



**WALTERS STATE**  

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**COMMUNITY COLLEGE**

# **Physical Therapist Assistant Program**

## **Student Handbook**

**2022-2023**

**CAPTE**

Commission on Accreditation  
in Physical Therapy Education

Current Accreditation Status :: Accreditation

Date of Initial Accreditation :: 04/90

Five-Year History :: Accreditation

Degree Conferred :: Associate of Applied Science

*The policies contained within this manual may be revised at any time after notifying the student*

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## **PROGRAM OVERVIEW**

Welcome to the Physical Therapist Assistant (PTA) Program at Walters State Community College. We are pleased that you have selected this program to prepare you for an exciting career as a PTA. Your chosen career requires significant academic preparation; therefore, class sizes are relatively small to maximize student instructor ratio. Your attendance and active participation are essential for effective learning. Success is dependent upon your willingness to take responsibility for learning- in academic, clinical and professional aspects of physical therapy. The PTA program can be challenging, both mentally and physically and requires a strong commitment to learning coupled with significant out of the classroom study time. The faculty is focused on providing a program of excellence and helping you become an outstanding PTA.

This program handbook is designed to facilitate understanding of policies/procedures, rules and regulations of Walters State Community College (WSCC) as well as the PTA Program. It is used in conjunction with the WSCC [Catalog and Student Handbook](#). Some program policies may be more specific than the WSCC policies and in these cases, program policies take precedence. Please take time to familiarize yourself with all three publications. Individual course syllabi are provided at the start of each course, these syllabi as a primary source of information from the instructor about the course, and may be modified at the discretion of the faculty. Together we will leave a legacy of excellence for all the students who come behind you.

### **PTA PROGRAM FACULTY**

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### **ACCREDITATION**

Walters State Community College is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award associate degrees. Contact the Southern Association of Colleges and Schools Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097, telephone 404-679-4500, website [www.sacscoc.org](http://www.sacscoc.org) for questions about the accreditation of Walters State Community College.

The Tennessee Board of Regents (TBR) is Tennessee's largest higher education system, governing 40 post-secondary educational institutions with over 200 teaching locations. The TBR system includes 13 community colleges and 27 colleges of applied technology, providing programs to students across the state, country and world.

TBR has given Walters State Community College the authority to offer the Physical Therapist Assistant program and to award the Associate of Applied Science degree – Physical Therapist Assistant.

The Physical Therapist Assistant program at Walters State Community College was granted initial accreditation in 1990 and reaffirmation in 2015 by the Commission on Physical Therapy Education (CAPTE). As an accredited program, adherence of all of the CAPTE Rules of Practice and Procedures will be followed by the PTA program and supported by the institution.

The Walters State Community College Physical Therapist Assistant Program is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE). 3030 Potomac Ave., Suite 100 | Alexandria, VA | 22305-3085 | 800-999-2782; e-mail: accreditation@apta.org.

## **PROGRAM VISION AND MISSION**

The Physical Therapist Assistant (PTA) Program is integral to the institutional mission and encourages its graduates to practice within the legal, social and ethical context of their careers as physical therapist assistants. The vision and mission of the program are consistent with the vision and mission of the institution as outlined in the table below.

**Table 1.1**  
**Comparison of Walters State Community College and PTA Department Vision and Mission**

<b>Walters State Community College</b>	<b>PTA Department</b>
<b>Vision</b>	<b>Vision</b>
Walters State will be the leader in transforming our community through education.	The Walters State Community College Physical Therapist Assistant Program will be a premier program committed to increasing educational attainment and workforce preparedness through excellence in teaching.
<b>Mission</b>	<b>Mission</b>
Offers programs of study leading to associate degrees or certificates	The Walters State PTA program prepares individuals to complete the requirements for an Associate of Applied Science degree – Emphasis: Physical Therapist Assistant
Delivers public service and non-credit programs in support of workforce training and personal development	The PTA program offers public service and non-credit CEU courses for clinical instructors and other physical therapy professionals
Invests in highly qualified faculty and staff	Core faculty includes one Physical Therapists and two Physical Therapist Assistants. The core faculty have a combined 37 years of experience. Faculty meet CAPTE requirements, are engaged in career growth and development and participate in promotion/tenure at WS.
Provides pathways to institutional support services that improve student engagement and success	The use of multiple teaching styles, classroom technology and active learning techniques enhance student engagement, promote success and inspires excellence. Convenient access to student support services allow for students to meet and engage with support services on a regular basis.
Provides affordable, convenient access through multiple campuses, innovative technology, and distance education	General education and prerequisite courses are offered on each of Walters State's four campuses. Technological access includes iPads, high-tech collaboration rooms, smart classrooms and use of course management system
Collaborates with other educational institutions to promote access, completion, and transfer	East Tennessee State University's Bachelor of Science degree in Allied Health allows A.A.S graduates the opportunity to receive undergraduate credit for PTA program courses completed at Walters State

Partners with community businesses and organizations to meet specific educational and workforce need	Clinical experiences are diverse in practice settings, located in rural and urban areas, encompass multiple styles of teaching and learning and prepare the student to function as entry-level PTA upon graduation.
Provides resources to support community engagement and initiatives.	Triangulate data from advisory board committee, employer surveys, graduates, clinicians and other stakeholders to assess service area needs (CEU courses, job opportunities, etc.)
Fosters an inclusive campus community through cultural awareness, diversity and open dialogue	Cultural awareness, exploring one's thoughts and identify, bias awareness and inclusion of minority groups is taught in the PTA curriculum and enhanced by clinical experiences.
Creates a culture of continuous improvement and accountability	Data is obtained and assessed by PTA faculty from stakeholders and other sources (graduate surveys,FSBPT content reports, employer surveys, students, etc.) to continuously improve the program.
Seeks external sources of support and funding to further educational opportunities	In addition to clinical, learning opportunities are arranged/facilitated with clinics, clinicians and hospitals to augment class and lab experiences.

### **PHYSICAL THERAPIST ASSISTANT PROGRAM PHILOSOPHY**

The purpose of the Physical Therapist Assistant Program is to prepare students to become a licensed Physical Therapist Assistant. As an integral program of the Walters State Community College, the Physical Therapist Assistant program accepts each student as a unique individual. The faculty endeavors to provide learning experiences that will enable each student to develop the knowledge, skills and abilities to function effectively and efficiently as a Physical Therapist Assistant and to contribute to the field of physical therapy.

