

# Physical Therapist Assistant Program Clinical Educators Manual



**Calhoun Community College**  
**Health Sciences Division**



## **Physical Therapist Assistant Program**

The information contained in the Clinical Educators Manual is provided as a reference to support you in planning for and evaluating the clinical performance of the Calhoun Community College PTA students assigned to your facility.

Clinical education is a vital component of the Physical Therapist Assistant program curriculum and we are grateful for your participation in preparing physical therapy professionals for tomorrow.

We are eager for a collaborative and mutually beneficial relationship between the PTA program faculty and the clinical education facilities serving our students. Your comments, suggestions, requests, and complaints are welcome at all times as valuable tools for improvement. Please contact us if you are willing to serve on the PTA Advisory Committee that assists in program assessment and development.

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Program Director

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It is the official policy of the Alabama State Department of Education and of Calhoun Community College that no person shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, activity or employment.



Physical Therapist Assistant Program  
Clinical Educators Manual  
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**Calhoun Community College**  
**Physical Therapist Assistant Program**

**Mission**

The mission of the Physical Therapist Assistant Program is to graduate knowledgeable, skilled, competent, professional, and service-oriented entry level Physical Therapist Assistants who, under the direction and supervision of the Physical Therapist, provide quality physical therapy care that meets the needs of employers and the public.

**Vision**

In accord with the core values and vision of the College, the PTA program vision is committed to student success. Faculty seek to provide students with the knowledge to demonstrate technical competence in entry-level physical therapy skills, make sound clinical decisions, and provide safe, effective, and compassionate physical therapy care to a diverse patient population. The program seeks to graduate individuals that exemplify professionalism in health care.

**Philosophy**

- The PTA program believes that physical therapy is an essential component in the promotion of health, the prevention of disability and restoration of function following injury or illness, and that the physical therapist assistant, practicing under the direction and supervision of a physical therapist, is a vital member of the health care team who promotes awareness of the profession.
- We believe our mission is fulfilled by a scientific educational plan with a strong clinical component, which presents instruction in a logical sequence and provides ample opportunity for knowledge acquisition and the development of critical-thinking, problem-solving, and psychomotor skills. We also believe in curriculum which emphasizes the humanistic aspects of patient care as well as professional behaviors that facilitate positive therapeutic relationships with patients including respect and sensitivity for gender, ethnic, cultural, and spiritual differences.
- We believe learning is a shared process in which both the student and instructor accept responsibility for the learning objectives. As adult learners, PTA students are expected to actively participate in the learning process, effectively communicate their needs to appropriate individuals, and fully utilize the opportunities provided by the educational program. We believe learning is more likely to occur in an atmosphere in which students feel accepted, respected, and valued.
- We believe PTA education responds to changes in health care and incorporates those changes into the educational plan. Therefore, the program collaborates with clinical education facilities, graduates and employers, and values active input from all in the community which it serves.

## Program Goals

Upon successful completion of the PTA program, the student will:

- Provide safe and effective treatments under the direction and supervision of the physical therapist.
- Exhibit ethical, legal, and professional behavior that adheres to the practice standard of a PTA.
- Demonstrate clinical competence of an entry-level PTA.
- Communicate effectively with patients, families and health care team members regarding physical therapy.

PTA faculty will demonstrate competency as educators and strive to expand their skills in current teaching and learning practices.

The program will provide PTA education in a dynamic, student-centered learning environment presenting contemporary, evidenced-based standards of practice.

## PTA Program Student Achievement Measures

- At least 80% of PTA graduates will pass the licensure exam on the first attempt.
- At least 80% of employers will rate the CCC PTA graduate as being adequately prepared for entry into practice.
- At least 90% of graduates will be employed or have the potential for employment as a PTA within 6 months of graduation.
- At least 90% of PTA graduates will indicate satisfaction with the overall adequacy of preparation for entry-level PTA practice.
- The attrition rate of enrolled students in the PTA program will be 30% or less per cohort.

The program goals and student achievement measures are established to help ensure overall success of the educational program and its students and as a means of evaluating program effectiveness in supporting the mission of Calhoun Community College.

An **Associate of Applied Science Degree in Physical Therapist Assistant** will be awarded to graduate of the program by Calhoun Community College.

## Accreditation Status

The Physical Therapist Assistant program at Calhoun Community College is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 3030 Potomac Ave., Suite 100, Alexandria, Virginia 22305-3085 telephone: 703-706-3245; email: [accreditation@apta.org](mailto:accreditation@apta.org); website: [www.capteonline.org](http://www.capteonline.org).

## **Clinical Education Facilities**

### **Site Selection**

Clinical education sites are sought at a variety of area facilities in order to provide students diversity in clinical experiences. Sites include in-patient and outpatient settings, hospitals, nursing homes, physician offices, general physical therapy centers, and clinics whose services are tailored to particular client needs. One clinical education goal is to expose students to an array of patient populations requiring a mixture of skills and varying complexity of care including acute care, orthopedic and neurologic rehabilitation, and geriatric care.

### **Written Agreements / Clinical Site Information Forms**

Every clinical facility with a written agreement with the Calhoun Community College PTA program will complete a Clinical Site Information Form (CSIF). The academic coordinator of clinical education (ACCE) reviews the provided information to insure a facility will meet program needs for the clinical education of students. Criteria include a patient population and therapies that support student learning, skilled therapy staff for student teaching and evaluation, and adequate staffing of capable personnel for supervision. The CSIF includes the qualifications of the center coordinator of clinical education (CCCE) for the facility including their continuing professional preparation related to clinical teaching. Each CCCE must submit an abbreviated resume that is reviewed by the ACCE as well.

### **Clinical Faculty: Roles and Responsibilities**

#### **Academic Coordinator of Clinical Education**

The ACCE is the designated CCC faculty member who coordinates clinical education for the student PTA. The ACCE:

- Seeks and maintains written agreements with clinical education facilities in a sufficient quantity and variety to provide the quality experiences required by students to meet the student learning outcomes.
- Serves as a liaison between the College and the affiliating clinical facilities; selects the clinical education site for each student experience, oversees the selection of educators, schedules the clinical affiliation, and communicates information between the academic faculty and clinical facilities.
- Monitors the academic performance of students to ensure that they meet the criteria for participating in clinical affiliations.
- Ensures adequate supervision of the student by communication with the clinical instructor and student via letter, phone calls and site visits.
- Encourages and assists in clinical site and clinical faculty development by providing feedback about the students' clinical experiences at the site and offering individual training or coordinating workshops to meet stated needs.
- Assigns the final course grade.



### **Center Coordinator of Clinical Education**

The CCCE is selected by the clinical facility administration to represent the clinic and administer and coordinate the assignments and activities of students at the clinical site. The CCCE:

- Provides the necessary documentation to the CCC PTA program including the Clinical Site Information Form (CSIF) and a signed Clinical Affiliation Agreement.
- Schedules student affiliations.
- Selects an appropriate, qualified clinical instructor for each student.
- Coordinates communication between the school and the clinic.
- Develops an appropriate clinical education program.
- Intercedes between the student and clinical instructor as needed.
- Assists clinical instructors in their development of clinical teaching skills.
- Identifies and communicates to the program developmental needs of the facility / clinical faculty to improve educational effectiveness.

### **Clinical Instructors**

The clinical instructor is directly involved with the student and coordinates clinical site education opportunities for the student. During the student's clinical affiliation the CI:

- Provides adequate clinical mentorship and supervision.
- Ensures the student is following a physical therapist's plan of care.
- Follows the guidelines provided by the ACCE prior to the affiliation.
- Offers on-going verbal and written feedback.
- Uses the *Physical Therapist Assistant Manual for the Assessment of Clinical Skills* (PTA MACS) to evaluate and document a student's clinical performance including the attainment of objectives. The PTA MACS is used to determine entry-level achievement of student skills performance. There are three sections with pertinent skills to each section; Professional Behaviors, Data Collection, and Interventions. These are used to quantify and qualify the required student competencies in each clinical rotation. A student is deemed entry-level for a skill if he/she receives the rating of a check mark.
- Converses with the ACCE at the mid-term and supplementary visits and more frequently if there are questions or concerns, about the student's ability to successfully complete the affiliation.
- Recognizes personal learning needs in relationship to CI responsibilities and conveys to CCCE &/or ACCE.

A clinical instructor should minimally have one-year experience in the field. He/she should demonstrate clinical competence and legal and ethical behavior that meets or exceeds the expectations of members of the profession of physical therapy. The CI should possess effective communication and interpersonal skills and have the time, ability, and willingness to plan, instruct, supervise, and constructively evaluate and document learning activities to help the student achieve the objectives in the clinical rotation.

The APTA Credentialed Clinical Instructor Program (CCIP) is recommended for all clinical faculty. The American Physical Therapy Association *Guidelines: Clinical Instructors* can be found at:

<https://www.apta.org/for-educators/clinical-education-development>

Professional information for each CI is noted on the CSIF by the CCCE and is reviewed by the academic coordinator of clinical education. It is preferred that the clinical instructors be credentialed as a CI. For information on the APTA Clinical Instructor Education and Credentialing Program, visit:

<http://www.apta.org/CCIP/>

### **Site Evaluation**

The ACCE has an opportunity to evaluate a clinical facility during mid-term and other visits during student affiliations. Information is also acquired from responses on the Student Evaluations of Clinical Education Experiences (SECEE) which is completed at the conclusion of each clinical rotation to gather information regarding the experience including the perceived amount of supervision; the clinical staff's modeling of effective professional behaviors as well as available learning experiences. Consistencies in evaluations of facilities will be used to determine the capability of a clinic to provide students with the needed educational opportunities.

### **Clinical Faculty Rights**

Calhoun Community College places great value on clinical faculty, their expertise, and the experiences provided by affiliate facilities that enable students to meet learning objectives and complete their education. Though not employed by CCC, PTA clinical faculty is granted rights and privileges in relation to their role as educators.

- Clinical faculty are encouraged to communicate, either formally or informally, their thoughts and ideas regarding the strengths and weaknesses of any component of the curriculum to the health division dean, program director, &/or ACCE.
- The clinical instructor has the right to assign a student out of facility assignments if deemed necessary to help the student succeed in the clinical affiliation.
- Clinical faculty has the right to dismiss a student from a facility as they deem appropriate. If a concern arises with a student that requires disciplinary action or dismissal, it will be addressed by the clinical instructor, the center coordinator of clinical education, the academic coordinator of clinical education, and the program director as necessary.
- Facilities and/or individual CIs are encouraged to request clinical education training at any time. Small group or 1:1 educational sessions will be provided by program academic faculty when requested. Continuing education courses offered to the community may be attended by clinical faculty at low or no cost.

### **PTA Program Complaints**

Both the ACCE and program director are always available by telephone in the event of a problem whenever students are assigned for experiences and welcome all contacts. Clinical facilities and their staff have the right to file a formal complaint against the Calhoun Community College Physical Therapist Assistant program, its faculty, and/or a student of the program. Management of a complaint regarding a student during a clinical affiliation will be initiated within 24 hours and will include a written response with the steps taken for resolution of the problem, and acknowledged by signatures of the clinical instructor, CCCE, and ACCE. As necessary, the program director, Allied Health Department Chair, and/or Health Division Dean will be involved to determine resolution.

### **Education**

The CCC PTA program wishes to support clinical facilities in their endeavor to provide student education and learning experiences. It is a goal of the PTA program to offer continuing education to the physical therapy community. Facilities and/or individual CIs are encouraged to request clinical education training at any time. Small group or 1:1 educational sessions will be provided by program academic faculty when requested.

