATEMENT ........................................................................................................... 7  
MISSION STATEMENT ................................................................................................................... 7  
GOALS & OBJECTIVES .................................................................................................................. 8  
CORE VALUES .................................................................................................................................. 10  
STUDENT CLINICAL EXPERIENCES ............................................................................................. 11  
GUIDELINES & STUDENT RIGHTS & RESPONSIBILITIES ....................................................... 11  
CLINICAL EXPERIENCES - 2nd YEAR ......................................................................................... 11  
CLINICAL EXPERIENCES - 3rd YEAR .......................................................................................... 12  
CLINICAL SITE SELECTION ......................................................................................................... 12  
ASSIGNMENTS ............................................................................................................................... 12  
EVALUATIONS ............................................................................................................................... 13  
FIRST WEEK OF CLINICAL EXPERIENCE .............................................................................. 13  
ABSENCES ...................................................................................................................................... 13  
INTRODUCTION TO PATIENT OR CLIENT ............................................................................... 14  
DRESS AND APPEARANCE .......................................................................................................... 14  
HOLIDAYS ....................................................................................................................................... 15  
HEALTH INFORMATION ................................................................................................................ 15  
STUDENT PROFESSIONAL LIABILITY INSURANCE ................................................................. 16  
CPR CERTIFICATION .................................................................................................................. 16  
CRIMINAL BACKGROUND CHECK ............................................................................................. 16  
CORE VALUES .................................................................................................................................. 16  
CANCELLATION OR CHANGE POLICY ..................................................................................... 16  
STANDARD PRECAUTIONS .......................................................................................................... 17  
COMPLAINTS ............................................................................................................................... 17  
FINANCIAL ...................................................................................................................................... 17  
STUDENT INFORMATION FORM .............................................................................................. 17  
ADDITIONAL IDEAS AND SUGGESTIONS ............................................................................... 17  
QUESTIONS AND CONCERNS CONTACT ............................................................................... 18  
SCCE & CI INFORMATION .......................................................................................................... 19  
SITE COORDINATOR OF CLINICAL EDUCATION DUTIES AND RESPONSIBILITIES .......... 19  
CLINICAL INSTRUCTOR DUTIES AND RESPONSIBILITIES ................................................... 19  
PATIENTS/CLIENTS RIGHT OF REFUSAL .................................................................................... 20  
COMPLAINTS ............................................................................................................................... 20  
CANCELLATION OR CHANGE POLICY ..................................................................................... 20
INTRODUCTION

WELCOME

Thank you for being a part of the University of North Dakota Department of Physical Therapy as a clinical experience site. As Director of Clinical Education, I would like to thank you for your past support and anticipated future involvement in our program. I am hopeful this clinical faculty handbook will provide you and the clinical instructors an overview of our program and critical documents that students are provided as a guide for their clinical experiences. We hope this will assist you as clinical faculty in providing a beneficial experience for the student as well as the staff at your facility.

We do continue to offer the benefit of an account for electronic access to journals through the Harley French Medical Library at the University of North Dakota to the clinical coordinator and any clinical instructor who works with a student from the University of North Dakota. For the clinical coordinator this is an ongoing benefit and for clinical instructors it will remain active for 18 months. To obtain access send an email to cindy.flom.meland@UND.edu for clearance and instructions for application.

Materials to support clinical education are also available on the APTA website at www.apta.org under Career & Education. Follow the link to “Clinical Educators”. Listed below are some documents that you may find useful.

Clinical Educator Development
- Reference Material for Center Coordinators of Clinical Education
- Credentialed Clinical Instructor Program (CCIP)
- Advanced Credentialed Clinical Instructor Program (ACCIP)

Clinical Site Development
- Guidelines and Self-assessments for Clinical Education
- Clinical Site Information Form (CSIF)
- PT Student Site Evaluation Form

Regulations Related to Students
- APTA Policies & Positions
- Medicare Payment & Reimbursement: Supervision of Students Under Medicare Chart

In addition to me, our Clinical Education team at UND consists Schawnn Decker, Assistant Director of Clinical Education (schawnn.decker@UND.edu) and our Administrative Secretary, Bev Voigt, (beverly.voigt@UND.edu).

Thank you again for your interest in the University of North Dakota Department of Physical Therapy. I look forward to working with you. If I may be of assistance at any time, please feel free to contact me at cindy.flom.meland@UND.edu or by phone to (701) 777-4130.

Sincerely, Cindy Flom-Meland, PT, PhD, NCS
Professor and Director of Clinical Education
DEPARTMENT/CAMPUS CONTACTS

University of North Dakota, Department of Physical Therapy, School of Medicine & Health Sciences E321
1301 North Columbia Road Stop 9037, Grand Forks, ND 58202-9037
Office Hours: 8:00 a.m. to 4:30 p.m. Main Office: 701-777-2831

<table>
<thead>
<tr>
<th>Department Faculty/Staff</th>
<th>Phone</th>
<th>Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dave Relling, Associate Professor/Chair</td>
<td>777-4091</td>
<td>E343</td>
</tr>
<tr>
<td>Cindy Flom-Meland, Professor/Director</td>
<td>777-4130</td>
<td>E344</td>
</tr>
<tr>
<td>Thomas Mohr, Professor/Associate Dean</td>
<td>777-3862</td>
<td>E347</td>
</tr>
<tr>
<td>Renee Mabey, Professor/Director</td>
<td>777-4854</td>
<td>E349</td>
</tr>
<tr>
<td>Sue Jeno, Associate Professor</td>
<td>777-3662</td>
<td>E339</td>
</tr>
<tr>
<td>Mark Romanick, Professor</td>
<td>777-3668</td>
<td>E354</td>
</tr>
<tr>
<td>Meridee Danks, Assistant Professor</td>
<td>777-3861</td>
<td>E341</td>
</tr>
<tr>
<td>Gary Schindler, Assistant Professor/Residency</td>
<td>777-6081</td>
<td>E324</td>
</tr>
<tr>
<td>Michelle LaBrecque, Part-time Assistant</td>
<td>777-6257</td>
<td>E328</td>
</tr>
<tr>
<td>Schawnn Decker, Assistant Professor/DCE</td>
<td>777-3662</td>
<td>E339</td>
</tr>
<tr>
<td>Steven Halcrow, Assistant Professor</td>
<td>777-3857</td>
<td>E334</td>
</tr>
<tr>
<td>Mohamed Elhamadany, Assistant Professor</td>
<td>777-3689</td>
<td>E337</td>
</tr>
<tr>
<td>Emily Henneman, Assistant Professor</td>
<td>777-3673</td>
<td>E327</td>
</tr>
<tr>
<td>Alyson White, Administrative Officer</td>
<td>777-3873</td>
<td>E330</td>
</tr>
<tr>
<td>Anna Pendleton, Administrative Secretary</td>
<td>777-2831</td>
<td>E321f</td>
</tr>
<tr>
<td>Bev Voigt, Administrative Secretary/CE</td>
<td>777-4176</td>
<td>E321g</td>
</tr>
</tbody>
</table>

Campus Resources:

| Affirmative Action Office                     | Twamley Hall, 264 Centennial Dr | 777-4171 | 401 |
| Career Services                              | McCannel Hall, 2891 2nd Ave N   | 777-3904 | 280 |
| Chester Fritz Library                        | 3051 University Ave              | 777-2617 |      |
| Dean of Students                             | 307 Twamley Hall, 264 Centennial Dr | 777-3425 | 300 |
| Disability Services for Students             | McCannel Hall, 2891 2nd Ave N   | 777-2644 | 190 |
| Health Sciences Library                      | SMHS Bldg 1301 N Columbia Rd    | 777-3993 | E202 |
| Memorial Union Info Center                   | Memorial Union, 2901 University Ave | 777-4321 | Main |
| School of Graduate Studies                   | 205 Twamley Hall, 264 Centennial Dr | 777-2784 | 325 |
| Student Account Services                     | Memorial Union, 2901 University Ave | 777-3911 | 204 |
| Student Financial Aid                        | Memorial Union, 2901 University Ave | 777-3121 | 216 |
| Student Health Services                      | McCannel Hall, 2891 2nd Ave N   | 777-4500 | 100 |
| University Bookstore                         | 755 Hamline St                  | 777-2746 |      |
| University Counseling Center                 | McCannel Hall, 2891 2nd Ave N   | 777-2127 | 200 |
| University Police                            | 3851 Campus Rd                  | 777-3491 |      |
| University Tech Support                      | Memorial Union, Lower Level, 2901 University Ave | 777-6305 | Main |
| Writing Center                               | Merrifield Hall, 276 Centennial Dr | 777-2795 | 12  |
DEPARTMENT FACULTY & STAFF

David Relling, PT, PhD

Associate Professor Physical Therapy and Chair. BSPT, University of North Dakota; M.S., Kinesiology, Kansas State University; Ph.D. Physiology, University of North Dakota. Dr Relling became Chair of the Department of Physical Therapy in June 2014. He has served on numerous University committees and is active on the North Dakota Board of Physical Therapy and Federation of State Boards of Physical Therapy. Dr. Relling teaches a number of courses in the areas of pathology, acute care, cardiopulmonary PT, exercise physiology and orthopedics. Areas of research interests include exercise physiology, orthopedics, EMG and motion analysis.

Cindy Flom-Meland, PT, PhD, NCS

Professor of Physical Therapy and Director of Clinical Education. BSPT, MPT, Ph.D., Teaching & Learning, University of North Dakota. Dr. Flom-Meland is the Director of Clinical Education and primarily works with students and clinicians to arrange clinical experiences and obtain clinical sites for students. Dr. Flom-Meland is a credentialed trainer for the APTA Clinical Instructor Education and Credentialing Program; active in the North Dakota Physical Therapy Association, APTA, and University committees; and currently President of the North Dakota Physical Therapy Association. Dr. Flom-Meland teaches in the areas of communication and professional behavior, motor control, psychological aspects, and neuro-rehabilitation. Areas of research interests include neuro-rehabilitation, clinical education, and professional behavior.

Thomas Mohr, PT, PhD, FAPTA

Chester Fritz Distinguished Professor and Associate Dean for Health Sciences. BSPT, University of North Dakota; M.S., Physical Therapy, University of Minnesota; Ph.D. Physiology, University of North Dakota. Dr. Mohr served as Chair of the Department of Physical Therapy from 1993 to 2014. He teaches in the areas of neuroscience, research, electrotherapy, and biomechanics. Areas of research are PT Education, PT regulation, Biomechanics, Electromyography, and Motion Analysis.

Renee Mabey, PT, PhD

Professor of Physical Therapy. BSPT, M.S. Health, Physical Education and Recreation; Ph.D., Teaching & Learning: Research Methods, University of North Dakota. Dr. Mabey is the Director of Outcome Assessment and has been instrumental in designing and implementing our outcome assessment program. Dr. Mabey has served on a number of university committees, particularly in the areas of student learning and program assessment. Dr. Mabey teaches in the areas of patient evaluation, statistics, cardiopulmonary care, case management, and critical inquiry. Research interests include outcome assessment and patient evaluation.
Susan Jeno, PT, PhD

Associate Professor of Physical Therapy. BSPT University of Michigan-Flint: B.S. and M.A., Education/Kinesiology, University of Michigan; PhD, Anatomy and Cell Biology, University of North Dakota. Dr. Jeno serves as the University NCAA Faculty Athletics Representative and participates in numerous campus and professional committees. She chaired the University Senate, active in University governance, and maintains an active role in the PT profession. Dr. Jeno teaches anatomy, biomechanics, orthopedics, manual therapy, acute care, and administration. Areas of research interest are primarily in anatomy, biomechanics, electromyography, orthopedics exercise science, and alternative/complimentary medicine.

Mark Romanick, PT, PhD, ATC

Professor of Physical Therapy. BSPT and MPT, University of North Dakota. Ph.D. Physiology, University of North Dakota; Athletic Training, University of Idaho. Dr. Romanick served as an officer and is a Hall of Fame member in the North Dakota Athletic Trainers Association. He served on the Board of Directors in the Mid-America Athletic Trainers’ Association and is current treasurer of the North Dakota Physical Therapy Association. Dr. Romanick teaches in the areas of biomechanics and kinesiology, clinical examination and evaluation, manual therapy, intervention techniques, prevention and wellness and advanced anatomy and sports physical therapy. Areas of interest are sports medicine, orthopedics, biomechanics, and biology of aging.