The curriculum is a combination of general and technical education courses which is designed to provide learning experiences that prepare students to function with professional competence while giving individualized care to patients in a variety of healthcare settings and in collaboration with the healthcare team. The faculty believes that learning takes place within the learner; therefore, self-awareness, self-responsibility and self-evaluation are emphasized. Based on this philosophical belief construct, the faculty set forth the following tenants regarding learning:

- Learning occurs best when the learner is actively engaged
- Embracing multiple learning styles provides opportunities for all learners to be successful
- Using different sensory processes to address/present information
- Integrating information from multiple sources enhances the learning process
- Learning is a multi-factorial process
- Learning is a process and not one single point in time
- Setting high expectations, clear goals, providing feedback and diverse learning experiences are conditions that lead to student success
- Learning occurs across the lifespan

The faculty believes that the personal ethics of the physical therapist assistant and all healthcare workers require certain inherent elements of character which include honesty, loyalty, understanding, and the ability to respect the rights and dignity of others. Personal ethics also requires conscientious preparation during one's academic years for professional duties and responsibilities.

The Physical Therapist Assistant Program at Walters State Community College, upholds the foundational beliefs of the American Physical Therapy Association's Standards of Ethical Conduct for the Physical Therapist Assistant (Appendix G).

## **PHYSICAL THERAPIST ASSISTANT PROGRAM GOALS/OUTCOMES**

1. Graduate students who are proficient in interventions and skills identified on the Physical Therapist Assistant Clinical Performance Instrument (CPI)  
  
As evidenced by: Final clinical rotation students will achieve entry level on the CPI  
PTA Program Survey  
Employer Survey
2. Provide opportunities for students to participate collaborative care.  
  
As evidenced by: PTA Collaborative Learning Events  
PTA Collaborative Care Reflective Essay PTA  
Assessment of Clinical Experience Survey
3. Graduate students who demonstrate success on the National Physical Therapy Exam for Physical Therapists Assistants  
  
As evidenced by: 1st time pass rate  
Ultimate pass rate
4. Provide a variety of clinical learning experiences to develop PTA skills  
  
As evidenced by: All students will complete three clinical placements with at least one placement in an out-patient facility and one placement in an in-patient facility.  
  
-Clinical sites are available in a variety of settings including; skilled nursing, transitional care, home health, pediatric, school systems, acute care, rehabilitation hospitals, outpatient clinics  
-Clinical sites are available in both urban cluster and urban areas
5. Ensure delivery of quality PTA program  
  
As evidenced by: Qualified faculty (CAPTE standards)  
Curriculum Review by stakeholders (faculty, students, advisory committee, employers)  
CAPTE Accreditation PTA  
Program Survey  
Student Opinion of Teaching and Learning  
Graduate Survey Employer  
Survey
6. PTA Program faculty will have opportunities for career growth, advancement of knowledge and expertise in primary areas of instruction and promotion of contemporary physical therapy practice.  
  
As evidenced by: Faculty will participate in the Promotion process  
Qualified faculty will be placed on Tenure-track  
Faculty will utilize a faculty development plan to track goals/career development  
Faculty will be assessed annually by Program Director  
Faculty members have opportunities to engage in clinical practice



## **EQUAL EMPLOYMENT AND NONDISCRIMINATION IN EDUCATION AND EMPLOYMENT**

Walters State Community College does not discriminate against students, employees, or applicants for admission or employment on the basis of race, color, religion, creed, national origin, sex, sexual orientation, gender identity/expression, disability, age, status as a protected veteran, genetic information, or any other legally protected class with respect to all employment, programs and activities sponsored by Walters State. The following person has been designated to handle inquiries regarding non-discrimination policies: Jarvis Jennings, [Jarvis.jennings@ws.edu](mailto:Jarvis.jennings@ws.edu) Walters State, 500 S. Davy Crockett Pkwy., Morristown, TN 37813-6899, 423-585-6845.

## **ROLE OF THE PHYSICAL THERAPIST ASSISTANT**

(adapted from the Normative Model of Physical Therapy, Version 2007)

Physical therapist assistants provide physical therapy services under the direction and supervision of the physical therapist. They implement selected components of patient/client interventions and obtain data related to that intervention; make modifications in selected interventions either to progress the patient/client as directed by the physical therapist or to ensure patient/clinical safety and comfort.

PTAs also participate in patient/caregiver education, interact with and provide education to other healthcare professionals, aides and volunteers. Physical therapist assistants contribute to society and the PT profession through the provision of physical therapy services, teaching and administration.

The Physical Therapist considers the following factors when determining the requirements of supervision of the PTA for selected interventions:

- Education, experience/competency of the PTA
- Consideration to complexity, acuity, and needs of the patients/clients under care
- Predictability of the consequences related to the intervention
- Setting in which service is provided
- Federal and state statutes
- Liability and risk management concerns
- The frequency of reexamination

## **APTA STANDARDS, POLICIES AND POSITIONS**

1. [Direction and Supervision of the Physical Therapist Assistant](#) (Appendix A)
2. [Documentation Authority for Physical Therapist Services](#) (Appendix B)
3. [Guidelines: Physical Therapy Documentation of Patient/Client Management](#) (Appendix C)
4. [Procedural Interventions Exclusively Performed by the Physical Therapist](#) (Appendix D)
5. [Student Physical Therapist and Physical Therapist Assistant Provision of Services](#) (Appendix E)
6. [Telehealth](#) (Appendix F)
7. [Standards of Ethical Conduct for the Physical Therapist Assistant](#) (Appendix G)
8. [Guide for Conduct of the Physical Therapist Assistant](#) (Appendix H)
9. [Minimum required skills of Physical Therapist Assistant Graduates at Entry Level](#) (Appendix I)
10. Roles of Aides in Physical Therapy Service (Appendix J)
11. Designation "PT", "PTA", "SPT", and "SPTA" (Appendix K)
12. Use of APTA Positions, Standards, Guidelines, Policies and Procedures (Appendix L)
13. Levels of Supervision (Appendix M)

## **ETHICS AND PROFESSIONAL CONDUCT**

PTA students are expected to exhibit professional behavior while attending school and attending clinical rotations. PTA students are expected to comply with the American Physical Therapy Association (APTA) [Standards of Ethical Conduct for the Physical Therapist Assistant](#) (Appendix G) and the [APTA Guide for Conduct of the Physical Therapist Assistant](#) (Appendix H). In addition, each student is expected to abide by the [Tennessee Physical Therapy Practice Act](#). The faculty will address ethical and professional behaviors throughout the program and the students voluntarily sign a Student Conduct Agreement.

**Unethical, unprofessional, or illegal conduct is cause for dismissal from the program.**

As a student enrolled in the PTA program, professional behavior is expected in the classroom, laboratory, and clinic. The following should be considered criteria that will help students determine examples of expected behaviors.