### **Patient Rights**

Patients have the right to know a student is involved in their care. Students are to introduce themselves to all clients as a Student Physical Therapist Assistant when in the clinical setting. Patients have the risk-free right to refuse care from a student.

## **Physical Therapist Assistant Students**

### **Clinical Rotations**

Students participate in three clinical rotations integrated throughout the 5-semester PTA program at Calhoun Community College. All clinical rotations will be full time with a combined total of 675 hours of required experience. Each student will have an acute, an outpatient, and a rehab clinical rotation.

### **Student Competence**

- Clinical rotations have been scheduled to maximize the learning experiences of the student. Specific affiliations are not assigned until the applicable course content has been successfully completed. See Curriculum Plan.
- Students are required to demonstrate data collection and intervention skills competency by a minimal grade attainment of 75% on both written examinations and practical laboratory exams as well as 100% compliance on critical safety elements. Students who have not demonstrated satisfactory skills competence in the classroom and laboratory are not assigned to clinical experiences.
- At the end of the third affiliation, each student should have accomplished the skills needed to function as an entry-level physical therapist assistant.

### **Clinical Assignments**

Each clinical affiliation assignment is selected for the student by the ACCE based on individual learning needs. A written agreement for the facility must be up to date and the CSIF is reviewed for staff experiences. The goal is to provide students with a variety of patient populations, acuity levels, and skills experiences in facilities of varying sizes over the course of the program. Encounters or observations in which the students can participate while at clinical affiliations may include the following: radiology and x-ray examination, surgery, aquatics, home visits, occupational therapy, speech therapy, community visits, attendance at professional continuing education programs, electronic documentation, departmental meetings, in-service activities, JCAHO accreditation events, or back schools.

### **Transportation**

Transportation to and from class and clinical experiences is the responsibility of the student. Clinical rotations are scheduled Monday through Friday, generally between the hours of 7:00AM and 5:00PM, full time. Health care facility assignments are based on the learning needs of the student, not geographical proximity to the home. Students are expected to have reliable transportation, flexibility in their personal schedules, and the willingness to commute to clinical sites in the north Alabama region.

### **Compensation**

Students are not employees of clinical facilities or the College and should not expect or receive compensation from the facility or College for participation in clinical experiences.

## **Clinical Performance Requirements & Expectations**

The global objective of each clinical rotation is that the student will perform safe, ethical, effective and competent physical therapy interventions under the supervision of a licensed physical therapist assistant or a physical therapist. The PTA MACS will be the assessment tool utilized by the student for each of the three clinical rotations. The PTA MACS contains each of the professional and clinical skills required of the entry-level physical therapist assistant. The students will be given specific criteria for each clinical rotation that must be met in order to progress through the PTA program. The final goal and objective of the clinical education component will be that the students receive 100% approval on each skill in the PTA MACS.

### **Prior to clinical assignment the PTA student must:**

1. Have purchased and submitted proof of current student malpractice liability insurance. This will be documented in the student file.
2. Submit to drug and alcohol screening and a background check per the CCC Health Sciences Division policies. Both the drug screen and background search must be returned and cleared prior to student assignment to a clinical facility.
3. Submit a completed physical examination form signed by a licensed physician or nurse practitioner evidencing a state of physical and mental health such that the student is able to complete all program requirements without presenting undue risk / harm to the student or other persons.
4. Submit proof of a current negative screen for tuberculosis.
5. Submit proof of immunity or vaccination to prevent tetanus, diphtheria, pertussis, measles, mumps, rubella, varicella, hepatitis B, COVID, and the current seasonal influenza strain.
6. Submit verification of current Basic Life Support certification at the healthcare provider level. BLS certification must be maintained throughout the clinical rotations.
7. Have filed documentation of training and understanding of OSHA Blood-borne Pathogen Regulations and HIPPA confidentiality guidelines.
8. Provide a copy of a valid driver's license, CCC student identification card and a current health insurance card as available.

Student files must be complete and all required documentation verified by the ACCE by a published deadline prior to assignment to a clinical facility. Failure to submit fully completed required documentation by the stated deadline may result in a grade of "F" unless the student chooses to withdraw. A student will not be allowed to participate in a clinical experience without completing all of the above requirements.

## **Student Rights**

A student has the risk free right to contact the ACCE with any perceived problem regarding the clinical facility or their clinical instructor at any time during an affiliation. Concerns might include but are not limited to safety, ethical or legal concerns, or issues involved in the appropriateness or adequacy of their instruction, supervision, or performance appraisal.

## **Clinical Code of Conduct**

To prepare students for the high ethical standards of health professions, the Calhoun Community College PTA program expects absolute academic professional integrity, both in the classroom and in the clinical setting. Students are required to demonstrate professional and ethical behaviors consistent with standards associated with health science professions. Students shall comply with all CCC and PTA program policies and procedures.

A student shall:

1. Provide safe and professional patient/client care at all times and implement measures to promote a safe environment for each patient/client.
2. Comply with policies, procedures, and rules related to academic and clinical performance that are issued by Calhoun Community College, the PTA program, or by any clinical agency.
3. Not commit acts of omission or commission that cause or are likely to cause harm to patients/clients.
4. Not attempt care/activities without adequate orientation, theoretical preparation, assistance, or supervision.
5. Maintain patient/client confidentiality. When discussing a patient's history or medical information with the patient or significant other, it is imperative that only information already known to them be discussed. NO NEW INFORMATION MAY BE GIVEN TO THEM. Any communication with others regarding the care of the client must be done in private. No information about a patient may be shared, except where that person has a need to know to provide care for that patient. No conversation or comment of matters pertaining to clients or the work place should take place in public areas (e.g. elevators, stairwells, hallways, reception rooms, etc.). Students should remember to knock prior to entering any room. ADHERENCE TO THE POLICIES OF THE FACILITY REGARDING CONFIDENTIALITY OF INFORMATION AND DOCUMENTATION IS MANDATORY.
6. Take appropriate action to assure the safety of patients/clients, self, and others.
7. Provide care for the patient/client in a timely, compassionate, and professional manner.
8. Communicate with patient/client and healthcare team in a truthful, timely, and accurate manner.
9. Actively promote the highest level of moral and ethical principles, and accept responsibility for his/her actions.
10. Treat others with respect and promote an academic and clinical environment that respects human rights, values, and choice of cultural and spiritual beliefs.
11. Collaborate and cooperate in every reasonable manner with the academic faculty and clinical staff to assure the highest quality of client care.
12. Abstain from the use of substances that impair judgment.
13. Report and document all patient/client assessments or observations, the care/practice provided by the student for the patient/client, and the patient's/client's response to that care/practice.
14. Accurately and timely report to the appropriate practitioner errors in or deviations from the prescribed regimen of care/practice.

15. Not falsify any patient/client record or any other document prepared or utilized in the course of, or in conjunction with patient/client care/practice.
16. Delineate, establish, and maintain professional boundaries with each patient/ client. When providing direct patient/client care the student shall provide privacy during treatment and care/practice; and treat each patient/client with courtesy, respect, and with full recognition of dignity and individuality.
17. Not engage in behavior that causes or may cause physical, verbal, mental or emotional abuse to a patient/client; or engage in behavior toward patient/client that may reasonably be interpreted as physical, verbal, mental or emotional abuse.
18. Not misappropriate a patient/client's property or: engage in behavior to seek or obtain personal gain at the patient's/client's expense; engage in behavior that may reasonably be interpreted as behavior to seek or obtain personal gain at the patient's/client's expense; engage in behavior that constitutes inappropriate involvement in the patient's/client's personal relationships; or engage in behavior that may reasonably be interpreted as inappropriate involvement in the patient's/client's personal relationships. For the purpose of this paragraph, the patient/client is always presumed incapable of giving free, full, or informed consent to the behaviors by the student set forth in this paragraph.
19. Not engage in sexual contact or romantic relationships with a patient/client; engage in conduct that may reasonably interpreted as sexual or romantic; engage in any verbal behavior that is seductive or sexually demeaning to a patient/client; or engage in verbal behavior that may reasonably be interpreted as seductive or sexually demeaning to a patient/client. For the purpose of this paragraph, the patient/client is always presumed incapable of giving free, full or informed consent to sexual or romantic activity with the student.

### **Patient Confidentiality**

It is expected that students follow the Health Information Portability and Accountability Act (HIPAA) guidelines at all times to ensure patient confidentiality. All precautions possible must be taken by the student to insure complete patient privacy. Information regarding the patient's physical, psycho-social, or economic condition must not be disclosed other than to persons directly responsible for care and treatment and only when such information has a bearing upon such care and treatment. Requests for information, such as from the news media, regarding patient care are to be referred to the clinical instructor. The student has been instructed to remember that all medical records and patient information are confidential and they are not to copy confidential information from patient records or remove from the hospital. Confidential information includes: name, address, phone number, social security number, etc. Inappropriate use of confidential patient information is grounds for dismissal from the PTA program, in accordance with college due process procedures. **This is to include "browsing" through the charts of patients other than those whose care the student is directly involved in, which is inappropriate.**

### **Student / Instructor Confidentiality**

Just as when on-campus, in off-campus educational experiences student privacy and confidentiality is respected. In the clinical setting, discussion of student performance will usually be limited to conversations between the student, clinical instructor, and academic coordinator of clinical education. Only if necessary will the program director and center coordinator of clinical education become involved. All academic and clinical performance issues are held in the strictest confidence by educational faculty.

### **Unsafe/Unprofessional Practice and Weak Practice**

A student is to provide safe and professional patient/client care/practice at all times. Unsafe care/practice, unprofessional care/practice, or weak care/practice with potential for unsafe and/or unprofessional care/practice occurs when the student's behavior in providing care/practice to patients/clients may call into question the student's professional judgment and accountability and may violate the current:

- Standards of care/practice in Physical Therapy; or
- State of Alabama Physical Therapy Practice Act; or
- Code of ethics for Physical Therapy; or
- Clinical agency policies and procedures; or
- The Calhoun Community College Physical Therapist Assistant program goals and/or course objectives.

Depending upon the degree of actual or potential harm a patient/client may suffer, a student's one-time deviation from safe care/practice may be sufficient to judge a student unsafe.

A student whose clinical care/practice is judged unsafe and/or unprofessional by clinical faculty and/or PTA faculty may be removed from the clinical experience. To resume the clinical experience, a student who has been removed must comply with written stipulations prescribed by the faculty for readmission to the clinical experience.

The clinical and academic faculty responsible for the clinical experience will review the clinical care/practice of a student who exhibits weaknesses that may lead to unsafe practice and/or unprofessional practice. The faculty, with appropriate input from the student, will develop a set of expectations that the student is to attain to remedy those weaknesses in the current and/or subsequent semester.

**Rationale** Faculty have a legal and professional responsibility to assure for the public, other students, Calhoun Community College, and the Physical Therapy profession that students can practice safely and professionally in their various clinical care/practice.

**THE STUDENT IS REQUIRED AT ALL TIMES TO BEHAVE WITH MATURITY, INTEGRITY AND COMPASSION WHEN DEALING WITH FACULTY, STAFF, CLINICAL PERSONNEL, PATIENTS AND FELLOW STUDENTS.**



## PTA Student Uniform Policy

It is imperative that the PTA students' physical appearance be impeccable. Students are advised that personal hygiene, appropriate clothing, and a smile are all important aspects of their presentation to the public. They are aware they are to be a representative of a highly respected profession in the medical community, and therefore, professional appearance is mandatory.