Meridee Danks, PT, DPT, NCS

Assistant Professor of Physical Therapy. BSPT, MPT, and DPT; University of North Dakota. Dr. Danks has an extensive clinical background working with patients following spinal cord injuries, stroke, traumatic brain injuries and other neurological diseases. Dr. Danks is currently serving on the University’s Institutional Review Board and is active in the North Dakota Physical Therapy Association. Dr. Danks teaches in the areas of motor control, applied movement science and rehabilitation, biomechanics and kinesiology, clinical examination and case management. Areas of research include balance training, gait analysis and pressure mapping.

Gary Schindler, PT, DPT, PhD, OCS, SCS, ATC, CSCS

Assistant Professor of Physical Therapy and Director of Sports Physical Therapy Residency. BA in Athletic Training, University of North Dakota; MSPT University of Wisconsin-La Crosse; DPT Massachusetts General Hospital Institute of Health Professionals; and PhD Educational Leadership at UND. Recognized by ABPTS as an Orthopaedic Certified Specialist in 2008 and Sports Certified Specialist in 2015. Clinical instructor for ten years. Assisted with the UW-Madison and Meriter Hospital orthopaedic residency program. Dr. Schindler practices as a physical therapist and certified athletic trainer PRN in an orthopaedic private practice. Teaching areas of orthopaedics, sports medicine, anatomy and therapeutic agents. Research interest areas include leadership development, sports medicine, orthopaedics, and anatomy.
Michelle LaBrecque, PT, DPT
Assistant Professor of Physical Therapy. BSPT, University of Minnesota; MPT and DPT, University of North Dakota. Dr. LaBrecque works part-time in the Department of Physical Therapy and part-time in a physical therapy clinic outside the university. Areas of teaching are motor control, clinical examination and evaluation, therapeutic agents, intervention techniques, and applied movement science and rehabilitation.

Schawnn Decker, PT, DPT
Assistant Professor of Physical Therapy. BSPT, MPT and DPT, University of North Dakota. Dr. Decker works 3/4 time for the Department of Physical Therapy. She is involved in a number of courses with primary focus on orthopedics. Areas of teaching include musculoskeletal and clinical examination and evaluation, manual therapy, prevention and wellness, electrotherapy and modalities. Dr. Decker is also an assistant DCE.

Steven Halcrow
Assistant Professor of Physical Therapy. PT, DPT University of North Dakota. Dr. Halcrow teaches in the areas of biomechanics and kinesiology, clinical examination and evaluation and exercise interventions. Dr. Halcrow is Astym certified and an APTA Credentialed Clinical Instructor. His areas of interest are orthopedics, sports medicine, manual therapy, biomechanics and kinesiology.

Mohamed Elhamadany
Assistant Professor of Physical Therapy, BSPT, MS, Cairo University; PhD, Physical Therapy for Pediatrics and Pediatrics Surgery, Cairo University; DPT, Dominican College; Recognized by ABPTS as Pediatric Certified Specialist (PCS). Over the past 20 years, Dr. Elhamadany has been evaluating and treating children and adults with developmental disabilities in a variety of clinical settings. As an APTA credentialed clinical instructor, he provided excellent clinical experiences for students from a variety of DPT programs. He has served as an expert in numerous professional and organization committees, including a safe patient handling committee. Dr. Elhamadany teaches in the area of pediatrics, research, statistics, evidence based practice, and geriatrics. Areas of research interest are primarily in pediatrics, EMG, motion analysis, therapeutic modalities, disease and functioning taxonomies and virtual reality.
Emily Henneman, DPT  
*Assistant Professor of Physical Therapy.* PT, DPT University of Minnesota. Dr. Henneman teaches in the areas of cardio-pulmonary care, physical therapy across the lifespan, administration and case management. Her clinical background includes working with the geriatric population in the home health and hospice setting. Dr. Henneman is actively involved in the Home Health Section of the APTA. Areas of interest include pediatrics, geriatrics, home health, telehealth and hospice.

Alyson C. White, BSBA  
*Administrative Officer and Coordinator of Admissions.* Alyson has been with the Department of Physical Therapy since 1975. She holds a Bachelor of Science in Business Administration from University of North Dakota. Alyson serves the North Dakota Physical Therapy Association as Executive Officer. Alyson works with budgets, WICHE, admissions and a variety of other duties. She assists with the advisement of both pre-professional and professional students regarding, registration, financial aid, graduation requirements, and housing.

Anna Pendleton  
*Administrative Secretary.* Anna graduated from the University of California Riverside in 2013 with a Bachelor of Arts Degree in History. She also earned a Certificate in Teaching English to Speakers of Other Languages (TESOL) in 2014 and a Certificate in College Admissions Counseling in 2018, both from the University of California Riverside Extension.

Anna recently relocated to North Dakota from Southern California where she worked in international student programs for four years. Anna enjoys cooking, camping, and traveling, having explored the British Isles, Canada, and the western half of the United States.

Bev Voigt  
*Administrative Secretary, Clinical Education.* Bev joined the Department of Physical Therapy in July of 2017. Bev provides administrative and technical support for the department with primary focus on the clinical education program. She is responsible for front office tasks while troubleshooting and managing multiple databases; coordinating communications between students, academic/clinical faculty and staff; and maintains the departmental website.
PHILOSOPHY STATEMENT

The UND Physical Therapy program seeks to graduate physical therapists concerned with providing quality physical therapy services within a variety of practice environments. The graduate is to be an advocate for health and wellness at the individual and societal levels. The graduate is expected to develop the skills necessary for incorporating evidence into their clinical practice and demonstrate a commitment to life-long learning.

The Department believes physical therapy education is best accomplished through the interplay of curriculum, faculty and students. The curriculum, inclusive of liberal arts, foundational sciences, clinical sciences and complimentary clinical education, is presented through a hybrid model. The hybrid curriculum model incorporates a variety of teaching methodologies including lecture, problem solving, team based, case scenario, and clinical experiences. A progression in concept development from simple to complex is evident. The curriculum promotes skills for life-long learning, encourages the critical analysis of current and new knowledge, supports critical inquiry/research for the advancement of the profession, and advocates service to the community and the profession.

The role of faculty is to facilitate the teaching and learning process, and to enable and challenge the growth of the learner. The faculty, with diverse interests and experiences, are expected to model professional behaviors of education, scholarly activity, service, and life-long learning.

Students are expected to be self-aware, self-directed, and responsible for their learning. They are presumed to be intellectually curious and possess a desire to be reflective learners and practitioners. Students will demonstrate respect for self and others, and a commitment to the profession of physical therapy.

It is also the intent that the professional program be reviewed periodically and evaluated by academic and clinical faculty, students, practitioners and other community and university personnel to maintain an optimal educational experience for students. It is expected that the program will continually evolve in response to political, social, economic and professional forces and emerging health care delivery trends.

MISSION STATEMENT

“The mission of the Department of Physical Therapy is to prepare physical therapists with the clinical, professional and critical inquiry skills to provide quality physical therapy services. The professional services provided by a physical therapist demand a strong background in the liberal arts and clinical sciences as well as high moral and ethical standards. In addition to clinical practice expectations, responsibilities in teaching, service and critical inquiry are an integral part of the educational experience.”
GOALS & OBJECTIVES

STUDENTS:

Goal 1: The student will demonstrate the skills necessary for the entry level practice of physical therapy

- **Objective:** The student will demonstrate entry-level competence on all written and practical examinations.
- **Objective:** The students will demonstrate entry-level competence in all clinical skills by the end of their clinical experiences.
- **Objective:** The student will demonstrate entry-level skill in physical therapy examination, evaluation, diagnosis, and the development of an appropriate plan of care and physical therapy intervention.
- **Objective:** The student will plan, initiate, coordinate and evaluate the efficacy of intervention programs to meet patient/client needs.
- **Objective:** The student will demonstrate effective written and oral communication skills.
- **Objective:** The student will demonstrate knowledge of basic administrative procedures.
- **Objective:** The student will demonstrate professionalism in the classroom and in the clinic.

Goal 2: The student will demonstrate advocacy skills for health and wellness at the individual and societal level

- **Objective:** The student will develop an awareness of the importance of physical therapy in community health systems and participate in service learning projects and activities.
- **Objective:** The student will demonstrate proper concern for patient’s rights.
- **Objective:** The student will participate in an advocacy role regarding health, wellness, and societal needs.

Goal 3: The student will provide service to the community and/or to the profession

- **Objective:** The student will participate in service learning projects and activities.
- **Objective:** The student will participate in professional service activities.

Goal 4: The student will develop critical inquiry skills related to clinical and basic science research.

- **Objective:** The student will demonstrate a commitment to evidence based practice, interpreting and applying the results of published research
- **Objective:** The student will apply principles of the scientific method and collaborate with faculty and peers to design and implement a scholarly project.

Goal 5: The student will develop the skills required for life-long learning.

- **Objective:** The student will demonstrate a commitment to evidence based practice, continuing education and involvement in professional organizations.
- **Objective:** The student is expected to be self-aware, self-directed, and responsible for his or her learning.
FACULTY:

Goal 1: Faculty members will demonstrate excellence in teaching.
- **Objective:** Faculty members will apply learning theories in designing, implementing and evaluating learning experiences.
- **Objective:** Faculty will implement teaching strategies appropriate for the content domain and learner characteristics.
- **Objective:** Faculty members will respond to changes in the health care and educational environments in a timely and thoughtful manner for continuous improvement of curriculum and practice.
- **Objective:** Faculty members will promote and model academic excellence, reflective practice, and life-long learning.

Goal 2: Faculty members will provide service and leadership to the physical therapy profession.
- **Objective:** Faculty members will demonstrate an active role in community and/or professional service involvement and encourage that same activity in the professional students.

Goal 3: Faculty members will enhance the clinical and scientific knowledge base of physical therapy through creative and scholarly activities.
- **Objective:** Faculty members are expected to engage in research activities that will contribute to the body of knowledge in physical therapy.
- **Objective:** Faculty members should provide evidence for the methods, procedures and theories taught in the curriculum.
- **Objective:** Faculty members must show accomplishments in teaching, service and scholarly activity that are consistent with the expectations for promotion.

DEPARTMENT:

GOAL 1: The Department will attract and support faculty who align with the mission and vision of the institution and the collaborative spirit of the program and curricular philosophies.

GOAL 2: The Department will support and develop faculty who are recognized for advancing the physical therapy profession through excellence in teaching, clinical practice, scholarly activity and service to the profession.
CORE VALUES

**Accountability:** Active acceptance of the responsibility of the diverse roles, obligations, and actions of the self-including self-regulation and other behaviors that positively influence outcomes, the professional and the health needs of society.

**Altruism:** Primary regard for or devotion to the interest of others, assuming the fiduciary responsibility of placing the needs of others ahead of self-interest.

**Compassion and Caring:** Compassion: the desire to identify with or sense something of another’s experience; a precursor of caring. Caring: the concern, empathy, and consideration for the needs and values of others.

**Excellence:** Practice that consistently uses current knowledge and theory while understanding personal limits, integrates judgment and the other’s perspective, embraces advancement, challenges mediocrity, and works toward development of new knowledge.

**Professional Duty:** The commitment to meeting one’s obligations to provide effective services to (others), to serve the profession, and to positively influence the health of society.

**Integrity:** Steadfast adherence to high ethical principles or professional standards; truthfulness, fairness, doing what you say you will do, and ‘speaking forth’ about why you do what you do.

**Social Responsibility:** The promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness.
STUDENT CLINICAL EXPERIENCES

GUIDELINES & STUDENT RIGHTS & RESPONSIBILITIES

Clinical experiences are a crucial component of the UND-PT curriculum. These experiences meld the academic information with the “hands-on” clinical experience. The student will participate in direct delivery of physical therapy services in a variety of settings under the direction and supervision of one or more clinical instructors. A licensed Physical Therapist must be on site during the delivering of any service by a student physical therapist.