The student will:

- Show respect for authority figures such as program faculty, as well as patients, staff, and fellow students;
- Be tactful, tolerant, and sensitive to differences in race, philosophy, culture and personality of patients, patient's family, instructors, staff, and fellow students;
- Demonstrate a mature attitude seeking positive ways to address situations including conflicts that arise with instructors, fellow students, patients, patients' families, and other health care workers;
- Demonstrate honesty and integrity in all situations even if there are perceived negative consequences;
- Utilize constructive criticism to positively improve behavior and performance;
- Recognize his or her own stressors, actively use positive stress reduction/coping techniques, and seek assistance if needed;
- Critically analyze situations from multiple perspectives so that logical and varied solutions can be offered toward problems;
- Uphold privacy and confidentiality of students, faculty, staff, patients, and families with interpersonal communications, social networking, and other media sources/devices;
- Periodically examine personal perceptions and behaviors with the goal toward improving performance in the classroom and clinic;
- Abide by HIPAA regulations during classroom, laboratory, and clinical experiences.

Walters State faculty are committed to assisting students in development of their professional behavior skills, and are willing to provide individual and group learning experiences and counseling to facilitate this development.

## **PROFESSIONAL ACTIVITIES**

Throughout the PTA program we stress professional standards and behaviors. The American Physical Therapy Association (APTA) was set up to define and maintain these standards and to assist its members in continuing their own professional growth. Student PTA's are eligible for student membership.

The PTA faculty firmly believes in supporting and actively participating in this professional organization. The faculty further recognizes that early interest and participation in professional activities will assist students in attaining professional standards and behaviors.

Some of the benefits of membership include receipt of the professional publications that often contain assigned articles and information that directly impacts PTA students, participation in professional meetings and in continuing education courses at a greatly reduced cost. Students will also meet practicing PT's and PTA's in the area prior to job entry.

Students will be invited to attend Tennessee Physical Therapy Association (TPTA) Chapter and District meetings. Students will be informed of these meetings as they occur.

### **USE AND/OR ABUSE OF ALCOHOL OR DRUGS**

Health Programs Division must maintain a safe, efficient academic environment for students and must provide for the safe and effective care of patients while students are in a clinical setting. The presence or use of substances, lawful or otherwise, which interferes with the judgment or motor coordination of students in this setting poses an unacceptable risk for patients, colleagues, the institution, and the health care agency. Therefore, the unlawful use, manufacture, possession, distribution or dispensing of alcohol or illegal drugs, the misuse of legally prescribed or "over-the-counter" drugs, or being under the influence of such substances while engaged in any portion of the physical therapist assistant program experience is strictly prohibited. For purposes of this policy, "being under the influence" is defined as meaning that the judgment or motor coordination is impaired due to the presence of use of any one of the substances mentioned above.

### **ALLIED HEALTH AND NURSING PROGRAM DRUG AND ALCOHOL POLICY**

Tennessee Board of Regents allied health and nursing programs must maintain a safe, efficient academic environment for students and must provide for the safe and effective care of patients while students are in a clinical setting. The presence or use of substances, lawful or otherwise, which interferes with the judgment or motor coordination of allied health and/or nursing students in this setting poses an unacceptable risk for patients, colleagues, the institution, and the clinical affiliate. Therefore, the unlawful use, possession, distribution, sale or manufacture, of alcoholic beverages, any drug or controlled substance (including any stimulant, depressant, narcotic, or hallucinogenic, drug or substance, or marijuana), being under the influence of any drug or controlled substance, or the misuse of legally prescribed or "over the counter" drugs or public intoxication on property owned or controlled by the institution; at an institution-sponsored event; on property owned or controlled by an affiliated clinical site; or in violation of any term of the Walters State Community College Drug-Free Campus/Workplace Policy or the General Regulations on Student Conduct and Disciplinary Sanctions in the WSCC Student Handbook while engaged in any clinical experience poses an unacceptable risk for patients, colleagues, the institution, and the clinical affiliate and is strictly prohibited.

One responsibility of students enrolled in postsecondary education is knowledge of and compliance with Walters State Community College Drug-Free Campus/Workplace Policy as required by the Drug-Free Schools and Communities Act Amendment of 1989. All students are subject to this policy and to applicable federal, state and local laws related to this matter (General Regulations on Student Conduct and Disciplinary Sanctions, WSCC Student Handbook).

Students enrolled in allied health and nursing postsecondary educational programs have placed themselves into a relationship where there is a special concern relative to the possession or use of drugs, alcohol or controlled substances. If a student in an allied health and/or nursing program appears to be under the influence of alcohol or drugs, functioning in any impaired manner, exhibiting inappropriate behavior in the classroom or clinical, or demonstrating any unprofessional conduct or negligence, the faculty or clinical affiliate representative responsible for that student, using professional judgment, will remove the student, document the circumstances and report the alleged violation immediately to the vice president of Student Affairs.

Due to the safety and security of patients, colleagues, clinical affiliates, students and the sensitive nature of allied health and nursing programs, it is not discriminatory to require drug testing. Drug and Alcohol testing may be requested by a clinical affiliate or the Office of Student Affairs may require testing based on reasonable suspicion. Refusal to submit to Drug and Alcohol testing and/or a positive test will subject a student to Disciplinary Sanction (General Regulation on Student Conduct and Disciplinary Sanctions,

WSCC Student Handbook).

The drug/alcohol test will be accomplished through a breathalyzer or blood/urine laboratory test, at the option of the institution. The tests will be performed by the Tennessee Professional Assistance Program, a third party administrator or the laboratory used by the clinical affiliate. The list of substances which will be tested will be the current list as required by the Tennessee Nurses Foundation.

The time required of the student to be away from the clinical rotation in order to undergo required drug/alcohol testing will be considered and evaluated on an individual basis. Clinical absences must be made up before the student can achieve satisfactory for clinical performance. The attendance policy listed in each allied health or nursing student handbook will be followed. If more than one week of clinical time is missed, it may be impossible to receive a passing clinical grade. Written verification of health status permitting the student to return to clinical may be required.

Licensed health related students in violation of the Drug-Free Campus/Workplace Policy will be reported to the state boards. Full reinstatement of licensure will be required for an unrestricted return to the educational program.

All allied health and nursing students are required to sign Consent to Drug/Alcohol Testing Statement of Acknowledgment and Understanding Release of Liability.

### **SUMMARY OF DRUG-FREE CAMPUS/WORKPLACE POLICY**

The following summary of Walters State Community College's policy and penalties relative to controlled substances (illicit drugs) and alcohol, as required by the Drug-Free Schools and Communities Act Amendments of 1989, is being provided to each student enrolled at the college. As a student of Walters State, you are required to be knowledgeable of and comply with the Drug-Free Campus/Workplace Policy, the applicable provisions of which are summarized below:

#### **Standards Of Conduct**

Walters State Community College employees and students are prohibited from engaging in the unlawful manufacture, distribution, dispensation, possession, use or being under the influence of illegal drugs or alcohol on the college campus, at off-campus facilities owned or controlled by the college or as a part of college sponsored activities. All categories of employees and students are subject to this policy and to applicable federal, state and local laws related to this matter.