**First and foremost, it is the student's responsibility to ascertain and adhere to the dress code of the facility in which they are affiliated for clinical experiences.**

The following are additional guidelines provided to CCC PTA students in regards to professional dress:

**Personal hygiene:** Cleanliness, including hands, nails, teeth, hair, and body is expected. For safety during patient care, fingernails should be clean and trimmed to no further than the fingertips. Heavy make-up never increases your professional appearance. Your clothing and breath should be fresh; the odor of cigarette smoke is offensive. Strong fragrances are also distasteful to many patients, particularly those with allergies or compromised pulmonary systems. A "rule of thumb" is: if others notice your attire, make-up, fragrance, nail enamel, or the length of fingernails and not your smile and confidence, you may want to take a critical look at your professional appearance.

**Hair** should be clean, in a natural hair color palette, and styled so that it does not require constant maintenance. Hair should not fall across the face during treatment or become a safety issue with equipment. Hair that impedes vision may be a safety issue because you may miss seeing a vital signal from another staff member or a patient. Long hair should be secured back.

**Clothing** should be freshly clean, unwrinkled and free of odor. White lab jackets should be no longer than the length of your fingertips or jacket style. Never wear blue jeans or camouflage patterned clothing.

**Jewelry:** A watch with a second hand or timer function is recommended. A wedding band and small stud earrings, 1 per ear, are allowed; Medic-Alert bracelets are permissible. Earrings that dangle below the ear present a safety hazard to you and your patients. Male students are not allowed to wear earrings in clinic. Visible body piercings other than earrings are not acceptable. This includes tongue piercing and forking, eyebrow and nose piercing, spacers or gauges in the ear lobe or other body alterations deemed as distracting.

**Tattoos** should be covered as much as possible. Visible tattoos that may reasonably be considered degrading, offensive, or demeaning to patients, family members, co-workers, or others must be covered while on the property of a clinical facility. If a patient makes a complaint about a tattoo while they are being cared for, the tattoo must be covered. Extreme body altering, modifications, and branding must not be visible.

**Name Badges:** Students must wear their CCC Student ID badge. In addition, a clinical facility to which you are assigned may also require you to wear a name badge.

**WHEN ASSIGNED TO AN OUTPATIENT FACILITY:**

**MEN** are to wear a CCC PTA grey, polo-style scrub shirt with program emblem and khaki-colored dress slacks with a plain cloth or leather belt without a pattern, words, or logos (unless pants are self-belted). The shirt should be buttoned and tucked in. Shoes with closed toes and non-slip soles (worn with coordinating socks) are mandatory. A clean white lab jacket may be worn. During cooler months, a navy blue sweatshirt (not a hoodie) with the program logo is allowed.

**WOMEN** are to wear a CCC PTA grey, polo-style scrub shirt with program emblem and khaki-colored dress slacks or skirt. Capri length slacks, “skinny” jeans, and jeggings are not allowed. The shirt should be buttoned and tucked in. Shoes with closed toes and non-slip soles (worn with appropriate coordinating hosiery) are mandatory. High heeled shoes and platform shoes are not permitted for safety reasons. A white lab jacket is optional and during cooler months, a navy blue sweatshirt (not a hoodie) with the program logo is allowed.

**MEN AND WOMEN, WHEN ASSIGNED TO AN INPATIENT FACILITY:**

Students are to wear approved CCC PTA scrub attire. Shoes with closed toes and non-slip soles (worn with coordinating socks) are mandatory. A clean white lab jacket can be worn. A long-sleeve shirt which is a solid coordinating color may be worn underneath the scrub top. The undershirt must be tucked into the pants; if the scrub top is worn untucked, the undershirt may not extend below the hem of the scrub top.

**Clinical facilities may elect to allow students to wear “scrub attire”. However, the student must wear their official CCC issued scrub uniform with program emblem. STUDENTS ARE INSTRUCTED NOT TO WEAR BLUE JEANS OR TENNIS SHOES unless directed to do so by the CI.**

**Non-compliance with this dress code or violation of the facility's dress code policy should result in counseling and possible dismissal from the clinic at the discretion of faculty.**

**Tobacco Use**

On August 16, 2010, Calhoun Community College established a tobacco-free policy that prohibits the use, distribution, or sale of any tobacco product in college buildings or in or upon college premises or college vehicles. The policy defines a tobacco product as any lighted or unlighted cigarette (including electronic cigarettes), cigar, pipe, bidi, clove cigarette, and any other smoking product as well as smokeless or spit tobacco, also known as dip, chew, snuff or snus, in any form.

No smoking is allowed on either Calhoun Community College campuses or at any clinical premises. Chewing tobacco, snuff or any other type of tobacco products will not be tolerated in either the classroom or clinical setting.

**Disciplinary Action**

Violation of any aspect of the Clinical Code of Conduct, including but not limited to unprofessional behavior, may result in unsatisfactory clinical performance and dismissal from the program in accordance with the due process procedures of the College. CCC Student Code of Conduct and Disciplinary Procedures can be found in the *CCC Catalog and Student Handbook* available online at [www.calhoun.edu](http://www.calhoun.edu)

## Safety Concerns

At the time of PTA program enrollment, students are required to acknowledge the **Physical Therapist Assistant Program Eligibility Criteria** which delineates the cognitive, affective and psychomotor skills deemed the minimal essential functions necessary for admission, progression, and graduation and for the provision of safe and effective patient care.

The physical examination, background check, and drug screening required prior to participation in clinical experiences is intended to support the student's ability to function in the clinical setting, thereby helping to safeguard both the student and client.

If a student experiences a change in their health status which may limit or prevent them from fully and safely participating in clinical experiences, it is their responsibility to immediately inform the ACCE. Health changes that require reporting may include injuries, surgery, pregnancy, childbirth or other alterations in health status. It will be the responsibility of the ACCE to discuss student limitations with the clinical instructor to determine if the student is able to fulfill clinical experience requirements.

## Physical Therapist Assistant Program Eligibility Criteria

Students enrolled in the PTA program are required to successfully complete both academic and clinical requirements. The purpose of the Eligibility Criteria is to delineate the cognitive, affective, and psychomotor skills deemed minimally necessary for admission, progression, and graduation, and for the provision of safe and effective client care.

The Alabama Community College System endorses the Americans' with Disabilities Act Prior to enrollment in the PTA program students are provided the Eligibility Criteria. If a student cannot demonstrate the following skills and abilities, it is the responsibility of the student to request appropriate and reasonable accommodations through the Student Disability Services Office.

**Cognitive learning skills:** the student must be able to demonstrate the following abilities:

1. Retain and use information in the cognitive, psychomotor, and affective domain in order to treat patients.
2. Perform a physical therapy assessment of a patient's posture and movement including analysis of physical, biomechanical, and environmental factors in a timely manner, consistent with the acceptable norms of all clinical settings.
3. Use information to execute physical therapy treatment in a timely manner appropriate for the problems identified and consistent with the acceptable norms of all clinical settings.
4. Reassess the treatment plan as needed for effective and efficient management of physical therapy problems in a timely manner, consistent with the acceptable norms of all clinical settings.

**Affective learning skills:** the student must be able to demonstrate the following abilities:

1. Demonstrate appropriate affective behaviors and mental attitudes in order to not jeopardize the emotional, physical, mental, and behavioral safety of patients and other individuals with whom one interact in the academic and clinical setting and to be in compliance with the ethical standards of the American Physical Therapy Association.

2. Cope with the mental and emotional rigors of a demanding educational program in physical therapy that includes academic and clinical components that occur with set time constraints and often concurrently.
3. Acknowledge and respect individual values and opinions in order to foster harmonious working relationships with colleagues, peers and patients.

**Psychomotor skills:** the student must be able to demonstrate the following skills:

1. Sit and maintain upright posture.
2. Stand and maintain upright posture.
3. Locomotion:
  - a. Arrive to lecture, lab, and clinical locations in a timely manner
  - b. Move within rooms as needed for changing groups, lab partner and work stations, and performs assigned clinical tasks
4. Manual tasks:
  - a. Safely maneuver self or move another individuals' body parts to effectively perform evaluation techniques
  - b. Safely maneuver or move clinical equipment from side to side, forward and backward or from a lower to a higher position.
  - c. Manipulate common tools used for screening tests of the cranial nerves, sensation, range of motion, and muscle testing procedures (e.g. cotton balls, safety pins, reflex hammer, and goniometer)
  - d. Safely and effectively guide, facilitate, inhibit, and resist movement and motor patterns through the use of facilitation and inhibition techniques, including ability to give time urgent verbal and sensory feedback.
  - e. Safely move another individual's body in transfers, gait, positioning, exercise and mobilization techniques.
  - f. Safely manipulate and move equipment and items to aid in the treatment of a patient (i.e. bolsters, pillows, plinths, mats, gait assistance devices, other supports or chairs, IV's, monitors, etc.)
  - g. Competently perform CPR using guidelines issued by the American Heart Association or the American Red Cross.
5. Fine motor/hand skills:
  - a. Legibly record/document progress notes in standard medical charts in hospital/clinical settings in a timely manner and consistent with the acceptable norms of clinical settings.
  - b. Legibly record thoughts for written assessments
  - c. Palpate changes in an individual's muscle tone, soft tissues, skin quality, joint play, kinesthesia, and temperature in a timely manner and sense that individual's response to environmental changes and treatment
  - d. Apply and adjust therapeutic modalities
  - e. Apply and effectively position hands to apply soft tissue and mobilization techniques
6. Visual Acuity:
  - a. Obtain visual information from clients (e.g. movement, posture, body mechanics and gait pattern)
  - b. Obtain visual information from treatment environment (e.g. dials on equipment, assistive devices, furniture placement, and floor surfaces)
7. Communication skills:
  - a. Effectively communicate In English with other students, faculty, patients, peers, staff and families to ask questions, explain conditions and procedures, teach home programs, and

to maintain safety in a timely manner and within the acceptable norms of academic and clinical settings

- b. Receive and interpret written communication in both academic and clinical settings in a timely manner
  - c. Receive and send verbal communication in life threatening situations in a timely manner within acceptable norms of clinical settings
8. Self-care:
- a. Maintain general good health, self-care and hygiene in order not to jeopardize the health and safety of self and individuals with which one interacts in the academic and clinical settings
  - b. Arrange transportation and living accommodations for/during off campus clinical assignments to foster timely reporting to the classroom and clinical site.
9. Auditory:
- a. Effectively auscultate lungs, apical pulse, and blood pressure.

Safety is paramount in all health programs. Students shall not pose a direct threat to themselves or others. Direct threat is defined as a substantial risk of harm based on facts and that cannot be eliminated or reduced to an acceptable level through reasonable accommodation. A direct threat also includes an individual who knowingly engages in unsafe practices or disregards safety rules or procedures which results in a substantial risk of harm to themselves or others or in a substantial risk of damage to property.

## **Injury during a Clinical Experience**

- A. If a student is injured in any way during a clinical experiences (needle stick, back injury, etc.), they must:
1. Notify the clinical instructor immediately.
  2. Report the injury to the PTA program director or ACCE within 24 hours
  3. Complete an incident report (located in the back of this manual).
- B. As warranted, the student will be referred to a hospital Emergency Department to be examined and treated as necessary by a physician.
- C. **The student is responsible for all medical and related expenses.** Calhoun Community College strongly recommends that health students maintain medical/accident insurance while participating in clinical rotations. If a student experiences any injury or personal illness of an emergency nature while fulfilling an educational activity at a clinical facility, treatment will be at the expense of the student.

## **Incident Reports**

- A. NOTIFICATION - Each student is required to notify the clinical instructor of any injury, exposure incident, or accident that happens to him/her or to a patient during a clinical period. The student shall notify the ACCE or program director within 24 hours of the injury, exposure incident or accident.
- B. DOCUMENTATION OF INCIDENT - After treatment of the injury, an Incident Report Form must be filled out by the student and the clinical instructor. An Incident Report Form is included in this manual. Incident reports are not to be photocopied and should be submitted directly to the PTA program director or ACCE.

