



**LARAMIE COUNTY
COMMUNITY COLLEGE**

**STUDENT HANDBOOK: PART 2
APPENDIX FORMS AND RESOURCES**

**PHYSICAL THERAPIST ASSISTANT
PROGRAM**

Rev. 1/14/2025

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Welcome!

Congratulations on your acceptance into the Physical Therapist Assistant Program (PTA) class at Laramie County Community College (LCCC). Having chosen to become a PTA you must assume that there are inherent rights and responsibilities of this healthcare field along with a world of opportunity. The faculty at LCCC is ready and eager to assist you in achieving your educational goals.

The Physical Therapist Assistant Program (PTA) Handbook is a supplement to the LCCC Catalog and the LCCC Student Handbook. These policies apply to all students enrolled in the PTA Program. Please refer to the LCCC Catalog and Student Handbook and the Health Sciences & Wellness School Policies (HSW School Policies) for additional information about college policies, procedures, and services.

The PTA handbook outlines policies & procedures specific to the Physical Therapist Assistant (PTA) program, the Associate in Applied Science (AAS) Degree in PTA, and PTA clinical education. It also provides a framework by which students and faculty can function harmoniously. Students are expected to become thoroughly familiar with its contents, and to apply these procedures to their conduct while attending the LCCC PTA Program. The provisions of this Handbook do not constitute a contract, express or implied, between any applicant, student, or graduate and the faculty or the College.

Helpful Contacts: Laramie County Community College

| | |
|---|-----------------------------|
| Campus Operator | 307.778.5222 |
| Health Sciences & Wellness School | 307.778.1140 |
| Fax | 307.778.1395 |
| Admissions/Enrollment Services..... | 307.778.1212 |
| Out of state | 800.522.2993 |
| Financial Aid | 307.778.1215 |
| Office of Student Accommodations (OSA)..... | 307.778.1359 |
| TTY Number | 307.778.1266 |
| Veterans Affairs Office | 307.778.4396 |
| Campus Safety | 307.630.0645 / 307.630.0866 |
| Bookstore | 307.778.1114 |
| Library | 307.778.1205 |
| Student Success Center (HUB) | 307.778.4315 |

Helpful Contacts: School of Health Sciences & Wellness

Vice President of Academic Affairs

Dr. Kari Brown-Herbst
Office: EEC 219
Phone: 307.778.1103
Email: kherbst@lccc.wy.edu

Interim Dean Health Sciences & Wellness School

Damien Kortum
Office: HSW 336
Phone: 307.772.4245
Email: dkortum@lccc.wy.edu

PTA Program Director/Instructor

Brendon Larsen, PTA, MEd
Office: HS 340
Phone: 307.778.1198
Fax: 877.399.1547
Email: blarsen@lccc.wy.edu

PTA Clinical Education Coordinator/Instructor

Gabbi King, PT, DPT, GCIS
Office: HS 338
Phone: 307.432.1684
Email: gking@lccc.wy.edu

Campus Security

Jesse Blair
Office: PF 112
Phone: 307.630.0645
Phone: 307.778.4317
Email: jblair@lccc.wy.edu

Health Sciences & Wellness Administrative Assistant

Rachel Greenwalt
Office: HS 330
Phone 307.778.1140
Email: rgreenwalt@lccc.wy.edu
Email: rgreenwalt@lccc.wy.edu

Laramie County Community College is committed to providing a safe and nondiscriminatory educational and employment environment. The College does not discriminate on the basis of race, color, national origin, sex, disability, religion, age, veteran status, political affiliation, sexual orientation or other status protected by law. Sexual harassment, including sexual violence, is a form of sex discrimination prohibited by Title IX of the Education Amendments of 1972. The College does not discriminate on the basis of sex in its educational, extracurricular, athletic or other programs or in the context of employment.

The College has a designated person to monitor compliance and to answer any questions regarding the College's nondiscrimination policies. Please contact: Title IX and ADA Coordinator, Suite 205 Clay Pathfinder Building, 1400 E College Drive, Cheyenne, WY 82007 | 307.778.1217 | TitleIX_ADA.Coordinator@lccc.wy.edu. Contact information for the regional Office for Civil Rights is: Office for Civil Rights, Denver Office, U.S. Department of Education, Cesar E. Chavez Memorial Building, 1244 Speer Boulevard, Suite 310, Denver, CO 80204-3582, 303.844.5695, OCR.Denver@ed.gov.

In compliance with the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act, Laramie County Community College does not discriminate against students with disabilities. Efforts are made to arrange effective, reasonable accommodations for any qualified individual. The Office of Student Accommodations (OSA) at LCCC provides comprehensive, confidential services for LCCC students with documented disabilities. Services and adaptive equipment to reduce mobility, sensory, and perceptual concerns are available through the OSA, and all services are provided free of charge to LCCC students.

Appendix A: Resources for Students

STUDENT PHYSICAL THERAPIST ASSISTANT (SPTA) CLINICAL ROTATION REQUEST FORM

LARAMIE COUNTY COMMUNITY COLLEGE (LCCC)

Physical Therapist Assistant (PTA) Program

Name: _____

Date: _____

Please use this form to select 5 locations for internship placement using the list of available sites (see instructors for reference). CAPTE states that each student is required to have an *inpatient and outpatient* rotation, so please consider this when making your selections as it will affect graduation from the program. You may also request a site that is NOT already on the list using this form. (*Understand this is a request form ONLY; you are not guaranteed the sites you list on this form.*)

| Fall | Spring |
|------|--------|
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |
| 4. | 4. |
| 5. | 5. |

Additional Comments:

REQUEST FOR ADDITIONAL SITE (*limit one per student*) *

Name of Site: _____

*No request will be considered without an accompanying *Clinical Site Information Request Form*. Site name, contact person, and CCCE information MUST be filled out in full by the student or the site to consider this request.

CLINICAL SITE INFORMATION REQUEST FORM

LARAMIE COUNTY COMMUNITY COLLEGE (LCCC)

Physical Therapist Assistant (PTA) Program

| | | | |
|---|--|---|---|
| Site Name: | | DBA (if applicable): | |
| Address: | | Office Phone: | Ext: |
| City, State, ZIP: | | Office Fax: | |
| Type of Setting <input type="checkbox"/> Inpatient (Acute, home health, skilled nursing, etc.) <input type="checkbox"/> Outpatient <input type="checkbox"/> Both; _____% in _____% out | | Clinic Hours (Students require 40 hrs./wk): | |
| Dress Code Requirements: | | Office Email: | |
| Specialties List <u>ALL</u> that apply <input type="checkbox"/> Aquatic <input type="checkbox"/> Geriatrics <input type="checkbox"/> Hand Rehab <input type="checkbox"/> Manual Therapy <input type="checkbox"/> Neurology <input type="checkbox"/> _____ <input type="checkbox"/> _____ | | <input type="checkbox"/> Pediatrics <input type="checkbox"/> Wound <input type="checkbox"/> Women's Health <input type="checkbox"/> Orthopedics | Certifications (Please list certifications held by CCCEs or CIs) |
| Requirements List <u>ALL</u> that apply <input type="checkbox"/> PPD <input type="checkbox"/> DTT <input type="checkbox"/> MMR <input type="checkbox"/> Hepatitis B <input type="checkbox"/> _____ | | <input type="checkbox"/> Flu Vaccination <input type="checkbox"/> Color Vision Test <input type="checkbox"/> CPR <input type="checkbox"/> Background Check | Additional Comments/Notes: |
| Who is the contact person to establish site requirements in preparation for clinicals? | | | |
| Name: | | Phone: | |
| Website: | | Email: | |

| | |
|--|--|
| How much advance time is recommended to complete requirements? | Is housing available? If so, please explain in detail: |
|--|--|

| CCCE/CI Name (First & Last) | PT or PTA | CCCE? Yes/No | APTA CI Credential? YES/NO | Email Address | Work Phone (incl ext.) | Alt Phone (incl ext.) | Ethnicity (optional) | Gender (optional) |
|--------------------------------|--------------|-----------------|----------------------------------|---------------|---------------------------|--------------------------|-------------------------|----------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Do you wish to receive additional information regarding the LCCC PTA Advisory Committee? YES _____ NO _____

ADDITIONAL COMMENTS:

STUDENT INFORMATION SHEET
LARAMIE COUNTY COMMUNITY COLLEGE (LCCC)
Physical Therapist Assistant (PTA) Program

We want to take this opportunity to thank you for being a clinical site for our physical therapist assistant program. Below you will find student specific information.

Student's Name: _____

Phone: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact

Name: _____ Phone: _____

Student Strengths:

- 1.
- 2.
- 3.

Student Weaknesses:

- 1.
- 2.
- 3.

Student Goals:

- 1.
- 2.
- 3.

Other information student would like you to know:

LCCC STUDENT PHYSICAL THERAPIST ASSISTANT TIMECARD

LARAMIE COUNTY COMMUNITY COLLEGE (LCCC)
Physical Therapist Assistant (PTA) Program

Student Name: _____ Site Name: _____

Course #: _____ Course Title _____ Semester: _____

| Date | Time In | Time Out | Time In | Time Out | Hours | CI Initial |
|------|---------|----------|---------|----------|-------|------------|
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The student is responsible for completion of the timecard and obtaining the clinical instructor's initials. Each clinical rotation week is defined as 40 hours. Any week that a minimum of 40 hours is not reported requires CI and ACCE approval. Lunch breaks (30-60 min.) are highly recommended and do not count towards clinical hours. Additional page may be added if needed.

CI ACKNOWLEDGEMENT- I, an authorized agent of the facility listed above, certify that the hours listed is correct and that the student performed their duties in a satisfactory and professionally competent manner. CI's need only to initial weekly for confirmation of time worked and then sign below at completion.

CI Signature: _____

STUDENT ACKNOWLEDGMENT- I certify that the above hours are a true representation of my time spent at this clinical site and that I have obtained an authorized signature from my clinical instructor.

Student Signature: _____

QUICK START GUIDE FOR CPI WEB TRAINING MODULES

Access to PT and PTA CPI Web will only be provided if you complete the training session and complete the PT and PTA CPI/WEB Assessment (*CPI Assessment*). You will only have to complete the CPI 3.0 Assessment once. However, you are encouraged to review the freely available training modules prior to each supervised student.

This document contains instructions on how to access the required:

1. *APTA CPI 3.0 CI/SCCCE Training*

PT and PTA *CPI New User Training Modules*

- The self-guided training includes PowerPoint modules to help you successfully use the CPI Web.
- You can complete the training module-by-module or all at once.
- They are accessible anytime and the training is FREE.

The *Training Modules* can be accessed via the APTA Learning Center

1. Navigate to the CPI 3.0 CI/SCCCE Training
 - a. <https://learningcenter.apta.org/products/apta-cpi-30-cisce-training>
2. Register for a **free** account
 - a. The email used for this account will be the same one the ACE will use to activate your account on the CPI Web.
3. Complete the Training Video, Acknowledgement of Copyright, Training Assessment and Survey on CPI New User Training Modules webpage:



4. It is recommended that you print and save a copy of your Completion Certificate

Difficulty in Accessing the CPI Training?

If you run into any problems with the CPI Assessment on the APTA Learning Center, please contact the APTA at 1-800-999-2782 x 3395 or send email to learningcenter@apta.org.

**Now that you have completed the Training Session, you can access the PT
or PTA CPI Web at: <https://cpi.apta.org/>**

Please Notify the ACE of the E-mail used to register for the CPI training

The ACE will not be able to activate your account in the CPI without this information!

Changing PT CPI Web Password:

- *It is highly-recommended that you change your password after you log in.*
- Note that your password is case sensitive and must be typed in exactly as it appears in the information box.

Problems with Accessing PT or PTA CPI Web?

If you are having difficulty logging into PT CPI Web after completing the training, please send an e-mail to CPI@apta.org.

If you have issues with your APTA username and/or password, please send an e-mail to membersuccess@apta.org.

DEFINITIONS OF PERFORMANCE CRITERIA & RATING SCALE ANCHORS

Performance criteria describe all essential knowledge, skills, and behaviors of a physical therapist assistant performing at entry level (new graduate). Each performance criterion is essential to the overall assessment of clinical competence, and each is assessed across the duration of the student’s clinical experience

| PTA CPI: Performance Criteria | |
|-------------------------------|---|
| Professionalism | <p>1.1 Professionalism: Ethical Practice Practices according to the Standards of Ethical Conduct; demonstrates respect for self, the patient/client, and colleagues in all situations</p> <p>1.2 Professionalism: Legal Practice Practices according to legal and professional standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management</p> <p>1.3 Professionalism: Professional Growth Accepts and is receptive to feedback; participates planning and/or self-assessment to improve clinical performance; contributes to the advancement of the clinical setting through educational opportunities; seeks out opportunities to improve knowledge and skills</p> |
| Interpersonal | <p>2.1 Interpersonal: Communication Demonstrates professional verbal and nonverbal communication with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues); adapts to diverse verbal and nonverbal communication styles during patient/client interactions; utilizes communication resources (e.g., interpreters) as appropriate; incorporates appropriate strategies to engage in challenging encounters with patients and clients and others; facilitates ongoing communication with physical therapist regarding patient/client care.</p> <p>2.2 Interpersonal: Inclusivity Delivers physical therapy services with consideration for patient/client diversity and inclusivity for all regardless of age, disability, ethnicity, gender identity, race, sexual orientation, or other characteristics of identity; Provides equitable patient/client care that does not vary in quality based on the patient’s/client’s personal characteristics (e.g, ethnicity, socioeconomic status)</p> |
| Technical/Procedural | <p>3.1 Technical/Procedural: Clinical Reasoning Strategically gathers, interprets, and synthesizes information from multiple sources to make effective clinical judgements; applies current knowledge and clinical judgement while supporting the physical therapist with clinical activities; ensures patient/client safety during the episode of care; presents a logical rationale for clinical decisions with all stakeholders (eg., patients/clients, caregivers, intra/interprofessional colleagues)</p> <p>3.2 Technical/Procedural: Interventions: Therapeutic Exercise and Techniques Performs selected therapeutic exercises, manual therapy techniques, airway clearance, and integumentary repair and protection techniques in a competent manner</p> <p>3.3 Technical/Procedural: Interventions: Mechanical and Electrotherapeutic Modalities Applies selected mechanical and electrotherapeutic modalities in a competent manner</p> <p>3.4 Technical/Procedural: Interventions: Functional Training and Application of Devices and Equipment Performs functional training in self-care and home management, including therapeutic activities, performs application and adjustment of devices and equipment in a competent manner</p> |
| Business | <p>4.1 Business: Documentation Produces quality documentation that includes changes in the patient’s/client’s status, a description and progression of specific interventions used, and communication among providers; maintains organization of patient/client documentation</p> <p>4.2 Business: Resource Management Participates in the efficient delivery of physical therapy services; demonstrates appropriate understanding of time management and appropriate use of clinical supplies and equipment when supporting physical therapy services</p> |
| | • |

PTA CPI: Rating Scale Anchors

| | |
|---|---|
| <p>Beginning performance</p> | <ul style="list-style-type: none"> • A student who requires direct personal supervision 100% of the time working with patients with constant monitoring and feedback, even with patients with simple conditions. • At this level, performance of essential skills is inconsistent and clinical problem solving* is performed in an inefficient manner. • Performance reflects little or no experience in application of essential skills with patients. • The student does not carry a patient care workload with the clinical instructor (a PTA directed and supervised by a physical therapist or a physical therapist). |
| <p>Advanced beginner performance</p> | <ul style="list-style-type: none"> • A student who requires direct personal supervision 75% – 90% of the time working with patients with simple conditions, and 100% of the time working with patients with more complex conditions. • At this level, the student demonstrates consistency in developing proficiency with simple tasks (eg, medical record review), clinical problem solving, interventions (eg, monitoring therapeutic exercise), and related data collection (eg, single angle goniometry), but is unable to perform more complex tasks, clinical problem solving, interventions/data collection without assistance. • The student may begin to share the patient care workload with the clinical instructor. |
| <p>Intermediate performance</p> | <ul style="list-style-type: none"> • A student who requires direct personal supervision less than 50% of the time working with patients with simple conditions, and 75% of the time working with patients with complex conditions. • At this level, the student is proficient with simple tasks, clinical problem solving, and interventions/data collection and is developing the ability to consistently perform more complex tasks, clinical problem solving, and interventions/data collection. • The student is capable of maintaining 50% of a full-time physical therapist assistant's patient care workload. |
| <p>Advanced intermediate performance</p> | <ul style="list-style-type: none"> • A student who requires clinical supervision less than 25% of the time working with new patients or patients with complex conditions and is independent working with patients with simple conditions. • At this level, the student is consistent and proficient in simple tasks, clinical problem solving, and interventions/data collection and requires only occasional cueing for more complex tasks, clinical problem solving, and interventions/data collection. • The student is capable of maintaining 75% of a full-time physical therapist assistant's patient care workload. |
| <p>Entry-level performance</p> | <ul style="list-style-type: none"> • A student who is capable of completing tasks, clinical problem solving, and interventions/data collection for patients with simple or complex conditions under general supervision of the physical therapist. • At this level, the student is consistently proficient and skilled in simple and complex tasks, clinical problem solving, and interventions/data collection. • The student consults with others to resolve unfamiliar or ambiguous situations. • The student is capable of maintaining 100% of a full-time physical therapist assistant's patient care workload in a cost effective* manner with the direction and supervision of the physical therapist. |
| <p>Beyond Entry Level Performance</p> | <ul style="list-style-type: none"> • A student who is capable of working independently under the direction/supervision of the PT while managing patients/clients with non-complex and complex conditions. He student is capable of maintaining 100% of a full-time, entry-level physical therapist assistant's caseload. |

Appendix B: Resources for CCCEs and CIs

MEMORANDUM OF AGREEMENT
LARAMIE COUNTY COMMUNITY COLLEGE (LCCC)
Physical Therapist Assistant (PTA) Program

This Memorandum of Agreement verifies that the LCCC PTA student, the Center Coordinator of Clinical Education (CCCE) or the supervising PT, and the Supervising Clinical Instructor, have reviewed the documents related to PTA Supervision and the LCCC PTA Clinical Education Policies (found in the student handbook). The signed and dated document must be submitted to the LCCC PTA Program. It is the affiliating student's responsibility to make sure that this document is signed and submitted to the school by the specified date.