The clinical component of the UND-PT curriculum is comprised of:

1. One one-week integrated clinical experience (sometime during the first year of the program);
2. Two nine-week clinical experience (fall semester of the second year in the professional program); focus of these clinical experiences are out-patient orthopedic and in-patient (acute, rural, or TCU/LTC);
3. Two final nine-week clinical experience (spring semester of the third year in the professional program); focus of these clinical experiences are neurological (adult or pediatric) and the students’ “area of interest/choice.”
4. Clinical experiences are coordinated and set up by the Director of Clinical Education (DCE) and the Assistant DCE. Students are advised to study clinical experience electronic file information to become familiar with the approximately 300 available clinical experience sites. Accessible information will be located in our clinical education systems, which include the campus Blackboard organization (under PT Clinical Education Community), the Acadaware Clinical Education (ACE) system, and the APTA CPI Web system.

Determination of the student’s particular clinical experience sites will take into consideration student preference, availability of the clinical site, student’s state of residency, and previous clinical experiences to ensure a solid foundational background of an experience.

The DCE is responsible for contacting the sites and securing the clinical experiences. The student is responsible for transportation and setting up living arrangements.

CLINICAL EXPERIENCES - 2nd YEAR

Scheduling for these clinical experience arrangements will be started in October of the first year, at which time students will be asked for tentative clinical experience selections. This early selection will allow time for the DCE to work out possible conflicts and attempt to secure additional clinical spots, where necessary. This extended time is to allow students and the DCE the opportunity to alter selections to meet students’ needs and the availability in clinical sites. Once confirmation is received from the clinical sites, selections will not be altered. Selection of these clinical experiences include acute care/rural hospital/TCU and general outpatient orthopedic clinic.
CLINICAL EXPERIENCES - 3rd YEAR

Selection of final clinical experiences is implemented in the spring semester of the second year. Selection options include neuro-rehabilitation, pediatric or adult, and an area of interest.

CLINICAL SITE SELECTION

Site information is available in the PT Clinical Education Community blackboard, the Acadaware Clinical Education system, or the PT CPI system for each clinical site. The files may contain information sent by the facility, completed student evaluations of a clinical experience, and a CSIF (Clinical Site Information Form) or FIF (Facility Information Form), which will provide a brief overview of the site.

Consider the following criteria when selecting your sites: finances, travel distances, quality of the learning experience, your short- and long-term goals, previous experience, spouse and/or family commitments. Once a site has been confirmed, changes will not be made.

Students from the ND pool are encouraged to do at least one clinical experience in the state of ND. Students from WICHE states are strongly encouraged to do at least one clinical experience in their home state.

ASSIGNMENTS

1. The DCE is responsible for assignment of students for clinical experiences and for official contact and correspondence with the clinical education center. Students are not to contact a clinic concerning establishing a clinical experience or changing scheduled clinical rotations. Once the clinical experience is officially established, the student should feel free to contact the Site Coordinator of Clinical Education (SCCE) and is expected to contact the SCCE/CI a minimum of 8-10 weeks prior to the start of the clinical experience. The student will also send (electronically) a student information form to the SCCE/CI.

2. The student is responsible for knowing the hours, where, and to whom he/she reports for each facility. The student is responsible to travel to and from each clinical site, and for room and board while at the clinical site (a few clinical sites do offer housing or a stipend). Please check CSIF or FIF for further information, however; keep in mind these offerings are subject to change.

3. You are responsible for arranging housing. The assistance that clinical sites offer for housing arrangements is variable. Some facilities offer housing, others will send a list of recommended housing options for which the student is responsible to contact and set up, and some expect the student to secure their own housing. The DCE and the assistant DCE are available to assist you with ideas for exploring housing arrangements. Housing arrangements should be secured at least six weeks in advance of your clinical experience and it is recommended that you consider up to six months in advance.

4. The student is to be prompt for all scheduled clinical experience assignments (e.g., clinics, demonstrations, rounds, in-service programs, etc.). The student must be prepared for the start of each day; it is recommended you arrive 15 minutes early most days to be ready for the start of the day. All hours of assigned clinical education must be completed. Clinical experiences are generally 40 hours per week for nine weeks. Please note the last week is 3 days with Thursday and Friday open as “make-up” days if any days were missed earlier in the experience.
EVALUATIONS

Clinical evaluation forms, proof of liability insurance, and a copy of the syllabus for the courses and course objectives are available on our web site and in the Student Handbook. You will have access to the electronic Clinical Performance Instrument (CPI) once you have completed the on-line training and assessment and have been paired with your clinical instructor. The DCE or Assistant DCE will review the evaluation criteria with you prior to your leaving campus. Students should be familiar with the criteria for evaluation prior to his/her clinical experiences.

Evaluation forms for you to evaluate the Clinical Facility and the Clinical Instructor (CI) will be available to you online through Acadaware. At the mid-term and the end of each clinical experience, the evaluation forms are to be discussed with your CI. If you feel you are unable to discuss the evaluations with the CI, please contact your assigned DCE or Assistant DCE prior to the end of your clinical experience. The following forms are to be signed and submitted to the DCE by the specified due dates.

- Student Clinical Performance Instrument (mid-term and final)
- Mid-term and Final Site Evaluation
- Final Instructor Evaluation
- Diagnoses Treated in the Clinical Setting
- Two-Week Clinical Experience (PT 528 and PT 529 only)

Credit will not be given for PT 528, PT 529, PT 552 or PT 553 without meeting the above requirement. All evaluation material will be submitted electronically.

FIRST WEEK OF CLINICAL EXPERIENCE

Send an e-mail to the DCE or Assistant DCE (whomever is assigned to you):

- Name of your CI(s)
- Your site name/location
- Primary phone number and e-mail address of your CI
- Phone number to contact you in case of an emergency
- A statement of how your first week is going

If you arrive at your clinical and the type of setting is different from your student affiliation assignment or some aspect of your setting is of concern, please promptly contact your assigned DCE or Assistant DCE.

ABSENCES

1. In case of illness during a clinical rotation, you must notify the DCE at UND-PT, and either the CI or SCCE at the beginning of the work day.

2. Absences must be made up on weekend days, Thursday and Friday of the last week, or by extending the time. Make-up time will be arranged by the DCE and the SCCE/CI.
3. Attendance at professional conferences during week days MUST be cleared through the DCE. The DCE in cooperation with the SCCE may be able to make arrangements for the student to attend the conference during the clinical rotation.

4. Additional time between clinical experiences must be cleared through the DCE prior to the start of the clinical experience.

5. Absences due to funerals or for personal reasons must be approved by the DCE. The DCE in cooperation with the SCCE/CI will assist with arrangements to make up the time on an individual basis.

6. Time off from a clinical experience for the purpose of a job interview is NOT an excused absence. Interviews should be scheduled at times other than scheduled clinical experience days or hours. Time off for a residency interview will be granted and will be made up.

INTRODUCTION TO PATIENT OR CLIENT

Identify yourself as a student; patient has the right to refuse to participate in the clinical education program. The patient should also realize the clinical instructor is the Physical Therapist in charge of his/her care and services provided to them.

DRESS AND APPEARANCE

Students are expected to use discretion and good judgment in their personal appearance and grooming. The goal is to present a professional appearance and maintain a safe environment for both the student and the patient.

1. Professional dress for females consists of dress slacks or skirt and conservative top. (Low cut, close fitting, or short tops which do not go below the waistline are unacceptable.) You should be able to raise your hands above your head and bend over without any skin in the “midriff” area showing. Males should wear shirt and tie and dress slacks. Lab coats should be worn during rotations in the acute care setting and at the request of your CI in any other setting. It is much easier for a clinician to tell you to dress down than to look more professional.

2. UND-PT student photo Id badge should be worn at all times during your clinical experiences, unless otherwise specified by the CI. If you should lose your student ID badge, contact the department Administrative Officer for a replacement. The student is responsible for the replacement cost.

3. Footwear should be professional. Tennis shoes, hiking boots, and clogs are unacceptable. Conservative (i.e. white or black) leather athletic shoes are acceptable in many clinics. Socks or hosiery must be worn.

4. If jewelry is worn, it must be plain and simple.

5. Avoid strong perfumes or shaving lotions when in the clinic. Olfactory sense is often enhanced when ill.

6. Some facilities may have additional criteria related to dress and appearance; you will be responsible to follow clinical site policy if the dress code is more specific than UND PT.
HOLIDAYS

While on clinical experiences, students follow the holidays observed by the facility; these may not be the same as UND holidays. For example, the day after Thanksgiving is not typically a holiday at most clinical sites. You will be expected to report to the clinic if it is not an observed holiday at that clinical site. If UND closes you are expected to follow the schedule of the clinical site.

HEALTH INFORMATION

1. It is the student’s responsibility to maintain continuous health insurance coverage during clinical experiences. Upload a copy of your health insurance into Acadaware. For information on policies available to students, contact Student Health Services on campus (777-4500) or the APTA or other insurance companies in your area.

2. Students must either obtain Hepatitis B Vaccine (3 dose series) or sign a Hepatitis B Vaccine Waiver prior to clinical experiences. Information to assist you in the decision to obtain the vaccine or not will be presented in PT 409: Clinical Pathology I, PT 435: Introduction to Patient/Client Care and Interventions.

3. The student will provide current medical/immunization records as follows:
   a) Evidence of immunity to rubeola (red measles) as demonstrated by one or more of the following:
      1) Physician documentation of two doses of live measles vaccine on or after the first birthday;
      2) Documentation of physician diagnosed measles;
      3) Laboratory evidence (blood titer) of immunity to measles; and/or
      4) A date of birth that is before January 1, 1957.
   b) Evidence of immunity to rubella as demonstrated by:
      1) Laboratory evidence (rubella titer) of immunity/ or
      2) Documented immunization with live virus vaccine on or after the first birthday.
   c) Evidence of immunity to chicken pox as demonstrated by one of the following:
      1) Physician documentation of two doses of varicella vaccine
      2) Laboratory evidence (blood titer) immunity to chicken pox
   d) Evidence of TDap demonstrated by a current immunization
   e) Evidence of the absence of tuberculosis as demonstrated by a negative Mantoux test within the year preceding entrance into the clinical facility. In the event that the Mantoux test is positive, students will be required to provide documentation of having received a negative chest x-ray after the positive Mantoux test. A group time will be scheduled for the Mantoux test with Student Health Services by the Department of Physical Therapy Administrative Officer. There is no charge to the student when the Mantoux test is completed during this group time. Students may elect to go to Student Health; however, the student will be responsible for the cost.

4. It is the student’s responsibility to be able to provide verification of health information to the clinical site if requested. Failure to do so may result in delay in the scheduled completion of the clinical experience or in termination of the clinical experience.
STUDENT PROFESSIONAL LIABILITY INSURANCE

The UND School of Medicine and Health Sciences provides professional liability insurance for UND-PT students while on their clinical experiences. Proof of insurance will be sent to the clinical site in advance of your arrival.

CPR CERTIFICATION

CPR Certification for the Healthcare provider is required while on clinical experiences. The UND PT department will offer CPR Certification for the Healthcare provider during the summer session of year one (prior to the first full time clinical experiences). Students are responsible for obtaining CPR Certification for any additional clinical experience requirements.

CRIMINAL BACKGROUND CHECK

The University of North Dakota requires background checks of its students in selected health-related programs prior to admission and repeated prior to clinical assignment. Failure to submit a background check will suspend the admission to the program and assignment to a clinical experience.

The background check report must be completed by Verified Credentials, Inc. Instructions will be provided to you. You will be required to provide identifying information as well as a payment source for the fee. You will be directed through the application process and results will be returned to you (if you request) as well as to the director of clinical education in the Department of Physical Therapy. Information must be submitted by the assigned due date to assure a timely progression to fall and spring clinical experiences. It is essential that the Department of Physical Therapy be able to document this background check for you when requested by your affiliating hospital, clinic, and other non-UND training site.