**INCIDENT REPORTING:** A Calhoun Community College Incident Report form (located in the appendix of this manual) should be completed by students and faculty for the following occurrences for which there is a:

- potential injury of student
- sudden unexplained student illness requiring medical attention
- behavior/code of conduct issue
- potential injury of a patient
- and/or other possible litigious incident.

The above list is not all inclusive. Incident reports should be completed when any potentially litigious event occurs.

### **Additional Student Safety Concerns**

Students are expected to assume responsibility for their own safety by adhering to the guidelines listed below and discussing with the faculty situations which the student believes to be unsafe prior to exposing him/herself to risk.

1. Students leaving clinical experiences after dark should travel in groups or obtain escort services from security guards in the agency.
2. Students should lock their car at all times and park in well-lighted areas. Valuables including health-screening equipment, e.g., stethoscopes should always be secured out of sight.
3. Students should carry a minimum amount of money and valuables.
4. Students should be alert and observant for risks so that suspicious situations can be avoided. Do not enter a suspicious area - for example, where loitering, fighting or drunkenness is occurring or in a dark hallway or basement. If the student observes a suspicious situation, the student should leave immediately.

### **Inclement Weather Policy for Clinical Experiences**

In the event of inclement weather, it is expected that the student attends the clinical day if the facility remains open.

It is the responsibility of the student to contact the facility to determine closure. If a student is unable to safely report for an assigned clinical day, they should promptly notify their clinical instructor and the ACCE.



|                   | <b>PTA Program Curriculum Plan</b>                | Lecture Hrs /week | Lab Hrs/week | Credit Hours              |
|-------------------|---|-------------------|--------------|---------------------------|
| <b>Semester 1</b> |   |                   |              |                           |
| EMS 106           | Medical Terminology                               | 2                 |              | 2                         |
| PTA 200           | Physical Therapy Issues & Trends                  | 2                 |              | 2                         |
| PTA 250           | Therapeutic Procedures I                          | 2                 | 6            | 4                         |
| PTA 220           | Functional Anatomy & Kinesiology                  | 3                 |              | 3                         |
| PTA 221           | Kinesiology Lab                                   |                   | 3            | 1                         |
| BIO 201           | Human Anatomy & Physiology I                      | 3                 | 2            | 4                         |
| ORI 100           | Orientation to College                            | 1                 |              | 1                         |
|                   |   |                   |              | <b>Total = 17</b>         |
| <b>Semester 2</b> |   |                   |              |                           |
| PTA 251           | Therapeutic Procedures II                         | 2                 | 6            | 4                         |
| PTA 252           | Physical Agents & Therapeutic Modalities          | 2                 |              | 2                         |
| PTA 240           | Physical Disabilities I                           | 2                 |              | 2                         |
| PTA 202           | PTA Communication Skills                          | 2                 |              | 2                         |
| BIO 202           | Human Anatomy & Physiology II                     | 3                 | 2            | 4                         |
| SPH107/116        | Speech Elective                                   | 3                 |              | 3                         |
|                   |   |                   |              | <b>Total = 17</b>         |
| <b>Semester 3</b> |   |                   |              |                           |
| PTA 230           | Neuroscience                                      | 2                 |              | 2                         |
| PTA 232           | Orthopedics for the PTA                           | 2                 |              | 2                         |
| PTA 290           | Therapeutic Exercise                              |                   | 3            | 1                         |
| PSY 200           | General Psychology                                | 3                 |              | 3                         |
| ENG 101           | English Composition I                             | 3                 |              | 3                         |
| EMS 100           | Cardiopulmonary Resuscitation I (optional)        | 1                 |              | (1)                       |
|                   |   |                   |              | <b>Total = 11</b>         |
| <b>Semester 4</b> |   |                   |              |                           |
| PTA 260           | Clinical Education I*                             |                   | 5            | 1                         |
| PTA 266           | Clinical Fieldwork I*                             |                   | 10           | 2                         |
| PTA 231           | Rehabilitation Techniques                         |                   | 6            | 2                         |
| PTA 241           | Physical Disabilities II                          | 2                 |              | 2                         |
| MTH 100           | Intermediate College Algebra                      | 3                 |              | 3                         |
| PSY 210           | Human Growth & Development                        | 3                 |              | 3                         |
|                   |   |                   |              | <b>Total = 13</b>         |
| <b>Semester 5</b> |   |                   |              |                           |
| PTA 263           | Clinical Affiliation I*                           |                   | 15           | 3                         |
| PTA 261           | Clinical Education II*                            |                   | 5            | 1                         |
| PTA 267           | Clinical Fieldwork II*                            |                   | 10           | 2                         |
| PTA 201           | Physical Therapist Assistant Seminar              | 2                 |              | 2                         |
| Elective          | Humanities, Religion, Foreign Language, Fine Arts | 3                 |              | 3                         |
|                   |   |                   |              | <b>Total = 11</b>         |
|                   |   |                   |              | <b>Program Total = 69</b> |

## Physical Therapist Assistant Course Descriptions

PTA courses must be taken sequentially as the courses in each semester are prerequisites for the following semester. A student must pass all PTA courses prior to beginning courses the following semester.

### EMS 106 Medical Terminology

This course is an introduction to the language of medicine with emphasis on its use in physical therapy. Emphasis is on terminology of anatomical systems, root forms, prefixes and suffixes, surgery, symptomatology, psychiatric terms, pharmaceutical terms, anesthetic terms, and abbreviation. Upon completion, the student should be able to recognize this terminology as it is used in physical therapy.

### PTA 200 Physical Therapy Issues and Trends

This is an introductory course to the trends and issues in physical therapy. Emphasis is placed on areas such as history, practice issues, psychosocial aspects of illness and cultural diversity. Upon completion, the student should be able to discuss trends and issues relevant to physical therapy.

### PTA 220 Functional Anatomy and Kinesiology

This course provides an in-depth, clinically oriented study of functional anatomy. Emphasis is placed on the musculoskeletal system and nervous system, and study of human movement. Upon completion of the course, the student should be able to identify specific anatomical structures and analyze human movements.

### PTA 221 Kinesiology Lab

This laboratory course allows for a hands-on appreciation of functional anatomy and kinesiology. Emphasis may include muscle and joint function, ROM/strength testing, palpation skills and exercise concepts. Upon completion, the student should be able to integrate content areas into an understanding of normal gait posture and movement patterns.

### PTA 250 Therapeutic Procedures I

This laboratory course provides a hands-on introduction to the principles and procedures of therapeutic physical therapy intervention. Emphasis is on basic patient care skills and procedures utilized in physical therapy. Upon completion, the student should be able to demonstrate safe and effective delivery of those procedures with an in-depth understanding of the rationale for each treatment.

### PTA 202 PTA Communication Skills

This course is the study of verbal and nonverbal communication and documentation in health care. Emphasis will be placed on terminology, format, computer usage, reimbursement, interpersonal communications, and legal issues. Upon completion, the student should be able to discuss and demonstrate communication methods for achieving effective interaction with patients, families, the public and other health care providers.

#### PTA 232 Orthopedics for the PTA

This course provides the student with an overview of orthopedic conditions seen in physical therapy. Emphasis is on the study of orthopedic conditions and appropriate physical therapy intervention and a review of related anatomical structures. Upon completion of the course, the student should be able to discuss PT interventions for common orthopedic conditions.

#### PTA 290 Therapeutic Exercise

This lab course covers exercise techniques commonly used in PTA practice. It may include aquatics, isometric, isotonic, isokinetic, plyometric, Swiss ball, and aerobic exercise. Upon completion of the course the student should have entry level skills in exercise application.

#### PTA 240 Physical Disabilities I

This course presents the student with a body systems approach to the etiology, pathology, signs/symptoms and treatment of conditions seen in PT. Emphasis may include conditions most commonly treated in physical therapy. Upon completion, the student should be able to discuss basic pathological processes, treatment options and prognoses of conditions studied.

#### PTA 251 Therapeutic Procedures II

This laboratory course is a continued study of the principles and procedures of therapeutic PT intervention. Emphasis is on advanced physical therapy interventions and procedures and their rationale. Upon completion, the student should be able to demonstrate safe and effective delivery with an in-depth understanding of each.

#### PTA 252 Physical Agents and Therapeutic Modalities

COREQUISITE: PTA 251

This course provides the student with the theoretical basis for the use of physical agents such as heat, cold, electricity, light, water and therapeutic modalities utilized in physical therapy. Emphasis is placed on modalities such as hydrotherapy, various forms of electrical stimulation, ultrasound, traction and diathermy. Upon completion of the course, the student will understand the physiological effects, indications and contraindication, advantage and disadvantage of utilizing these modalities in physical therapy.

#### PTA 230 Neuroscience

This course provides students with an overview of the neuroanatomy of the CNS and PNS, as it relates to treatment necessary for patients with dysfunctions of these systems. Emphasis includes the structure and function of the nervous system, neurophysiological concepts, human growth and development, neurologic dysfunctions. Upon completion of this course, the student should be able to identify and discuss specific anatomical structures, functions of the nervous system, basic concepts of human growth and development and identify neurologic pathologies.

**PTA 266 Clinical Field Work I**

This clinical class will provide an intensive and extended clinical interaction in the health care environment. The course entails on-going communication between the clinical instructor, student, and course coordinator. The student will safely and effectively apply procedures and techniques previously attained in the classroom.

**PTA 241 Physical Disabilities II**

This course continues a body systems approach to study of common PT pathologies. Emphasis includes various neurological pathologies with additional focus on the needs of special populations. Upon completion, the student should be able to discuss PT interventions appropriate to a variety of diagnoses.

**231 Rehabilitation Techniques**

This course allows for hands on appreciation of advanced rehabilitation techniques. Emphasis is on orthopedic and neurologic treatment techniques, therapeutic exercise procedures and analysis and treatment of pathologic gait. Upon completion, the student should be able to demonstrate an understanding of advanced rehabilitation techniques appropriate to orthopedic and neurologic dysfunctions.

**PTA 263 Clinical Affiliation I**

This clinical class will provide clinical interaction in the health care environment. The course entails on-going communication between the clinical instructor, student, and course coordinator. Upon completion, the student should be able to safely and effectively apply procedures and techniques previously attained in the classroom.

**PTA 201 Physical Therapy Assistant Seminar**

This course is a continuing study of issues and trends in physical therapy practice. Emphasis is placed on issues such as licensure, job skills, board exam review, practitioner roles, legal and ethical issues. Upon completion, the student should have acquired necessary skills for transition from student to practitioner.

**PTA 260 Clinical Education I**

This clinical experience is designed to introduce the student to the practice of physical therapy through interaction in the health care environment. The course entails on-going communication between the clinical instructor, student and course coordinator. Upon completion of the course, the student should be able to safely and effectively apply procedures and techniques previously attained in the classroom.

**PTA 261 Clinical Education II**

This clinical class is a continuation of PTA 260 which is designed to introduce the student to the practice of physical therapy through interaction in the health care environment. The course entails on-going communication between the clinical instructor, student, and course coordinator. The student will safely and effectively apply procedures and techniques previously attained in the classroom.

**PTA 267 Clinical Field Work II**

This clinical class is a continuation of PTA 266 and will provide clinical interaction in the health care environment. The course entails on-going communication between the clinical instructor, student and course coordinator. The student will safely and effectively apply procedures and techniques previously attained in the classroom.