If you have accepted students from this program in the past and reviewed these documents at that time, please take a moment to review them again, as some guidelines may have changed. Thank you.

Documents to be reviewed, for this agreement:

1. LCCC PTA Student Handbook Section VII: Clinical Education
2. APTA Supervision of Student PTA (in Appendix B of the LCCC Student Handbook)

By signing this Memorandum of Agreement, all signed below verify that they have read and understood the contents of the documents above and agree to abide by the stated policies and procedures.

Affiliating Student

Student Name (Printed)

Student Signature

Date

CCCE, Supervising PT and Supervising CI

CCCE or Supervising PT Name (Printed)

Supervising CI (Printed) (if other than CCCE)

CCCE or Supervising PT Signature

Date

Supervising CI Signature (initial if CI is also the CCCE)

Date

PHYSICAL THERAPIST ASSISTANT PROGRAM ORIENTATION FORM

LARAMIE COUNTY COMMUNITY COLLEGE (LCCC)

Physical Therapist Assistant (PTA) Program

Student Name _____

Clinical Site: _____

Date of Orientation: _____

CI Name: _____

To verify completion, the Clinical Instructor puts a check mark in each box and signs the bottom of the form. The student will sign the form and upload it to the designated drop box in Canvas.

Facility

- Tour of Building
- Orientation to Clinic (general review of equipment, supplies and workspace)
- Assigned personal/professional space use areas
- Emergency Procedures of the clinical facility/hospital reviewed
- Reviewed facility Infection Control Procedures
- Review the organizational structure of the facility including the Physical Therapy or Rehabilitation Department.
- Ensure that the student has the appropriate ID badge(s) and parking permit for the clinical site
- Review Clinical Schedule (including weekend or evening coverage)
- Review meal schedule (students must have 30 min. break)
- Review the professional appearance and behavior standards of the facility
- Review confidentiality requirements

Discussion of Learning Objectives and Responsibilities

- Student has been shown the Student Clinical Education Manual for the facility
- Review Course Syllabus with CI and Student
- Review Clinical Education requirements and expectations for facility
- Discuss student learning preferences
- Review student's strengths and weaknesses
- Review facility documentation procedures and process
- Review facility billing procedures and process
- Review any available library or educational resources

Other

Clinical Instructor Signature

Date

Student Signature

Date

CLINICAL INCIDENT REPORT
LARAMIE COUNTY COMMUNITY COLLEGE (LCCC)
Physical Therapist Assistant (PTA) Program

***Directions:** The Critical Incident Report form may be useful when a critical event (such as a patient safety issue) is observed. The purpose and design of the form is to limit reporting to the observed incident/behavior, without interpretation by the observer/evaluator, in order to record the entry without bias. Antecedents refer to events or environmental factors that preceded the behavior. Behaviors are to be described objectively. Consequences identify any determined ramifications imposed. It is the policy of the LCCC PTA program that any Critical Incident Report results in a call to the ACCE and/or PTA Program Director.*

Student: _____ **Evaluator/Observer:** _____

| CRITICAL INCIDENT | | | |
|--|-------------|-------------------------------|--------------|
| Date and Time | Antecedents | Behaviors | Consequences |
| Student Initials: _____ Evaluator Initials: _____ | | | |
| Student Initials: _____ Evaluator Initials: _____ | | | |
| Student Signature: | | Evaluator's Signature: | |

PTA.LCCC. 9/29/2016

Adapted from: Shea ML, Boyum PG, Spanke MM. Health Occupations Clinical Teacher Education Series for Secondary and Post-Secondary Educators. Urbana, Ill: Department of Vocational and Technical Education, University of Illinois at Urbana-Champaign; 1985. As found in the APTA Clinical Instructor Education and Credentialing Program, American Physical Therapy Association, Alexandria, Va, September 2005: Section IV-12.

APTA GUIDELINES FOR SUPERVISION OF THE STUDENT PTA



Compliance Matters: Supervision Requirements for PTAs & Physical Therapy Students

A brief primer on what to ask and where to seek answers.

By Sharita Jennings, JD | May 2018

Supervision requirements for physical therapist assistants (PTAs) and physical therapy students (both physical therapist and PTA students) depend on such factors as the policies of individual payers and insurers, state practice act provisions, and the setting in which physical therapy is being provided. Let's simplify this situation by looking at some key issues.

Levels of Supervision

It is the responsibility of the physical therapist (PT) alone to evaluate and assess patients, develop a plan of care, and oversee provision of services. PTAs and physical therapy students play important roles in carrying out the plan of care, however. Supervision rules are meant to ensure that patients and clients always are receiving the safest and most effective care. Depending on the setting, practitioner, and applicable state laws, 1 of 3 types of supervision will apply to PTs and the PTAs and students they supervise.

General. This is the least restrictive type of supervision. It requires only that the PT be available for direction and supervision by telephone or another form of telecommunication during the procedure in question; the PT need not be onsite.

Direct. This type of supervision requires the PT to be physically present at the facility and immediately available for in-room direction and supervision. The PT must have direct contact with the patient or client for the duration of each visit--defined as all encounters with that patient or client within a 24-hour period.

Direct personal. This is the highest level of supervision. The PT must be physically present in the room and immediately available to direct and supervise tasks related to patient and client management, and must provide continuous direction and supervision throughout the time these tasks are performed.

Factors to Consider

To determine the required level of supervision of PTAs and students, PTs should ask themselves these questions:

- What does the state practice act say about supervision of PTAs and students?
- When Medicare patients are involved, what are Medicare's regulations regarding PTAs and students?
- When a commercial insurer is involved, what are that payer's policies regarding PTAs and students?
- In what type of practice setting are the physical therapist services being provided?

State practice acts. State practice acts typically define the scope of practice of PTs and the scope of work of PTAs and physical therapy students. It's the PT's go-to document, therefore, for

determining supervision requirements. Links to all state practice acts are available on APTA's website. (See "Resources" on page 10.)

Be advised, however, that not all state practice acts address supervision of either PTAs or physical therapy students, while some acts address PTAs but not students. Here's what do in these situations:

- If the state practice act is silent on supervision of students but does contain policies on PTA supervision, apply the rules of PTA supervision to physical therapy students.
- If the state practice act addresses *neither* supervision of PTAs *nor* supervision of physical therapy students, look to the supervision requirements of the payer policy. For example, if the individual who is receiving services has health insurance from Blue Cross, consult that company's policies regarding supervision of PTAs and students. If the person is a Medicare or Medicaid patient, check that agency's billing policy.

Medicare provisions. Again, if the state practice act is *silent* on supervision requirements, turn to Medicare's billing guidelines to determine the needed level of supervision for PTAs and students in providing services to Medicare beneficiaries. Medicare dictates general supervision of PTAs in all settings other than private practice, in which direct supervision is required. In some settings, however, Medicare stipulates additional requirements even under general supervision. For instance, when a PTA provides services to a patient in a standalone clinic (defined by Medicare as "a facility that is not part of a hospital but is organized and operated to provide medical care to outpatients"), rehabilitation agency, or public health agency, the supervising PT must make an onsite visit at least once every 30 days.

Medicare states that PTs may not bill for services provided by physical therapy students, because they are not licensed practitioners. Students may help PTs provide billed services, however, and PTs may physically guide students through the provision of a billed service. PTs, therefore, need to exercise their best judgment in such situations. Medicare offers these scenarios as guidance for appropriately billing Part B services:

- The PT is present and in the room for the entire session. The student participates in the delivery of services only when the PT is directing the service, exercising skilled judgment, and is the party responsible for assessment and treatment of the patient or client.
- The PT is present in the room, guiding the student in service delivery whenever the student is participating in its provision. The PT is at no time engaged in treating other patients or performing any other tasks.

The PT is the responsible party and, as such, signs all documentation. (A physical therapy student also may sign, but the student's signature is unnecessary.)

PTAs and physical therapy students cannot bill for their services under Medicare or any other payer. The supervising PT, rather, must bill for all services under his or her National Provider Identifier issued by the Centers for Medicare and Medicaid Services.

(A note on payment for services provided by PTAs: Medicare and commercial insurers currently reimburse for services rendered by PTAs at the same rate as they do those furnished by PTs. Beginning in 2022, however, services provided by PTAs will be reimbursed at 85% of the Medicare physician fee schedule rate that applies to those rendered by PTs. At this writing, this upcoming change has no bearing on supervision rules for PTAs.)

Commercial insurers. PTs treating patients or clients whose health care is covered by a commercial insurance plan must closely read the contract with the insurer to ensure that they meet supervision

policies covering PTAs and students. Commercial insurers typically defer to Medicare guidelines, but it's important to check with the insurer to be certain.

Who Signs?

The answer to this question is simple. Because the PT is responsible for drafting the plan of care and supervising all procedures carried out under it, the PT must review and sign all care notes and the plan of care itself.

PTAs and students may draft notes on the care they've provided under the appropriate level of supervision. The supervising PT then must authorize and sign that documentation.

As with all supervision rules, the PT should check the state practice act and agreements with participating insurers to determine if more-stringent rules on signatures apply to any given situation.

<https://www.apta.org/apta-magazine/2018/05/01/compliance-matters-supervision-requirements-for-ptas-and-physical-therapy-students>



Sharita Jennings, JD, is senior regulatory specialist at APTA.

Resources

Levels of Supervision (APTA House of Delegates Position)

- www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/HOD/Terminology/Supervision.pdf

State Practice Acts

- www.apta.org/Licensure/StatePracticeActs

Report to Congress: Standards for Supervision of Physical Therapist Assistants (Under Medicare)

- www.ems.gov/medicare/billing/therapyservices/downloads/61004ptartc.pdf

FIVE-MINUTE FEEDBACK FORM
LARAMIE COUNTY COMMUNITY COLLEGE (LCCC)
Physical Therapist Assistant (PTA) Program

Student: _____ Date: _____

The five-minute feedback form is designed to provide quick, daily student feedback, during the early stages of the clinical education experience (usually weeks 1-3). Having written feedback may provide your student, and you, with more concrete information, especially in the areas of Clinical Instructor expectations, and immediate learning needs. In addition, having daily written observations may assist the Clinical Instructor with completing the CPI mid-term. When using this form, a quick listing of your observations and recommendations is acceptable. This is not a part of the student's record – it is provided as another tool to add to your clinical education toolbox. Although the form is most useful during the early clinical education experience, it may be used at any time during the clinical rotation.

List observed clinical performance or behaviors done well today:

Recommendations for improvement:

Additional comments/follow-up:

CI Signature: _____ Student Signature: _____

PTA.LCCC.1/7/2023

Adapted from Pueblo Community College Occupational Therapy Assistant Program – Supervisor's Fieldwork Manual

WEEKLY ASSESSMENT AND PLANNING FORM
LARAMIE COUNTY COMMUNITY COLLEGE (LCCC)
Physical Therapist Assistant (PTA) Program

Student: _____ **Experience Week:** _____ **Date:** _____

The weekly planning form is a useful feedback and instructional tool, to assist both the Clinical Instructor and the PTA student in assessing current performance, as well as identifying opportunities for additional educational and clinical opportunities. When completing this form, please consider the five (5) performance dimensions of the CPI: supervision/guidance required, quality of care provided, complexity of tasks/environment, consistency of performance, and efficiency of performance.

Learning opportunities (e.g., patient care conference, in-servicing, observation) and clinical experiences offered:

Areas of improvement and/or demonstrated competence for this week:

Areas for future improvement and growth:

Mutually established goals/action plan for the week of: _____

CI Signature: _____ Student Signature: _____

PTA.LCCC.1/7/2023

CLINICAL INSTRUCTOR (CI) EVALUATION RUBRIC

Instructions: Students will use the following rubric to evaluate the effectiveness of Clinical Instructors prior to the midterm site visit. Provide specific examples or notes in the comments section for each criterion.

| 1. Professionalism Indicators | | | | | |
|--------------------------------------|------------------------------|-----------------------|-----------------------|----------------------|-----------------|
| Criteria | 1 - Needs Improvement | 2 - Developing | 3 - Proficient | 4 - Exemplary | Comments |
| | | | | | |

| | | | | | |
|---------------------------------|---|--|--|--|--|
| Role Modeling | Rarely demonstrates professional behavior; lacks consistency. | Occasionally demonstrates professional behavior but may lack consistency. | Consistently models professional behavior appropriate to PTA profession. | Serves as a role model of professionalism, exceeding expectations in interactions. | |
| Patient Interaction | Limited or inappropriate interactions with patients. | Demonstrates appropriate but minimal patient interaction. | Engages respectfully and appropriately with patients. | Builds rapport and fosters trust with patients effectively. | |
| Commitment to Profession | Does not engage in or model continuing education or professional development. | Occasionally models engagement in continuing education or professional activities. | Models a commitment to professional growth and continuing education. | Actively promotes and inspires continuing education and professional involvement. | |

2. Clinical Reasoning

| Criteria | 1 - Needs Improvement | 2 - Developing | 3 - Proficient | 4 - Exemplary | Comments |
|------------------------------------|--|--|--|--|----------|
| Critical Thinking Support | Rarely encourages student's critical thinking or problem-solving skills. | Occasionally encourages critical thinking but lacks consistency. | Regularly prompts student to think critically and solve problems. | Inspires advanced critical thinking and consistently integrates teaching moments. | |
| Modeling Reasoning | Rarely models professional clinical reasoning. | Occasionally models clinical reasoning for the student. | Consistently demonstrates clear and professional reasoning. | Provides exemplary reasoning and explains complex cases in an understandable way. | |
| Feedback on Decision-Making | Provides minimal or no feedback on clinical decisions. | Provides feedback inconsistently or with limited depth. | Consistently provides constructive feedback on clinical decisions. | Provides detailed, actionable feedback that enhances student decision-making skills. | |

3. Communication

| Criteria | 1 - Needs Improvement | 2 - Developing | 3 - Proficient | 4 - Exemplary | Comments |
|-------------------------------|--|--|--|--|----------|
| Clarity of Instruction | Instructions are unclear or confusing. | Provides instructions inconsistently or with limited clarity. | Provides clear and concise instructions most of the time. | Consistently provides clear, concise, and well-organized instructions. | |
| Feedback Delivery | Feedback is vague, infrequent, or overly critical. | Provides feedback inconsistently or with limited depth. | Regularly delivers constructive and actionable feedback. | Delivers feedback with exceptional clarity, relevance, and supportiveness. | |
| Active Listening | Rarely listens to or acknowledges student input. | Occasionally listens but may not fully address student concerns. | Consistently listens actively and addresses student input effectively. | Exemplifies active listening and fosters open, meaningful dialogue. | |

4. Engagement Observation

| Criteria | 1 - Needs Improvement | 2 - Developing | 3 - Proficient | 4 - Exemplary | Comments |
|--------------------------------|---|---|---|---|----------|
| Involvement in Learning | Rarely involves student in meaningful learning opportunities. | Occasionally involves student but lacks variety or depth. | Consistently involves student in meaningful learning opportunities. | Actively engages student with diverse, challenging, and well-supported opportunities. | |
| Adaptability | Fails to adapt | Occasionally | Adapts teaching | Exemplifies adaptability | |

| | | | | | |
|---------------------------------|--|--|--|--|--|
| | teaching to student's learning needs. | adjusts teaching style with limited success. | to meet the student's individual needs effectively. | and ensures optimal learning experiences for the student. | |
| Encouraging Independence | Provides minimal opportunity for student independence. | Occasionally encourages independence but with limited structure. | Encourages independence while offering appropriate guidance. | Fosters independence and empowers student decision-making confidently. | |