CORE VALUES

Students are expected to uphold high ethical and moral standards during clinical experience including interactions with all parties involved. Adherence to the APTA code of ethics, APTA standards of practice and your class’s core value document are expected and failure to do so may result in termination of the clinical experience and could result in dismissal from the program. Actions which jeopardize the safety of the patient, clinical faculty or the student are considered grounds for termination of the clinical experience.

CANCELLATION OR CHANGE POLICY

Once the clinical experience is confirmed no change will be made unless it is considered an “extreme circumstance.” A change requires a written request which the DCE will bring to the faculty as a whole for determination of appropriate action. Clinical experiences are confirmed with the SCCE at the clinical site from 3 months to a year in advance. Clinical sites are encouraged to contact the DCE of any staffing changes or administrative changes that may impact the student learning experience. If changes have occurred after the confirmation, the implication of these changes will be discussed among the DCE, student, and SCCE. A quality learning experience for the student will be the prime determinant if cancellation or change is necessary. The DCE will work with the student on setting up an appropriate alternative clinical experience.
STANDARD PRECAUTIONS

As discussed in previous academic course work, students should be aware of and comply with OSHA standards and HIPAA regulations during all clinical experiences. In addition, students will follow the standard precautions as stated in the Policies and Procedures of each clinical facility.

Any information used for educational purposes (i.e., case studies) must follow confidentially and HIPAA regulations. All identifying personal information must be removed prior to any use. Also, you must follow the facilities' policies and procedures.

COMPLAINTS

Any complaints or concerns related to clinical education (PT 510, 528, PT 529, PT 590, PT 552, or PT 553) should follow University policy and procedures. Complaints in writing first to Director of Clinical Education, if not resolved to Department Chair Physical Therapy. If complaint or concern is not resolved in the Department of Physical Therapy, a written notice may be sent to the Dean of School of Medicine and Health Sciences and then to the President of the University.

FINANCIAL

1. Payment of tuition is required for all clinical course work.
2. For those students receiving financial aid, forms are available to show expenses above and beyond normal. Alyson White is available to assist you in completing these forms. For Fall Semester experiences, the forms should be sent to Financial Aid by March 1st. For Spring Semester affiliations, the deadline is September 15th.

STUDENT INFORMATION FORM

A Student Information Form will be sent to the clinical coordinator at your clinical site prior to your arrival (this will be sent by the student 8-10 weeks prior to the start of the clinical experience).

ADDITIONAL IDEAS AND SUGGESTIONS

✓ Eight to ten weeks prior to the start of your clinical experience, send a short letter or note. Include phone number and address at which you may be reached if any additional information needs to be relayed. Acknowledge information sent from the school and any other information you would like to share. KEEP IT SHORT!
✓ If you receive information from a clinical site, send a note of recognition of receipt. Be sure to send back any requested information as soon as possible.
✓ Following your clinical experience, send a thank-you or appreciation note.
✓ This is your learning experience. Respect the knowledge of the experienced clinicians. If you are not receiving feedback or supervision necessary for learning, ask questions. If this does not yield the desired response, contact the DCE.
Clinical rotations are an extremely important aspect of your professional program. These experiences can be very exciting and rewarding. While on your clinical experiences, you are not only representing yourself, but also your classmates and UND-PT. In the past, due to the excellent quality of students, the reputation of UND-PT students has been good to excellent. This has allowed us to maintain numerous and quality affiliation sites. I trust that we can continue to build on that reputation.

QUESTIONS AND CONCERNS CONTACT

Occasionally problems and/or concerns do arise during clinical experiences. Remember, we at UND-PT are here to assist you. If you have any questions or concerns, please contact:

1. **DCE:** Cindy Flom-Meland  
   Work: (701) 777-4130  
   Cell: (218) 779-4141  
   E-mail: cindy.flom.meland@UND.edu

2. **Assistant DCE:** Schawnn Decker  
   Work: (701) 777-6389  
   Cell: (218) 779-0452  
   E-mail: schawnn.decker@UND.edu

3. **Department Chair:** Dave Relling  
   Work: (701) 777-4091  
   Cell: (701) 741-3481  
   E-mail: david.relling@UND.edu
SCCE & CI INFORMATION

SITE COORDINATOR OF CLINICAL EDUCATION
DUTIES AND RESPONSIBILITIES

1. Plan and implement the clinical education program collaborating the physical therapy staff and administration.
2. Maintain the liaison with the educational program via Director of Clinical Education (DCE).
3. Coordinate the calendar and acceptance of student assignments with the DCE, provide the academic facility with an updated clinical site information form on a yearly or as needed bases, coordinate student assignments with the DCE, develop learning experiences appropriate to the facility and individual student.
4. Provide education and training for clinical instructors.
5. Review and revise clinical education program as changes in objectives, programs and staff occur. Evaluate the ability of the clinical instructors.
6. Act as a liaison between clinical instructor and the DCE.
7. Demonstrate effective supervisory skills, provide a comprehensive orientation to the student during the first few days of clinical experience.
8. Demonstrate effective administrative and managerial skills.
9. Demonstrate effective communication and interpersonal skills.

CLINICAL INSTRUCTOR DUTIES AND RESPONSIBILITIES

1. Demonstrate an interest and willingness to be involved in the education and supervision of students pursuing their career in the Physical Therapy profession.
2. Practice a minimum of one year in the setting that clinical instruction will occur. For a final clinical experience, a minimum of two years is required.
4. Possess the ability to plan, coordinate and evaluate a clinical education experience based on sound educational principles with the guidance of the SCCE.
5. Possess the ability to develop written objectives for a variety of learning experiences.
6. Demonstrate effective communication skills.
7. Demonstrate effective interpersonal skills.
8. Demonstrates knowledge of various learning styles and ability to adapt to these learning styles.
9. Provide feedback both formally and informally, seeks assistance and resources as indicated to manage the clinical education experience considering the students best interest. Serves as a positive role model in physical therapy practice.
10. Facilitates patient therapist and therapist student relationships.
11. Demonstrates commitment to life-long learning, contacts the DCE regarding any anticipated or complicating events during the clinical education experience.
12. Provides informative and summative feedback adjusting the learning experience accordingly.
13. Possesses the ability to sequence the learning experiences to allow for progressive individual student progression.
PATIENTS/CLIENTS RIGHT OF REFUSAL

Patients/clients at your facility have the right to refuse treatment from students participating in the clinical education program. This refusal to participate will not prejudice their future relationship with the Department of Physical Therapy School of Medicine & Health Science or the University of North Dakota.

COMPLAINTS

Any complaints or concerns related to clinical education should follow University policy and procedures. Complaint in writing first to Director of Clinical Education, if not resolved to Department Chair Physical Therapy. If complaint or concern is not resolved in the Department of Physical Therapy a written notice may be sent to the Dean of School of Medicine and Health Sciences and then to the President of the University.

CANCELLATION OR CHANGE POLICY

If core faculty determines a change is necessary, the clinical site will be notified via the SCCE ASAP to allow an opening for another student. Clinical sites are encouraged to contact the DCE of any staffing changes or administrative changes that may impact the student learning experience. If changes have occurred after the confirmation the implication of these changes will be discussed among the DCE, student and SCCE. A quality learning experience for the student will be the prime determinant if cancellation or change is necessary. The DCE will work with the student on setting up an appropriate alternative clinical experience.

Once the clinical experience is confirmed, no change will be made unless it is considered an “extreme circumstance.” A change requires a written request, which the DCE will bring to the faculty as a whole for determination of appropriate action.
PROGRAM REQUIREMENTS

PRE-PHYSICAL THERAPY

Prior to admission, a minimum of 90 semester hours of credit from an approved college or university is required. Students should be broadly educated in the sciences and humanities. The Department of Physical Therapy recognizes that, since physical therapy deals with people, an understanding of literature, art, history, ethics, and philosophy is an adjunct to a physical therapist. Science and humanities are both viewed as necessary for the practice of physical therapy.

The following list of courses and credits indicates the core prerequisites all applicants must complete prior to admission to the physical therapy program. It is strongly recommended that students be computer literate prior to entering the professional program.

Students may take additional electives from any field of study; however, the depth of the pre-physical therapy education should demonstrate that students have progressed from simple to complex studies in at least one content area. This requirement might typically be demonstrated by a discipline major, but in any case should demonstrate a basic comprehensiveness and integrity of study within a particular content area. This does not suggest that a separate undergraduate degree must be awarded; however, the breadth and depth in a discipline should be demonstrated. Course credits equivalent to a minor, i.e., approximately 20 credits at UND, in a particular discipline could accomplish this requirement.

The prospective student should include eight (8) credits from upper level courses, i.e., 300 and 400 numbers.

Pre-Physical Therapy Curriculum at UND

Prospective students need 90 credits, including the following requirements:

- English 110 College Composition I (3 cr.) *
- English 130 Composition II: Writing for Public Audiences (3 cr.) *
- Fine Arts and Humanities (9 cr.) *
- Biology 150, 150L, 151, 151L. Introduction to Biology (8 cr.)
- Chem 121, 121L, 122, 122L. General Chemistry I, II (8 cr.)
- Social Science (3 cr.) *
- Psy 111. Introduction to Psychology (3 cr.)
- Phys 161, 162. Introduction to College Physics (8 cr.)
- Anat 204. Anatomy for Paramedical Personnel (3 cr.)
- Phy 301. Mechanics of Human Physiology (4 cr.)
- Comm 110. Fundamentals of Public Speaking (3 cr.) *
- Psy 250. Developmental Psychology (4 cr.)
- Psy 270. Abnormal Psychology (3 cr.)
- Statistics (3 cr.)
- PT 101. Orientation to Physical Therapy (1 cr.) (recommended)
- Electives (must have at least 20 credits in one discipline)
- *Courses should contribute to completion of Essential Studies Requirements.
Pre-Physical Therapy Curriculum for Non-UND Students

Prospective students need 90 credits, including the following requirements:

- Two semesters of General Biology (8 cr.)
- Two semesters of General Chemistry (8 cr.)
- Two semesters of General Physics (8 cr.)
- One semester of Human Anatomy (3 cr.)
- One semester of Human Physiology (3 to 4 cr.)
- One semester of Introductory Psychology (3 cr.)
- One semester of Developmental Psychology (3 to 4 cr.)
- One semester of Abnormal Psychology (3 cr.)
- One semester of a Public Speaking course (3 cr.)
- Two semesters of English Composition (6 cr.)
- One semester of undergraduate statistics (3 cr.)
- UND Essential Studies requirements
- Electives (must have at least 20 credits in one discipline, with 8 credits of 300 and 400 level courses)
PROFESSIONAL DPT CURRICULUM

Professional Year 1 – Fall (17-18 credits)

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PT 402</td>
<td>Professional Communication and Behavior</td>
<td>2</td>
</tr>
<tr>
<td>PT 420</td>
<td>Musculoskeletal System Examination</td>
<td>2</td>
</tr>
<tr>
<td>PT 422</td>
<td>Anatomy for Physical Therapy</td>
<td>5</td>
</tr>
<tr>
<td>PT 423</td>
<td>Neuroscience for Physical Therapy</td>
<td>4</td>
</tr>
<tr>
<td>PT 435</td>
<td>Introduction to Patient/Client Care and Interventions</td>
<td>4</td>
</tr>
<tr>
<td>PT 510</td>
<td>Integrated Clinical Experience*</td>
<td>0-1</td>
</tr>
</tbody>
</table>

Professional Year 1 – Spring (19-20 credits)

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PT 409</td>
<td>Clinical Pathology I</td>
<td>3</td>
</tr>
<tr>
<td>PT 412</td>
<td>Biomechanics and Kinesiology</td>
<td>4</td>
</tr>
<tr>
<td>PT 413</td>
<td>Exercise in Health and Disease</td>
<td>3</td>
</tr>
<tr>
<td>PT 415</td>
<td>Motor Control</td>
<td>3</td>
</tr>
<tr>
<td>PT 417</td>
<td>Clinical Examination and Evaluation I</td>
<td>4</td>
</tr>
<tr>
<td>PT 426</td>
<td>Manual Therapy I</td>
<td>2</td>
</tr>
<tr>
<td>PT 510</td>
<td>Integrated Clinical Experience*</td>
<td>0-1</td>
</tr>
</tbody>
</table>