## **First Clinical Rotation**

PTA 266 Clinical Fieldwork I & PTA 260 Clinical Education I

### Course Objectives

Using the PTA MACS, the student will demonstrate entry-level approval (v) by completing the required skills on the following objectives:

1. Commitment to Learning Skill:
  - a. Demonstrates willingness to evaluate own performance.
  - b. Identifies problems and information/learning needs.
  - c. Identifies and locates appropriate resources.
  - d. Welcomes/seeks learning opportunities.
  - e. Incorporates new knowledge into clinical performance.
  
2. Professionalism:
  - a. Confirms informed consent from patient or responsible party.
  - b. Exercises discretion, including maintenance of confidentiality.
  - c. Manages personal affairs in a manner that does not interfere with professional responsibilities.
  - d. Respects authority and complies with decisions of those in authority.
  - e. Participates in profession-related organizations/activities.
  - f. Abide by the state practice act, facility and school policies and procedures, and the APTA Standards of Conduct.
  - g. Introduce self as a student.
  - h. Project a professional image.
  
3. Responsibility:
  - a. Arrives prior to the start of all scheduled activities.
  - b. Accepts responsibility for own actions and outcomes.
  - c. Completes projects, duties, and assignments without prompting.
  - d. Recognizes need and offers assistance to others.
  - e. Recognizes own limitations and asks for assistance.
  - f. Accept responsibility for delegated tasks.
  
4. Stress management:
  - a. Recognizes stress in self and others.
  - b. Identifies probable source of stress in self and others.
  - c. Seeks assistance for self or others when appropriate.
  - d. Establishes effective stress management and coping mechanisms.
  - e. Prioritizes multiple commitments in personal and professional life.
  
5. Safety:
  - a. Recognizes and remedies safety concerns during patient care.
  - b. Asks for assistance when unable to independently manage patient safely.
  - c. Uses appropriate body mechanics and guarding techniques.
  - d. Demonstrates standard precautions.
  - e. Demonstrates safe handling of patient and equipment.
  - f. Familiarizes self with and practices risk management policies of the facility and school.
  
6. Use of Constructive Feedback:
  - a. Seeks feedback.

- b. Demonstrates positive attitude toward feedback.
- c. Assesses own performance accurately.
- d. Incorporates intrinsic and extrinsic feedback into future experiences.
- e. Provides appropriate feedback to others, including modification of feedback according to recipient's need.

## **Second Clinical Rotation**

PTA 263 Clinical Affiliation I

### Course Objectives

Using the PTA MACS, the student will demonstrate entry-level approval (v) by completing the required skills on the following objectives:

1. Healthcare Provider Education:
  - a. Identifies audience and clearly defines material to be taught.
  - b. Develops and communicates learning objectives.
  - c. Uses appropriate teaching methods.
  - d. Presents appropriate information effectively and accurately.
  - e. Responds to/interacts with learner(s).
  - f. Evaluates learning experience and modifies teaching as indicated.
2. Commitment to Learning Skill:
  - a. Demonstrates willingness to evaluate own performance.
  - b. Identifies problems and information/learning needs.
  - c. Identifies and locates appropriate resources.
  - d. Welcomes/seekes learning opportunities.
  - e. Incorporates new knowledge into clinical performance.
3. Interpersonal Skills:
  - a. Maintains a professional demeanor in all interactions.
  - b. Demonstrates respect for all persons including respect for differences in culture, learning style, and lifestyle.
  - c. Responds appropriately to unexpected situations.
  - d. Interacts confidently with all persons.
  - e. Demonstrates understanding, acceptance, and appropriate execution of multiple roles of the student PTA.
  - f. Delegates tasks to personnel utilizing effective interpersonal skills.
  - g. Recognizes impact of non-verbal communication and modifies accordingly.
4. Professionalism:
  - a. Confirms informed consent from patient or responsible party.
  - b. Exercises discretion, including maintenance of confidentiality.
  - c. Manages personal affairs in a manner that does not interfere with professional responsibilities.
  - d. Respects authority and complies with decisions of those in authority.
  - e. Participates in profession-related organizations/activities.
  - f. Abide by the state practice act, facility and school policies and procedures, and the APTA Standards of Conduct.
  - g. Introduce self as a student.
  - h. Project a professional image.

5. Responsibility:
  - a. Arrives prior to the start of all scheduled activities.
  - b. Accepts responsibility for own actions and outcomes.
  - c. Completes projects, duties, and assignments without prompting.
  - d. Recognizes need and offers assistance to others.
  - e. Recognizes own limitations and asks for assistance.
  - f. Accept responsibility for delegated tasks.
6. Stress management:
  - a. Recognizes stress in self and others.
  - b. Identifies probable source of stress in self and others.
  - c. Seeks assistance for self or others when appropriate.
  - d. Establishes effective stress management and coping mechanisms.
  - e. Prioritizes multiple commitments in personal and professional life.
7. Safety:
  - a. Recognizes and remedies safety concerns during patient care.
  - b. Asks for assistance when unable to independently manage patient safely.
  - c. Uses appropriate body mechanics and guarding techniques.
  - d. Demonstrates standard precautions.
  - e. Demonstrates safe handling of patient and equipment.
  - f. Familiarizes self with and practices risk management policies of the facility and school.
8. Plan of Care: Implementation of POC:
  - a. Understands the POC written for the individual patient.
  - b. Implements delegated interventions identified in the POC.
  - c. Monitors the patient status and progress toward short term and long term goals and outcomes and reports to the supervising PT or CI.
  - d. Selects and provides safe interventions competently based on the POC established by the PT to minimize risk to the patient, self, and others.
9. Plan of Care: Modification within POC:
  - a. Monitors patient response and modifies interventions accordingly within the POC.
  - b. Recognizes when interventions have been inappropriately delegated and initiates clarification and modification with the supervising PT.
  - c. Recognizes when interventions should not be provided due to changing medical status and defers to the supervising PT.
  - d. Progress the patient within the objective parameters documented in an established PT plan of care.
  - e. Discuss pertinent changes in patient status with appropriate personnel.
  - f. Adjusts verbal and non-verbal communication to each person and situation.
  - g. Listens actively.
  - h. Follows all documentation policies and procedures of the facility.
10. Use of Constructive Feedback
  - a. Seeks feedback.
  - b. Demonstrates positive attitude toward feedback.
  - c. Assesses own performance accurately.
  - d. Incorporates intrinsic and extrinsic feedback into future experiences.



- e. Provides appropriate feedback to others, including modification of feedback according to recipient's need.

11. Patient History and Chart Review

- a. Identifies pertinent information by performing an organized review of patient record prior to intervention.
- b. Utilizes the initial evaluation to obtain information regarding initial patient status, problems, treatment goals, and treatment plans.
- c. Maintains patient confidentiality.
- d. Reviews all appropriate progress reports for pertinent information.
- e. Consults and reports to supervising physical therapist or clinical instructor any relevant changes in patient status.
- f. Demonstrates effective interview skills in collecting patient information.

**Third Clinical Rotation**

PTA 261 Clinical Education II & PTA 267 Clinical Fieldwork I

Course Objectives

Using the PTA MACS, the student will demonstrate entry-level approval (v) by completing the required skills on the following objectives. Entry level performance needs to have been demonstrated on at least one of the three clinical rotations:

1. Healthcare Provider Education:

- a. Identifies audience and clearly defines material to be taught.
- b. Develops and communicates learning objectives.
- c. Uses appropriate teaching methods.
- d. Presents appropriate information effectively and accurately.
- e. Responds to/interacts with learner(s).
- f. Evaluates learning experience and modifies teaching as indicated.

2. Commitment to Learning Skill:

- a. Demonstrates willingness to evaluate own performance.
- b. Identifies problems and information/learning needs.
- c. Identifies and locates appropriate resources.
- d. Welcomes/seek learning opportunities.
- e. Incorporates new knowledge into clinical performance.

3. Interpersonal Skills:

- a. Maintains a professional demeanor in all interactions.
- b. Demonstrates respect for all persons including respect for differences in culture, learning style, and lifestyle.
- c. Responds appropriately to unexpected situations.
- d. Interacts confidently with all persons.
- e. Demonstrates understanding, acceptance, and appropriate execution of multiple roles of the student PTA.
- f. Delegates tasks to personnel utilizing effective interpersonal skills.
- g. Recognizes impact of non-verbal communication and modifies accordingly.

4. Professionalism:
  - a. Confirms informed consent from patient or responsible party.
  - b. Exercises discretion, including maintenance of confidentiality.
  - c. Manages personal affairs in a manner that does not interfere with professional responsibilities.
  - d. Respects authority and complies with decisions of those in authority.
  - e. Participates in profession-related organizations/activities.
  - f. Abide by the state practice act, facility and school policies and procedures, and the APTA Standards of Conduct.
  - g. Introduce self as a student.
  - h. Project a professional image.
5. Responsibility:
  - a. Arrives prior to the start of all scheduled activities.
  - b. Accepts responsibility for own actions and outcomes.
  - c. Completes projects, duties, and assignments without prompting.
  - d. Recognizes need and offers assistance to others.
  - e. Recognizes own limitations and asks for assistance.
  - f. Accept responsibility for delegated tasks.
6. Stress management:
  - a. Recognizes stress in self and others.
  - b. Identifies probable source of stress in self and others.
  - c. Seeks assistance for self or others when appropriate.
  - d. Establishes effective stress management and coping mechanisms.
  - e. Prioritizes multiple commitments in personal and professional life.
7. Safety:
  - a. Recognizes and remedies safety concerns during patient care.
  - b. Asks for assistance when unable to independently manage patient safely.
  - c. Uses appropriate body mechanics and guarding techniques.
  - d. Demonstrates standard precautions.
  - e. Demonstrates safe handling of patient and equipment.
  - f. Familiarizes self with and practices risk management policies of the facility and school.
8. Plan of Care: Implementation of POC:
  - a. Understands the POC written for the individual patient.
  - b. Implements delegated interventions identified in the POC.
  - c. Monitors the patient status and progress toward short term and long-term goals and outcomes and reports to the supervising PT or CI.
  - d. Selects and provides safe interventions competently based on the POC established by the PT to minimize risk to the patient, self, and others.
9. Plan of Care: Modification within POC:
  - a. Monitors patient response and modifies interventions accordingly within the POC.
  - b. Recognizes when interventions have been inappropriately delegated and initiates clarification and modification with the supervising PT.
  - c. Recognizes when interventions should not be provided due to changing medical status and defers to the supervising PT.

- d. Progress the patient within the objective parameters documented in an established PT plan of care.
  - e. Discuss pertinent changes in patient status with appropriate personnel.
  - f. Adjusts verbal and non-verbal communication to each person and situation.
  - g. Listens actively.
  - h. Follows all documentation policies and procedures of the facility.
10. Use of Constructive Feedback
- a. Seeks feedback.
  - b. Demonstrates positive attitude toward feedback.
  - c. Assesses own performance accurately.
  - d. Incorporates intrinsic and extrinsic feedback into future experiences.
  - e. Provides appropriate feedback to others, including modification of feedback according to recipient's need.
11. Patient History and Chart Review
- a. Identifies pertinent information by performing an organized review of patient record prior to intervention.
  - b. Utilizes the initial evaluation to obtain information regarding initial patient status, problems, treatment goals, and treatment plans.
  - c. Maintains patient confidentiality.
  - d. Reviews all appropriate progress reports for pertinent information.
  - e. Consults and reports to supervising physical therapist or clinical instructor any relevant changes in patient status.
  - f. Demonstrates effective interview skills in collecting patient information.
12. Communication Written & Oral
- a. Initiates and completes verbal and written communication in a timely manner, choosing appropriate time, and place.
  - b. Uses English language effectively.
  - c. Writes legibly.
  - d. Uses effective non-verbal communication.
  - e. Adjusts verbal and non-verbal communication to each person and situation.
  - f. Listens actively.
  - g. Follows all documentation policies and procedures of the facility.
13. Problem solving
- a. Identifies and states problems clearly.
  - b. Prioritizes problems.
  - c. Considers assets, limitations, and resources.
  - d. Identifies possible solutions and probable outcomes.
  - e. Implements solutions.
  - f. Identifies outcomes and presents recommended modifications to supervising physical therapist or clinical instructor.
14. Critical Thinking:
- a. Raises relevant questions.
  - b. Considers all available information and notes deficiencies in knowledge base.
  - c. Articulates ideas clearly.
  - d. Examines currently accepted practices within context of scientific method.
  - e. Seeks and formulates new and alternative solutions to questions.