CLINICAL SITE VISIT RECORD
LARAMIE COUNTY COMMUNITY COLLEGE (LCCC)
Physical Therapist Assistant (PTA) Program

| | |
|--|---|
| Student Name: | Date: |
| Facility: | Clinical Instructor: |
| Clinical Practicum (circle one): I II | Area of Practice: |
| In which week of the clinical experience does this visit fall? | |
| Notes from CPI | |
| | |
| Discussion with Clinical Instructor | |
| Affective Skills: (<u>professionalism</u> , initiation, acceptance of feedback, time management, confidence, motivation, etc.) | |
| Documentation: (content, accuracy, proficiency, timeliness) | |
| Level of Independence with Plan of Care Development based on PT's evaluation and goals: | Level of Independence with treatments and progression of treatments: |
| | |
| Caseload: (what percentage of the CI's caseload is the student able to handle effectively) | |
| | |
| Goals for the remainder of the clinical: | |
| | |
| Clinical Instructor Self Reflection | |
| What has been your biggest success with this student? | |
| Are there challenges you've faced in providing guidance? | |
| How do you ensure the student receives feedback they can act upon? | |
| What resources or support would help you be a more effective CI? | |
| Programmatic Feedback | |
| Academic Preparation: (lacking, adequate, exceptional) | Suggestions for Faculty: |
| | |

| |
|---|
| Specific learning opportunities for students at this facility: (Setting %, demographics, surgery observation, education, etc.) |
| Questions for ACCE or follow up needed: |
| Discussion with Student |
| Overall impression of learning experience: |
| Learning opportunities that have made this clinical memorable if any: |
| Performance of Clinical Instructor/Level of Supervision of PT and/or PTA: |
| Has the student been given the appropriate amount of items such as autonomy, instruction, feedback, facility orientation, etc.: (please provide details if able) |
| Goals for the remainder of the clinical: |
| ACCE Reflection |
| What were the CI's key strengths during the site visit, and how can these be leveraged to enhance future learning experiences? |
| Are there any areas of concern or opportunities for growth observed? If so, what specific actions or support might address this? |
| How effectively does this current clinical sight align with LCCC PTA program goals? |
| Next Steps (if necessary) |

| | |
|--------------------------------|--|
| College Representative: | |
| Date & Location: | |

PTA CURRICULUM SPREADSHEET
LARAMIE COUNTY COMMUNITY COLLEGE (LCCC)
Physical Therapist Assistant (PTA) Program

| | Introduced | Intermediary Knowledge | Mastery Knowledge |
|--|------------|-------------------------|-------------------|
| General Education 3.3.1 | | | |
| Basic Sciences (biological, physical, physiological, anatomic principles) | | | Prerequisites |
| Applied physical therapy science | | | All PTAT Courses |
| Technical Education 3.3.2 | | | |
| To prepare the entry-level PTA to work under the direction and supervision of the PT | 1600 | 2970 | 2971 |
| Communicates verbally and non-verbally with the patient, the PT, health care delivery personnel, and others in an effective and capable manner. (3.3.2.1) | 1600 | 2970 | 2971 |
| Recognizes individual and cultural differences and response appropriately in all aspects of physical therapy services (3.3.2.2) | 1600 | 2970 | 2971 |
| Exhibits conduct that reflects a commitment to meet the expectations of member of society receiving health care services (3.3.2.3) | 1600 | 2970 | 2971 |
| Exhibits conduct that reflects a commitment to meet the expectations of members of the profession of physical therapy (3.3.2.4) | 1600 | 2970 | 2971 |
| Exhibits conduct that reflects practice standards that are legal, ethical and safe. (3.3.2.5) | 1600 | 2970 | 2971 |
| Communicates an understanding of the plan of care developed by the physical therapist to achieve short and long term goals and intended outcomes (3.3.2.6) | 1600 | 2970 | 2971 |
| Demonstrates | 1650, 1720 | 1660, 1800, 1820, 1840, | 2971 |

| | | | |
|--|------------|------------|------------|
| competence in implementing selected components of interventions identified in the plan of care established by the PT (3.3.2.7) | | 2970 | |
| FUNCTIONAL TRAINING | | | |
| Activities of Daily Living | 1600 | 1650, 1720 | 1650 |
| Assistive/Adaptive Devices | 1600 | 1650 | 1650 |
| Body Mechanics | 1600 | 1650 | 1650 |
| Developmental Activities | 1600 | 1720 | 1800 |
| Gait and Locomotion Training | 1600 | 1650, 1720 | 1820 |
| Prosthetics and Orthotics | | | 1820 |
| Wheelchair management skills | 1600 | 1650 | 1650, 1800 |
| INFECTION CONTROL PROCEDURES | | | |
| Isolation techniques | 1600 | 1650 | 1650 |
| Sterile technique | 1600 | 1650 | 1650 |
| MANUAL THERAPY TECHNIQUES | | | |
| Passive range of motion | 1600, 2030 | 1650, 1720 | 1820 |
| Therapeutic massage | | | 1650 |
| PHYSICAL AGENTS AND MECHANICAL AGENTS | | | |
| Athermal agents | 1650 | 1650 | 1660 |
| Biofeedback | 1650 | 1650 | 1660 |
| Compression therapies | | | 1650 |
| Cryotherapy | 1650 | 1650 | 1660 |
| Electrotherapeutic agents | | | 1660 |
| Hydrotherapy | 1650 | 1650 | 1660 |
| Superficial and deep thermal agents | 1650 | 1650 | 1660 |
| Traction | 1660 | 1660 | 1660 |
| THERAPEUTIC EXERCISE | | | |
| Aerobic conditioning | 1600 | 1720, 1820 | 1740 |
| Balance and coordination training | 1600 | 1720 | 1820, 1840 |
| Breathing exercises and coughing techniques | 1720 | 1720 | 1740 |
| Conditioning and reconditioning | 1720 | 1720 | 1820, 1740 |
| Postural awareness training | 2030 | 1720 | 1820, 1740 |
| Range of motion exercises | 1600, 2030 | 1650, 1720 | 1820 |
| Stretching exercises | 1600 | 1720 | 1820 |
| Strengthening exercises | 1600 | 1720 | 1820 |
| Wound Management | | | |

| | | | |
|---|------|------------|------------------|
| Application and removal of dressing or agents | 1600 | 1650 | 1840 |
| Identification of precautions for dressing removal | 1600 | 1650 | 1840 |
| Demonstrates competency in performing components of data collection skill essential for carrying out the plan of care (3.3.2.8) | | | |
| AEROBIC CAPACITY AND ENDURANCE | | | |
| Measures standard vital signs | 1600 | 1650 | 1740 |
| Recognizes and monitors responses to positional changes and activities | 1720 | 1740 | 1740, 1840 |
| Observes and monitors thoracoabdominal movements and breathing patterns with activity | 2030 | 1740 | 1740 |
| ANTHROPOMETRICAL CHARACTERISTICS | | | |
| Measures height, weight, length and girth | | | 1650 |
| AROUSAL, MENTATION, AND COGNITION | | | |
| Recognizes changes in the direction and magnitude of patient's state of arousal, mentation and cognition | 1720 | 1650 | 1800 |
| ASSISTIVE, ADAPTIVE, ORTHOTIC, PROTECTIVE, SUPPORTIVE, AND PROSTHETIC DEVICES | | | |
| Identifies the individual's and caregivers ability to care for the device | 1600 | 1650 | 1650, 1800, 1820 |
| Recognizes changes in skin condition while using devices and equipment | | 1650 | 1800 |
| Recognizes safety factors while using the device | 1600 | 1650 | 1650 |
| GAIT, LOCOMOTION, AND BALANCE | | | |
| Describes the safety, status, and progression of patients while engaged in gait, locomotion, balance, wheelchair management | | 1650, 1720 | 1800, 1820 |

| | | | |
|---|----------|------|------------|
| and mobility | | | |
| INTEGUMENTARY INTEGRITY | | | |
| Recognizes absent or altered sensation | 1650 | 1660 | 1800 |
| Recognizes normal and abnormal integumentary changes | 1650 | 1660 | 1840 |
| Recognizes activities, positioning, and postures that aggravate or relieve pain or altered sensations, or that can produce associated skin trauma | 1600 | 1650 | 1800 |
| Recognizes viable versus nonviable tissue | | | 1840 |
| JOINT INTEGRITY AND MOBILITY | | | |
| Recognizes normal and abnormal joint movement | 2030 | 1720 | 1820 |
| MUSCLE PERFORMANCE | | | |
| Measures muscle strength by manual muscle testing | 2030 | 1720 | 1820 |
| Observes the presence of absence of muscle mass | 2030 | 1720 | 1820 |
| Recognizes normal and abnormal muscle length | 2030 | 1720 | 1820 |
| Recognizes changes in muscle tone | | 1820 | 1800 |
| NEUROMOTOR DEVELOPMENT | | | |
| Recognizes gross motor milestones | Lifespan | 1840 | 1800 |
| Recognizes fine motor milestones | Lifespan | 1840 | 1800 |
| Recognizes right and equilibrium reactions | | 1720 | 1800, 1840 |
| PAIN | | | |
| Administers standardized questionnaires, graphs, behavioral scales, or visual analog scales for pain | 1650 | 1820 | 1840 |
| Recognized activities, positioning, and postures that aggravate or relieve pain or altered sensations | 1720 | 1820 | 1840 |
| POSTURE | | | |
| Describes resting posture in any position | 2030 | 1720 | 1820 |
| Recognizes alignment of trunk and extremities at | 2030 | 1720 | 1820 |

| | | | |
|--|------|------------------|------------|
| rest and during activities | | | |
| RANGE OF MOTION | | | |
| Measures functional range of motion | 2030 | 1720 | 1820 |
| Measure range of motion using a goniometer | | | 2030 |
| SELF-CARE AND HOME MANAGEMENT AND COMMUNITY OR WORK REINTEGRATION | | | |
| Inspects the physical environment and measures physical space | | | 1650 |
| Recognizes safety and barriers in home, community and work environments | | | 1650 |
| Recognizes level of functional status | | 1650 | 1800, 1820 |
| Administers standardized questionnaires to patients and others | | 1650 | 1800, 1820 |
| VENTILATION, RESPIRATION, AND CIRCULATION EXAMINATION | | | |
| Recognizes cyanosis | 1720 | | 1740 |
| Recognizes activities that aggravate or relieve edema, pain, dyspnea, or other symptoms | 1650 | 1720 | 1740, 1820 |
| Describes chest wall expansion and excursion | | 1720 | 1740 |
| Describes cough and sputum characteristics | | 1720 | 1740 |
| | | | |
| Adjusts interventions within the plan of care established by the physical therapist in response to patient clinical indications and reports this to the supervision physical therapist (3.3.2.9) | 1600 | 1800, 1820, 2970 | 2971 |
| Recognized when intervention should not be provided due to changes in the patient's status and reports this to the supervising physical therapist (3.3.2.10) | 1600 | 1800, 1820 | 2970, 2971 |

| | | | |
|--|------|------------|------------|
| Reports any changes in the patient's status to the supervising physical therapist (3.3.2.11) | 1600 | 2970 | 2971 |
| Recognizes when the direction to perform an intervention is beyond that which is appropriate for a physical therapist assistant and initiates clarification with the physical therapist (3.3.2.12) | 1600 | 2970 | 2971 |
| Participates in educating patients and caregivers as directed by the supervising physical therapist (3.3.2.13) | 1720 | 1820, 2970 | 2971 |
| Provides patient-related instruction to patients, family members, and caregivers to achieve patient outcomes based on the plan of care established by the physical therapist (3.3.2.14) | 1720 | 1820, 2970 | 2971 |
| Takes appropriate action in an emergency situation (3.3.2.15) | 1600 | 1650, 2970 | 2971 |
| Completes thorough, accurate, logical, concise, timely, and legible documentation that follows guidelines and specific documentation formats required by state practice acts, the practice setting, and other regulatory agencies (3.3.2.16) | 1600 | 2970 | 2971 |
| Participates in discharge planning and follow-up as directed by the supervising physical therapist (3.3.2.17) | 1600 | 2970 | 2971 |
| Reads and understands the health care literature (3.3.2.18) | 1600 | 1820 | 2970, 2971 |
| Under the direction and supervision of the physical therapist, instructs other members of the | 1600 | 2970 | 2971 |

| | | | |
|---|------|------|------|
| healthcare team using established techniques, programs, and instruction materials commensurate with the learning characteristics of the audience (3.3.2.19) | | | |
| Educates others about the role of the physical therapist assistant (3.3.2.20) | 1600 | 2970 | 2971 |
| Interacts with other members of the health care team in patient-care and non-patient care activities (3.3.2.21) | 1600 | 2970 | 2971 |
| Provides accurate and timely information for billing and reimbursement purposes (3.3.2.22) | 1600 | 2970 | 2971 |
| Describes aspects of organizational planning and operation of the physical therapy service (3.3.2.23) | 1600 | 2970 | 2971 |
| Participates in performance improvement activities (quality assurance) (3.3.2.24) | 1600 | 2970 | 2971 |
| Demonstrates a commitment to meeting the needs of the patients and consumers (3.3.2.25) | 1600 | 2970 | 2971 |
| Demonstrates an awareness of social responsibility, citizenship, and advocacy, including participation in community and service organizations and activities (3.3.2.26) | 1600 | 2970 | 2971 |

| | | | |
|---|-------------------------------------|------|------|
| Identifies career development and lifelong learning opportunities (3.3.2.27) | 1600, 1720, 2030 (Service Learning) | 2970 | 2971 |
| Recognizes the role of the physical therapist assistant in the clinical education of physical therapist assistant students (3.3.2.28) | 1600 | 2970 | 2971 |

PTA PROGRAM MASTER SKILLS LIST
LARAMIE COUNTY COMMUNITY COLLEGE (LCCC)
Physical Therapist Assistant (PTA) Program

| Therapeutic Procedures I | Therapeutic Procedures II | Functional Kinesiology | Therapeutic Exercise |
|---|---|---|--|
| Hand-washing, hand rubbing, standard precautions, transmission based isolation, and sterile techniques* | Neuromuscular Electrical Stimulation (NMES) including electrode placement, high volt, TENS, interferential* | Goniometry including UE, LE, neck/trunk* | Anthropometrical measurements |
| Vital Signs including pulse rate, respiratory rate, blood pressure, body temperature, and pulse oximetry* | Ultrasound* and phonophoresis | Palpation including bony prominences, ankle/foot, knee, hip, spine (cervical, thoracic, and lumbar), shoulder, elbow, wrist/hand* | Mechanical and manual resistive techniques |
| Body mechanics (teaching of) | Iontophoresis | Manual Muscle Testing (MMT) including UE, LE, neck/trunk* | Plyometrics |
| Transfers including sit-stand transfer, pivot transfer bed to chair, sliding board transfer, Hoyer lift/mechanical transfers* | Traction including cervical and lumbar* | TMJ | Aquatic Therapy/Hydrotherapy |
| Bed positioning and draping including bed mobility* | Biofeedback | Posture (normal)* | Geriatric exercise |
| Assistive device fitting and gait training (stairs and level surfaces) * | Infrared lamp (theory only) | PROM, AAROM, AROM including ankle/foot, knee, hip, spine (cervical, thoracic, and lumbar), shoulder, elbow, wrist/hand | Balance assessment and balance/coordination exercises |
| Wheelchair management including components, measurement, and mobility* | Short Wave Diathermy* | Joint mobility including normal and abnormal movements | Therapeutic ball exercise |
| Edema management including girth measurements and wrapping for edema control* | Laser | | Posture including assessment, instruction, and spinal stabilization exercises |
| Circulation techniques* | Ultraviolet (theory only) | | Body mechanics for work tasks |
| Intermittent compression* | Cryotherapy* | | Workstation analysis and ergonomics |
| Soft Tissue Mobilization and therapeutic massage including cervical, back, UE, LE* | Moist heat including paraffin* | | Open/closed chain exercise |
| Adaptive equipment | Dry heat | | PNF diagonals* |
| ADL training and IADLs | Contrast bath | | Reciprocal inhibition |
| CPR | | | Home Exercise Program (HEP) Design and Instruction |
| Home and Environmental Assessments | | | Progressive Resistance Exercise |
| Self-care, home, and community management | | | Strengthening exercise including isotonic and isometric, concentric, and eccentric |
| | | | Circulation exercises |
| | | | Analysis of treatment of gait and gait abnormalities |
| | | | Peripheral joint mobilization including Grade I-IV * |

| Neurology | Orthopedics | Cardiac Rehab | Specialty Rehab |
|---|--|---|--|
| Motor learning techniques | Orthotics and prosthetics | Assessment and treatment of circulation and ventilation | Wound care – without sharps debridement |
| Developmental and functional movement analysis | Supportive and protective devices including taping and dynamic splints | Aerobic/anaerobic activities | Sterile dressing change including dressing application and removal* |
| Inhibition techniques | Special Tests and assessment tools specific to ortho rehab* | Relaxation strategies | Topical agents |
| Transfers and position specific to neuro rehab diagnoses* | Casting (theory) | Cardiovascular endurance exercises | Vestibular and balance assessment and rehabilitation including balance exercises and fall prevention |
| Gait training specific to developmental and neuro rehab diagnoses | Connective tissue stretching | Cardiac rehab-phases | Pediatric assessment and exercises |
| Cognitive Assessment | Muscle stretching, active and passive | Fitness/wellness programs | Women’s health |
| Coma stimulation | Post-surgical exercise programming and protocols | Breathing exercises* | Geriatrics |
| Pediatric exercises | Protective devices | Coughing techniques* | Special tests and assessment tools for specialty areas |
| Basic NDT techniques* | Post-amputation rehab including residual limb wrapping* | Supplemental oxygen | Lymphedema |
| Sensation & Deep Tendon Reflex (DTR) testing* | Dynamic splints | Special tests (theory only) | Pain assessment and management including chronic pain |
| Spinal nerve reflex testing* | PROM using CPM | Postural drainage* | |
| Dermatomes | | Chest percussion and vibration* | |
| Myotomes | | Cardiovascular assessment and special tests | |
| Adaptive devices | | Energy conservation | |
| Special tests and assessment tools specific to neuro rehab | | | |
| Developmental milestones including gross and fine movement | | | |
| Righting and equilibrium reactions | | | |

*Denotes skills a student has demonstrated competence in through practical examination: skill check or competency check.