Professional Year 1 – Summer (10-11 credits)

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PT 410</td>
<td>Clinical Pathology II</td>
<td>3</td>
</tr>
<tr>
<td>PT 510</td>
<td>Integrated Clinical Experience*</td>
<td>0-1</td>
</tr>
<tr>
<td>PT 512</td>
<td>Therapeutic Agents</td>
<td>3</td>
</tr>
<tr>
<td>PT 514</td>
<td>Case Management I</td>
<td>2</td>
</tr>
<tr>
<td>PT 519</td>
<td>Electrotherapy and Electrodiagnosis</td>
<td>2</td>
</tr>
</tbody>
</table>

*PT 510 (1 credit taken sometime during the first year of the program)
**Professional Year 2 – Fall (19 credits)**

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PT 521</td>
<td>Critical Inquiry I</td>
<td>1</td>
</tr>
<tr>
<td>PT 528</td>
<td>Clinical Education I</td>
<td>9</td>
</tr>
<tr>
<td>PT 529</td>
<td>Clinical Education II</td>
<td>9</td>
</tr>
</tbody>
</table>

**Professional Year 2 – Spring (17-20 credits)**

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PT 522</td>
<td>Administration in Physical Therapy</td>
<td>3</td>
</tr>
<tr>
<td>PT 523</td>
<td>Lifespan I</td>
<td>3</td>
</tr>
<tr>
<td>PT 524</td>
<td>Psychological Aspects of Disability</td>
<td>2</td>
</tr>
<tr>
<td>PT 525</td>
<td>Clinical Examination and Evaluation II</td>
<td>3</td>
</tr>
<tr>
<td>PT 527</td>
<td>Critical Inquiry II</td>
<td>2</td>
</tr>
<tr>
<td>PT 540</td>
<td>Cardiopulmonary Physical Therapy</td>
<td>2</td>
</tr>
<tr>
<td>PT 584</td>
<td>Evidence in Practice</td>
<td>2</td>
</tr>
<tr>
<td>PT 550</td>
<td>Inter-professional Health Care**</td>
<td>0-1</td>
</tr>
</tbody>
</table>

Electives*** 0-2

**Professional Year 2 – Summer (10-11 credits)**

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PT 535</td>
<td>Lifespan II</td>
<td>2</td>
</tr>
<tr>
<td>PT 544</td>
<td>Pharmacology for Physical Therapists</td>
<td>1</td>
</tr>
<tr>
<td>PT 545</td>
<td>Medical Imaging for Physical Therapists</td>
<td>2</td>
</tr>
<tr>
<td>PT 591</td>
<td>Research in Physical Therapy</td>
<td>2</td>
</tr>
<tr>
<td>PT 592</td>
<td>Case Management II</td>
<td>2</td>
</tr>
</tbody>
</table>

Electives*** 1-2
### Professional Year 3 – Fall (13-16 credits)

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PT 511</td>
<td>Applied Movement Science and Rehabilitation Procedures</td>
<td>4</td>
</tr>
<tr>
<td>PT 526</td>
<td>Manual Therapy II</td>
<td>2</td>
</tr>
<tr>
<td>PT 539</td>
<td>Prevention and Wellness</td>
<td>2</td>
</tr>
<tr>
<td>PT 541</td>
<td>Clinical Examination and Evaluation III</td>
<td>3</td>
</tr>
<tr>
<td>PT 561</td>
<td>Seminar: Physical Therapy</td>
<td>1</td>
</tr>
<tr>
<td>PT 550</td>
<td>Inter-professional Health Care**</td>
<td>0-1</td>
</tr>
</tbody>
</table>

#### Electives ***

**PT 550 Inter-professional Health Care (1 cr. taken as assigned either spring year 02 or fall year 03)

***1 credit of elective coursework at some point during the program is required

---

### Professional Year 3 – Spring (19 credits)

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PT 552</td>
<td>Clinical Education III</td>
<td>9</td>
</tr>
<tr>
<td>PT 553</td>
<td>Clinical Education IV</td>
<td>9</td>
</tr>
<tr>
<td>PT 995</td>
<td>Scholarly Project</td>
<td>1</td>
</tr>
</tbody>
</table>

**Total Credits**

Minimum of 125 credits required
COURSE DESCRIPTIONS

PT 101. Orientation Physical Therapy. 1 Credit. Overview of the educational requirements, practice issues, and opportunities in the profession of physical therapy. Course content includes multimedia presentations, lectures, and observation in clinical settings.

PT 402. Professional Communication and Behavior. 2 Credits. Lecture and practice in inter-professional and interpersonal communication including professional behavior, ethics, patient education, and written documentation. Prerequisite: Registered in Professional Physical Therapy Curriculum.

PT 409. Clinical Pathology I. 3 Credits. Selected pathological conditions affecting the musculoskeletal system. Associated orthopedic diagnoses, surgical interventions, the influences of co-morbidities and pharmaceutical interventions, and safety concerns are discussed with an application to physical therapy patient/client management during orthopedic rehabilitation. Laboratory. Prerequisite: Registered in Professional Physical Therapy Curriculum. S.

PT 410. Clinical Pathology II. 3 Credits. Selected pathological conditions of body systems, associated surgical interventions, the influence of co-morbidities, pharmaceutical interventions, and safety concerns are discussed with application to physical therapy patient/client management. Laboratory. Prerequisite: Registered in Professional Physical Therapy Curriculum. SS.

PT 412. Biomechanics and Kinesiology. 4 Credits. Biomechanics and kinesiology of musculature acting on the extremities and trunk. Clinical applications and evaluation of joint integrity and mobility, gait, range of motion and muscle performance. Laboratory. Prerequisite: Registered in Professional Physical Therapy Curriculum. S.

PT 413. Exercise in Health and Disease. 3 Credits. Basic foundation for theoretical and practical application of exercise science principles for physical therapists. Exercise science principles are applied to healthy individuals and individuals with disease, impairments, and/or functional limitations. Examination and intervention procedures incorporate aerobic capacity/endurance, anthropometric characteristics, and muscle performance activities. Laboratory. Prerequisite: Registered in Professional Physical Therapy Curriculum. S.

PT 415. Motor Control. 3 Credits. Lecture and laboratory work in therapeutic exercise to establish and maintain muscular control and coordination, including muscle re-education, facilitation, and relaxation. Laboratory. Prerequisite: Registered in Professional Physical Therapy Curriculum.

PT 417. Clinical Exam and Evaluation I. 4 Credits. Emphasizes patient/client management elements of examination and evaluation. Emphasis is given to the musculoskeletal and neurological systems. Laboratory. Prerequisite: Registered in Professional Physical Therapy Curriculum.

PT 422. Anatomy for Physical Therapy. 5 Credits. Detailed lectures and demonstrations on musculoskeletal anatomy and neuroanatomy. Laboratory. Prerequisite: Registered in Professional Physical Therapy Curriculum.
PT 423. Neuroscience for Physical Therapy. 4 Credits. Structure and function of the human nervous system including pathophysiology and clinical applications relevant to physical therapy practice. Prerequisite: Registered in Professional Physical Therapy Curriculum. F.

PT 426. Manual Therapy I. 2 Credits. Introduction to joint mobilization/manipulation techniques. Emphasis is on mobilization/manipulation as it relates to peripheral joints and soft tissues of the human body. Basic examination, evaluation, and intervention techniques for the spine are also presented. Laboratory. Prerequisite: Registered in Professional Physical Therapy Curriculum. S.

PT 490. Special Topics: Physical Therapy. 1-4 Credits. Introduction and investigation of advanced clinical procedures and topics. Topics discussed will be dictated by student and faculty interests. Prerequisite: Registered in Professional Physical Therapy Curriculum. Repeatable to 4 credits.

PT 491. Independent Study. 1-4 Credits. Research and independent study in a specialized area of Physical Therapy. Prerequisite: Registered in Professional Physical Therapy Curriculum.

PT 510. Integrated Clinical Experience. 1 Credit. Short-term clinical experience to provide hands-on experience for students to apply knowledge learned during the first year of the professional program. Experiences will be set up in acute care, sub-acute care, long-term care, out-patient orthopedic, or a rural site. Prerequisite: Registered in Professional Physical Therapy Curriculum. Repeatable to 3 credits. F, S, SS.

PT 511. Applied Movement Science and Rehabilitation Procedures. 4 Credits. Integration of clinical evaluation, functional goals, and treatment planning for individuals with neurological and multiple musculoskeletal dysfunction. The primary focus is on rehabilitation skills including assessment, exercise, handling techniques, functional activities, equipment prescription, patient education, and ADLs, as well as community mobility and governmental services. Laboratory. Prerequisite: Registered in Professional Physical Therapy Curriculum.

PT 512. Therapeutic Agents. 3 Credits. Theory and application of various hydrotherapy, phototherapy, and thermotherapy modalities in Physical Therapy, including heat, light, sound, and water. Laboratory. Prerequisite: Registered in Professional Physical Therapy Curriculum.

PT 514. Case Management I. 2 Credits. Integrates multiple aspects of case management, including examination, evaluation, diagnosis, prognosis, plan(s) of care, and intervention strategies. Evidence based clinical decision making and verbal and written communications relative to case management will be emphasized. Prerequisite: Registered in Professional Physical Therapy Curriculum. SS.

PT 519. Electrotherapy and Electrodiagnosis. 2 Credits. Theory and application of therapeutic electrical currents, biofeedback, electromyography, and nerve conduction velocity in physical therapy. Laboratory. Prerequisite: Registered in Professional Physical Therapy Curriculum.

PT 521. Critical Inquiry I. 1 Credit. Introduction to the collection of clinical data leading to a case study report. Prerequisite: Registered in Professional Physical Therapy Curriculum.
PT 522. Administration in Physical Therapy. 3 Credits. Lectures/discussion and seminar formats used to explore concepts of administration procedures as applied to Physical Therapy and the health care delivery system. Prerequisite: Registered in Professional Physical Therapy Curriculum.

PT 523. Lifespan I. 3 Credits. Content related to human development; age-appropriate patient/client management; family-centered care; health promotion and safety; and legislative, policy, and systems are applied to pediatric patient/client management. Evidence-based practice for specific, common pediatric conditions is emphasized in the application of core content concepts. Laboratory. Prerequisite: Registered in Professional Physical Therapy Curriculum. S.

PT 524. Psychological Aspects of Disability. 2 Credits. Readings and discussion course. Study of psychological coping mechanisms, reactions, and motivational factors pertinent to people with disabilities. Review of adjustment problems unique to specific disabilities and/or disease processes, including terminal illness. Prerequisite: Registered in Professional Physical Therapy Curriculum.

PT 525. Clinical Examination and Evaluation II. 3 Credits. Emphasis is given to physical therapy examination, evaluation, and diagnoses as related to an advanced dynamic biomechanical evaluation. Also included will be the integration of NMS and support systems; clinical reasoning resulting in referral and/or modified physical therapy interventions; and the communication of findings and recommendations. Lecture Laboratory. Prerequisite: Registered in Professional Physical Therapy Curriculum. F,S.

PT 526. Manual Therapy II. 2 Credits. Theory and application of manual therapy skills for examination and intervention techniques, including thrust and non-thrust mobilizations/manipulations of the spine, pelvis, and associated areas. Laboratory. Prerequisite: Registered in Professional Physical Therapy Curriculum. F.

PT 527. Critical Inquiry II. 2 Credits. Application, analysis, and evaluation of clinical decision-making components, strategies, and skills. Preparation and presentation of a clinical case study. Prerequisite: Registered in Professional Physical Therapy Curriculum. S.

PT 528. Clinical Education I. 9 Credits. The first in a sequence of four full-time clinical experiences in selected physical therapy provider centers throughout the United States. Prerequisite: Registered in Professional Physical Therapy Curriculum.