- f. Incorporates new and alternative solutions for enhanced outcomes.
15. Effective use of time and resources:
- a. Identifies and prioritizes tasks to be accomplished.
  - b. Plans and adheres to a realistic and appropriate schedule.
  - c. Uses all available resources effectively, including unscheduled time and alternative treatment delivery methods.
  - d. Demonstrates flexibility when presented with unforeseen circumstances.
  - e. Performs multiple activities effectively and efficiently.
  - f. Determines tasks appropriate for delegation to supportive personnel.
16. Data Collection: Anthropometric Measurements for Edema
- a. Describes activities and postures that effect edema.
  - b. Recognizes changes in edema.
  - c. Correctly measures edema through girth, palpation, and/or volumetrics.
17. Data Collection: Other Anthropometric Measurements:
- a. Identifies the anatomical components of correct postural alignment in static and dynamic activities.
  - b. Performs measurements as indicated to quantify observations.
  - c. Identifies deviations from normal alignment.
  - d. Identifies effect of malalignment on patient's function and discusses with the supervising physical therapist or clinical instructor.
  - e. Compares the relationship of COG and BOS to posture and movement.
18. Data Collection: Arousal/Mentation/Cognition:
- a. Recognizes patient's orientation to time, person, place, and situation.
  - b. Determines patient's ability to process commands.
  - c. Recognizes patient's awareness of safety and judgment skills.
  - d. Recognizes changes in patient's arousal, attention, mentation, and cognition.
  - e. Recognizes patient's recall ability.
  - f. Identifies gross expressive and receptive communication deficits.
  - g. Identifies factors influencing patient motivation.
19. Data Collection: Assistive/Adaptive Devices:
- a. Identifies the individual and caregiver abilities to utilize the device.
  - b. Recognizes and addresses improper alignment and fit of device.
  - c. Inspects skin for related changes after use of device.
  - d. Monitors patient's response to the use of the assistive device.
20. Data Collection: Gait, Locomotion, and Balance:
- a. Observes patient from all directions.
  - b. Identifies gait/locomotion characteristics with and without use of assistive, adaptive, orthotic, prosthetic, or protective devices.
  - c. Recognizes effect of various terrain and environments on gait/locomotion.
  - d. Identifies deviations and their effect on gait/locomotion.
  - e. Discusses with the physical therapist or clinical instructor possible causes and solutions for gait and locomotion deviation.
  - f. Administers appropriate gait and balance tools as delegated by the physical therapist.

21. Data Collection: Integumentary Integrity:
  - a. Performs routine skin inspections.
  - b. Recognizes and modifies activities, positioning and postures that can produce associated skin trauma.
  - c. Documents signs of infection, pressure areas, healing, bleeding, burn, ecchymosis, and/or dermatitis.
  - d. Identifies pigment, sensation, scar tissue, wound tissue, drainage, odor, size, shape, and location, depth, tunneling, and/or undermining of the wound and surrounding tissue.
  - e. Classifies wound accurately using standardized guidelines.
  - f. Adheres to infection control principles during integumentary examination.
  
22. Data Collection: joint Integrity and Mobility
  - a. Describes quality of joint movement during functional activities.
  - b. Palpates and identifies location of pain and soreness in the joint.
  - c. Identifies joint hypomobility or hypermobility.
  - d. Identifies possible causes of hypomobility or hypermobility and presents to the supervising physical therapist or clinical instructor.
  - e. Identifies soft and joint tissue restrictions.
  
23. Data Collection: Muscle Performance-Strength, Power and Endurance:
  - a. Measures functional muscle strength, power, and/or endurance.
  - b. Correctly performs manual muscle testing by manual testing and/or dynamometry techniques
  - c. Recognizes the influence of muscle tone and/or pain on muscle performance.
  
24. Data Collection: Neuromotor Function:
  - a. Identifies the presence or absence of reflexes, associated reactions, or abnormal tone.
  - b. Identifies gross and fine motor skills.
  - c. Identifies gross and fine motor milestones.
  - d. Differentiates between upper motor neuron and lower motor neuron findings.
  
25. Data Collection: Range of Motion:
  - a. Compares passive and active joint ROM on uninvolved and involved sides.
  - b. Demonstrates correct knowledge of positioning, draping, bony landmarks, and alignment of goniometer.
  - c. Eliminates substitutions by appropriate stabilization.
  - d. Measures ROM using: goniometer, inclinometer, flexible ruler, or tape measure.
  - e. Differentiates limitation due to joint restriction, pain, or soft tissue restriction.
  
26. Data Collection: Self-care/Home Management:
  - a. Recognizes patient's bed mobility and transfer status in the context of self-care/home management.
  - b. Administers scales or indices of ADL as provided by the PT; to measure level of independence in self-care/ home management.
  - c. Identifies patient's ability to utilize adaptive skills or devices to carry out self-care/home management tasks.
  - d. Identifies and reports patient's performance of self-care or home management tasks with or without assistive/adaptive devices.
  - e. Identifies deficits that the patient may encounter in unfamiliar environments.

27. Data Collection: Sensation/Pain Response:
- Identifies response to sensory stimuli.
  - Administers superficial sensation test, deep sensation test, and cortical sensation tests.
  - Administers standardized pain scales.
  - Recognizes activities, positioning, and postures that aggravate or relieve pain or altered sensation.
28. Data Collection: Ventilation, Respiration, and Circulation
- Identifies physiologic response to performance of ADL's and instrumental ADL's.
  - Measures standard vital signs at rest, during and after activities.
  - Monitors cardiopulmonary status at rest, during activity and post exercise by:
    - Auscultation of heart and lungs.
    - Observing chest wall movement and breathing patterns.
    - Performing pulse oximetry
    - Recognizing cyanosis and abnormalities of capillary refill.
    - Identifying changes in cough and sputum.
    - Differentiation pitting edema.
29. Plan of Care: Patient Related Instruction
- Identifies techniques/activities/skills that need to be taught from the POC.
  - Selects appropriate instructional methods.
  - Delivers pertinent information while considering patient's condition, treatment, and transition to home, work, and/or community.
  - Provides instructions in an organized manner.
  - Implements instructions effectively by: (1) providing the learner an opportunity to practice, (2) providing feedback, (3) modifying instructions as needed, and (4) verifying learner's knowledge/performance.
30. Plan of Care: Discharge Planning
- Provides information to the PT pertinent to discharge planning, within a reasonable time, prior to discharge.
  - Asks the patient and/or family appropriate questions about home environment.
  - Discusses with the PT the need for follow-up care.
31. Interventions: Therapeutic Exercise that are selected by the physical therapists in the POC to include aerobic, balance, coordination, breathing, inhibition, relaxation, manual strengthening, mechanical strengthening, motor development, posture awareness, range of motion, and stretching:
- Determine patient appropriateness for exercising.
  - Determines exercise parameters.
  - Use manual techniques, verbal commands, body mechanics, and equipment safely and effectively.
  - Position patient correctly to achieve specified outcome(s).
  - Progress patient according to the patient's response to exercise and the plan of care.
  - Monitor posture and alignment during exercise and modify intervention to achieve the desired movement outcome.
32. Interventions: Functional Training-ADL's that have been selected by the physical therapist in the plan of care to include adaptive device, bed mobility, body mechanics, gait, tilt table, transfers, and wheelchair mobility:
- Identifies patient's readiness for functional training.

- b. Utilize correct functional sequences/technique in training processes.
  - c. Adjust amount of assistance in keeping with the patient's needs and level of independence.
  - d. Incorporate breathing control into functional activity.
  - e. Participate in the selection of adaptive equipment by providing the physical therapist with accurate and complete information and appropriate recommendations.
33. Interventions: Therapeutic Massage
- a. Selects and provides appropriate techniques based on the plan of care established by the physical therapist.
  - b. Positions patient properly to achieve desired results
  - c. Apply techniques correctly.
34. Intervention: Manual Therapy
- a. Position patient properly to achieve desired results.
  - b. Selects and provides appropriate technique based on the plan of care established by the physical therapist.
  - c. Applies techniques correctly.
35. Wound Management:
- a. Performs cleansing/debridement to appropriate tissue according to the plan of care using safe and effective techniques.
  - b. Selects appropriate wound dressing and applies correctly based on the plan of care established by the physical therapist.
  - c. Follows facility infection control policy and procedures while performing wound care.
  - d. Monitors changes in wound status and reports to the supervising PT.
36. Interventions: Physical Agents selected by the physical therapist on the plan of care to include biofeedback, continuous passive motion, cryotherapy, electrotherapeutic modalities, hydrotherapy, compression therapies, superficial thermal, deep thermal, and traction:
- a. Familiarize self with equipment prior to delivery of treatment
  - b. Inspects area to be treated before and after treatment
  - c. Verifies absence/presence of contraindications and/or precautions.
  - d. Position patient appropriately with proper alignment.
  - e. Apply physical agents according to the established guidelines.
  - f. Monitor patient's response to treatment (during and after) and modifies parameters accordingly.

## **Acute Clinical Rotation**

### Course Objectives

Using the PTA MACS, the student will demonstrate entry-level performance (v) by completing the skills in an acute setting:

1. Data Collection: Integumentary Integrity:
  - a. Performs routine skin inspections.
  - b. Recognizes and modifies activities, positioning and postures that can produce associated skin trauma.
  - c. Documents signs of infection, pressure areas, healing, bleeding, burn, ecchymosis, and/or dermatitis.
  - d. Identifies pigment, sensation, scar tissue, wound tissue, drainage, odor, size, shape, and location, depth, tunneling, and/or undermining of the wound and surrounding tissue.
  - e. Classifies wound accurately using standardized guidelines.
  - f. Adheres to infection control principles during integumentary examination.
2. Data Collection: Ventilation, Respiration, and Circulation
  - i. Identifies physiologic response to performance of ADL's and instrumental ADL's.
  - ii. Measures standard vital signs at rest, during and after activities.
  - iii. Monitors cardiopulmonary status at rest, during activity and post exercise by:
    - a. Auscultation of heart and lungs.
    - b. Observing chest wall movement and breathing patterns.
    - c. Performing pulse oximetry
    - d. Recognizing cyanosis and abnormalities of capillary refill.
    - e. Identifying changes in coughing and sputum.
    - f. Differentiation pitting edema.
3. Data Collection: Assistive/Adaptive Devices:
  - a. Identifies the individual and caregiver abilities to utilize the device.
  - b. Recognizes and addresses improper alignment and fit of device.
  - c. Inspects skin for related changes after use of device.
  - d. Monitors patient's response to the use of the assistive device.
4. Interventions: Therapeutic Exercise that are selected by the physical therapists in the POC to include breathing, relaxation, range of motion, and stretching:
  - a. Determine patient appropriateness for exercising.
  - b. Determines exercise parameters.
  - c. Use manual techniques, verbal commands, body mechanics, and equipment safely and effectively.
  - d. Position patient correctly to achieve specified outcome(s).
  - e. Progress patient according to the patient's response to exercise and the plan of care.
  - f. Monitor posture and alignment during exercise and modify intervention to achieve the desired movement outcome.
5. Interventions: Functional Training-ADL's that have been selected by the physical therapist in the plan of care to include adaptive device training, bed mobility, gait, transfers.
  - a. Identifies patient's readiness for functional training.
  - b. Utilize correct functional sequences/technique in training processes.
  - c. Adjust amount of assistance in keeping with the patient's needs and level of independence.