**Clinical Instructors who teach skills not covered in the program are responsible for assessing the student’s competence with the skill prior to the patient treatment.

Appendix C: Clinical Practice Standards

Standards of Practice for Physical Therapy



HOD S06-20-35-29 [Amended: HOD S06-19-29-50; HOD S06-13-22-15; HOD S06-10-09-06; HOD S06-03-09-10; HOD 06-03-09-10; HOD 06-99-18-22; HOD 06-96-16-31; HOD 06-91-21-25; HOD 06-85-30-56; Initial: HOD 06-80-04-04; HOD 06-80-03-03] [Standard]

Preamble

The physical therapy profession is committed to transforming society by optimizing movement to improve the human experience. Physical therapists pursue excellence in a professional scope of practice that includes optimizing physical function, health, quality of life, and well-being across the lifespan, and they work to improve population health in the communities where they practice. The American Physical Therapy Association (APTA) attests to this commitment by adopting and promoting the following *Standards of Practice for Physical Therapy*. These standards are the profession's statement of conditions and performances that are essential for provision of high-quality professional service to society, and they provide a foundation for assessment of physical therapist practice.

I. Ethical/Legal Considerations

A. Ethical Considerations

The physical therapist practices according to the APTA *Code of Ethics for the Physical Therapist*.

The physical therapist assistant complies with the APTA *Standards of Ethical Conduct for the Physical Therapist Assistant*.

B. Legal Considerations

The physical therapist complies with all the legal requirements of jurisdictions regulating the practice of physical therapy.

The physical therapist assistant complies with all the legal requirements of jurisdictions regulating the work of the physical therapist assistant.

II. Administration of the Physical Therapy Service

A. Statement of Mission, Purposes, Goals, Objectives, and Scope of Services

The physical therapy service has a statement of mission, purposes, goals, objectives, and scope of services that is reviewed annually and reflects the needs and interests of the patients and clients served, the physical therapy personnel affiliated with the service, and the community.

B. Organizational Plan

The physical therapy service has a written organizational plan.

The organizational plan:

- Describes relationships among components within the physical therapy service and, where the service is part of a larger organization, between the service and the other components of that organization;
- Ensures that a physical therapist provides the clinical direction of physical therapist services;
- Defines supervisory structures within the service; and
- Reflects current personnel functions.

C. Policies and Procedures

The physical therapy service has written policies and procedures that are reviewed regularly and revised as necessary; reflect the operation, mission, purposes, goals, objectives, and scope of the



service; are legally compliant with federal and state law; and are guided by the association's positions, standards, guidelines, policies, and procedures.

D. Administration

Guided and informed by APTA positions, standards, guidelines, policies, and procedures, the physical therapist responsible for the clinical direction of physical therapist services ensures:

- Compliance with local, state, and federal requirements;
- Services are provided in accordance with established policies and procedures;
- The process for assignment and reassignment of physical therapist staff (handoff communication) supports individual physical therapist responsibility to their patients and clients and meets the needs of the patients and clients; and
- Continuing competence of physical therapists and physical therapist assistants by providing training consistent with their respective roles.

E. Fiscal Management

The physical therapist responsible for physical therapist services, in consultation with physical therapy staff and appropriate administrative personnel, participates in the planning for and allocation of resources. Fiscal planning and management of the service is based on sound accounting principles.

The fiscal management plan:

- Includes a budget that provides for optimal use of resources;
- Ensures accurate recording and reporting of financial information;
- Allows for cost-effective utilization of resources;
- Follows billing processes that are consistent with federal regulations and payer policies, charge reasonable fees for physical therapist services, and encourage physical therapists to be knowledgeable of service fee schedules, contractual relationships, and payment methodologies; and
- Considers options for providing *pro bono* services.

F. Improvement of Quality of Care and Performance

The physical therapy service has a written plan for continuous improvement of quality of care and performance of services.

The improvement plan:

- Provides evidence of ongoing review and evaluation of services; and
- Provides a mechanism for documenting improvement in quality of care and performance and is consistent with requirements of external agencies, as applicable.

G. Staffing

The physical therapy personnel affiliated with the physical therapy service have demonstrated competence, and are sufficient to achieve the mission, purposes, goals, objectives, and scope of the service.

The physical therapy service:

- Ensures that the level of expertise within the service is appropriate to the needs of the patients and clients served, and consistent with the scope of the services provided; and
- Provides appropriate professional and support personnel to meet the needs of the patient and client population.

H. Staff Development

The physical therapy service has a written plan that provides for appropriate and ongoing staff development.

The staff development plan:

- Includes strategies for lifelong learning and professional and career development that include self-assessment, individual goal setting, and organizational needs;
- Includes mechanisms to foster mentorship activities;
- Includes information regarding evidence-based practice and relevant clinical practice guidelines; and
- Includes education regarding use of clinical practice guidelines, reflective reasoning, clinical reasoning, metacognition, and the value of mentoring.

I. Physical Setting

The physical setting, where applicable, is designed to provide a safe and accessible environment that facilitates fulfillment of the mission, purposes, goals, objectives, and scope of the physical therapy service. It is appropriate for the number and type of patients and clients served. The equipment is safe and sufficient to achieve the purposes and goals of the physical therapy service.

J. Coordination

Physical therapy personnel collaborate with all health services providers and with patients, clients, caregivers, and others as appropriate; and use a team and person-centered approach in coordinating and providing physical therapist services.

III. Patient and Client Management

Physical therapist practice incorporates all components of evidence-based practice, integrating best available research evidence, clinical expertise, and an individual's values and circumstances to make decisions regarding services for patients and clients, practice management, and health policy.

A. Physical Therapist of Record

All patients and clients receiving physical therapist services shall have a physical therapist of record who is responsible for patient and client management.

B. Patient and Client Collaboration

Within the patient and client management process, the physical therapist, the individual, and their caregiver(s) establish and maintain an ongoing collaborative process of decision-making that exists throughout the provision of services and can extend over the lifespan.

C. Initial Examination/Evaluation/Diagnosis/Prognosis

The physical therapist performs an initial examination and evaluation to establish a diagnosis and prognosis prior to intervention. Wellness and prevention encounters may occur without the presence of disease, illness, impairments, activity limitations, or participation restrictions. Physical therapist services include the use of assessments to identify the presence of risk factors, and cognitive and environmental barriers and opportunities that may be targets for health promotion activities.

The physical therapist examination:

- Is documented and dated by the physical therapist who performed it;
- Identifies the physical therapy and as indicated other health needs of the patient or client;
- Performs or orders appropriate diagnostic and or physiologic procedures, tests, and measures;
- Produces data that are sufficient to allow evaluation, diagnosis, prognosis, and the establishment of a plan of care;
- Refers for additional services to meet the needs of the patient or client; and
- Includes, when appropriate and available, results from diagnostic and physiologic testing.

D. Management Plan and Plan of Care

The management plan is the framework of physical therapist services provided to patients or clients, groups, or populations. The management plan is based on best available evidence and may include recommendations and goals developed by other entities. When indicated, the management plan

need for ongoing physical therapist services. A management plan is indicated when prevention, health promotion, and wellness services are provided in groups or populations.

The management plan includes a plan of care when physical therapist services are indicated to address a health condition. The plan of care is based on the best available evidence and consists of statements that specify the goals of the plan, predicted level of optimal improvement, interventions to be used, proposed duration and frequency of the interventions that are required to reach the goals and outcomes, and plans as appropriate for referral, consultation, or co-management with other providers.

A plan of care is not needed when the physical therapist is being consulted for expert opinion or advice, or for diagnostic or physiologic testing. In such situations the physical therapist documents the reason(s) that the plan of care was not created.

The physical therapist involves the patient or client and appropriate others in the development of the management plan and plan of care.

E. Intervention

The physical therapist provides or directs and supervises intervention consistent with results of the examination, evaluation, diagnosis, prognosis, and plan of care. Intervention is focused on meeting the goals of the plan of care and optimizing functional performance, emphasizes patient or client education, and promotes proactive, wellness-oriented lifestyles. It may be provided in an episode of care, in a single encounter such as for wellness and/or prevention, in specialty consultation, or as follow-up after an episode of care. Services also may be provided intermittently over longer periods of time in cases of managing patients or clients with chronic conditions, creating a lifelong patient or client relationship with the physical therapist.

An *episode of care* is the managed care provided for a specific health condition or conditions during a set time period. The episode can be for a short period, or on a continual basis, or it may consist of a series of intervals of service.

The intervention:

- Is provided at a level that is consistent with best available evidence and current physical therapist practice;
- Is in direct alignment with the patient's or client's desired outcomes and goals;
- Is altered in accordance with changes in response or status; and
- Is provided in such a way that directed and supervised responsibilities are commensurate with the qualifications and legal limitations of the physical therapist assistant.

F. Lifelong and Long-Term Patient and Client Relationships

Physical therapists foster and encourage lifelong and long-term patient and client relationships. Where feasible, physical therapists, as entry-point providers, provide services within the community that are available to patients or clients over a lifetime. Efforts are made to address movement system disorders and to maintain optimal health and wellness through physical therapist intervention as needed.

Lifelong and long-term patient and client relationships:

- Foster continuity of service over patients' and clients' lifespans by addressing changes in the movement system, health status, or disabilities as they arise;
- Empower patients and clients to advocate for their own health;
- Empower the physical therapist to advocate on behalf of patients and clients within the health services system; and
- Foster identification by patients and clients that they have their own physical therapist among various health professionals.

G. Reexamination

The physical therapist reexamines the patient or client as necessary to evaluate progress or change in status. Reexamination may occur during an episode of care, during follow-up encounters after an

episode of care, or periodically in the case of the management of patients and clients with chronic conditions. During reexamination the physical therapist modifies the management plan accordingly and refers the patient or client to another health services provider for consultation as necessary.

H. Conclusion of an Episode of Care

The physical therapist concludes an episode of care when the goals and outcomes for the patient or client have been achieved, when the patient or client is unable to further progress toward goals, or when the physical therapist determines that the patient or client will no longer benefit from physical therapy. Conclusion of a single episode of care may not, in many settings or circumstances, signal the end of a patient or client provider relationship.

I. Communication/Coordination/Documentation

The physical therapist communicates, coordinates, and documents all aspects of patient and client management including the results of the initial examination and evaluation, diagnosis, prognosis, plan of care, intervention, responses to intervention, changes in patient or client status relative to the intervention, reexamination, and episode of care summary. The physical therapist of record is responsible for “handoff” communication and follows “handoff” procedures developed by the physical therapy service to the next physical therapist of record. When possible, patient records and data are recorded using a method that allows for collective analysis. The physical therapist ensures that protected health information is maintained and transmitted following legally required practices.

J. Co-management/Consultation/Referral

At any point in an episode of care, or in a long-term or lifelong physical therapist-patient or client relationship, a physical therapist may engage in 1 or more of the following actions related to involvement of other clinicians. Other clinicians may be those in other professions and also may be physical therapist colleagues, some with advanced practice credentials or board certification in a clinical specialty.

- Co-management: The physical therapist shares management responsibility for the individual with another clinician(s).
- Consultation: Upon the request of another clinician(s), the physical therapist renders professional expert opinion or advice by applying highly specialized knowledge and skills to aid in the management of an individual’s health condition. The physical therapist documents the findings and any recommendations of the consultation as part of the management plan. When a physical therapist is consulted for the purposes of diagnostic or physiologic testing, the physical therapist determines the need for and performs the testing in accordance with best available evidence. The results of the testing are documented and communicated to the referring clinician(s). Unless indicated, the consultant physical therapist does not assume management responsibility of the individual. The physical therapist also seeks consultative services from other clinicians when situations exist that are beyond the expertise or available resources of the physical therapist. In these cases, the physical therapist shares responsibility for the individual with the consultant.
- Referral: The physical therapist may:
 - Refer an individual to another provider and either conclude care or not develop a plan of care;
 - Refer an individual to another provider and continue the management plan at the same time;
 - Receive an individual referred from another provider who chooses not to continue services for the individual;
 - Receive an individual from another provider who continues to provide services to the individual (if the physical therapy episode of care is ongoing, the physical therapist shares responsibility for the individual); or
 - Receive an individual from another provider for diagnostic and or physiologic testing.

IV. Education

The physical therapist is responsible for individual professional development. The physical therapist assistant is responsible for individual career development.

- The physical therapist and the physical therapist assistant, under the direction and supervision of the physical therapist, participate in the education of peers, other health services providers, and students.

- The physical therapist educates and provides consultation to consumers and the general public regarding the purposes and benefits of physical therapy.
- The physical therapist educates and provides consultation to consumers and the general public regarding the roles of the physical therapist and the physical therapist assistant.

V. Advocacy

The physical therapist and the physical therapist assistant will participate in advocacy for patients' and clients' rights with respect to:

- Physical therapy being an entry-point for patients into the health services system;
- Physical therapists serving in primary care roles;
- Appropriate access to needed health services including physical therapist services; and
- Communities creating safe and accessible built environments, where population health is a priority.

VI. Research

The physical therapist applies research findings to practice and encourages, participates in, and promotes activities that establish the outcomes of patient and client management provided by the physical therapist.

The physical therapist:

- Remains current in their knowledge of literature related to practice;
- Protects the rights of research subjects and maintains the integrity of research;
- Participates in research as appropriate to individual education, experience, and expertise;
- Educates physical therapists, physical therapist assistants, students, other health professionals, and the general public about new evidence from research and the outcomes of physical therapist practice; and
- Accesses and translates knowledge in support of clinical decisions, and uses literature based on its quality and appropriateness.

VII. Community Responsibility

The physical therapist demonstrates community responsibility by participating in community and community agency activities, educating the public, formulating public policy, and providing *pro bono* physical therapist services.

Explanation of Reference Numbers:

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Last Updated: 8/12/2020

Contact: nationalgovernance@apta.org

Standards of Ethical Conduct for the Physical Therapist Assistant



HOD S06-20-31-26 [Amended HOD S06-19-47-68; HOD S06-09-20-18; HOD S06-00-13-24; HOD 06-91-06-07; Initial HOD 06-82-04-08] [Standard]

Preamble

The Standards of Ethical Conduct for the Physical Therapist Assistant (Standards of Ethical Conduct) delineate the ethical obligations of all physical therapist assistants as determined by the House of Delegates of the American Physical Therapy Association (APTA). The Standards of Ethical Conduct provide a foundation for conduct to which all physical therapist assistants shall adhere. Physical therapist assistants are guided by a set of core values (accountability, altruism, collaboration, compassion and caring, duty, excellence, integrity, and social responsibility). Throughout the document the primary core values that support specific principles are indicated in parentheses. Fundamental to the Standards of Ethical Conduct is the special obligation of physical therapist assistants to enable patients and clients to achieve greater independence, health and wellness, and enhanced quality of life.

No document that delineates ethical standards can address every situation. Physical therapist assistants are encouraged to seek additional advice or consultation in instances where the guidance of the Standards of Ethical Conduct may not be definitive. The APTA Guide for Conduct of the Physical Therapist Assistant and Core Values for the Physical Therapist and Physical Therapist Assistant provide additional guidance.

Standards

Standard #1: Physical therapist assistants shall respect the inherent dignity, and rights, of all individuals.

(Core Values: Compassion and Caring, Integrity)

- 1A. Physical therapist assistants shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.
- 1B. Physical therapist assistants shall recognize their personal biases and shall not discriminate against others in the provision of physical therapist services.

Standard #2: Physical therapist assistants shall be trustworthy and compassionate in addressing the rights and needs of patients and clients.

(Core Values: Altruism, Collaboration, Compassion and Caring, Duty)

- 2A. Physical therapist assistants shall act in the best interests of patients and clients over the interests of the physical therapist assistant.
- 2B. Physical therapist assistants shall provide physical therapist interventions with compassionate and caring behaviors that incorporate the individual and cultural differences of patients and clients.
- 2C. Physical therapist assistants shall provide patients and clients with information regarding the interventions they provide.
- 2D. Physical therapist assistants shall protect confidential patient and client information and, in collaboration with the physical therapist, may disclose confidential information to appropriate authorities only when allowed or as required by law.

Standard #3: Physical therapist assistants shall make sound decisions in collaboration with the physical therapist and within the boundaries established by laws and regulations.

(Core Values: Collaboration, Duty, Excellence, Integrity)

- 3A. Physical therapist assistants shall make objective decisions in the patient's or client's best interest in all practice settings.
- 3B. Physical therapist assistants shall be guided by information about best practice regarding physical therapist interventions.

- 3C. Physical therapist assistants shall make decisions based upon their level of competence and consistent with patient and client values.
- 3D. Physical therapist assistants shall not engage in conflicts of interest that interfere with making sound decisions.
- 3E. Physical therapist assistants shall provide physical therapist services under the direction and supervision of a physical therapist and shall communicate with the physical therapist when patient or client status requires modifications to the established plan of care.

Standard #4: Physical therapist assistants shall demonstrate integrity in their relationships with patients and clients, families, colleagues, students, research participants other health care providers, employers, payers, and the public.