#### **Legal Sanctions under Local, State, and Federal Law**

Various federal, state and local statutes make it unlawful to manufacture, distribute, dispense, deliver, sell or possess with intent to manufacture, distribute, dispense, deliver or sell, controlled substances. The penalty imposed depends upon many factors which include the type and amount of controlled substance involved, the number of prior offenses, if any, whether death or serious bodily injury resulted from the use of such substance, and whether any other crimes were committed in connection with the use of the controlled substance. Possible maximum penalties for a first-time violation include imprisonment for any period of time up to a term of life imprisonment, a fine of up to \$4,000,000 if an individual, supervised release, any combination of the above, or all three. These sanctions are doubled when the offense involves either: 1.) distribution or possession at or near a school or college campus, or 2.) distribution to persons under 21 years of age. Repeat offenders may be punished to a greater extent as provided by statute. Further, a civil penalty of up to \$10,000 may be assessed for simple possession of "personal use amounts" of certain specified substances under federal law. Under state law, the offense of possession or casual exchange is punishable as a Class A misdemeanor; if there is an exchange between a minor and an adult at least two years the minor's senior, and the adult knew that the person was a minor, the offense is classified a felony as provided in T.C.A. S39-17-417. (21 U.S.C. S801, et. seq.; T.C.A. S39-17-

It is unlawful for any person under the age of twenty-one (21) to buy, possess, transport (unless in the course of his employment), or consume alcoholic beverages, wine, or beer, such offenses being classified Class A misdemeanors punishable by imprisonment for not more than 11 months, 29 days, or a fine of not more than \$2,500, or both. (T.C.A. SS1-3-113, 57-5-301). It is further an offense to provide alcoholic beverages to any person under the age of twenty-one (21), such offense being classified as a Class A misdemeanor. (T.C.A. S39-15-404. The offense of public intoxication is a Class C misdemeanor punishable by imprisonment of not more than 30 days or a fine of not more than \$50, or both. (T.C.A. S39-17-310)

### **Health Risks Associated With the Use of Illicit Drugs and/or Abuse of Alcohol**

Every drug, including alcohol, is a potential poison which may cause disability and death if it is taken incorrectly into the body, consumed in wrong amounts or mixed indiscriminately with other drugs. Drugs cause physical and emotional dependence. Drugs and their harmful side effects can remain in the body long after use has stopped. The extent to which a drug is retained in the body depends on the drug's chemical composition that is whether or not it is fat-soluble. Fat-soluble drugs such as marijuana, phencyclidine (PCP), and lyseric acid (LSD) seek out and settle in the fatty tissues. As a result, they build up in the fatty parts of the body such as the brain and reproductive system. Such accumulations of drugs and their slow release over time may cause delayed effects weeks, months, and even years after drug use has stopped.

There are many health risks associated with the use of illicit drugs and the abuse of alcohol including organic damage; impairment of brain activity, digestion, and blood circulation; impairment of physiological processes and mental functioning; and, physical and psychological dependence. Such use during pregnancy may cause spontaneous abortion, various birth defects or fetal alcohol syndrome. Additionally, the illicit use of drugs increases the risk of contracting hepatitis, AIDS and other infections. If used excessively, the use of alcohol or drugs singly or in certain combinations may cause death.

### **Drug and Alcohol Counseling, Treatment and Rehabilitation Programs**

#### **Penalties and Sanctions**

Appropriate action shall be taken in all cases in which faculty members, students or staff employees are determined to be in violation of the Drug-Free Schools and Communities Act Amendments of 1989 as implemented by this policy. Any alleged violation of the Act by a student of the college shall be reported to the vice president for Student Affairs. The circumstances surrounding the offense and the facts as determined by appropriate investigation will be fully reviewed prior to a decision on the action to be taken.

Possible disciplinary sanctions for failure to comply with the provisions of this policy may include one or a combination of the following:

1. Probation;
2. Mandatory participation in, and satisfactory completion of a drug/alcohol abuse program, or rehabilitation program;
3. Suspension;
4. Referrals for prosecution;
5. Expulsion;
6. Other appropriate disciplinary action.

#### **Questions**

If you have questions or desire additional information concerning the provisions of this policy, please contact the Vice President for Student Affairs.

#### **Tennessee Code Annotated**

## **HB 2088**

Pursuant to Tennessee legislation (HB 4088), parents of a student under 21 will be notified if the student “has committed a disciplinary violation with respect to the use or possession of alcohol or a controlled substance that is in violation of any federal, state, or local law, or of any rule or policy of the institution, except as prohibited by (FERPA).” Notification will occur when; 1) a plea of guilty to the applicable code of conduct violation, or 2) a final finding of guilt pursuant to disciplinary procedures, including completion of an appeal.

### **ESSENTIAL FUNCTIONS/CORE PERFORMANCE STANDARDS** **HEALTH AND PHYSICAL CONSIDERATIONS FOR** **PHYSICAL THERAPIST ASSISTANT STUDENTS**

Because the College seeks to provide, in as much as possible, a reasonably safe environment for its health career students and their patients, a student may be required during the course of the program, to demonstrate their physical and/or emotional fitness to meet the essential requirements of the program. Such essential requirements may include the ability to perform certain physical tasks, and suitable emotional fitness. Any appraisal measures used to determine such physical and/or emotional fitness will be in compliance with section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, so as not to discriminate against any individual on the basis of disability.

The practicing PTA must be capable of long periods of concentration in selecting correct techniques, equipment and safety measures to assure maximum care and safety of the patient. Therefore, the applicant must be able to exercise independent judgment under both routine and emergency conditions. A person abusing alcohol or conscious altering drugs could not meet these criteria. The PTA program has adopted the following core performance standards. Admission to and progression in the PTA program is not based on these standards but should be used to assist the student in determining whether accommodations or modifications are necessary. If a student believes that one or more of the standards cannot be met without accommodation or modification, the student should notify the Director of the Physical Therapist Assistant Program. The Program Director will refer the student to the Office of Disability Services and await for recommendations related to reasonable accommodations or modifications that can be made for academic and/or clinical courses.