PT 529. Clinical Education II. 9 Credits. The second in a sequence of four full-time clinical experiences in selected physical therapy provider centers throughout the United States. Prerequisite: Registered in Professional Physical Therapy Curriculum.

PT 535. Lifespan II. 2 Credits. Examine the factors and forces that affect life quality in later years. The physiological, psychological, and sociological aspects of aging will be considered, including those influences in the cultural context that enhance and impede continued growth of the person. Laboratory. Prerequisite: Registered in Professional Physical Therapy Curriculum.

PT 537. Strategies Early Intervention. 2 Credits. This course is designed to review current practices in early intervention. Course materials will focus on characteristics of disabling conditions that influence growth and development of motor skills, cognition, and educational development. Emphasis will be on collaborative
service provision with an interdisciplinary approach. Topics also covered include: current issues, assessment of the child/family unit, and legislative guidelines for service provision. Prerequisite: Registered in Professional Physical Therapy Curriculum.

PT 538. Advanced Topics in Pediatric Physical Therapy. 3 Credits. This course is designed to present current and advanced topics relating to pediatric physical therapy clients and their families. Prerequisite: Registered in Professional Physical Therapy Curriculum.

PT 539. Prevention and Wellness. 2 Credits. The theory and practice of prevention of injury, maintenance and improvement of wellness, and promotion of health and healthy behaviors across the lifespan. Concepts are applied to the general, athletic, and industrial populations, with a view to inter-professional involvement in wellness optimization. Prerequisite: Registered in Professional Physical Therapy Curriculum. F.

PT 540. Cardiopulmonary Physical Therapy. 2 Credits. This course is designed to expand the theoretical understanding and clinical application of cardiopulmonary physical therapy examination, evaluation, diagnosis, prognosis, intervention and outcomes. Laboratory. Prerequisite: Registered in Professional Physical Therapy Curriculum.

PT 541. Clinical Examination and Evaluation III. 3 Credits. Emphasizes patient/client management elements of examination and evaluation. Emphasis is given to systems screening, physical therapy diagnoses, and clinical reasoning resulting in referral and/or modified physical therapy interventions. Emphasis is also given to the communication of findings. Laboratory. F.

PT 549. Advanced Applied Anatomy/Clinical Kinesiology. 2 Credits. Study of applied anatomy and its importance to research and clinical application, particularly as related to Physical Therapy. Prerequisite: Registered in Professional Physical Therapy Curriculum.

PT 552. Clinical Education III. 9 Credits. The third in a sequence of four full-time clinical experiences in selected physical therapy provider centers throughout the United States. Prerequisite: Registered in Professional Physical Therapy Curriculum.

PT 553. Clinical Education IV. 9 Credits. The fourth in a sequence of four full-time clinical experiences in selected physical therapy provider centers throughout the United States. Prerequisite: Registered in Professional Physical Therapy Curriculum.

PT 561. Seminar: Physical Therapy. 1-4 Credits. This course serves to focus student attention toward graduate study in Physical Therapy. Explore and discuss areas of interest for students and faculty. May repeat to 4 credits maximum. Prerequisite: Registered in Professional Physical Therapy Curriculum. Repeatable to 4 credits.

PT 562. Readings: Physical Therapy. 1-4 Credits. Review of current literature pertinent to Physical Therapy; critical examination of design, content, and validity of conclusions. Prerequisite: Registered in Professional Physical Therapy Curriculum. Repeatable to 4 credits.

PT 583. Critical Inquiry III. 1 Credit. Introduction to research instruments including surveys, electrical and mechanical instrumentation critical to research methods. Includes discussion of validation, calibration, and reliability of instruments used in physical therapy research. Students develop a proposal for their scholarly projects and complete IRB use of human subject forms. Prerequisite: Registered in Professional Physical Therapy Curriculum.

PT 584. Evidence in Practice. 2 Credits. Application of qualitative and quantitative research designs. Interpretation of statistical tests used in evidence-based medicine. Critical review of current articles related to diagnosis, prognosis, therapy, harm, cost, systematic reviews, meta-analysis, and clinical practice guidelines. Application of evidence to physical therapy practice. Prerequisite: Registered in Professional Physical Therapy Curriculum.

PT 590. Directed Studies: Clinical Concepts in Physical Therapy. 1-12 Credits. Individualized study of a particular area of interest for the student approved by his/her major advisor and supervised by preceptors with specialty and/or recognized expertise in the area of interest. Study may include library research, clinical research, discussion/seminars, projects, and directed clinical experience. Prerequisite: Registered in Professional Physical Therapy Curriculum. Repeatable to 12 credits.

PT 591. Research in Physical Therapy. 2 Credits. Students develop the ability to effectively and accurately interpret and communicate results/clinical outcomes as a component of the written Scholarly Project. Frequent group and/or individual meetings with the advisor incorporate peer review discussion to facilitate student development of professional written and oral communication skills. Prerequisite: Registered in Professional Physical Therapy Curriculum. SS.

PT 592. Case Management II. 2 Credits. Case management, with emphasis on the teaching and learning process and techniques targeted to promote and optimize physical therapy services, including advocacy. Strategies appropriate for conflict resolution are introduced. Professional development as a practitioner of physical therapy is emphasized through introduction and preliminary development of a portfolio. Prerequisite: Registered in Professional Physical Therapy Curriculum.

PT 995. Scholarly Project. 1 Credit. Students provide a final written and oral report to the faculty on the results of their collaborative Scholarly Project. Prerequisite: Registered in Professional Physical Therapy Curriculum.


PT 997. Research III: Independent Study. 2 Credits.
STUDENT CLINICAL COMPETENCIES

PRIOR TO FALL SEMESTER CLINICAL EXPERIENCE:

Vital Signs
Massage
Bandaging – ace, gauze, residual limb wrapping, special wound dressings (gels, films, calcium alginate, foams)
Basic Taping Awareness
Patient Positioning
Transfers and Lifts – Hoyer, two and three-man lift, pivot, dependent transfers
Tilt Table
Wound healing and care
Aseptic and Isolation Techniques
PROM, AAROM, AROM
Crutch and cane Fitting, Walkers, and Gait Training with these devices
Medical Terminology Usage
Anatomy Knowledge (including histology and embryonic)
Introduction to disease process and pathologies associated with various body systems
Neuroscience – students have a basic knowledge of neuro-anatomy and physiology
Surface Anatomy
Universal Precautions and Blood-Borne Pathogens
Knowledge of surgical procedures for total joint arthroplasties and general orthopedic surgical procedures
Knowledge of neurological diagnosis and pathology
Patient education principles
Writing goals and objectives
Therapeutic Agents
Manual and mechanical spinal traction
Basic joint mobilization emphasis on peripheral joints
Spinal Mobilization: PA glides, transverse glides and SI muscle energy technique for innominate rotation, passive accessory and passive physiological motion assessment and treatment, rib-vertebral mobs
Soft tissue mobilization
Manual muscle testing
Gait evaluation
Goniometric measurements
Muscle physiology
Strength training
Connective tissue physiology
Cardiac rehabilitation – Introduction
Endurance/Anaerobic training
Treatment protocols for basic orthopedic procedures including total joints
Developmental progression
Motor control
Motor learning
PNF
Coordination exercises
NDT, Rood, Brunnstrom and classical muscle re-education- introduction to basic techniques and patient progression
Posture evaluation
Orthopedic assessment spine and extremities including special tests for peripheral joints
Cranial Nerve Testing
Proprioception/Kinesthetic Testing
Application of electrotherapeutic modalities including HVPS, FES, TENS, IFC & biofeedback
Iontophoresis
Understanding of therapeutic implications of EMG, NCV & SD curves
Evidence based medicine – levels of evidence
Cultural awareness
Exercise Program Development
Integumentary System (understanding of basic concepts and connective tissue physiology)
Universal precautions
Bloodborne pathogens
Functional Testing

PRIOR TO SPRING SEMESTER CLINICAL EXPERIENCE:
Vital Signs
Massage
Bandaging – ace, gauze, residual limb wrapping, special wound dressings (gels, films, calcium alginate, foams)
Basic Taping Awareness
Patient Positioning
Transfers and Lifts – Hoyer, two and three-man lift, pivot, dependent transfers
Tilt Table
Wound healing and care
Aseptic and Isolation Techniques PROM, AAROM, AROM
Crutch and cane Fitting, Walkers, and Gait Training with these devices
Medical Terminology Usage
Anatomy Knowledge (including histology and embryonic)
Introduction to disease process and pathologies associated with various body systems
Neuroscience – students have a basic knowledge of neuro-anatomy and physiology
Surface Anatomy
Universal Precautions and Blood-Borne Pathogens
Knowledge of surgical procedures for total joint arthroplasties and general orthopedic surgical procedures Knowledge of neurological diagnosis and pathology
Patient education principles
Writing goals and objectives
Thermo- Photo – Hydro modalities Manual and mechanical spinal traction
Basic joint mobilization emphasis on peripheral joints
Spinal Mobilization: PA glides, transverse glides and SI muscle energy technique for innominate rotation, passive accessory and passive physiological motion assessment and treatment, rib-vertebral mobs, thrust and non-thrust mobilization/manipulation.

Soft tissue mobilization
Manual muscle testing
Gait evaluation
Goniometric measurements
Muscle physiology
Strength training
Connective tissue physiology
Cardiac rehabilitation – Introduction Endurance/Anaerobic training
Treatment protocols for basic orthopedic procedures including total joints
Developmental progression
Motor control
Motor learning
PNF
Coordination exercises
Knowledge of diagnosis, pathology and treatment progression for Pediatric disorders (including CP, Muscular Dystrophy, Juvenile RA, congenital anomalies, Retts & FAS, NDT, Rood, Brunstrom and classical muscle re-education- introduction to basic techniques and patient progression Posture evaluation
Orthopedic assessment spine and extremities including special tests for peripheral joints
Cranial Nerve Testing
Proprioception/Kinesthetic Testing
Application of electrotherapeutic modalities including HVPS, FES, TENS, IFC & biofeedback
Iontophoresis
Understanding of therapeutic implications of EMG, NCV & SD curves
Evidence based medicine
Amputee Rehabilitation: basic knowledge of pre and post prosthetic programs and prosthetic componentry
Heart, lungs, abdominal and peripheral vessels be able to palpate, percuss, auscultate
Extremely familiar with basic orthopedic protocols, such as: TKA, TSA, THA, etc.
Evidence based medicine – levels of evidence
Cultural awareness
Administration (delegation of responsibilities to PTA, understanding of risk management and quality improvement)
Functional Testing
Screening for 3Ds in geriatric population (Dementia, Delirium, Depression)
Screening for risk of falls
PT 510: INTEGRATED CLINICAL EXPERIENCE

Instructors: Cindy Flom-Meland, PT, PhD, NCS and Schawnn Decker, PT, MSPT, DPT

Description:
Short-term clinical experience to provide hands-on experience for students to apply knowledge learned during the first year of the professional program. Experiences will be set up in acute care, sub-acute care, long-term care, out-patient orthopedic, or a rural site. Registered in Professional Physical Therapy Curriculum is the prerequisite.