(Core Value: Integrity)

- 4A. Physical therapist assistants shall provide truthful, accurate, and relevant information and shall not make misleading representations.
- 4B. Physical therapist assistants shall not exploit persons over whom they have supervisory, evaluative or other authority (eg, patients and clients, students, supervisees, research participants, or employees).
- 4C. Physical therapist assistants shall not engage in any sexual relationship with any of their patients and clients, supervisees, or students.
- 4D. Physical therapist assistants shall not harass anyone verbally, physically, emotionally, or sexually.
- 4E. Physical therapist assistants shall discourage misconduct by physical therapists, physical therapist assistants, and other health care professionals and, when appropriate, report illegal or unethical acts, including verbal, physical, emotional, or sexual harassment, to an appropriate authority with jurisdiction over the conduct.
- 4F. Physical therapist assistants shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.

Standard #5: Physical therapist assistants shall fulfill their legal and ethical obligations.

(Core Values: Accountability, Duty, Social Responsibility)

- 5A. Physical therapist assistants shall comply with applicable local, state, and federal laws and regulations.
- 5B. Physical therapist assistants shall support the supervisory role of the physical therapist to ensure quality care and promote patient and client safety.
- 5C. Physical therapist assistants involved in research shall abide by accepted standards governing protection of research participants.
- 5D. Physical therapist assistants shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.
- 5E. Physical therapist assistants who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.

Standard #6: Physical therapist assistants shall enhance their competence through the lifelong acquisition and refinement of knowledge, skills, and abilities.

(Core Value: Excellence)

- 6A. Physical therapist assistants shall achieve and maintain clinical competence.
- 6B. Physical therapist assistants shall engage in lifelong learning consistent with changes in their roles and responsibilities and advances in the practice of physical therapy.
- 6C. Physical therapist assistants shall support practice environments that support career development and lifelong learning.

Standard #7: Physical therapist assistants shall support organizational behaviors and business practices that benefit patients and clients and society.

(Core Values: Integrity, Accountability)

- 7A. Physical therapist assistants shall promote work environments that support ethical and accountable decision-making.
- 7B. Physical therapist assistants shall not accept gifts or other considerations that influence or give an appearance of influencing their decisions.



- 7C. Physical therapist assistants shall fully disclose any financial interest they have in products or services that they recommend to patients and clients.
- 7D. Physical therapist assistants shall ensure that documentation for their interventions accurately reflects the nature and extent of the services provided.
- 7E. Physical therapist assistants shall refrain from employment arrangements, or other arrangements, that prevent physical therapist assistants from fulfilling ethical obligations to patients and clients

Standard #8: Physical therapist assistants shall participate in efforts to meet the health needs of people locally, nationally, or globally.

(Core Value: Social Responsibility)

- 8A. Physical therapist assistants shall support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.
- 8B. Physical therapist assistants shall advocate for people with impairments, activity limitations, participation restrictions, and disabilities in order to promote their participation in community and society.
- 8C. Physical therapist assistants shall be responsible stewards of health care resources by collaborating with physical therapists in order to avoid overutilization or underutilization of physical therapist services.
- 8D. Physical therapist assistants shall educate members of the public about the benefits of physical therapy.

Explanation of Reference Numbers:

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Last Updated: 8/12/2020

Contact: nationalgovernance@apta.org

Core Values for the Physical Therapist and Physical Therapist Assistant



HOD P09-21-21-09 [Amended: HOD P06-19-48-55; HOD P06-18-25-33; Initial HOD P05-07-19-19] [Previously Titled: Core Values: for the Physical Therapist] [Position]

The core values guide the behaviors of physical therapists and physical therapist assistants to provide the highest quality of physical therapist services. These values imbue the scope of physical therapist and physical therapist assistant activities. The core values retain the physical therapist as the person ultimately responsible for providing safe, accessible, cost-effective, and evidence-based services; and the physical therapist assistant as the only individual who assists the physical therapist in practice, working under the direction and supervision of the physical therapist. The core values are defined as follows:

- **Accountability**
Accountability is active acceptance of the responsibility for the diverse roles, obligations, and actions of the physical therapist and physical therapist assistant including self-regulation and other behaviors that positively influence patient and client outcomes, the profession, and the health needs of society.
- **Altruism**
Altruism is the primary regard for or devotion to the interest of patients and clients, thus assuming the responsibility of placing the needs of patients and clients ahead of the physical therapist's or physical therapist assistant's self-interest.
- **Collaboration**
Collaboration is working together with patients and clients, families, communities, and professionals in health and other fields to achieve shared goals. Collaboration within the physical therapist-physical therapist assistant team is working together, within each partner's respective role, to achieve optimal physical therapist services and outcomes for patients and clients.
- **Compassion and Caring**
Compassion is the desire to identify with or sense something of another's experience, a precursor of caring. Caring is the concern, empathy, and consideration for the needs and values of others.
- **Duty**
Duty is the commitment to meeting one's obligations to provide effective physical therapist services to patients and clients, to serve the profession, and to positively influence the health of society.
- **Excellence**
Excellence in the provision of physical therapist services occurs when the physical therapist and physical therapist assistant consistently use current knowledge and skills while understanding personal limits, integrate the patient or client perspective, embrace advancement, and challenge mediocrity.
- **Inclusion**
Inclusion occurs when the physical therapist and physical therapist assistant create a welcoming and equitable environment for all. Physical therapists and physical therapist assistants are inclusive when they commit to providing a safe space, elevating diverse and minority voices, acknowledging personal biases that may impact patient care, and taking a position of anti-discrimination.
- **Integrity**
Integrity is steadfast adherence to high ethical principles or standards, being truthful, ensuring fairness, following through on commitments, and verbalizing to others the rationale for actions.



- **Social Responsibility**

Social responsibility is the promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness.

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Last Updated: 12/14/2021

Contact: governancehouse@apta.org

APTA GUIDELINES TO PROMOTE EXCELLENCE IN CLINICAL EDUCATION PARTNERSHIPS



Last Updated: 9/20/19 Contact: nationalgovernance@apta.org

GUIDELINES TO PROMOTE EXCELLENCE IN CLINICAL EDUCATION PARTNERSHIPS HOD G06-19-62-59

[Initial:

HOD G06-93-27-52] [Previously Titled: Guidelines: Clinical Education Sites] [Guideline]

All physical therapy education programs, including their clinical partners, are accountable for meeting quality standards. The individual and collective efforts of academic programs and clinical partners shall strive to ensure excellence in education. The following guidelines describe aspects of the clinical partner site, the site coordinator of clinical education (SCCE), and the clinical instructor (CI) necessary to promote excellence in clinical education.

1. The Clinical Site
 - 1.1 Clinical sites engage in collaborative partnerships with academic programs that provide benefit to all stakeholders.
 - 1.2 The philosophies of the clinical education site and of the provider of physical therapist services and clinical education are compatible with that of the academic institution.
 - 1.3 Clinical education experiences for students are planned and resourced to meet specific objectives of the academic program, the provider of physical therapist services, and the individual student.
 - 1.4 Physical therapy personnel provide services in a legal and ethical manner.
 - 1.5 The clinical education site is committed to the principle of equal opportunity and affirmative action as required by federal legislation.
 - 1.6 The clinical education site demonstrates administrative support of physical therapy clinical education.
 - 1.7 The clinical education site has a variety of learning experiences available to students.
 - 1.8 The clinical education site provides an active, stimulating environment appropriate to the learning needs of students.
 - 1.9 The clinical education site identifies selected support services available to students.
 - 1.10 The clinical education site defines and responsibilities of physical therapy personnel.
 - 1.11 The clinical education site has requisite physical therapy personnel to provide an

educational program for students.

- 1.12 The clinical education site selects a site coordinator of clinical education (SCCE) based on specific criteria.
 - 1.13 The clinical education site selects physical therapy CIs based on specific criteria as listed in Section 3.
The Clinical Instructor.
 - 1.14 The clinical education site provides students access to the special expertise of its personnel.
 - 1.15 The clinical education site encourages clinical educator (CI and SCCE) training and development.
 - 1.16 The clinical education site supports active career development for its personnel.
 - 1.17 The clinical education site has an active and viable process of internal evaluation of its affairs and is receptive to procedures of review and audit approved by appropriate, relevant external agencies and consumers.
2. The Site Coordinator of Clinical Education
 - 2.1 The SCCE is encouraged to be a member of the American Physical Therapy Association (APTA), if eligible, and is active in professional activities.
 - 2.2 The SCCE has specific qualifications and is responsible for coordinating the assignments and activities of students at the clinical education site.
 - 2.3 The SCCE demonstrates effective communication and interpersonal skills.
 - 2.4 The SCCE demonstrates effective instructional skills.
 - 2.5 The SCCE demonstrates effective supervisory skills.
 - 2.6 The SCCE demonstrates effective performance evaluation skills.
 - 2.7 The SCCE demonstrates effective administrative and managerial skills.
 - 2.8 The SCCE seeks opportunities to engage in continuing education related to the roles of supervisor, educator, and/or manager.
 3. The Clinical Instructor
 - 3.1 The CI is encouraged to be a member of APTA and is active in professional activities.
 - 3.2 The CI demonstrates clinical competence and legal and ethical behavior that meet or exceed the expectations of members of the physical therapy profession.
 - 3.3 The CI demonstrates effective communication skills.
 - 3.4 The CI demonstrates effective behavior, conduct, and skill in interpersonal relationships.

- 3.5 The CI demonstrates effective instructional skills.
- 3.6 The CI demonstrates effective supervisory skills.
- 3.7 The CI demonstrates effective performance evaluation skills.
- 3.8 The CI seeks opportunities to engage in continuing education related to the role of an educator.

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ESSENTIAL FUNCTIONS FOR PHYSICAL THERAPIST ASSISTANT STUDENTS

LARAMIE COUNTY COMMUNITY COLLEGE (LCCC) Physical Therapist Assistant (PTA) Program

To be successful in this curriculum, students must be able to demonstrate the following skills/abilities:

Observation: A candidate must be able to observe a patient accurately at a distance and close at hand. Observation necessitates the functional use of the sense of vision and other sensory modalities. The candidate must be able to observe demonstrations and learn from experiences in the basic sciences and in the clinical physical therapy laboratory such as accurately reading dials on electrotherapeutic equipment and numbers on a goniometer, hear heart and breath sounds, assess normal and abnormal color changes in the skin and palpate various body parts.

Communication: A candidate must be able to assimilate information from written sources (texts, journals, notes, medical records, etc.). The candidate must be able to attain, comprehend, retain, and utilize new information presented in written formats as well as produce appropriate written documentation. A candidate must be able to speak with, hear, and observe patients in order to elicit information, perceive nonverbal communications, and describe changes in mood, activity, and posture. The candidate must be able to communicate effectively and sensitively with patients, and efficiently and effectively with the heart-care team, orally and in writing.

Sensorimotor: A candidate must have sufficient gross motor, fine motor, and equilibrium functions to elicit information from patients by palpation, auscultation, percussion, and other data collection skills. A candidate must be able to execute movements required to provide therapeutic intervention (e.g., patient transfers, exercise, and application of electrotherapy) and emergency treatment. Quick reactions are necessary not only for safety, but for efficient and effective therapeutic intervention. The student must have the ability to move him or herself and the patient in order to perform motor function tests and treatment. Additionally, the student must be able to ensure the physical safety of a patient at all times. Such skills require coordination of gross and fine muscular movements, equilibrium, and sensation (hearing, vision, smell, and touch).

Intellectual-Conceptual, Integrative, and Quantitative Abilities: A candidate must be capable of these abilities which include, but are not limited to, measurement, calculation, reasoning, analysis, synthesis and retention of complex information. Problem-solving is a critical skill demanded of physical therapist assistants, one that involves all these abilities. The candidate must also be able to comprehend three-dimensional relationships and spatial relationships of structures.

Emotional: A candidate must have the emotional health to use fully his or her intellectual abilities, the exercise good judgment, and the prompt completion of all responsibilities attendant to the care of patients.

Interpersonal: A candidate must be able to develop mature, sensitive, and effective relationships with patients and colleagues. Ability to tolerate physical and emotional stress and continue to function effectively is a must. A candidate must be adaptable, flexible, and able to function in the face of uncertainty. He or she must have integrity, the motivation to serve a high level of compassion, and a consciousness of social values. A candidate needs the interpersonal skills to interact positively with people from all levels of society, ethnic backgrounds, and beliefs.

A deficiency in the abilities listed above can severely diminish a candidate's chances of success in school and in the profession. It is the responsibility of the student with disabilities to request those accommodations that he/she feels are reasonable and are needed to execute the essential functions described. The ability to perform the above skills does not guarantee licensure/certification in any given state. Students who have concerns about the ability to perform any of these functions should contact the PTA Program Director at 307.778.1198. Individuals with disabilities may request reasonable accommodations or information by calling the LCCC Office of Student Accommodations (OSA) at 307.778.1359.

Appendix D: Required Student Forms

PATIENT CONFIDENTIALITY AGREEMENT
LARAMIE COUNTY COMMUNITY COLLEGE (LCCC)
Physical Therapist Assistant (PTA) Program

I understand that confidential care and treatment is the right of all patients in all clinical agencies utilized for my clinical experience as a Physical Therapist Assistant (PTA) Student at Laramie County Community College (LCCC). The diagnosis, treatment, and all other information concerning patients are confidential and may not be released to anyone, including family members, without the consent of the patient. I understand that even the presence of a patient in a clinical facility is considered confidential.

I understand that other information I may obtain as part of my student experiences is also confidential. I understand that the concept of confidentiality includes but is not limited to information concerning: 1) a patient; 2) a patient's family or significant others; 3) an employee or job applicant; 4) a physician or other practitioner; 5) peer review or quality of care; 6) the sensitive business plans or finances of the college or clinical facility; 7) computer passwords; 8) other students and instructors; or 9) any other persons who may make use of clinical facilities and services.

I agree that, except as clearly directed by my instructor, I will not at any time during or after my student experiences, disclose or discuss confidential information or any part of my experience, which is of a confidential nature to anyone who does not need that information to perform their duties. I also agree not to seek or obtain information regarding confidential matters not necessary to fulfill my responsibilities as a student.

I recognize that my disclosure of confidential information may cause irreparable injury to an individual, the college, and/or the clinical facility, and may result in a civil lawsuit. I understand that any violation of this agreement or my disclosure of any confidential information in an unauthorized manner can result in my immediate dismissal from the PTA Program. If in any situation I am uncertain or unclear of my responsibilities in protecting confidential information, I will seek the guidance of my instructor or appropriate supervising personnel.

By my signature below, I certify that I have read this Student Confidentiality Agreement, have asked any questions I had, that I understand this Agreement, and I agree to be bound by its terms.

Student Signature

Date

Printed name

Signed original to be kept in student file.

PHYSICAL THERAPIST ASSISTANT PROGRAM ESSENTIAL FUNCTIONS VERIFICATION

**LARAMIE COUNTY COMMUNITY COLLEGE (LCCC)
Physical Therapist Assistant (PTA) Program**

Essential Functions student signature page to be completed at program entry.

___ Yes ___ No I have read and I understand the Essential Functions relative to the Physical Therapist Assistant Program.

___ Yes ___ No I am able to meet the physical requirements of the PTA Program as specified and do not require any reasonable accommodation to meet these requirements at this time.

___ (v) I require the following reasonable accommodation(s) to meet the Physical Requirement standard as specified:

Printed Name of Student

Signature of Student

Date

Nondiscrimination in Employment and Education Opportunity

Laramie County Community College (LCCC) is committed to a policy of nondiscrimination in employment and education opportunity. No person shall be discriminated against in the terms and conditions of employment, personnel practices, or access to and participation in, programs, services, and activities with regard to race, sex, color, creed, religion, age, national origin, disability, marital status, status with regard to public assistance, sexual orientation, or membership or activity in a local commission as defined by law.

VIDEOTAPE/PHOTOGRAPH CONSENT AND AGREEMENT

**LARAMIE COUNTY COMMUNITY COLLEGE (LCCC)
Physical Therapist Assistant (PTA) Program**

I, _____ give Laramie County Community College (LCCC), PTA Program consent to videotape/photograph/audiotape me during classroom, lab or off campus education experiences for educational purposes only. I also agree to keep all photographs and electronic records that I take or use as a student, as confidential and will not release any electronic information or images unless I receive written notification from the PTA program director.

Printed Student Name

Printed Student Signature

Date

STUDENT STATEMENT OF UNDERSTANDING AND LIABILITY RELEASE

LARAMIE COUNTY COMMUNITY COLLEGE (LCCC)

Physical Therapist Assistant (PTA) Program

I, _____ (print name), am a student at Laramie County Community College (LCCC) – Cheyenne campus who is enrolled in a Health Sciences & Wellness Division program.

I acknowledge that I have been informed of the following and that I understand the following:

1. That the health and human services program I have enrolled in may involve exposure to human body fluids and cell and tissue cultures that may carry infections such as HIV (Human Immunodeficiency Virus) and Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV).
2. That exposure to infectious blood and other body fluids and cultures by contact through eye, mouth, blood, non-intact skin, or other method may put me at risk of contracting a blood borne infection.
3. That to protect myself from exposure to blood and other body fluid and cultures, I will wear protective apparel according to OSHA (Occupational Safety and Health Administration) standards and comply with applicable policies of the College and any hospital or clinical affiliate that I am attending.
4. That if I should become exposed by eye, mouth, blood, non-intact skin, or other method to blood or other human fluids or cultures, I will immediately report such incident to the program instructor or clinical internship supervisor.
5. That if such exposure should occur, I hereby authorize the College or the clinical affiliate to administer such immediate first aid as is deemed appropriate until medical help can be obtained.
6. That I hereby release and hold harmless Laramie County Community College (LCCC), its employees, officers, agents, and representatives, including all hospital and clinical internships, from any liability for any and all injury, illness, disability, or death, including all costs for medical care, resulting from my exposure to infectious blood or other human fluids or cultures or the administration of emergency first aid after such exposure, during the course of my participation in the health sciences and wellness school program, whether caused by the negligence of the College or otherwise, except that which is the result of gross negligence or wanton misconduct by the College.