The standards are:

1. Critical thinking ability sufficient for clinical judgment
  - Meet course standards for retention, progression and completion of PTA courses
  - Identify cause-effect relationships in clinical situations, develop and carry out appropriate plan of action
  - Read, comprehend and apply materials from textbooks, website, videos, professional journals and medical records
  - Observe and monitor patient response to treatment interventions, adjust as needed for safety and to meet goals for POC.
  - Perform concurrent tasks within established time constraints
  - Think independently
2. Interpersonal abilities sufficient to effectively interact with groups from a variety of social, emotional, cultural, and intellectual backgrounds.
  - Establish rapport with patients/clients, colleagues, faculty and staff
  - Recognize and respond appropriately to psychosocial and cultural impacts of dysfunction/ disability
  - Recognize and respond appropriately to individuals of all ages, genders, races, religious, cultural and socio-economic backgrounds
  - Work collaboratively with other students regardless of age, gender, race, religious or

- social background.
  - Respond appropriately to stress of heavy workloads, deadlines, demanding patients and life-threatening clinical situations
  - Display maturity, emotional stability and sensitivity in academic, professional and clinical settings
  - Demonstrate the ability to set priorities, concentrate on assigned duties and perform all aspects of therapy services in fast paced, highly stimulating environments
3. Communication abilities sufficient for interaction with others in verbal and written form.
    - Clearly and accurately explain treatment procedures
    - Initiate health teaching, written and oral
    - Document physical therapy treatment in a succinct, accurate and timely fashion to meet standards of the health care settings.
    - Review and understand medical records and patient/client responses
    - Utilize active listening
    - Appropriately accept feedback from others
  4. Physical abilities sufficient to provide safe and effective physical therapy treatment interventions.
    - Maneuver in small/tight spaces
    - Move throughout the clinical facility(parking lots, hallways, stairs, elevators, etc)
    - Move patients appropriately(move around in patient's rooms, work spaces, and treatment areas, administers appropriate patient/client care, etc.)
    - Sit, stand, walk up to 2 hours without a break
    - Ability to perform lifting, carrying, pulling, pushing, crouching, reaching, crawling, kneeling, climbing and walking using proper body mechanics
    - Move, adjust & position patients or equipment which involves bending, stooping to the floor, reaching overhead, lifting, pulling or pushing up to 250 lbs.
    - Perform CPR & emergency care
    - Use equipment that emits electrical, ultrasonic, thermal energy
    - Demonstrate & perform exercise programs without injury to self or patients
  5. Gross/fine motor, strength and endurance abilities sufficient to provide safe and effective physical therapy care
    - Calibrate and use equipment- electrical, thermal, mechanical
    - Position patients/clients
    - Safely grasp and manipulate small objects and dials
    - Demonstrate bi-manual dexterity sufficient to manipulate equipment used in therapy
  6. Auditory ability sufficient to monitor and assess health needs
    - Hears alarms, emergency signals, auscultatory sounds, cries for help
  7. Visual ability sufficient for observation and assessment necessary in physical therapy care
    - Observes patient/client responses
    - Perform accurate equipment readings
    - Read pertinent materials, medical records, equipment specifications for patient care
    - Respond to warning lights, alarms
  8. Tactile ability sufficient for physical assessment
    - Perform palpation and physical assessment (pulses, palpation of bony structures/landmarks, apply manual resistance)
    - Perform functions of physical therapy assessment and/or those related to therapeutic

intervention using hands

9. Professionalism is present for all interactions with patients, clinicians, colleagues, faculty, staff and other students.
  - Abide by the *American Physical Therapy Standards of Ethical Conduct for the Physical Therapist Assistant* (available at [apta.org](http://apta.org)) which includes respect, compassion, integrity, pursuit of lifelong learning and observation of legal obligations
  - Demonstrate a work ethic consistent with professional standards
  - Demonstrate respect for self, patients, fellow students, faculty, administration and other health care professionals
  - Maintain personal hygiene and professional appearance

Other essential functions would include:

- Appropriate safety and infection control measures according to OSHA recommendations
- Ability to identify and manage stress in a mature, healthy manner
- Flexibility in work environment with ability to multitask and prioritize duties
- Ability to learn and apply new information with regard to technology and physical therapy interventions
- Academic ability to maintain at least a "C" (75%) average in all PTA courses

### **SERVICES FOR INDIVIDUALS WITH DISABILITIES**

Students who have a disability which requires special accommodation should promptly notify the Director of the PTA program and the Director of Office of Disability Services at WSCC so assistance can be provided whenever possible. Students should refer to the "Health and Physical Considerations for Physical Assistant Students" in order to assess personal ability to determine if qualified to meet the physical and mental requirements for the PTA program with or without accommodations.

### **PROGRAM/CLINICAL REQUIREMENTS**

The requirements for each student to complete in order to participate in clinical program are listed with clarification of each item provided in the section below.

To meet the requirements of the clinical agencies and the Tennessee Department of Health, all students must comply with the following requirements for clinical placement. Failure to provide the required information will result in the student being unable to complete the clinical course.

1. Current Cardiopulmonary Resuscitation Certification (CPR) – must be American Heart Association Basic Life Support for Healthcare Provider
2. Health Examination (completed on specific school form)
3. 2-Step TB Skin Test with placement dates, reading dates, and results. First test is placed, read with 48-72 hours. Student returns 1-3 weeks later for second placement. Second test is placed, read 48-72 hours later. After the initial 2-step TB skin test, students will complete an annual 1-step test. Chest x-ray required if TB skin test is positive.
4. Record of Immunizations:
  - a. Hepatitis B series
  - b. MMR (measles, mumps, rubella)
  - c. Varicella (chicken pox)
  - d. Tdap (Tetanus, Diphtheria, Pertussis) or booster current within 10 years
5. Flu vaccination in the third semester. (Flu vaccination record; must include date received, name of pharmacy, and vaccination expiration date.
6. Health Insurance (strongly recommended)



7. Annual Professional Liability Insurance
8. Annual Criminal Background Check
9. Drug Testing
10. Reporting of any change in health status (including medication changes) must be reported to the PTA program faculty immediately.

Submit all required clinical documentation during program orientation. All documents and forms are found on the WS PTA Website. First year student packets are listed as "New Student Information Packet" Second year student packets are listed as "Clinical Passport Update." It is each student's responsibility to make copies for their own records. Please be advised that PTA program Administrative Assistants or faculty **may not** copy items for students. To help avoid misplacement of documents, submit all documentation at the same time. Students are required to submit all required clinical documentation for each clinical experience.

Failure to provide the required information will result in the student not being assigned to a clinical site and therefore unable to complete the clinical requirement of the PTA program.

A student may be exempt from the immunization requirement under one of the following circumstances:

1. The is vaccine contraindicated for the individual based on guidelines established by manufacturer or CDC.
2. Physician judgment based on the individual's medical condition and history
3. Religious belief or practice. Individual must provide written statement affirmed under penalty of perjury.

### **Current Cardiopulmonary Resuscitation Certification**

All students must present verification of current CPR certification.