- d. Incorporate breathing control into functional activity.
  - e. Participate in the selection of adaptive equipment by providing the physical therapist with accurate and complete information and appropriate recommendations.
6. Wound Management:
- a. Performs cleansing/debridement to appropriate tissue according to the plan of care using safe and effective techniques.
  - b. Selects appropriate wound dressing and applies correctly based on the plan of care established by the physical therapist.
  - c. Follows facility infection control policy and procedures while performing wound care.
  - d. Monitors changes in wound status and reports to the supervising PT.
7. Interventions: Physical Agents selected by the physical therapist on the plan of care to include continuous passive motion and hydrotherapy.
- a. Familiarize self with equipment prior to delivery of treatment
  - b. Inspects area to be treated before and after treatment
  - c. Verifies absence/presence of contraindications and/or precautions.
  - d. Position patient appropriately with proper alignment.
  - e. Apply physical agents according to the established guidelines.
  - f. Monitor patient's response to treatment (during and after) and modifies parameters accordingly.

## **Outpatient Clinical Rotation**

### Course Objectives

Using the PTA MACS, the student will demonstrate entry-level performance (v) by completing the skills in an outpatient setting:

1. Data Collection: Anthropometric Measurements for Edema
  - a. Describes activities and postures that effect edema.
  - b. Recognizes changes in edema.
  - c. Correctly measures edema through girth, palpation, and/or volumetrics.
2. Data Collection: Other Anthropometric Measurements:
  - a. Identifies the anatomical components of correct postural alignment in static and dynamic activities.
  - b. Performs measurements as indicated to quantify observations.
  - c. Identifies deviations from normal alignment.
  - d. Identifies effect of malalignment on patient's function and discusses with the supervising physical therapist or clinical instructor.
  - e. Compares the relationship of COG and BOS to posture and movement.
3. Data Collection: Gait, Locomotion, and Balance:
  - a. Observes patient from all directions.
  - b. Identifies gait/locomotion characteristics with and without use of assistive, adaptive, orthotic, prosthetic, or protective devices.
  - c. Recognizes effect of various terrain and environments on gait/locomotion.
  - d. Identifies deviations and their effect on gait/locomotion.

- e. Discusses with the physical therapist or clinical instructor possible causes and solutions for gait and locomotion deviation.
  - f. Administers appropriate gait and balance tools as delegated by the physical therapist.
4. Data Collection: Joint Integrity and Mobility
    - a. Describes quality of joint movement during functional activities.
    - b. Palpates and identifies location of pain and soreness in the joint.
    - c. Identifies joint hypomobility or hypermobility.
    - d. Identifies possible causes of hypomobility or hypermobility and presents to the supervising physical therapist or clinical instructor.
    - e. Identifies soft and joint tissue restrictions.
  5. Data Collection: Muscle Performance-Strength, Power and Endurance:
    - a. Measures functional muscle strength, power, and/or endurance.
    - b. Correctly performs manual muscle testing by manual testing and/or dynamometry techniques
    - c. Recognizes the influence of muscle tone and/or pain on muscle performance.
  6. Data Collection: Range of Motion:
    - a. Compares passive and active joint ROM on uninvolved and involved sides.
    - b. Demonstrates correct knowledge of positioning, draping, bony landmarks, and alignment of goniometer.
    - c. Eliminates substitutions by appropriate stabilization.
    - d. Measures ROM using: goniometer, inclinometer, flexible ruler, or tape measure.
    - e. Differentiates limitation due to joint restriction, pain, or soft tissue restriction.
  7. Data Collection: Sensation/Pain Response:
    - a. Identifies response to sensory stimuli.
    - b. Administers superficial sensation test, deep sensation test, and cortical sensation tests.
    - c. Administers standardized pain scales.
    - d. Recognizes activities, positioning, and postures that aggravate or relieve pain or altered sensation.
  8. Interventions: Therapeutic Exercise that are selected by the physical therapists in the POC to include aerobic, balance, coordination, manual strengthening, mechanical strengthening, posture awareness, range of motion, and stretching:
    - a. Determine patient appropriateness for exercising.
    - b. Determines exercise parameters.
    - c. Use manual techniques, verbal commands, body mechanics, and equipment safely and effectively.
    - d. Position patient correctly to achieve specified outcome(s).
    - e. Progress patient according to the patient's response to exercise and the plan of care.
    - f. Monitor posture and alignment during exercise and modify intervention to achieve the desired movement outcome.
  9. Interventions: Functional Training-ADL's that have been selected by the physical therapist in the plan of care to include body mechanics, gait, tilt table, and transfers:
    - a. Identifies patient's readiness for functional training.
    - b. Utilize correct functional sequences/technique in training processes.

- c. Adjust amount of assistance in keeping with the patient's needs and level of independence.
  - d. Incorporate breathing control into functional activity.
  - e. Participate in the selection of adaptive equipment by providing the physical therapist with accurate and complete information and appropriate recommendations.
10. Interventions: Therapeutic Massage
- a. Selects and provides appropriate techniques based on the plan of care established by the physical therapist.
  - b. Positions patient properly to achieve desired results
  - c. Apply techniques correctly.
11. Intervention: Manual Therapy
- a. Position patient properly to achieve desired results.
  - b. Selects and provides appropriate technique based on the plan of care established by the physical therapist.
  - c. Applies Techniques correctly.
12. Interventions: Physical Agents selected by the physical therapist on the plan of care to include biofeedback, cryotherapy, electrotherapeutic modalities, hydrotherapy, compression therapies, superficial thermal, deep thermal, and traction:
- a. Familiarize self with equipment prior to delivery of treatment
  - b. Inspects area to be treated before and after treatment
  - c. Verifies absence/presence of contraindications and/or precautions.
  - d. Position patient appropriately with proper alignment.
  - e. Apply physical agents according to the established guidelines.
  - f. Monitor patient's response to treatment (during and after) and modifies parameters accordingly.

## **Rehab Clinical Rotation**

### Course Objectives

Using the PTA MACS, the student will demonstrate entry-level performance (v) by completing the required skills on the following objectives in a rehab setting:

1. Data Collection: Arousal/ Mentation /Cognition:
  - a. Recognizes patient's orientation to time, person, place, and situation.
  - b. Determines patient's ability to process commands.
  - c. Recognizes patient's awareness of safety and judgment skills.
  - d. Recognizes changes in patient's arousal, attention, mentation, and cognition.
  - e. Recognizes patient's recall ability.
  - f. Identifies gross expressive and receptive communication deficits.
  - g. Identifies factors influencing patient motivation.
  
2. Data Collection: Assistive / Adaptive Devices:
  - a. Identifies the individual and caregiver abilities to utilize the device.
  - b. Recognizes and addresses improper alignment and fit of device.
  - c. Inspects skin for related changes after use of device.
  - d. Monitors patient's response to the use of the assistive device.

3. Data Collection: Gait, Locomotion, and Balance:
  - a. Observes patient from all directions.
  - b. Identifies gait/locomotion characteristics with and without use of assistive, adaptive, orthotic, prosthetic, or protective devices.
  - c. Recognizes effect of various terrain and environments on gait/locomotion.
  - d. Identifies deviations and their effect on gait/locomotion.
  - e. Discusses with the physical therapist or clinical instructor possible causes and solutions for gait and locomotion deviation.
  - f. Administers appropriate gait and balance tools as delegated by the physical therapist.
  
4. Data Collection: Integumentary Integrity:
  - a. Performs routine skin inspections.
  - b. Recognizes and modifies activities, positioning and postures that can produce associated skin trauma.
  - c. Documents signs of infection, pressure areas, healing, bleeding, burn, ecchymosis, and/or dermatitis.
  - d. Identifies pigment, sensation, scar tissue, wound tissue, drainage, odor, size, shape, and location, depth, tunneling, and/or undermining of the wound and surrounding tissue.
  - e. Classifies wound accurately using standardized guidelines.
  - f. Adheres to infection control principles during integumentary examination.
  
5. Data Collection: Range of Motion:
  - a. Compares passive and active joint ROM on uninvolved and involved sides.
  - b. Demonstrates correct knowledge of positioning, draping, bony landmarks, and alignment of goniometer.
  - c. Eliminates substitutions by appropriate stabilization.
  - d. Measures ROM using: goniometer, inclinometer, flexible ruler, or tape measure.
  - e. Differentiates limitation due to joint restriction, pain, or soft tissue restriction.
  
6. Data Collection: Neuromotor Function:
  - a. Identifies the presence or absence of reflexes, associated reactions, or abnormal tone.
  - b. Identifies gross and fine motor skills.
  - c. Identifies gross and fine motor milestones.
  - d. Differentiates between upper motor neuron and lower motor neuron findings.
  
7. Data Collection: Self-care/Home Management:
  - a. Recognizes patient's bed mobility and transfer status in the context of self-care/home management.
  - b. Administers scales or indices of ADL as provided by the PT; to measure level of independence in self-care/ home management.
  - c. Identifies patient's ability to utilize adaptive skills or devices to carry out self-care/home management tasks.
  - d. Identifies and reports patient's performance of self-care or home management tasks with or without assistive/adaptive devices.
  - e. Identifies deficits that the patient may encounter in unfamiliar environments.
  
8. Data Collection: Ventilation, Respiration, and Circulation
  - a. Identifies physiologic response to performance of ADL's and instrumental ADL's.

- b. Measures standard vital signs at rest, during and after activities.
  - c. Monitors cardiopulmonary status at rest, during activity and post exercise by:
    - 1. Auscultation of heart and lungs.
    - 2. Observing chest wall movement and breathing patterns.
    - 3. Performing pulse oximetry
    - 4. Recognizing cyanosis and abnormalities of capillary refill.
    - 5. Identifying changes in coughing and sputum.
    - 6. Differentiation pitting edema.
9. Plan of Care: Discharge Planning
- a. Provides information to the PT pertinent to discharge planning, within a reasonable time, prior to discharge.
  - b. Asks the patient and/or family appropriate questions about home environment.
  - c. Discusses with the PT the need for follow-up care.
10. Interventions: Therapeutic Exercises that are selected by the physical therapist in the POC to include balance, coordination, breathing, inhibition, manual strengthening, motor development, posture awareness, range of motion, and stretching:\*
- a. Determine patient appropriateness for exercising.
  - b. Determines exercise parameters.
  - c. Use manual techniques, verbal commands, body mechanics, and equipment safely and effectively.
  - d. Position patient correctly to achieve specified outcome(s).
  - e. Progress patient according to the patient's response to exercise and the plan of care.
  - f. Monitor posture and alignment during exercise and modify intervention to achieve the desired movement outcome.
11. Interventions: Functional Training-ADL's that have been selected by the physical therapist in the plan of care to include adaptive device, bed mobility, gait, transfers, and wheelchair mobility:\*
- a. Identifies patient's readiness for functional training.
  - b. Utilize correct functional sequences/technique in training processes.
  - c. Adjust amount of assistance in keeping with the patient's needs and level of independence.
  - d. Incorporate breathing control into functional activity.
  - e. Participate in the selection of adaptive equipment by providing the physical therapist with accurate and complete information and appropriate recommendations.