Printed Student Name

Major

Student Signature

Date

STATEMENT OF HANDBOOK AGREEMENT
LARAMIE COUNTY COMMUNITY COLLEGE (LCCC)
Physical Therapist Assistant (PTA) Program

The following statement confirms that the student understands and agrees to the requirements and policies of Laramie County Community College (LCCC) and the Physical Therapist Assistant (PTA) Program as written in this handbook and appendices.

I have read, understand, and agree with the LCCC Physical Therapist Assistant Student Handbook. I agree to comply with the printed policies expressed therein as well as those in the LCCC Catalog, and LCCC Student Handbook. Furthermore, I have been informed that changes may occur as determined by developments in clinical and/or academic settings. As far as possible, changes will be effective prior to the beginning of the academic term. When notified verbally and in writing of these changes, I will comply with them.

I understand that a minimum grade of "C" (75%) will be required to pass each course. I am aware that failure to adhere to all LCCC policies, the PTA Program policies as outlined in the Student Handbook, and the information identified in each course syllabi may result in my dismissal from the PTA Program.

This statement of agreement will become part of my file in the PTA Program Department Office.

My signature indicates acceptance of this agreement.

Student Signature _____

Printed Name _____

Date _____

CORE ABILITIES IN PROFESSIONAL DEVELOPMENT AS PHYSICAL THERAPIST ASSISTANTS

LARAMIE COUNTY COMMUNITY COLLEGE (LCCC)

Physical Therapist Assistant (PTA) Program

This self assessment is to be used primarily as a self-assessment tool by students and will serve as a reference for discussions with faculty advisors. The Core Abilities listed in the shaded boxes are to be assessed, developed, and reassessed by the student during the academic phase of their professional education.

1. Rank each core ability within the **shaded box** that best matches in the columns below the numbered line. The ranking represents a continuum for expected student progress during the PTA program.
2. The descriptors below the boxes serve as examples of the attributes and associated behaviors expected for that ability. Evaluate your level of proficiency in each subcategory by filling in the O (circle) next to each behavior you believe you perform well. Leave a blank in front of those behaviors you perform poorly or inconsistently. You may base your assessment on your behavior and abilities in prior or current vocational, academic, or social situations and not only on physical therapy experience.
3. Last, provide a justification for your rating in the “Examples and Comments” section. Your submission is incomplete without this step.

Students should use feedback from multiple sources when self-assessing. When asked, students should be able to support their rankings with specific program related examples. Feedback might come from:

- Self reflection
- Written and verbal feedback
- Non-verbal messages
- Classmates
- Faculty

* Note, you may enter the program with several of these abilities fully developed. Other abilities may require significant work, this process is meant to foster self-awareness and reflection. Please see *Professionalism and Student Responsibilities* in the PTA Student Handbook for information on expected performance levels.

* Adapted from the University of Alabama at Birmingham DPT program’s *Core Abilities for Physical Therapy Professional Development*. In turn, developed from May et al. *Model for Ability-Based Assessment in Physical Therapy Education*. Journal of Physical Therapy Education. 9:3-6, 1995. University of Wisconsin at Madison

1. Commitment to Learning:

The ability to self-assess, self-correct, and self-direct; to identify needs and sources of learning; and to continually seek new knowledge and understanding.

1 2 3 4 5 6

Requires direction often, struggles to identify needs and sources of learning and rarely seeks out new knowledge and understanding.

Self-directed, frequently identifies needs and sources of learning, and invites new knowledge and understanding.

Highly self-directed, consistently identifies needs and sources of learning, a deliberately seeks out new knowledge and understanding.

Examples of Expectations/Behaviors

Demonstrates when admitted or no later than end of Spring 1 semester

Demonstrated by:

- identifies problems
- formulates appropriate questions
- identifies own learning needs based on previous experience
- identifies and locates appropriate resources
- demonstrates positive attitude (motivation) toward learning
- sets personal and professional goals
- attentive
- identifies need for further information
- attends class on time consistently

Demonstrates by end of Fall 1 semester

Demonstrated by:

- prioritizes information needed
- takes collaborative approach – (e.g. contributes to group process)
- analyzes and subdivides large questions into components
- monitors own progress
- accepts learning as a lifelong process
- accepts that there may be more than one answer to a problem
- recognizes the need to and can verify solutions to problems
- prioritizes use of professional literature
- reads articles critically and understands limits of application to professional practice

Demonstrates at entry-level and beyond

Demonstrated by:

- questions conventional wisdom
- reconciles conflicting information
- seeks out additional learning opportunities
- applies new information and re-evaluates performance
- formulates and re-evaluates options based on available evidence
- verifies solutions to problems

Examples and Comments:

2. Interpersonal Skills:

The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community.

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Engages in non-effective or judgmental interactions with persons in the academic setting and loses focus in unexpected/new situations.

Usually engages in effective and non-judgmental interactions with most persons in the academic setting, and maintains focus in unexpected/new situations

Consistently engages in highly effective and non-judgmental interactions with all persons in the academic setting and responds exceptionally well to unexpected/new situations.

Examples of Expectations/Behaviors

Demonstrates when admitted or no later than end of Spring 1 semester

Demonstrated by:

- maintains professional demeanor in all clinical/classroom interactions
- demonstrates empathy and interest in patients as individuals
- recognizes appropriate of body language
- cooperates with supervisor(s)
- communicates with others in a respectful, confident manner
- respects personal space of patients and others
- Maintains appropriate confidentiality in all clinical/classroom interactions

Demonstrates by end of Fall 1 semester

Demonstrated by:

- assumes responsibility for mistakes
- apologizes when appropriate
- motivates others to achieve
- establishes trust
- Maintains appropriate patient/practitioner relationship
- recognizes impact of non-verbal communication and modifies non-verbal communication to meet the message; listens actively
- recognizes the influence of outside commitments on clinical/ classroom performance, and is able to strike balance

Demonstrates at entry-level and beyond

Demonstrated by:

- recognizes role as a supervisor and delegates responsibility to others
- aware of differences in learning styles in patients and coworkers, and can accommodate those differences
- allows expression of feelings but returns to original focus; diverts anger
- listens to patients but reflects on original concerns
- approaches difficult patient with appropriate affect
- responds appropriately to unexpected and or entirely new experiences

Examples and Comments:

3. Cultural Competence:

The ability to acknowledge and deal effectively with cultural and ethnic diversity issues.

1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____

Unaware of cultural differences or may perceive cultural differences but label them negatively.

Tries to avoid stereotypes and appreciates differences in cultures, but may view own values as universal

Can shift perspective to that of another culture while maintaining own values.

Examples of Expectations/Behaviors

Demonstrates when admitted or no later than end of Spring 1 semester

Demonstrated by:

- recognizes cultural differences that have escaped notice previously
- recognizes and becomes more tolerant of differences; sees basic similarities among people of different cultures

Demonstrates by end of Fall 1 semester

Demonstrated by:

- learns more about own culture; avoids projecting own culture onto other people's experience.
- conscientiously considers other's cultures in the classroom and the clinic

Demonstrates at entry-level and beyond

Demonstrated by:

- understands the perspective of people from other cultures
- can accept cultural differences without automatic assignment of value-based labels
- understands and demonstrates differences in stereotyping and generalizing
- utilizes cultural generalization in a positive manner in the provision of culturally competent health care.

Examples and Comments:

4. Communication Skills:

The ability to communicate effectively (i.e., speaking, body language, reading, writing, listening) for varied audiences and purposes.

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Exhibits poor written, verbal and non-verbal communication skills and lacks ability to modify information to meet the needs of varied audiences/purposes.

Exhibits acceptable written, verbal and non-verbal communication skills and is usually capable of modifying information to meet the needs of various audiences/purposes.

Exhibits superior written, verbal and non-verbal communication skills and readily modifies information to meet the needs of various audiences/purposes.

Examples of Expectations/Behaviors

Demonstrates when admitted or no later than end of Spring 1 semester

Demonstrated by:

- demonstrates understanding of basic English; uses correct grammar, accurate spelling and expression
- recognizes voice quality and avoids vocal detractors (e.g., sing-songing, sighing, etc.)
- writes legibly
- recognizes impact of non-verbal communication; maintains eye contact, listen actively
- demonstrates basic computer skills

Demonstrates by end of Fall 1 semester

Demonstrated by:

- summarizes verbal or written message clearly
- presents verbal or written message with logical organization and sequencing, using accurate professional and/or lay terminology
- utilizes non-verbal feedback constructively
- receives feedback without defensiveness
- reconciles differences among peers with appropriate level of assertiveness
- listens actively

Demonstrates at entry-level and beyond

Demonstrated by:

- aware of differences in learning styles in patients and co-workers, and able to accommodate those differences
- tactfully redirects conversation
- collects all necessary information from the interview process
- speaks at receiver's communication level and modifies communication to meet needs of different audience; lay, professional, and third-party payers
- dictates clearly and concisely

Examples and Comments:

5. Effective Use of Time and Resources:

The ability to obtain maximum benefit from a minimum investment of time and resources.

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Exhibits poor use of time and resources, shows lack of flexibility/adaptability, and struggles to set measurable goals.

Obtains good results through use of time and resources, shows adequate flexibility/adaptability and sets measurable goals.

Consistently obtains maximum results through superior use of time and resources, shows unusual flexibility/adaptability and goal-setting.

Examples of Expectations/Behaviors

Demonstrates when admitted or no later than end of Spring 1 semester

Demonstrated by:

- meets external deadlines
- able to focus on tasks at hand without dwelling on past mistakes
- demonstrates flexibility/adaptability
- uses instructional materials as appropriate
- recognizes own resource limitations and uses existing resources effectively
- sets own schedule

Examples and Comments:

Demonstrates by end of Fall 1 semester

Demonstrated by:

- sets priorities and reorders when necessary
- collaborates with others
- coordinates schedule with others

Demonstrates at entry-level and beyond

Demonstrated by:

- sets realistic goals
- able to perform multiple tasks simultaneously and delegate when appropriate
- able to use limited resources creatively
- has ability to say "no"

6. Use of Constructive Feedback:

The ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction.

1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____

Accepts feedback defensively, does not identify or integrate feedback, provides non-constructive, negative or untimely feedback to others.

Usually accepts, identifies and integrates feedback from others, and frequently provides appropriate feedback to others

Seeks out, identifies, and eagerly integrates feedback from others, and provides constructive, timely and positive feedback to others.

Examples of Expectations/Behaviors

Demonstrates when admitted or no later than end of Spring 1 semester

Demonstrated by:

- demonstrates open and active listening skills using appropriate verbal and non-verbal communication
- receptive without becoming defensive
- actively seeks feedback and help
- demonstrates a positive attitude toward feedback while respecting own limits

Demonstrates by end of Fall 1 semester

Demonstrated by:

- *reflects upon and critiques own performance*
- establishes personal goals based on feedback
- integrates feedback for effective use
- gives feedback constructively and receives feedback without defensiveness
- reconciles differences with appropriate level of assertiveness

Demonstrates at entry-level and beyond

Demonstrated by:

- applies feedback by considering multiple solutions to issues/problems
- provides positive and timely feedback to patients and peers
- maintains two-way communication with CI

Examples and Comments:

7. Problem Solving:

The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.

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Does not regularly recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.

Frequently recognizes and defines most problems, analyzes data, develops and implements solutions, and evaluates outcomes.

Consistently and insightfully recognizes and defines problems, analyzes data, develops and implements solutions and evaluates outcomes

Examples of Expectations/Behaviors

Demonstrates when admitted or no later than end of Spring 1 semester

Demonstrated by:

- recognizes problems
- states problems clearly
- reports or describes known solutions to problem

Demonstrates by end of Fall 1 semester

Demonstrated by:

- identifies contributors to problem
- identifies resources needed to develop solutions when not known
- possesses skills such as active listening and interviewing needed to identify cause of problem
- objectifies problem (e.g., identifies specific behavioral components of a problem)
- accepts responsibility for implementation of solutions and evaluates outcomes

Demonstrates at entry-level and beyond

Demonstrated by:

- considers advantages/disadvantages of possible solutions
- evaluates outcomes of implemented solutions
- seeks solutions through brainstorming and peer interaction
- seeking solutions to community health related problems

Examples and Comments:

8. Professionalism:

The ability to exhibit appropriate professional conduct and to represent the profession effectively.

1 2 3 4 5 6

Exhibits questionable or poor conduct concerning ethics, regulations, policies and procedures, and represents the profession in an incompetent and negative manner.

Usually exhibits professional conduct concerning ethics, regulations, policies and procedures, and represents the profession in a competent and positive manner.

Exhibits superior professional conduct concerning ethics, regulations, policies and procedures, and actively promotes/represents the profession in a highly competent/commendable manner.

Examples of Expectations/Behaviors

Demonstrates when admitted or no later than end of Spring 1 semester

Demonstrated by:

- abides by APTA ethical standards
- follows state licensure regulations
- projects professional image
- abides by institutional policies and procedures
- identifies personal value system
- relates personal value system to professional issues

Examples and Comments:

Demonstrates by end of Fall 1 semester

Demonstrated by:

- applies professional literature to patient care
- participates in APTA or APTA-WY activities
- identifies appropriate professional role models
- discusses professional values and societal expectations
- displays scientific skepticism in current PT practice
- discusses role of physical therapy in health care and society

Demonstrates at entry-level and beyond

Demonstrated by:

- accountable to patients and society for decisions
- acts on moral commitment
- involves patients and other health care professionals in decision making and informed consent
- appreciates the value of research
- actively promotes profession
- dedicated to improving quality of physical therapy services

9. Personal Responsibility:

The ability to fulfill commitments and to be accountable for actions and outcomes.

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Demonstrates a poor level of commitment, is not dependable, not punctual, not aware of personal and professional limitations, and does not accept responsibility for actions and outcomes.

Demonstrates an appropriate level of commitment, is usually dependable, punctual, aware of personal and professional limitations, and accepts responsibility for actions and outcomes.

Demonstrates a high level of commitment over and above normal responsibilities, very dependable, always punctual, acutely aware of personal and professional limitations and accepts full responsibility for actions and outcomes.

Examples of Expectations/Behaviors

Demonstrates when admitted or no later than end of Spring 1 semester

Demonstrated by:

- completes assignments and requests on time
- demonstrates dependability
- demonstrates punctuality
- fulfills commitments
- budgets time wisely

Demonstrates by end of Fall 1 semester

Demonstrated by:

- accepts responsibility for actions and outcomes
- provides safe and secure environment for patients
- collaborates with others who have complementary skills
- provides constructive feedback to peers
- encourages accountability

Demonstrates at entry-level and beyond

Demonstrated by:

- promotes education
- accepts realistic workload
- delegates when appropriate
- knows personal and professional limitations
- accepts leadership roles
- facilitates responsibility for program development and modification

Examples and Comments:

10. Critical Thinking:

The ability to question logically; to identify, generate, and evaluate elements of logical argument; to recognize and differentiate facts, illusion, assumptions, and hidden assumptions; and to distinguish the relevant from the irrelevant.

1 2 3 4 5 6

Does not identify, articulate or analyze problems, does not distinguish relevant from irrelevant, does not recognize/differentiate among facts, illusions and assumptions, and does not present ideas.

Frequently identifies, articulates and analyzes problems, distinguishes relevant from irrelevant, recognizes/differentiates among facts, illusions and presents ideas.

Readily identifies, articulates and analyzes problems, consistently and accurately distinguishes relevant from irrelevant, recognizes/differentiates among facts, and generates original ideas.

Examples of Expectations/Behaviors

Demonstrates when admitted or no later than end of Spring 1 semester

Demonstrated by:

- raises relevant questions
○ uses information effectively
○ understands and appreciates scientific method
○ thinks analytically: systematically and thoroughly
○ recognizes gaps in knowledge base

Demonstrates by end of Fall 1 semester

Demonstrated by:

- identifies and articulates problems
○ generates, originates, and formulates new ideas
○ critiques solutions
○ formulates alternative hypotheses
○ accepts challenge to understand and solve problems
○ distinguishes relevant from irrelevant to see relationship and patterns
○ identifies patterns of associations at appropriate level of complexity

Demonstrates at entry-level and beyond

Demonstrated by:

- recognizes and differentiates among facts, illusions, assumptions and hidden assumptions
○ demonstrates beginning intuitive thinking
○ distinguishes need to think intuitively vs. analytically
○ recognizes own biases and suspends judgmental thinking

Examples and Comments:

11. Stress Management:

The ability to identify sources of stress and to develop effective coping behaviors.

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Fails to identify sources of stress/problems in self and does not seek assistance or utilize coping skills and is unsuccessful at balancing professional/personal life.

Is usually aware of sources of stress/problems in self and others, frequently seeks assistance as needed, utilizes coping strategies, and maintains balance of professional/personal life.