The course must be American Heart Association (AHA) Basic Life Support for Healthcare Provider. This certification includes one- and two-person CPR, infant/child CPR, the choking victim, and AED. Contact area hospitals, American Heart Association, fire departments or EMT services in the community for course offerings. No other forms of CPR are accepted.

### **Health Examination**

All students are required to complete a health examination upon admission to the PTA program. Health examinations must be completed by a physician or nurse practitioner and are current for two years of continuous program enrollment. Changes in health status may require evaluation by a healthcare provider.

### **Annual Tuberculosis Skin Test Screening**

2-Step TB skin test is required for first year of program. Annual TB skin test is required for second year of program. Chest x-ray (less than 3 months old) required if TB positive.

### **Record of Immunizations**

Students enrolled in a health careers program that will have patient contact must provide proof of the following:

#### **a. Hepatitis B:**

a complete Hepatitis B vaccine series - need documentation of immunization dates (this series of 2 or 3 immunizations will take 7 months to complete)  
or  
laboratory proof of immunity or infection (titer – blood test)

#### **b. MMR (measles, mumps, and rubella):**

Documentation of two shot dates or titers showing immunity status to Rubella, and Rubeola, Mumps.

- c. **Varicella (chicken pox):**  
proof of 2 doses of varicella vaccine or  
laboratory proof of immunity (titer – blood test)  
or  
history of disease verified by physician, advanced practice nurse, physician assistant or health dept.
- d. **Tdap:**  
Tetanus, Diphtheria, Pertussis  
or  
booster current within 10 years

Students who fail to provide the above information will not be allowed to participate in clinical and will be withdrawn from the program.

### **Personal Health Insurance**

***Students are strongly encouraged to maintain a personal health insurance policy throughout the PTA program.*** Many clinical affiliations require that students have health insurance during the affiliation. Students who do not plan to have health insurance during the clinical may have limited options for clinical sites and may be required to drive longer distances or be delayed in graduation due to the inability to place the student. Students without health insurance must disclose this to the PTA program's Director of Clinical Education.

TBR Student Health Insurance Exchange

[Affordable Health Insurance Plans](#)

### **Professional Liability Insurance (renewed annually)**

The agreements between WSCC and the clinical facilities require the PTA student to carry professional liability insurance prior to entrance into the clinical experience. A student will not be permitted to rotate through the clinical sites until proof of the liability coverage has been received by the Program Director. When a student receives their policy, the student must provide the Health Programs office with a copy and keep a copy for their personal file.

Individual liability insurance is to be purchased through the Health Providers Service Organization (HPSO) online at [www.hpso.com](http://www.hpso.com) or by calling 1-800-982-9491. Cost may change without prior notice.

### **Criminal Background Check**

The WSCC Division of Health Programs requires criminal background checks for all students enrolled in the PTA program. This process is designed to meet requirements for an assignment to clinical practice in affiliating healthcare agencies. Students who fail to submit a criminal background check (CBC) prior to the program-specific established deadline may not be eligible for clinical placement and progression in the program. Every student **MUST** complete the criminal background check. If a student is not cleared, the determination of eligibility for that student to be placed in that facility, is determined by the clinical facility, not WS. Students in this situation will be advised by PTA program faculty.

Subsequent CBC's may be required by the clinical agencies and state licensing board.

Students are required to notify the Dean of the Health Programs Division/Program Director immediately upon receiving criminal charges or convictions within 5 days of their occurrence as it may impact student practice. All information included on students' criminal background checks remains confidential.

Criminal background checks may only be ordered from the vendor chosen by Health Programs. Upon completion, the results of the background screening will be sent to the student via e-mail and a statement about the student's clearance will be sent to the director of the PTA program. If any information is found that is not accurate and that would negatively affect a student's eligibility for clinical placement in the PTA Program, the student will be given an opportunity to challenge the information through the Adverse

Action process associated with the assigned criminal background check vendor. Students may contact the assigned criminal background check vendor with questions as needed.

### **Drug Testing**

Drug testing is required in the third semester. The Director of Clinical Education will provide the student with information on the process to obtain drug testing through the approved vendor. Refusal to submit a drug screen and/or a positive test is grounds for immediate dismissal.

### **Flu Shot**

Flu shot is required during the third semester of the PTA Program. Documentation is required to be submitted to the Director of Clinical Education. Please speak with DCE to obtain needed documentation. Documentation must include date received, name of pharmacy, and vaccination expiration date.

### **Reporting of Health Status Change**

Any change in health status (including medication changes) must be reported to the PTA Program Director and the Director of Clinical Education.

### **REQUIREMENTS FOR NEW STUDENTS (INFORMATION PACKET)**

All students admitted to the PTA program are instructed to download the New Student Information Packet from the PTA website, complete the packet requirements, and submit the requested information by the deadlines listed in the packet.

The following forms are to be completed by the student and submitted during orientation:

1. Health Insurance Consent Form
2. Consent Form
3. Student Conduct Form
4. Student Confidentiality Non-Disclosure Acknowledgment
5. Authorization for Release of Student Information and Acknowledgement
6. Consent to Drug/Alcohol Testing (see full policy in program overview section of handbook)
7. Requirement to participate as the Role of "Patient" form
8. Health Programs Physical Examination Form (only original forms obtained from the Health Programs Division will be accepted)
9. COVID-19 Form

### **SECOND YEAR STUDENT UPDATES (CLINICAL PASSPORT UPDATE)**

In addition to the forms submitted in the first semester of the PTA program, students must complete updates to any expiring clinical information outlined in the Clinical Passport Update packet available on the PTA website at the beginning of the second program year.

Students must read, understand, and maintain compliance with the components of the Clinical Passport Update

1. Checklist
2. Health Insurance Consent Form
3. Annual TB skin test
4. Proof of Renewed Liability Insurance via certificate
5. Updated CPR if expired
6. Background check
7. Drug Screen
8. Flu vaccination
9. Covid 19 Form

## **PRIVACY**

### **Management of PTA Student Personal Identifiable Information (PII) – written:**

1. PTA applications, student records, etc. which contains PII are maintained, filed and secured in Room 104C of the TECH Building – Room 104C is occupied, has close surveillance or is locked 24/7
2. Records of applicants not admitted to the PTA program are destroyed after one year - Records Disposal Authorization
3. Records of graduates/unsuccessful students are filed in a secured room for 5 years – after 5 years all records are destroyed – Records Disposal Authorization

### **Management of PTA Student Personal Identifiable Information (PII) – electronic:**

1. Select information from written records (immunizations, CPR, liability insurance, etc.) is placed in an excel spreadsheet to facilitate requirement checks for clinical – information stored on secretary and Director of Clinical Education (DCE)
2. Computers which are password protected – after students graduate information is deleted
3. Background checks and drug screens are stored in a password and pin protected website managed by vendor. Access to this information is provided to the Dean of Health Programs and PTA Program Director. Each student has access to their account through the vendor website.
4. Access to student PII information via Star Net and INB are password protected and maintained by WSCC
5. eLearn course management PII is password protected

### **3<sup>rd</sup> party providers who supply WSCC with information collected from students:**

1. Truescreen – background checks and drug screens
2. Clinical Instructors – APTA's Clinical Performance Instrument

### **3<sup>rd</sup> party provided information collected by WSCC:**

1. Clinical sites are provided name of student, email address, some require last 4 or 5 of SS#

## **RELEASE OF INFORMATION – RIGHT TO PRIVACY**

The Family Education Rights and Privacy Act stipulates that information may be released to college employees only when the disclosure of information is to faculty or staff who have a “legitimate educational interest” in student information. The Authorization for Release of Student Information and Acknowledgement authorizes WSCC including all employees, agents, and other persons professionally affiliated with institution to release identified information to clinical facilities.