Course Objectives:
Following the early clinical experience, the student will:
1. Interview a patient and write up history and patient specific goals. (SRE: 7B, 7D37; Bloom’s: Cognitive – Application)
2. Develop a POC for the patient interviewed and discuss how POC is customized to meet the patient’s goals. (SRE: 7A, 7B, 7C, 7D24; Bloom’s: Cognitive – knowledge, comprehension, application)
3. Provide gait training for at least 3 patients (SRE: 7D27g; Bloom’s: Cognitive – knowledge, comprehension, application; Psychomotor – perception, set)
4. Record and monitor vital signs for at least 5 patients (SRE: 7D19a; Bloom’s: Cognitive – knowledge, comprehension, application; Psychomotor – perception, set)
5. Independently carry out intervention (exercise) program for at least 3 patients (SRE: 7D27d, 7D27g, 7D27i; Bloom’s: Cognitive – knowledge, comprehension, application; Psychomotor – perception, set)
6. Perform and demonstrate proficiency in at least 5 of the following basic skills (SRE: 7D19i, 7D19m, 7D19o, 7D27b, 7D27g, 7D27i; Bloom’s: Cognitive – knowledge, comprehension, application; Psychomotor – perception, set)
   a) MMT
   b) Goniometry
   c) Transfers
   d) Bed positioning
   e) Massage
   f) Gait Training
   g) Measuring for and providing rationale for an assistive device for ambulation
   h) Provide Physical Therapy intervention for a patient with an orthopedic condition
   i) Provide Physical Therapy intervention for a patient with a neurological condition
   j) Provide Physical Therapy intervention for a patient with a primarily a medical condition
7. Pick a diagnosis or medical condition you find unique and write up a brief summary (one page) to share with classmates. Include:
   a) etiology
   b) pathology
   c) treatment intervention
   d) medications
   e) imaging performed
   f) impact Physical Therapy may have on this patient (diagnosis medical/condition)
   g) at least four references one of which is an article to justify PT intervention
Methods of Student Evaluation / Grading:
1. Patient note (including history, POC, and patient goals)
2. Checklist
3. Diagnosis or medical condition

*All paperwork is to be submitted by the assigned due date; otherwise it may affect the course grade.

PT 528: CLINICAL EXPERIENCE I / PT 529: CLINICAL EXPERIENCE II

Instructors: Cindy Flom-Meland PT, PhD, NCS and Schawnn Decker, PT, MSPT, DPT

Description:
Full-time clinical experience (two nine-week segments) in selected physical therapy provider centers throughout the United States. (9 credit hours each)

Course Objectives:
Upon completion of the course, the student will be able to:
1. Practice in a safe manner that minimizes risk to patient, self and others. (SRE: 7B, 7D37; Bloom’s: Cognitive – Application)
2. Present self in a professional manner. (SRE: 7B, 7D4, 7D5, 7D8; Bloom’s: Cognitive – application)
3. Demonstrate professional behavior during interactions with others. (SRE: 7B, 7D4, 7D5, 7D8; Bloom’s: Cognitive – application)
4. Adhere to ethical practice standards. (SRE: 7B, 7D1, 7D4, 7D5, 7D13, 7D14; Bloom’s: Cognitive – application)
5. Adhere to legal practice standards. (SRE: 7B, 7D1, 7D4, 7D5, 7D13, 7D14; Bloom’s: Cognitive – application)
6. Communicate in ways that are congruent with situational needs. (SRE: 7B, 7D7, 7D12; Bloom’s: Cognitive – application)
7. Produce documentation to support the delivery of physical therapy services. (SRE: 7B, 7D32; Bloom’s: Cognitive – application)
8. Adapt delivery of physical therapy care to reflect respect for and sensitivity to individual differences. (SRE: 7B, 7D5, 7D8; Bloom’s: Cognitive – application)
9. Apply the principles of logic and the scientific method to the practice of physical therapy. (SRE: 7B, 7D10, 7D11, 7D39; Bloom’s: Cognitive – application)
10. Screen patients using procedures to determine the effectiveness of and need for physical therapy services. (SRE: 7A, 7B, 7C, 7D16; Bloom’s: Cognitive – application; Psychomotor - Mechanism)
11. Perform a physical therapy patient examination. (SRE: 7A, 7B, 7C, 7D17, 7D18, 7D19a-w; Bloom’s: Cognitive – application; Psychomotor - Mechanism)

Upon completion of the course, the student will begin to:
12. Evaluate clinical findings to determine physical therapy diagnoses and outcomes of care. (SRE: 7A, 7B, 7C, 7D20, 7D21, 7D22, 7D30, 7D31, 7D35, 7D36, 7D38, 7D39, 7D42; Bloom’s: Cognitive – application)
13. Design a physical therapy plan of care that integrates goals, treatment, outcomes, and discharge plan. (SRE: 7A, 7B, 7C, 7D23, 7D24, 7D28, 7D30, 7D34, 7D36, 7D39; Bloom’s: Cognitive – application)
14. Perform physical therapy interventions in a competent manner. (SRE: 7A, 7B, 7C, 7D27a-i, 7D28, 7D29, 7D30, 7D34, 7D35, 7D36, 7D38, 7D39, 7D42, 7D43; Bloom’s: Cognitive – application; Psychomotor – mechanism)
15. Educate others (patients, family, care givers, staff, students, other health care providers) using relevant and effective teaching methods. (SRE: 7B, 7D12, 7D34; Bloom’s: Cognitive – application)

16. Participate in activities addressing quality of service delivery. (SRE: 7D28, 7D38; Bloom’s: Cognitive – application; Psychomotor – mechanism)

17. Provide consultation to individuals, businesses, schools, government agencies, or other organizations. (SRE: 7D16; Bloom’s: Cognitive – application; Psychomotor – mechanism)

18. Address patient needs for services other than physical therapy as needed. (SRE: 7D16, 7D39; Bloom’s: Cognitive – application)

19. Manage resources (e.g., time, space, equipment) to achieve goals of the practice setting. (SRE: 7D28; Bloom’s: Cognitive – application)

20. Describe and interpret the economic factors in the delivery of physical therapy services. (SRE: 7D42; Bloom’s: Cognitive – application)

21. Use support personnel according to legal standards and ethical guidelines. (SRE: 7D1, 7D29, 7D43; Bloom’s: Cognitive – application)

22. Demonstrates that a physical therapist has professional/social responsibilities beyond those defined by work expectations and job description. (SRE: 7D5, 7D13, 7D14, 7D15; Bloom’s: Cognitive – application; Affective – receiving and responding)

23. Implement a self-directed plan for professional development and lifelong learning. (SRE: 7D15; Bloom’s: Cognitive – application; Affective – receiving and responding)

24. Address primary and secondary prevention, wellness, and health promotion needs of individuals, groups and communities. (SRE: 7D34; Bloom’s: Cognitive – application)

Outline of Contents and Assigned Instructor:
Supervised experience in clinical instruction including patient/client management, prevention, education and patient/therapist relationships. The student participates in two separate nine-week clinical experiences including an inpatient experience (e.g. acute care, TCU, LTC, or rural-acute) and outpatient orthopedic center or rural-OP.

Description of Teaching Methods and Learning Experiences:
Full-time clinical experience; the student follows the schedule of the supervising clinical instructor.

Method of Student Evaluation / Grading:
The attached CPI reiterates the clinical objectives for clinical experiences at UND. Each objective on the form is, in fact, criteria for assessment of the student’s performance. Specific grading criteria are a passing grade will be given to a student who satisfies the following course requirements.

1. Communicate with assigned SCCE or CI 6-8 weeks prior to the start of each clinical experience.
2. Completion of student information form prior to clinical experience.
4. Maintains health insurance coverage.
5. Upload requested health requirements to our student system (Acadaware) and provide to clinical sites as requested.
6. Forms to be signed and submitted to the DCE by the specified due dates.
   a. Student Clinical Performance Instrument (mid-term and final)
   b. Student Evaluation of Clinical Site
   c. Student Evaluation of Clinical Supervisor (mid-term and final)
   d. Diagnoses Treated in the Clinical Setting
e. Two-Week Clinical Experience

7. Compliance with Clinical Experience Guidelines as documented in the Physical Therapy Student Handbook (attendance is mandatory).

8. Completion of CPI by clinical instructor with a performance rating of all criteria below the “Intermediate Performance” for a letter grade of ‘C’; performance rating of all criteria at “Intermediate Performance” for a letter grade of ‘B’; and performance rating of all criteria above “Intermediate Performance” for a letter grade of ‘A’. Any safety issues will constitute failure of the clinical experience. The expectation is independence in examination, development of plan of care and treatment of patients with simple conditions.

*All paperwork will be completed and submitted electronically; if it is not submitted by the assigned due date it may affect the course grade.

Required and Recommended Readings:
No specific text is required. During the affiliations, students are encouraged to utilize personal, clinical department, local medical libraries and on-line services through UND Medical Library for reference materials to assist in clinical decision-making and problem-solving.
PT 552: CLINICAL EXPERIENCE III / PT 553: CLINICAL EXPERIENCE IV

Instructors: Cindy Flom-Meland PT, PhD, NCS and Schawnn Decker, PT, MSPT, DPT

Description:
Full-time clinical experience (two nine-week segments) in selected physical therapy provider centers throughout the United States. (9 credit hours each)

Course Objectives:
Upon completion of the course, the student will be able to perform the following at entry level:

1. Practice in a safe manner that minimizes risk to patient, self and others. (SRE: 7B, 7D24, 7D33, 7D37; Bloom’s: Cognitive – synthesis, evaluation)
2. Present self in a professional manner. (SRE: 7B, 7D4, 7D5, 7D8; Bloom’s: Cognitive – synthesis, evaluation; Affective – responding, valuing)
3. Demonstrate professional behavior during interactions with others. (SRE: 7B, 7D4, 7D5, 7D8; Bloom’s: Cognitive – synthesis, evaluation; Affective – responding, valuing)
4. Adhere to ethical practice standards. (SRE: 7B, 7D1, 7D4, 7D5, 7D13, 7D14; Bloom’s: Cognitive – synthesis, evaluation)
5. Adhere to legal practice standards. (SRE: 7B, 7D1, 7D4, 7D5, 7D13, 7D14; Bloom’s: Cognitive – synthesis, evaluation)
6. Communicate in ways that are congruent with situational needs. (SRE: 7B, 7D7, 7D12; Bloom’s: Cognitive – synthesis, evaluation; Affective – responding, valuing)
7. Produce documentation to support the delivery of physical therapy services. (SRE: 7B, 7D32; Bloom’s: Cognitive – synthesis, evaluation)
8. Adapt delivery of physical therapy care to reflect respect for and sensitivity to individual differences. (SRE: 7B, 7D5, 7D8; Bloom’s: Cognitive – synthesis, evaluation; Affective – responding, valuing)
9. Apply the principles of logic and the scientific method to the practice of physical therapy. (SRE: 7B, 7D10, 7D11, 7D39; Bloom’s: Cognitive – synthesis, evaluation)
10. Screen patients using procedures to determine the effectiveness of and need for physical therapy services. (SRE: 7A, 7B, 7C, 7D16; Bloom’s: Cognitive – analysis, synthesis, evaluation; Psychomotor – adaptation)
11. Perform a physical therapy patient examination. (SRE: 7A, 7B, 7C, 7D17, 7D18, 7D19a-w; Bloom’s: Cognitive – analysis, synthesis, evaluation; Psychomotor – adaptation)
12. Evaluate clinical findings to determine physical therapy diagnosis, prognosis, and outcomes of care. (SRE: 7A, 7B, 7C, 7D20, 7D21, 7D22, 7D30, 7D31, 7D35, 7D36, 7D38, 7D39, 7D42; Bloom’s: Cognitive – analysis, synthesis, evaluation)
13. Design a physical therapy plan of care that integrates goals, treatment, outcomes, and discharge plan. (SRE: 7A, 7B, 7C, 7D23, 7D24, 7D25, 7D26, 7D28, 7D29, 7D30, 7D31, 7D34, 7D36, 7D37, 7D39; Bloom’s: Cognitive – analysis, synthesis, evaluation)
14. Perform physical therapy interventions in a competent manner. (SRE: 7A, 7B, 7C, 7D27a-i, 7D28, 7D29, 7D30, 7D34, 7D35, 7D36, 7D38, 7D39, 7D42, 7D43; Bloom’s: Cognitive – analysis, synthesis, evaluation; Psychomotor – adaptation)
15. Educate others (patients, family, care givers, staff, students, other health care providers) using relevant and effective teaching methods. (SRE: 7B, 7D12, 7D34; Bloom’s: Cognitive – analysis, synthesis, evaluation)
16. Participate in activities addressing quality of service delivery. (SRE: 7D28, 7D38; Bloom’s: Cognitive – analysis, synthesis, evaluation; Psychomotor – adaptation)
17. Provide consultation to individuals, businesses, schools, government agencies, or other organizations. (SRE: 7D16; Bloom’s: Cognitive – analysis, synthesis, evaluation; Psychomotor – adaptation)
18. Address patient needs for services other than physical therapy as needed. (SRE: 7D16, 7D39; Bloom’s: Cognitive – analysis, synthesis, evaluation)
19. Manage resources (e.g., time, space, equipment) to achieve goals of the practice setting. (SRE: 7D28; Bloom’s: Cognitive – analysis, synthesis, evaluation)
20. Examine, manage, and appraise economic factors in the delivery of physical therapy services. (SRE: 7D42; Bloom’s: Cognitive – analysis, synthesis, evaluation)
21. Use support personnel according to legal standards and ethical guidelines. (SRE: 7D1, 7D29, 7D43; Bloom’s: Cognitive – analysis, synthesis, evaluation)
22. Demonstrates that a physical therapist has professional/social responsibilities beyond those defined by work expectations and job description. (SRE: 7D5, 7D13, 7D14, 7D15; Bloom’s: Cognitive – analysis, synthesis, evaluation; Affective – valuing)
23. Implement a self-directed plan for professional development and lifelong learning. (SRE: 7D15; Bloom’s: Cognitive – analysis, synthesis, evaluation; Affective – valuing)
24. Address primary and secondary prevention, wellness, and health promotion needs of individuals, groups and communities. (SRE: 7D34; Bloom’s: Cognitive – analysis, synthesis, evaluation)

Description of Teaching Methods and Learning Experiences:
Full-time clinical experience; the student follows the schedule of the supervising clinical instructor.