Accurately identifies sources of stress/problems in self and others, actively seeks assistance when appropriate, demonstrates effective use of coping mechanisms and maintains balance of professional/personal life.

Examples of Expectations/Behaviors

Demonstrates when admitted or no later than end of Spring 1 semester

Demonstrated by:

- recognizes own stressors or problems
- recognizes distress or problems in others
- seeks assistance when appropriate
- maintains professional behavior regardless of problem situation

Demonstrates by end of Fall 1 semester

Demonstrated by:

- keeps balance between professional and personal life
- demonstrates appropriate responses to situations
- prioritizes multiple commitments
- has appropriate outlets to cope with stressors
- addresses unexpected changes appropriately

Demonstrates at entry-level and beyond

Demonstrated by:

- accepts constructive critical feedback
- works effectively with colleagues
- deals effectively with health care environment
- recognizes unsolvable problems

Examples and Comments:

Based on my Core Abilities Assessment, I am setting the following goals:

To accomplish these goals, I will take the following specific actions:

Student Signature _____ **Date** _____

Faculty Member Signature _____ **Date** _____

Appendix E: Additional Forms

PROGRAM ONBOARDING & IMMUNIZATION REQUIREMENTS

LARAMIE COUNTY COMMUNITY COLLEGE (LCCC)

Physical Therapist Assistant (PTA) Program

Student Last Name: _____ First Name: _____ Start Date: _____

PTAT 2970 Site: _____ PTAT 2971 Site: _____ Graduation: _____

To be Verified by Authorized HSW Staff:

_____ Background Check

_____ Urine Drug Screen

Onboarding Requirements – PTA Handbook:

_____ Patient Confidentiality Agreement

_____ Student Statement of Understanding and Liability Release

_____ PTA Program Essential Functions Verification

_____ Core Abilities Self Assessment

_____ Videotape/Photograph Consent and Agreement

_____ Statement of Handbook Agreement

Onboarding Requirements – HSW Policies:

_____ A. Volunteer Release and Waiver of Liability Form

_____ D. LCCC's Substance Abuse Policy, Consent to Testing, and Release of Information

_____ B. Consent for Release of Information

_____ E. Student Confidentiality & Responsibility Statement

_____ C. Compliance with Policies

Immunization Packet:

Please submit copies of the following documents through CastleBranch. Verification of current immunizations and titers are required as part of the health screening process prior to entering internship sites. *We apologize however, we are unable to make copies of records, please maintain your own records for use after graduation.*

_____ MMR (Measles, Mumps, and Rubella)

_____ FLU SHOT (annual vaccination)

_____ HEPATITUS B

_____ TETANUS (within the last 10 years)

_____ VARICELLA

_____ CPR CARD (BLS through American Heart Association)

_____ PPD (Tuberculosis) (LCCC requires a two-step test within the last 12 months)

_____ COVID-19 (as required by clinical partners)

_____ DTT (diphtheria, tetanus, pertussis)

_____ Color Vision Test (as required by clinical partners)

Clinical Preparation and Onboarding Requirements:

_____ Student Information and Goal Sheet

_____ *Completion Date* of CHES Booklet

_____ HSW Student Handbook Agreement

- Please refer to the Clinical Education section of the LCCC PTA Student Handbook for more details.
- Requirements are subject to change. Clinical partners may have additional requirements. Be sure to check with the ACCE and the CCCE/CI to ensure that you have met site specific requirements.

GUEST LECTURER INFORMATION AND OBSERVATION FORM

LARAMIE COUNTY COMMUNITY COLLEGE (LCCC)

Physical Therapist Assistant (PTA) Program

Name of Guest Lecturer: _____

Presentation Title (Content): _____

Date of Lecture/Lab: _____ **Course Title and Number:** _____

Source(s) of Contemporary Expertise including Specialty Certifications: _____

Years of Experience: _____

Lesson Design and Implementation

| | | |
|--|--|---|
| The instructional strategies and activities respected students' prior knowledge and the preconceptions inherent therein. | The lesson was designed to engage students as members of a learning community. | Student exploration preceded formal presentation. |
| The lesson encouraged students to seek and value alternative modes of investigation or of problem solving. | The lesson was designed to manage time in flexible ways to match learner needs or interests. | The lesson provided structure without being overly directive to encourage active participation. |

Content

| | | |
|---|--|---|
| Activities are aligned to learning outcomes. | Connections with other content disciplines or real-world phenomena were explored and valued. | Elements of abstraction (i.e., symbolic representations, theory building) were encouraged when relevant to course outcomes. |
| Students were reflective about their learning and encouraged to use self-assessment measures. | Technology enhances learning. | Evaluates student engagement and success through formative and summative assessment |

Communication

| | | | |
|--|--|---|--|
| Students were involved in the communication of their ideas to others using a variety of means and media. | The teacher acted as a resource person, working to support and enhance student engagement. | There was a high proportion of student talk and a significant amount of it occurred between and among students. | Questions triggered divergent modes of thinking. |
|--|--|---|--|

ROUTINE STUDENT CONFERENCE/ADVISING

LARAMIE COUNTY COMMUNITY COLLEGE (LCCC)
Physical Therapist Assistant (PTA) Program

Student: _____ **Semester:** _____

This form may be used during routine conferences and advising sessions to facilitate a collaborative discussion between the student and faculty member.

Review of Academic Progress (challenges, grades, success markers and future courses, etc):

Review of Progress Towards Clinicals (CastleBranch compliance, communication with clinical sites, etc.):

Student Feedback and Self-Reflection:

Student Action Items and Goals to facilitate academic and professional success:

Faculty Signature: _____ Student Signature: _____ Date: _____

Faculty Signature: _____ Student Signature: _____ Date: _____

INTERVENTIONAL (RELEARNING) STUDENT CONFERENCE/ADVISING

LARAMIE COUNTY COMMUNITY COLLEGE (LCCC)
Physical Therapist Assistant (PTA) Program

Student: _____ **Semester & Course:** _____

This form may be used during Relearning experiences to facilitate student reflection and support a collaborative discussion between the student and faculty member.

Review of Progress Towards Clinicals (Castlebranch compliance, communication with clinical sites, etc.) & Academic Progress (challenges, grades, success markers and future courses, etc):

Areas of Concern including types of issue (conceptual misunderstanding, application error, etc):

Student Feedback, Self-Reflection, and Plan Moving Forward:

**Student Action Items and Goals to facilitate academic and professional success:
Follow-Up Meeting:**

Faculty Signature: _____ Student Signature: _____ Date: _____

Faculty Signature: _____ Student Signature: _____ Date: _____

READMISSION APPLICATION FORM
LARAMIE COUNTY COMMUNITY COLLEGE (LCCC)
Physical Therapist Assistant (PTA) Program

Instructions: Answer all questions in an essay format. Use at least 3 sentences for each question. Use full sentences and correct grammar and spelling. Use additional paper as needed. Initial next to appropriate lines.

1. Identify at least three strengths that will help you succeed academically in the PTA program.
2. Explain how these strengths will help you succeed academically in the PTA program.
3. Identify at least 3 areas that contributed to your unsuccessful academic performance.
4. Describe how these areas contributed to your poor academic performance and actions you will take to improve your academic performance.
5. If you are chosen to continue in the PTA program, identify the resources you will utilize and how they will improve your academic performance? (Identify at least 3 resources you will use).
6. Write 3 SMART (Specific, Measurable, Attainable, Relevant, Time-bound) goals for improving your academic performance.
7. Develop a comprehensive plan for improving academic performance by incorporating answers to questions 4, 5 and 6.

_____ I understand that I may reenter the program once, though no guarantee of readmission is given. Faculty members reserve the right to deny readmission based on several factors, including, and not limited to prior clinical and classroom performance, professional behaviors, interim remedial work completed by the student.

_____ I understand that I may also be required to demonstrate proficiency in physical therapy skills learned up to the point of dismissal from the PTA program by completing the clinical skills check-off and a written readmission examination.

Signature

Date

Printed Name

PAPER VERSION OF PTA CLINICAL PERFORMANCE INSTRUMENT (CPI) 3.0

LARAMIE COUNTY COMMUNITY COLLEGE (LCCC)
Physical Therapist Assistant (PTA) Program



Final PTA CPI BARS²

Rating Instructions

The key to accurately evaluating the student you are rating is to match their typical behaviors in the clinical setting to the descriptions in the rating scales. Four pieces of information are provided for each performance criterion: (1) a description of the performance criterion, (2) statements or “anchors” that describe the six performance levels (**Beginning Performance, Advanced Beginner, Intermediate Performance, Advanced Intermediate Performance, Entry-Level Performance, and Beyond Entry- Level Performance**), (3) percentage ranges for the student’s level of required clinical supervision and caseload (except for the ‘Professionalism’ domain where these benchmarks are less applicable), and (4) example behaviors that further clarify the performance levels. **It is critical to rely on these descriptors while making your ratings. Doing so will help to ensure that all students within and across programs are assessed using the same standards.**

When making your ratings, think about all aspects of the student’s clinical behavior during their current clinical placement. Then, find the example behaviors that best represent the student’s typical clinical behavior or performance. For each performance criterion, example behaviors span across two performance levels (Beginning Performance – Advanced Beginner; Intermediate Performance – Advanced Intermediate Performance; Entry-Level Performance – Beyond Entry-Level Performance). Please remember that the example behaviors are provided to illustrate the types of behaviors associated with different levels of performance. **Not all example behaviors may be relevant to the student you are rating, and they are not intended to be an exhaustive list of behaviors** representative of all performance at that level. Rather, they are provided as examples of the types of behaviors that constitute different performance levels for each criterion.

When deciding between performance levels, consider where **(a) the student’s level of supervision and caseload falls on the rating scale** and **(b) the majority of the behaviors that best represent the student’s performance fall on the rating scale**. If the student’s clinical performance spans multiple performance levels, **consider where there is a preponderance of evidence and make your rating at that level.**

Finally, when making your ratings, it is important to remember the following:


- **Do not compare the student you are rating to other students.** Each student’s effectiveness should be determined by comparing their clinical behavior to the standards provided on the rating scales, and **not** by comparing them to others. In other words, you should make **absolute** rating judgments (e.g., comparing students to a specific, common standard), not **relative** rating judgments (i.e., comparing students to each other).
- **Do not allow your general impression of a student to influence your ratings of the separate performance criteria.** Rather, you should focus on one performance criterion at a time, not letting the student’s overall clinical performance or the ratings you have given that student on other performance criteria affect your current performance criterion rating.
- Lastly, remember that every student has strengths and areas for development. Your ratings should clearly reflect the student’s strengths and less effective clinical behaviors, as appropriate.

² While not reflected in the pages that follow, the stakeholders advised that a checkbox be included to denote any safety violations.

| Professionalism: Ethical Practice | | | | | | |
|---|---|-------------------|---|-----------------------------------|--|--------------------------------|
| Description: <i>Practices according to the Standards of Ethical Conduct; demonstrates respect for self, the patient/client, and colleagues in all situations.</i> | | | | | | |
| Rating Scale | Beginning Performance | Advanced Beginner | Intermediate Performance | Advanced Intermediate Performance | Entry-Level Performance | Beyond Entry-Level Performance |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| Sample Behaviors (NOT an exhaustive list) | <ul style="list-style-type: none"> • Acknowledges that there are ethical practice standards by which they should abide. • Identifies obvious unethical behaviors that occur in the clinical setting. • Identifies, acknowledges, and accepts responsibility for their actions. • Maintains patient/client confidentiality. • Engages in a polite and respectful manner with patients/clients and colleagues. | | <ul style="list-style-type: none"> • Articulates most of the policies and procedures of their clinical practice setting (e.g., OSHA, HIPAA). • Articulates most of the elements of the Standards of Ethical Conduct. • Reports clinical errors without prompting from the CI. • Gathers objective information to support questions regarding any potentially unethical behaviors observed in the clinical setting. • Seeks advice from CI on how to address potentially unethical behaviors observed in the clinical setting. • Seeks assistance with executing plans for addressing unethical behaviors. • Devotes appropriate time and effort to meet patient/client needs; does not rush a treatment session or intervention. | | <ul style="list-style-type: none"> • Abides by the policies and procedures of the clinical practice setting (e.g., OSHA, HIPAA). • Adheres to the elements of the Standard of Ethical Conduct. • Consistently identified unethical behaviors. • Uses resources (e.g., hospital ethics committee) for addressing and resolving ethical conflicts. • Recognizes the need and advocates for physical therapy services to underserved and underrepresented patient/client populations. • Strives to provide patient/client services that go beyond expected standards of practice. • Sets an example for other healthcare providers in their daily actions. | |


Professionalism: Legal Practice

Description: *Practices according to legal and professional standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.*

| Rating Scale | Beginning Performance | Advanced Beginner | Intermediate Performance | Advanced Intermediate Performance | Entry-Level Performance | Beyond Entry-Level Performance |
|--|--|-------------------|--|-----------------------------------|---|--------------------------------|
| |  | | | | | |
| Sample Behaviors (NOT an exhaustive list) | <ul style="list-style-type: none"> • Acknowledges that there are legal and professional practice standards by which they should abide. • Identifies obvious violations of legal and professional practice standards performed by others in the clinical setting. • Adheres to patient/client privacy laws and practice standards (e.g., keeps patient/client documentation systems out of the line of sight of others, speaks in a low volume when discussing a patient's/client's case). • Discusses patient/client information only with others involved with that patient's/client's care. • Identifies cognitive dissonance that can arise during clinical training (i.e., textbook care versus clinical care). | | <ul style="list-style-type: none"> • Articulates most of the legal and professional practice standards related to patient/client care, including federal, state, and institutional regulations. • Gathers some objective information to support questions regarding perceived illegal activity observed in the clinical practice setting. • Reports clinical errors without prompting from CI. • Seeks advice from CI on how to address violations of legal and professional practice standards observed in the clinical setting. • Seeks appropriate sources to report any perceived violations of legal and professional practice standards observed in the clinical setting. | | <ul style="list-style-type: none"> • Practices according to legal and professional standards including federal, state, and institutional regulations related to patient/client care. • Readily identifies violations of legal and professional practice standards. • Gathers objective information to support any questions regarding perceived illegal activity observed in the clinical practice setting. • Answers any questions to support reports of perceived illegal or unprofessional behavior. • Articulates and resolves cognitive dissonance that can arise during clinical training (i.e., textbook care versus clinical care). • Sets an example for other healthcare providers in their daily actions. • Works within the scope of what would be expected of the licensure and practice for their state. | |

Professionalism: Professional Growth

Description: *Accepts and is receptive to feedback; participates in planning and/or self-assessment to improve clinical performance; contributes to the advancement of the clinical setting through educational opportunities; seeks out opportunities to improve knowledge and skills.*

| Rating Scale | Beginning Performance | Advanced Beginner | Intermediate Performance | Advanced Intermediate Performance | Entry-Level Performance | Beyond Entry- Level Performance |
|--|---|-------------------|---|-----------------------------------|--|---------------------------------|
| |  | | | | | |
| Sample Behaviors (NOT an exhaustive list) | <ul style="list-style-type: none"> Seeks guidance from CI for steps to improve their clinical performance and/or clinical practice knowledge. Participates in planning to improve clinical performance and/or clinical practice knowledge. Develops and prioritizes several short- and long-term goals for improving their clinical practice skills. Takes initiative to communicate their clinical practice goals and learning needs to the CI. Accepts feedback without defensiveness. | | <ul style="list-style-type: none"> Identifies areas of strength and areas for growth in an effort to improve their clinical performance and/or clinical practice knowledge. Identifies educational opportunities and resources that are relevant to their clinical setting. Researches diagnoses and treatments encountered in the clinic that are unfamiliar. Revises previously established short- and long-term goals for improving clinical practice skills after participating in additional educational opportunities. Implements new information in the clinical setting and reflects on the effectiveness of different interventions. Provides effective feedback to CI related to clinical mentoring to advocate for their own learning needs. | | <ul style="list-style-type: none"> Self-assesses their clinical performance in an effort to improve patient/client care. Seeks out evidence-based research. Recognizes when referral to or consultation with individuals with greater experience/expertise is warranted in order to meet the patient's/client's needs. Participates in discussions with colleagues to foster their own professional growth or aid in the professional growth of their colleagues. Demonstrates the ability to effectively teach and/or share their professional knowledge. Shares articles or information with their colleagues for educational purposes within their areas of interest or within the needs of the patient/client population. Supports the development of continuing education opportunities for the institution or on a local or national level. Seeks out additional opportunities to improve knowledge and skills that are beyond the day- to-day clinical practice expectations. | |