## **CONSENT FORM**

The consent form identifies various provisions (i.e. photograph/video for educational purposes, release of specified information to clinical agencies, health insurance policy, Standard Precautions Policy, release of information for professional/employment, utilization of material for curriculum evaluation and development, agree to abide by policies within the PTA Student and Clinical Education Handbook), agreement to comply with all policies within the consent document, handbooks and syllabi is indicated by your signature.

## **REQUIREMENT TO PARTICIPATE AS THE ROLE OF THE PATIENT**

Student enrolled in the PTA program will be expected to serve as subjects during laboratory activities. Students typically portray a patient and receive assessments/interventions given by a classmate under the supervision of instructor(s). Special attire may be required or the student may be asked to partially disrobe. Student modesty is protected, just as modesty is protected during patient care. It is the responsibility of the student to notify PTA faculty and classmates if a lab activity/intervention is causing any discomfort/pain or if a contraindication is present. Students will be excused from receiving interventions that may be contraindicated. It is the responsibility of the student to inform faculty of such conditions. Students are required to sign Requirement to Participate as the Role of “Patient”.

## **CONFIDENTIALITY**

Students will spend time in several medical facilities, and may acquire/have access to information that is confidential. Students are to maintain confidentiality at all times, both on and off school premises. When a patient enters a medical facility, all persons involved in the healthcare process assume an obligation to keep all information regarding the patient's identification and/or care in confidence. Reasons for admission/care, diagnosis, treatment and all information obtained by virtue of your enrollment or clinical assignment should be held in the strictest confidence. Students are not to discuss any of this information outside the facility. Any disclosure of information is strictly on a "need to know" basis. Casual conversation with others may be overheard and thereby violate the right of privacy of others. Be particularly careful about conversation in eating places and other places of public gathering within the institution. Discussion of confidential information is not only a breach of ethics, but could involve you and the facility in legal proceedings – HIPPA violation. It may also result in termination of a clinical assignment. Students are required to sign a confidentiality statement regarding the above policy. (See Student Confidentiality/Non-Disclosure Acknowledgment.

## **CONSENT TO DRUG/ALCOHOL TESTING STATEMENT OF ACKNOWLEDGEMENT AND UNDERSTANDING – RELEASE OF LIABILITY**

Students are required to sign the Consent to Drug/Alcohol Testing Statement of Acknowledgment and Understanding – Release of Liability. The student's signature acknowledges receipt and understanding of the institutional policy with regard to drug and alcohol testing and potential disciplinary sanctions for violations. (Student Handbook)

## **GENERAL POLICIES AND FORMS**

1. Universal Precautions (Appendix N)
2. Standard Precautions (Appendix O)
3. Empiric Use of Airborne, Droplet, or Contact Precautions (Appendix P)
4. Exposure Policy (Appendix Q)
5. Academic Report Form (Appendix R)
6. Student Communication Form (Appendix S)
7. Agreement for Students in Physical Therapist Assistant Program Regarding Student Conduct (Appendix T)
8. Honorable and Ethical Behaviors (Appendix U)

## **DEFINITION OF INFECTIOUS WASTE**

Any waste capable of producing an infectious disease is an infectious waste. The following definition of infectious waste (bio-hazardous waste or regulated waste) follows the OSHA 29 CFR Part 1910.1030 Occupational Exposure to Bloodborne Pathogens: Final Rule.

*"Infectious waste means liquid or semi-liquid blood or other potentially infectious materials: contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials."*

Other potentially infectious materials include the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; and unfixed tissue or organ from a human.

Bio hazardous waste must be segregated from other waste at the point of generation. Materials are to be placed in leak-proof containers/bags and must be labeled as such. PTA students are to notify faculty/staff who will in turn contact the appropriate WSCC personnel for disposal.

## **INFECTION CONTROL PRACTICES**

Infection prevention and control involves a comprehensive effort to identify and prevent the spread of infection between persons and to identify potential sources of infection to insure the safety of all. When working in patient care areas, body substance isolation (BSI) precautions are to be followed for all patients. It is to be assumed that all body substances are infectious and therefore proper precautionary measures should be taken to prevent the spread of disease.

The provisions established by the Occupational Safety and Health Administration (OSHA) are contained in a publication titled Bloodborne Pathogens; Final Rule December 6, 1991. Infection control is not limited to patient care areas. It also involves procedures and techniques for meeting established sanitation, sterilization and aseptic standards.

The implementation of **Infection Control** practices prevents the transmission of infectious diseases from blood and body fluids, involving both known and unknown sources. This system of protection assumes the presence of infection in all situations. Blood, wound, drainage, feces, mucus, pus, saliva, semen, urine gastric contents and emesis are all potential contaminants.

At the occurrence of any body-fluid spill, personnel should immediately put on gloves, wash the area with hot, soapy water and then disinfect the area with a hypochlorite solution of one part bleach to ten parts water.

### **GENERAL INFECTION CONTROL PRACTICES INCLUDED:**

Personal Protective Equipment (PPE) includes gloves, gown, goggles, mask, etc. used in body substance isolation (BSI) precautions.

1. Proper hand washing before and after any patient contact. This action protects both patient and the caregiver.
2. Gloves are worn to protect hands from body fluids. This includes gloving when handling bedpans, urine receptacles, commodes, linen protectors, emesis basins or any body-fluid collection device. It is not necessary to wear gloves to touch intact skin that is free of body-fluid contamination.
3. If clothing is likely to be splattered, a gown, smock or lab coat should be worn. When splattering occurs, clothing should be removed as soon as possible.
4. Masks should be worn when there is a potential for exposure to contaminated airborne particles. If there is danger of splashing, both masks and goggles should be worn.
5. Used needles and sharp items must be discarded into a puncture-resistant container that is labeled "BIOHAZARD" NEVER RECAP NEEDLES.
6. Blood and body fluids may be flushed down the toilet. Contaminated items requiring disposal should be placed in a plastic bag and secured. Saturated materials, posing threat of leakage, should be double-bagged.
7. Always wear gloves to collect bed linens. Wash all soiled linens and towels in a machine using HOT water and detergent. Always wear gloves when hand washing small items.