The complete list of professional, data and interventional skills in which students are expected to be competent and safe is found in the PTA MACS.

## Skills List

The following is the list of clinical skills in which the students are expected to be competent and safe. The student will be assessed for competency and safety through a skill check or practical exam. The critical safety elements are indicated with an asterisk and description of the safety component. For all skills following the PT's plan of care is a critical safety element.

### Therapeutic Exercise

- Aerobic Exercise
  - \*Check precautions/contraindications to determine appropriateness of ex.
  - \*Check vital signs before and during aerobic exercise
  - \*Check for physiological signs of distress during aerobic exercise
  - \*Check vital signs post aerobic exercise
- Balance and Coordination
  - \*Use appropriate amount of supervision/assistance in all directions during activity
- Postural Awareness
  - \*Monitor posture and alignment during exercise
- Stretching Exercise
  - \*Supervise correct technique of patient
- Range of Motion
  - \*Determine patient appropriateness for range of motion
  - \*Correct PNF pattern
  - \*Technique performed correctly
  - \*Correct manual contact for the desired result of the movement
  - \*Patient safety-SPTA must guard and maintain sufficient contact at all times
- Strengthening Exercise
  - \*Correct motion/alignment of the body part is performed

### Data Collection Skills

- Manual Muscle Testing
  - \*state motion to be tested/what muscle involved
- Goniometric Testing
  - \*Palpate and verbalize bony landmarks
  - \*Correct alignment of goniometer
  - \*Correctly measure (passive or active) ROM given per POC
- Anthropometric Measurements:
  - \*Palpate and verbalize correct bony landmarks
  - \*Correctly place tape measure to obtain measurement
  - \*Correct extremity placement in volumeter

- Sensation
  - \*Check activities that aggravate sensations
  - \*Dispose of instruments used for testing sensation in appropriate area.
  - \*Check sensation of area pre and post use of physical agents.
  - \*Correct performance of test.
  - \*Correct area tested/ Hammer tap
- Vital signs
  - \*Check contraindications and precautions for checking vital signs
  - \*Acknowledge abnormal vital signs before, during, and post interventions
- Pain
  - \*Check activities that aggravate pain
- Joint Integrity and Mobility
  - \*Check contraindication and precautions for measuring joint integrity and mobility
- Arousal, mental, and cognition
  - \*Check pt. safety awareness and judgment skills
  - \*Use appropriate supervision/assistance for all activities
- Integumentary Changes
  - \*Use universal precautions
  - \*Maintain sterile field
- Special Tests
  - \*Performs correct tests
  - \*Correctly identifies muscle/muscles being tested

### **Functional Training**

- Activities of Daily Living
  - \*Use of gait belt
  - \*Use appropriate supervision/assistance when performing ADL's
- Wheelchair Management
  - \*Use appropriate supervision/assistance with wheelchair training
  - \*Check mechanics of wheelchair for patient/operator safety
- Transfer Training
  - \*Use gait belt
  - \*Use appropriate supervision/assistance during transfers
  - \*Use appropriate weight bearing precautions
  - \*Apply shoes
  - \*Perform correct transfer per POC
- Assistive Device Training
  - \*Use gait belt
  - \*Use appropriate supervision/assistance with training
  - \*Check proper fit/safety of assistive device
- Body Mechanics
  - \*Check correct posture during activity

- \*Check for restrictions per diagnoses for lifting, pulling, pushing, carrying for reaching.
- \*Demonstrate proper body mechanics during a lifting activity.

- Development Activities
  - \*Use gait belt
  - \*Use appropriate supervision/assistance during activities
- Gait and Locomotion Training
  - \*Use gait belt
  - \*Use appropriate supervision/assistance during activity
  - \*Identify weight-bearing status
- Long term positioning
  - \*Physically observe the skin and bony areas over the body parts before and after positioning patient.

### **Infection Control**

- Isolation Techniques
  - \*Wash hands
  - \*Use correct clothing application or isolation
  - \*Follow universal precautions during treatment
  - \*Dispose of all materials in appropriate containers
- Sterile Field
  - \*Clean area pre treatment
  - \*Know which items/clothing is sterile
  - \*Maintain sterile field at all times
  - \*Clean area post treatment
  - \*Dispose of all materials in appropriate containers

### **Electrotherapeutic Modalities**

- Neuromuscular electrical stimulation (NMES)
  - \*Check contraindications and precautions before treatment
  - \*Check skin and sensation before and after treatment
  - \* Start with intensity at zero
  - \* Adjust the frequency/rate, duty cycle, pulse duration prior to adjusting/setting intensity
  - \*Advance the intensity control slowly and adjust intensity as needed until appropriate stimulus is achieved
  - \* Turn intensity off at termination of treatment
- Transcutaneous electrical nerve stimulation (TENS)
  - \*Check contraindications and precautions before treatment
  - \*Check skin and sensation before and after treatment
  - \* Start with intensity at zero
  - \* Adjust the frequency/rate, duty cycle, pulse duration prior to adjusting/setting intensity



- \* Advance the intensity control slowly and adjust intensity as needed until appropriate stimulus is achieved

- \* Turn intensity off at termination of treatment

- Interferential Current

- \* Check contraindications and precautions before treatment

- \* Check skin and sensation before and after treatment

- \* Start with intensity at zero

- \* Adjust the frequency/rate, duty cycle, pulse duration prior to adjusting/setting intensity

- \* Advance the intensity control slowly and adjust intensity as needed until appropriate stimulus is achieved

- \* Turn intensity off at termination of treatment

### **Physical agents and mechanical modalities**

- Cold packs/Cryocuff

- \* Check contraindications and precautions before treatment

- \* Patient given call bell

- \* Check skin and sensation before and after treatment

- \* Check skin after 5 minutes of treatment

- Ice massage

- \* Check contraindications and precautions before treatment

- \* Check skin and sensation before and after treatment

- \* Check skin after 3 minutes

- \* Stop treatment if patient is numb

- \* Do not exceed 8 minutes

- Ultrasound

- \* Check contraindications and precautions before treatment

- \* Check skin and sensation before and after treatment

- \* Set parameters appropriately for diagnosis given

- \* Good contact maintained

- \* Move sound head continuously

- Dry heat/Fluidotherapy

- \* Check contraindications and precautions before treatment

- \* Check skin and sensation before application

- \* Patient given call bell

- \* Check skin verbally after 5 minutes of treatment

- Hot packs

- \* Check Contraindications for hot packs

- \* Check skin and sensation before and after treatment

- \* Use correct number of layers between heat and patient

- \* Check skin throughout treatment

- Paraffin bath

- \* Check contraindications and precautions before treatment
- \* Check skin and sensation before application
- \* Patient given call bell
- \* Check skin verbally after 5 minutes of treatment
- Traction
  - \* Check contraindications and precautions before treatment
  - \* Check skin and sensation before and after treatment
  - \* Check patient alignment on plinth
  - \* Set machine to appropriate parameters
  - \* Give patient stop switch for traction
  - \* Table unlocked for lumbar traction and table locked for cervical traction
- Massage (connective tissue massage and therapeutic massage)
  - \* Check contraindications and precautions before treatment
  - \* Check skin and sensation before and after treatment

**\* Indicates the critical safety components for the skill**

**SUMMARY OF ACADEMIC COMPLETION BY AFFILIATION**

| <b>IF STUDENT IS ON</b>  | <b>ACADEMICS COMPLETED</b>  | <b>ACADEMICS NOT COMPLETED</b>  |
|--|---|---|
| <p><b>AFFILIATION #1</b></p> <p><b>PTA 260 &amp; PTA 266</b></p> | <p>Modalities (Physical Agents)</p> <p>Transfers</p> <p>Passive ROM, Positioning, Draping</p> <p>Tractions: intermittent, bedside-static</p> <p>Therapeutic Exercises (strengthening, stretching, PRE, etc.)</p> <p>Goniometry</p> <p>Gross MMT</p> <p>Gross Posture &amp; Alignment</p> <p>Gait: Normal &amp; Pathological &amp; Gait Training</p> <p>UE, LE, &amp; Spinal LE Pathology</p> <p>Respiratory Care</p> <p>Orthopedic, Soft Tissue, Arthritic &amp; Post-Op Problems</p> <p>Pathological Conditions</p> <p>Wound Care &amp; Pathology of Burns</p> <p>Soft Tissue Mobilization</p> <p>ADL Training</p> | <p>Rehabilitation Techniques</p> <p>Physical Disabilities II</p> <p>PTA Seminar</p> |
| <p><b>AFFILIATION #2</b></p> <p><b>PTA 263</b></p>               | <p>Rehabilitation Skills</p> <p>    Neurology &amp; Neurological Disorders</p> <p>    Neuro Treatment Techniques (i.e.: NDT, Brunnstrom)</p> <p>    Normal/Abnormal Reflexes</p> <p>    Pediatric Problems &amp; Treatment</p> <p>    CVAs &amp; Brain Injuries &amp; Treatment Procedures</p> <p>    PNF</p> <p>    Spinal Cord Injuries &amp; Treatment Procedures</p> <p>    Amputees &amp; Prosthetic Rehab Special Topics</p>  | <p>PTA Seminar</p>  |
| <p><b>AFFILIATION #3</b></p> <p><b>PTA 261 &amp; 267</b></p>     | <p>All academics have been completed</p>  | <p>PTA Seminar</p>  |



CALHOUN  
COMMUNITY  
COLLEGE

Health Sciences Division  
**Student Incident Report Form**

Date/Time: \_\_\_\_\_

Student Name: \_\_\_\_\_ Facility: \_\_\_\_\_

- Type of Incident:
- Potential Injury of Student     Student Illness
  - Behavior/Code of Conduct
  - Potential Injury of Patient     Other

Describe Incident: \_\_\_\_\_

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Action(s) Taken as a Result of Incident: \_\_\_\_\_

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Student Signature: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_

**CONFIDENTIAL! DO NOT PHOTOCOPY!**



Health Sciences Division

### Exposure Incident Report

Date of Occurrence: \_\_\_\_\_ Time: \_\_\_\_\_ Location of Occurrence: \_\_\_\_\_

Clinical Facility: \_\_\_\_\_ Clinical Unit: \_\_\_\_\_

Name of Student Involved: \_\_\_\_\_

Name of Patient Involved (if applicable): \_\_\_\_\_ Medical Record #: \_\_\_\_\_

Name of Clinical Instructor: \_\_\_\_\_ Date / time of notification: \_\_\_\_\_

Name of CCC faculty: \_\_\_\_\_ Date / time of notification: \_\_\_\_\_

Potentially infectious material(s) involved? (check all that apply)

blood  urine  sputum  feces  none  other: \_\_\_\_\_

Details of the incident in the student's own words (work being performed, etc.) \_\_\_\_\_

Contributing factors: (accident, equipment malfunction, etc.):

Personal Protective Equipment in use at time of the incident. (check all that apply)

gown  gloves  mask  eyewear  headgear  shoe covers

Action(s) taken. (treatment, hazard cleared, etc.):

Description of the incident by clinical instructor: \_\_\_\_\_

Comments / Actions / Recommendations by program to avoid repeat incident:

\_\_\_\_\_  
Student signature                      Date                      Clinical Instructor signature                      Date

\_\_\_\_\_  
ACCE signature                      Date                      Program Director signature                      Date

**CONFIDENTIAL! DO NOT PHOTOCOPY!**