Interpersonal: Communication

Description: *Demonstrates professional verbal and nonverbal communication with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues); adapts to diverse verbal and nonverbal communication styles during patient/client interactions; utilizes communication resources (e.g., interpreters) as appropriate; incorporates appropriate strategies to engage in challenging encounters with patients/clients and others; facilitates ongoing communication with physical therapist regarding patient/client care.*

| Rating Scale | Beginning Performance | Advanced Beginner | Intermediate Performance | Advanced Intermediate Performance | Entry-Level Performance | Beyond Entry-Level Performance |
|--|--|-------------------|---|-----------------------------------|---|--------------------------------|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| Supervision/ Caseload | A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor. | | A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full- time, entry-level physical therapist assistant’s caseload. | | A student who is capable of working independently under the direction/supervision of the PT while managing patients/clients with non-complex and complex conditions. The student is capable of maintaining 100% of a full-time, entry-level physical therapist assistant’s caseload. | |
| Sample Behaviors (NOT an exhaustive list) | <ul style="list-style-type: none"> Introduces self and the role of PTA to the patient/client. Demonstrates basic proficiency in identifying barriers to effective communication with patient/client and/or their caregiver(s) (e.g., hearing impairment, aphasia, low vision, low health literacy). Typically demonstrates effective verbal and non-verbal communication with patients/clients in non-complex situations. Demonstrates basic proficiency in communicating appropriately with other healthcare providers. Identifies the patient’s/client’s preferred communication style and uses their preferred communication style throughout most of the episode of care. Accesses and begins using translation services with assistance. Discusses patient/client status with other healthcare providers. Differentiates between technical and layman terminology. Typically exhibits active listening for improved understanding. | | <ul style="list-style-type: none"> Distinguishes between effective and ineffective verbal and non-verbal communication with the patient/client. Uses appropriate translation services as needed (e.g., interpreter, sign language). Typically refrains from using technical jargon with the patient/client. Communicates with other clinicians regarding patient/client care in order to facilitate a continuum of care between clinicians/disciplines. Asks the patient/client pertinent questions related to their medical history and medical screening to gain information during the episode of care. Asks the patient/client appropriate follow-up questions throughout the episode of care to clarify and understand the patient’s/client’s responses. | | <ul style="list-style-type: none"> Demonstrates effective verbal and non-verbal communication with patients/clients in complex situations. Recognizes when communication is ineffective and seeks external assistance for mediation as needed. Demonstrates effective communication with patients/clients in difficult situations (e.g., difficult topics, emotional situations) with respect and empathy in order to meet patient’s/client’s goals. Establishes rapport and trust with patient/client and caregiver(s) through effective communication. Facilitates ongoing communication with the physical therapist and the intra/interprofessional teams regarding patient/client care. Provides constructive feedback to others on effective verbal and non-verbal communication. Diffuses or redirects situations of potential conflict. | |


Interpersonal: Inclusivity

Description: *Delivers physical therapy services with consideration for patient/client diversity and inclusivity for all regardless of age, disability, ethnicity, gender identity, race, sexual orientation, or other characteristics of identity; Provides equitable patient/client care that does not vary in quality based on the patient's/client's personal characteristics (e.g., ethnicity, socioeconomic status).*

| Rating Scale | Beginning Performance | Advanced Beginner | Intermediate Performance | Advanced Intermediate Performance | Entry-Level Performance | Beyond Entry-Level Performance |
|--|---|-------------------|---|-----------------------------------|---|--------------------------------|
| |  | | | | | |
| Supervision/ Caseload | A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor. | | A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist assistant's caseload. | | A student who is capable of working independently under the direction/supervision of the PT while managing patients/clients with non-complex and complex conditions. The student is capable of maintaining 100% of a full-time, entry-level physical therapist assistant's caseload. | |
| Sample Behaviors (NOT an exhaustive list) | <ul style="list-style-type: none"> Typically demonstrates respect for diversity and inclusivity regardless of age, disability, ethnicity, gender identity, race, sexual orientation, etc. Displays empathy in most patient/client interactions. Identifies some individual or cultural differences that may be impactful to the patient/client. Demonstrates a general understanding of the patient's/client's background and is respectful regardless of their background. Asks the patient/client some questions to improve understanding of cultural group differences (e.g., homeless, mental health, individuals who are incarcerated). Responds professionally to patients/clients with conflicting values. | | <ul style="list-style-type: none"> Seeks additional information on patient/client populations with cultural differences with which they may be less familiar. Reflects on and identifies personal biases. Seeks out resources to manage personal biases. Recognizes socioeconomic, psychological, and economical influences that might impact care and identifies possible avenues to address these concerns. | | <ul style="list-style-type: none"> Provides patient/client care that does not vary in quality based on the patient's/client's personal characteristics, including age, disability, ethnicity, gender identity, race, sexual orientation, etc. Assesses, reflects, and manages own biases, on an ongoing basis so that they do not interfere with the delivery of patient/client care Demonstrates sufficient knowledge of various cultures and backgrounds in order to effectively treat and provide equitable patient/client care. Identifies when equitable care is not being provided to a patient/client and takes steps to correct their course of care. Advocates for their patients/clients in order for them to receive the appropriate course of care needed to address their physical therapy needs. Advocates for patient/client populations on a local or national level. | |


Technical/Procedural: Clinical Reasoning

Description: *Strategically gathers, interprets, and synthesizes information from multiple sources to make effective clinical judgments; applies current knowledge and clinical judgement while supporting the physical therapist with clinical activities; ensures patient/client safety during the episode of care; presents a logical rationale for clinical decisions with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues).*

| Rating Scale | Beginning Performance | Advanced Beginner | Intermediate Performance | Advanced Intermediate Performance | Entry-Level Performance | Beyond Entry-Level Performance |
|--|--|-------------------|--|-----------------------------------|--|--------------------------------|
| |  | | | | | |
| Supervision/ Caseload | A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor. | | A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist’s caseload. | | A student who is capable of working independently under the direction/supervision of the PT while managing patients/clients with non-complex and complex conditions. The student is capable of maintaining 100% of a full-time, entry-level physical therapist assistant’s caseload. | |
| Sample Behaviors (NOT an exhaustive list) | <ul style="list-style-type: none"> Performs chart review with assistance to determine a patient’s/client’s continued appropriateness for services. Identifies appropriate medical history and screening questions with assistance to ensure patient/client safety during the episode of care. Works with the CI to identify patient/client impairments, activity limitations, and participation restrictions. Selects basic therapeutic interventions that address the patient’s/client’s functional limitations. Explains their rationale for treatment choices according to the level of the experience and the didactic material covered up to that point. Articulates clinical thought processes using the International Classification of Functioning, Disability, and Health (ICF) model. Identifies all red flags that contraindicate treatment. Recognizes the need for clarification and seeks assistance from the CI as appropriate. | | <ul style="list-style-type: none"> Collects, interprets, and compares data from multiple sources (e.g., subjective history, objective tests, and measures) for non-complex cases to guide medical screening. Makes sound clinical decisions during treatment interventions when managing patients/clients with non-complex disorders. Identifies progression and regression situations. Uses hypothetico-deductive reasoning to talk through a patient/client case with the CI. Verbalizes rationale to support specific interventions. Demonstrates the ability to use pattern recognition to apply to patient/client cases. Recognizes when a CI needs to be notified based on a patient’s/client’s progress or reaction to care. | | <ul style="list-style-type: none"> Collects, interprets, and compares data from multiple sources (e.g., subjective history, objective tests, and measures) for complex cases to guide medical screening. Makes sound clinical decisions during treatment interventions when managing patients/clients with complex disorders. Identifies diverse interventions to progress or regress the patient’s/client’s plan of care. Acknowledges ineffectiveness of chosen interventions based on reflection. Articulates alternative options to provide effective patient/client care. Articulates the benefits and challenges of various treatment options. Provides suggestions to CI regarding changes in the plan of care citing evidence-based resources. Utilizes ongoing professional development and scholarly resources to make clinical decisions. | |


Technical/Procedural: Interventions: Therapeutic Exercise and Techniques

Description: *Performs selected therapeutic exercises, manual therapy techniques, airway clearance, and integumentary repair and protection techniques in a competent manner.*

| Rating Scale | Beginning Performance | Advanced Beginner | Intermediate Performance | Advanced Intermediate Performance | Entry-Level Performance | Beyond Entry-Level Performance |
|--|--|-------------------|---|-----------------------------------|---|--------------------------------|
| |  | | | | | |
| Supervision/ Caseload | <p>A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.</p> | | <p>A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist assistant’s caseload.</p> | | <p>A student who is capable of working independently under the direction/supervision of the PT while managing patients/clients with non-complex and complex conditions. The student is capable of maintaining 100% of a full-time, entry-level physical therapist assistant’s caseload.</p> | |
| Sample Behaviors (NOT an exhaustive list) | <ul style="list-style-type: none"> Reviews patient/client chart for previous treatment notes. Competently performs basic therapeutic interventions for non-complex cases. Maintains patient/client safety throughout the patient’s/client’s episode of care while performing therapeutic interventions. Student relies on assistance from CI to help educate patients/clients on basic therapeutic exercises. Student relies on assistance from CI to prescribe basic therapeutic techniques. | | <ul style="list-style-type: none"> Competently performs therapeutic interventions for non-complex cases. Recognizes contraindications and precautions to prescribed interventions may require some cueing to apply knowledge appropriately for complex and non-complex cases. Makes adjustments to specific therapeutic exercises and techniques for non-complex cases. Identifies patient/client learning barriers and communicates to the supervising PT. | | <ul style="list-style-type: none"> Competently performs therapeutic interventions for complex cases. Recognizes contraindications and precautions to prescribed interventions and applies knowledge appropriately for complex and non-complex cases. Makes adjustments to specific therapeutic exercises and techniques within the plan of care for complex cases to progress the patient’s/client’s status and reach goals. Instructs others with respect to intervention performance, expected results, and identifying the need for adjustments. | |

Technical/Procedural: Interventions: Mechanical and Electrotherapeutic Modalities

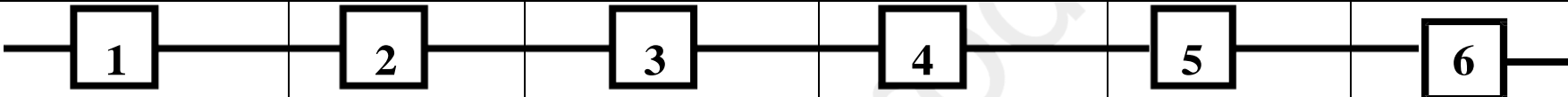
Description: *Applies selected mechanical and electrotherapeutic modalities in a competent manner.*

| Rating Scale | Beginning Performance | Advanced Beginner | Intermediate Performance | Advanced Intermediate Performance | Entry-Level Performance | Beyond Entry-Level Performance |
|--|---|-------------------|--|-----------------------------------|--|--------------------------------|
| |  | | | | | |
| Supervision/ Caseload | <p>A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.</p> | | <p>A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist assistant’s caseload.</p> | | <p>A student who is capable of working independently under the direction/supervision of the PT while managing patients/clients with non-complex and complex conditions. The student is capable of maintaining 100% of a full-time, entry-level physical therapist assistant’s caseload.</p> | |
| Sample Behaviors (NOT an exhaustive list) | <ul style="list-style-type: none"> Identifies possible mechanical and electrotherapeutic modalities that would be effective in patient/client treatment. Performs basic mechanical and electrotherapeutic modalities with assistance. Typically provides appropriate questioning of the patient/client following the intervention in order to check for an appropriate response and adjust the treatment intervention. | | <ul style="list-style-type: none"> Performs mechanical and electrotherapeutic modalities for non-complex cases. Identifies when to adjust mechanical and electrotherapeutic modalities for non-complex cases dependent on patient/client feedback. Implements and recommends discontinuation of mechanical and electrotherapeutic modalities for non-complex cases. | | <ul style="list-style-type: none"> Utilizes evidence-based practice to determine the most effective mechanical and electrotherapeutic modalities for complex cases. Identifies when to adjust mechanical and electrotherapeutic modalities for complex cases dependent on patient/client feedback. Implements and recommends discontinuation of mechanical and electrotherapeutic modalities for complex cases. Maintains patient/client safety throughout the patient’s/client’s episode of care while applying mechanical and electrotherapeutic modalities. | |

| Technical/Procedural: Interventions: Functional Training and Application of Devices and Equipment | | | | | | |
|--|---|-------------------|--|-----------------------------------|---|--------------------------------|
| Description: <i>Performs functional training in self-care and home management, including therapeutic activities; performs application and adjustment of devices and equipment in a competent manner.</i> | | | | | | |
| Rating Scale | Beginning Performance | Advanced Beginner | Intermediate Performance | Advanced Intermediate Performance | Entry-Level Performance | Beyond Entry-Level Performance |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| Supervision/ Caseload | A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor. | | A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist assistant’s caseload. | | A student who is capable of working independently under the direction/supervision of the PT while managing patients/clients with non-complex and complex conditions. The student is capable of maintaining 100% of a full-time, entry-level physical therapist assistant’s caseload. | |
| Sample Behaviors (NOT an exhaustive list) | <ul style="list-style-type: none"> Articulates the purpose of most therapeutic devices and equipment. Typically provides appropriate instructions for use of devices and equipment. Performs functional training activities for basic mobility skills (e.g., rolling, supine/sitting transfers, gait level ground) with assistance. Applies basic therapeutic devices to patient/client. Demonstrates improvement with body mechanics. | | <ul style="list-style-type: none"> Instructs patient/client and/or caregiver(s) on the use of the device or equipment for non-complex cases. Performs functional training activities for non-complex cases. Progresses or regresses the need for device or equipment used with minimal cueing from the CI. Begins to demonstrate the ability to safely perform functional training in more complicated situations (e.g., uneven ground, car transfer). Consistently considers body mechanics. | | <ul style="list-style-type: none"> Instructs the patient/client and/or caregiver(s) with the use of a device or equipment for complex cases. Performs functional training activities for complex cases. Identifies, fits, and trains patients/clients with appropriate equipment or devices during functional training across a variety of settings (e.g., in the patient’s/client’s room, in a physical therapy gym, during a home visit). Progresses or regresses the need for device or equipment use. Maintains patient/client safety throughout the patient’s/client’s episode of care while performing functional training. Instructs other team members in proper handling skills, safety, and device prescriptions. Recognizes emerging devices and indications for use. | |

Business: Documentation

Description: *Produces quality documentation that includes changes in the patient's/client's status, a description and progressions of specific interventions used, and communication among providers; maintains organization of patient/client documentation.*

| Rating Scale | Beginning Performance | Advanced Beginner | Intermediate Performance | Advanced Intermediate Performance | Entry-Level Performance | Beyond Entry-Level Performance |
|--|--|-------------------|---|-----------------------------------|---|--------------------------------|
| |  | | | | | |
| Supervision/ Caseload | A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor. | | A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist assistant's caseload. | | A student who is capable of working independently under the direction/supervision of the PT while managing patients/clients with non-complex and complex conditions. The student is capable of maintaining 100% of a full-time, entry-level physical therapist assistant's caseload. | |
| Sample Behaviors (NOT an exhaustive list) | <ul style="list-style-type: none"> Understands most of the components of documentation of an initial evaluation (e.g., SOAP). Typically identifies the appropriate location within the documentation system for necessary components. Assists with producing documentation with accurate information regarding the patient's/client's status, interventions, assessment, and plan of care. Demonstrates awareness of the need for appropriate documentation as essential to the provision of care. Submits documentation but takes considerable time and effort to do so. | | <ul style="list-style-type: none"> Produces documentation that includes changes in patient/client status, interventions, a thorough assessment of patient/client tolerance, and progression toward goals. Produces documentation of the patient's/client's plan of care that is accurate and error-free. Provides a rationale for patient/client progression and regression. Submits and organizes documentation in a reasonably timely manner. | | <ul style="list-style-type: none"> Produces additional documentation to justify the need for ongoing services for the patient/client. Includes comparison statements across time and across interventions/techniques in the assessment of the patient's/client's response to skilled therapy. Provides documentation that supports external payer requirements. Participates in quality improvement review of documentation (e.g., chart audit, peer review, goals achievement). Submits and organizes documentation in a timely manner. | |

Business: Resource Management

Description: *Participates in the efficient delivery of physical therapy services; demonstrates appropriate understanding of time management and appropriate use of clinical supplies and equipment when supporting physical therapy services.*

| Rating Scale | Beginning Performance | Advanced Beginner | Intermediate Performance | Advanced Intermediate Performance | Entry-Level Performance | Beyond Entry-Level Performance |
|--|--|-------------------|--|-----------------------------------|--|--------------------------------|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| Supervision/ Caseload | <p>A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.</p> | | <p>A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist assistant’s caseload.</p> | | <p>A student who is capable of working independently under the direction/supervision of the PT while managing patients/clients with non-complex and complex conditions. The student is capable of maintaining 100% of a full-time, entry-level physical therapist assistant’s caseload.</p> | |
| Sample Behaviors (NOT an exhaustive list) | <ul style="list-style-type: none"> Typically adheres to the clinic’s time schedule. Demonstrates awareness of their facility’s productivity requirements. Demonstrates awareness of the need for timely documentation delivery. Demonstrates effective use of their facility’s information technology (IT) resources. Manages simple physical therapy interventions in a timely manner. | | <ul style="list-style-type: none"> Effectively manages assigned portion of caseload and documentation within allotted work hours. Adjusts patient/client schedule as daily dynamics occur with assistance from the CI. Begins to identify and articulate which patient/client cases should be prioritized. Participates in quality assurance (QA)/quality improvement (QI) studies to improve clinical efficiency. | | <ul style="list-style-type: none"> Effectively manages full caseload and documentation within allotted work hours. Demonstrates effective time management skills and effective use of clinical supplies throughout treatment sessions. Manages multiple tasks simultaneously while maintaining the time schedule of the clinic. Assists other staff as able within their own time constraints. Plans ahead to determine how to maintain efficiency while treating a patient/client independently, in a group setting, or during a co-treatment (coTx) with other therapy staff. | |

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