Outline of Content and Assigned Instructor:
Supervised experience in clinical instruction including examination, evaluation, diagnosis, prognosis, intervention, outcomes, consultation, community service, and patient/therapist relationships. The student participates in two separate nine-week clinical experiences including a neurological experience (adult or pediatric) and one in a setting of choice.

Methods of Student Evaluation / Grading:
1. The attached CPI reiterates the clinical objectives for clinical experience at UND. Each objective on the form is, in fact, criteria for assessment of the student’s performance. Specific grading criteria are as follows. A passing grade will be given to a student who satisfies the following course requirements.
2. Communicate with assigned SCCE or CI 6-8 weeks prior to the start of each clinical experience.
3. Completion of student information form prior to clinical experience.
5. Maintains health insurance coverage.
6. Upload requested health requirements to our student system (Acadaware) and provide to clinical sites as requested.
7. Forms to be signed and submitted to the DCE by the specified due dates.
   a. Student Clinical Performance Instrument (mid-term and final)
   b. Student Evaluation of Clinical Site
   c. Student Evaluation of Clinical Supervisor (mid-term and final)
   d. Diagnoses Treated in the Clinical Setting
   e. Two-Week Clinical Experience
8. Compliance with Clinical Experience Guidelines as documented in the Physical Therapy Student Handbook (attendance is mandatory).

9. Completion of CPI by clinical instructor with an average score between advanced intermediate and entry level grade C. Grade of B requires entry level on all criteria. A letter grade of A requires all criteria at entry level with at least 3-5 criteria noted as beyond entry level.

*All paperwork will be completed and submitted electronically; if it is not submitted by the assigned due date it may affect the course grade.

**Required and Recommended Readings:**

Students are required to read clinical files and Physical Therapy Student Survival Guide prior to the start of the semester. No additional text is required. During the affiliations, students are encouraged to utilize personal, clinical department, local medical libraries and on-line services through UND Medical Library for reference materials to assist in clinical decision-making and problem-solving.
CLINICAL EXPERIENCE FORMS/DOCUMENTS

TWO-WEEK CLINICAL EXPERIENCE

Two-Week Clinical Experience Form
Name: ______________________________________________________
Type of Clinical Experience: ________________________________

Week 1

<table>
<thead>
<tr>
<th>Medical Dx</th>
<th>PT Dx (from The Guide to PT Practice)</th>
<th>Special Tests &amp; Functional Assessments</th>
<th>Interventions</th>
<th>Avg. # Pts/day</th>
<th>Other Educ. Exper.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Week 2

<table>
<thead>
<tr>
<th>Medical Dx</th>
<th>PT Dx (from The Guide to PT Practice)</th>
<th>Special Tests &amp; Functional Assessments</th>
<th>Interventions</th>
<th>Avg. # Pts/day</th>
<th>Other Educ. Exper.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Title of In-Service Presented: ______________________________________________________
Audience: ___________________________ Date: ________________
### Diagnoses Treated in the Clinical Setting

| Student Name: |__________________________________________________________________________________________________________|
| Facility Name: |__________________________________________________________________________________________________________|
| Clinical Education: | I II III IV | Adult Neuro IP Adult Neuro OP Other |__________________________________________________________________________________________________________|
| Type of Clinical Rotation: | Acute OP Ortho Rural Peds | (Circle) |__________________________________________________________________________________________________________|

Please indicate next to the diagnosis listed the number of different patients you treated with this as their primary diagnosis and secondary diagnosis if applicable.

#### Musculoskeletal

<table>
<thead>
<tr>
<th>Primary Diagnosis</th>
<th>Secondary Diagnosis</th>
<th>Age Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotator Cuff Tear or Repair</td>
<td></td>
<td>0-10 11-17 18-40 41-64 65+</td>
</tr>
<tr>
<td>Shoulder Impingement Syndrome</td>
<td></td>
<td>0-10 11-17 18-40 41-64 65+</td>
</tr>
<tr>
<td>Total Shoulder Replacement</td>
<td></td>
<td>0-10 11-17 18-40 41-64 65+</td>
</tr>
<tr>
<td>Elbow, wrist or hand pain/pathology</td>
<td></td>
<td>0-10 11-17 18-40 41-64 65+</td>
</tr>
<tr>
<td>Low Back Pain - nonsurgical</td>
<td></td>
<td>0-10 11-17 18-40 41-64 65+</td>
</tr>
<tr>
<td>Low Back Pain - post surgical</td>
<td></td>
<td>0-10 11-17 18-40 41-64 65+</td>
</tr>
<tr>
<td>Cervical Dysfunction</td>
<td></td>
<td>0-10 11-17 18-40 41-64 65+</td>
</tr>
<tr>
<td>Total Hip Replacement</td>
<td></td>
<td>0-10 11-17 18-40 41-64 65+</td>
</tr>
<tr>
<td>Total Knee Replacement</td>
<td></td>
<td>0-10 11-17 18-40 41-64 65+</td>
</tr>
<tr>
<td>ACL Reconstruction</td>
<td></td>
<td>0-10 11-17 18-40 41-64 65+</td>
</tr>
<tr>
<td>Patellofemoral Dysfunction</td>
<td></td>
<td>0-10 11-17 18-40 41-64 65+</td>
</tr>
<tr>
<td>Ankle or Foot Pathology</td>
<td></td>
<td>0-10 11-17 18-40 41-64 65+</td>
</tr>
<tr>
<td>Ankle Sprain</td>
<td></td>
<td>0-10 11-17 18-40 41-64 65+</td>
</tr>
<tr>
<td>Other Musculoskeletal Diagnoses: (list)</td>
<td></td>
<td>0-10 11-17 18-40 41-64 65+</td>
</tr>
</tbody>
</table>

#### Neuromuscular

<table>
<thead>
<tr>
<th>Primary Diagnosis</th>
<th>Secondary Diagnosis</th>
<th>Age Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>CVA</td>
<td></td>
<td>0-10 11-17 18-40 41-64 65+</td>
</tr>
<tr>
<td>Brain Injury</td>
<td></td>
<td>0-10 11-17 18-40 41-64 65+</td>
</tr>
<tr>
<td>Parkinson's Disease</td>
<td></td>
<td>0-10 11-17 18-40 41-64 65+</td>
</tr>
<tr>
<td>Spinal Cord Injury</td>
<td></td>
<td>0-10 11-17 18-40 41-64 65+</td>
</tr>
<tr>
<td>Multiple Sclerosis</td>
<td></td>
<td>0-10 11-17 18-40 41-64 65+</td>
</tr>
<tr>
<td>Guillain Barre</td>
<td></td>
<td>0-10 11-17 18-40 41-64 65+</td>
</tr>
<tr>
<td>Vestibular Disorders</td>
<td></td>
<td>0-10 11-17 18-40 41-64 65+</td>
</tr>
<tr>
<td>Muscular Dystrophy</td>
<td></td>
<td>0-10 11-17 18-40 41-64 65+</td>
</tr>
<tr>
<td>Cerebral Palsy</td>
<td></td>
<td>0-10 11-17 18-40 41-64 65+</td>
</tr>
<tr>
<td>Spina Bifida</td>
<td></td>
<td>0-10 11-17 18-40 41-64 65+</td>
</tr>
<tr>
<td>Developmental Delay</td>
<td></td>
<td>0-10 11-17 18-40 41-64 65+</td>
</tr>
<tr>
<td>Other Neuromuscular Diagnoses: (list)</td>
<td></td>
<td>0-10 11-17 18-40 41-64 65+</td>
</tr>
</tbody>
</table>

#### Cardiopulmonary

<table>
<thead>
<tr>
<th>Primary Diagnosis</th>
<th>Secondary Diagnosis</th>
<th>Age Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>CABG/Valve Replacement</td>
<td></td>
<td>0-10 11-17 18-40 41-64 65+</td>
</tr>
<tr>
<td>Congestive Heart Failure</td>
<td></td>
<td>0-10 11-17 18-40 41-64 65+</td>
</tr>
<tr>
<td>Myocardial Infarction</td>
<td></td>
<td>0-10 11-17 18-40 41-64 65+</td>
</tr>
<tr>
<td>Hypertension</td>
<td></td>
<td>0-10 11-17 18-40 41-64 65+</td>
</tr>
<tr>
<td>Peripheral Vascular Disease</td>
<td></td>
<td>0-10 11-17 18-40 41-64 65+</td>
</tr>
<tr>
<td>Pneumonia</td>
<td></td>
<td>0-10 11-17 18-40 41-64 65+</td>
</tr>
<tr>
<td>COPD</td>
<td></td>
<td>0-10 11-17 18-40 41-64 65+</td>
</tr>
<tr>
<td>Respiratory Failure</td>
<td></td>
<td>0-10 11-17 18-40 41-64 65+</td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
<td>0-10 11-17 18-40 41-64 65+</td>
</tr>
<tr>
<td>Lung Cancer</td>
<td></td>
<td>0-10 11-17 18-40 41-64 65+</td>
</tr>
<tr>
<td>Other Cardiopulmonary Diagnoses: (list)</td>
<td></td>
<td>0-10 11-17 18-40 41-64 65+</td>
</tr>
</tbody>
</table>

#### Integumentary

<table>
<thead>
<tr>
<th>Primary Diagnosis</th>
<th>Secondary Diagnosis</th>
<th>Age Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arterial Wound</td>
<td></td>
<td>0-10 11-17 18-40 41-64 65+</td>
</tr>
<tr>
<td>Venous Wound</td>
<td></td>
<td>0-10 11-17 18-40 41-64 65+</td>
</tr>
<tr>
<td>Skin Grafts</td>
<td></td>
<td>0-10 11-17 18-40 41-64 65+</td>
</tr>
<tr>
<td>Burns</td>
<td></td>
<td>0-10 11-17 18-40 41-64 65+</td>
</tr>
<tr>
<td>Amputations</td>
<td></td>
<td>0-10 11-17 18-40 41-64 65+</td>
</tr>
<tr>
<td>Other Integumentary Diagnoses: (list)</td>
<td></td>
<td>0-10 11-17 18-40 41-64 65+</td>
</tr>
</tbody>
</table>

### Other

- Individuals for Health Promotion/Wellness Consult Visits
- Obesity
- Women's Health
- Worksite Evaluation
- Others:

### Additional Comments:
WEEKLY PLANNING FORM

Date: _______________________________  Week #: _______________________________

Summary of Previous Week:
(Progress, Feedback)
Student: _______________________________

Clinical Instructor: _______________________________

Goals for the Upcoming Week:

______________________________  _______________________________
Student’s Signature  Clinical Instructor’s Signature
CLINICAL PERFORMANCE INSTRUMENT

https://cpi2.amsapps.com/docs/PT_final_revision_11-30-2010.pdf