### **HAND WASHING**

The purpose of hand washing is to prevent the spread of infection and disease to other patients, personnel, and visitors. It is the single most important means of preventing the spread of infection. PTA students will learn, practice and be checked on hand-washing technique.

All personnel will perform hand washing:

- Before and after any procedures
- Between contact with different patients
- After touching excretions or secretions
- After taking care of an infectious patient
- Before performing any invasive procedure, touching wounds, changing dressings, specimen

- collection, catheterization and after performing any of the above
- Before touching a patient who is susceptible to infection
- Before serving food
- Before and after preparing medication
- After personal toilet use, eating, coughing, and sneezing and whenever in doubt

### **EXPOSURE POLICY**

(Appendix Q)

#### **Policy Regarding Exposure of a WSCC Health Programs' Student During a Clinical Experience**

Students should be familiar with all pertinent policies and procedures of the assigned clinic. If an exposure incident occurs during a clinical experience, the student will follow the clinical site's policies and procedures. Any medical procedures required will be at the student's expense.

#### **Policy Regarding Student Exposure on Campus**

If an exposure incident occurs on campus, the campus police will be contacted and WSCC post exposure policies and procedures will be initiated.

### **CURRICULUM**

The PTA program is 5 semesters in length and 70 credit hours. Successful completion leads to an Associate of Applied Science Degree (A.A.S.). The curriculum includes general education courses, prerequisites courses, physical therapist assistant courses and supervised clinical practice in approved clinical facilities. Students are responsible for all costs incurred during clinical affiliations which may include: room and board, gas, parking, tolls, uniforms, drug screens, and any incidental expenses such as parking/traffic violations.

Students will be required to travel to assigned clinical sites which may be located an hour or more drive from the home location.

# WSCC PHYSICAL THERAPIST ASSISTANT PROGRAM SAMPLE CURRICULUM PLAN

(0.5 + 2 academic years – model)

Pre-Requisites with a \*must be completed before application to PTA program:

Course Number	Course Title	Credit Hours
*BIOL 2010/2011	Anatomy and Phys I/Lab I	4
*BIOL 2020/2021	Anatomy and Phys II/Lab II	4
*MATH 1530 (or) 1630	Probability and Statistics or Finite Math	3
^ENGL 1010	Composition I	3
^COMM 2025	Fundamentals of Speech Communication	3
		Credit Hours 17

Apply to PTA Program by April 15. If accepted:

## Fall Semester 1

Course	Credit Hours	Contact Hours
PTAT 2410 Kinesiology for the PTA	4	3 lec 3 lab
PTAT 2440 Biophysical Agents for the PTA	4	2 lec 6 lab
PTAT 2250 Patient Care Skills for the PTA I	2	1 lec 3 lab
HIMT 1300 Medical Terminology	3	3
		Credit Hours 13

## Spring Semester 1

Course	Credit Hours	Contact Hours
PTAT 2260 Patient Care Skills for the PTA II	2	1 lec 3 lab
PTAT 2510 Musculoskeletal Conditions and Treatment for the PTA	5	4 lec 3 lab
PTAT 2520 Neuromuscular Conditions and Treatment for the PTA	5	4 lec 3 lab
PSYC 2130 Life Span Psychology	3	3
		Credit Hours 15



### Fall Semester 2

Course	Credit Hours	Contact Hours
PTAT 2530 Medical Surgical Conditions and Treatment for the PTA	5	4 lec 3 lab
PTAT 2370 Professional Development for the PTA	3	3 lec
PTAT 2390 Integrated Clinical Education I	3	160 clinical hours
Humanities/Fine Arts elective	3	
		14 hours

### Spring Semester 2

Course	Credit Hours	Contact hours
PTAT 2320 Special Topics for the PTA	3	3 lec
PTAT 2391 Integrated Clinical Education II	3	160 clinical hours
PTAT 2590 Terminal Clinical Education I	5	280 clinical hours
		Credit Hours 11

Course	Credit Hours
^ENGL 1010 English Composition I	3
^Humanities/Fine Arts elective	3
*BIOL 2010 Anatomy & Physiology I	4
*BIOL 2020 Anatomy & Physiology II	4
^PSYC 2130 Life Span Psychology	3
*MATH 1530 or MATH 1630	3
^COMM 2025- Fundamentals of Speech Communication	3
HIMT 1300 Medical Terminology	3

Total of 70 hours

\*This course is a pre-requisite for the PTA Program and must be completed by the end of spring semester the student applies to the PTA program.

^This course does not have to be taken prior to admission to the program. However, completion of all general education requirements with grades of C or better completed by the end of spring semester the student applies to the PTA program will result in additional ranking points. All general education courses excluding prerequisites can be taken in any order, but must be completed prior to beginning the semester of graduation.

## **REGISTRATION**

(semester by semester)

A student should register for the upcoming semester at the time designated by the College. If a student does not register, he/she will be dropped from the class roll.

A student is eligible to progress in the program if he/she has reached the minimal acceptance competency level for each course.

Appointments with the faculty advisors are available for assistance in registration.

## **SCHEDULES**

Semester and holiday schedules appear in the College Catalog. Class/ laboratory schedules will be posted on eLearn at the beginning of each semester. Clinical learning experience schedules will be announced. Occasionally, there will be a class or activity scheduled on Saturday, in the evening, or at off-site locations. Students will be given advanced notification of any change so that alternative personal arrangements, etc., can be made. Students should be aware that clinical rotation dates may include the week of finals.

## **EXPECTATIONS OF STUDENTS**

The PTA program is challenging, both mentally and physically. Success requires a strong commitment and willingness to study outside of scheduled classes. While most students have responsibilities in addition to school, the rigor of the program necessitates identifying priorities for successful completion and ultimate achievement of licensure as a PTA. Faculty are committed to helping students succeed and are available to assist with identification of appropriate resources upon request by the student. Students are required to accommodate their personal and work schedules to that of the program in both the academic and clinical components.

## **INSTRUCTION**

Qualified academic faculty is assigned to teach PTA technical courses. Guest lecturers with expertise in specialized areas will augment some course presentations to enhance learning experiences. Students will be responsible for material presented and are asked to give guest lecturers appropriate attention and respect. All courses utilize Walters State's Online Course Management System (eLearn) and instructional technology to augment information and to facilitate communication.

Students will receive a syllabus and a companion course calendar document at the start of each course to provide the student with a plan outlining how the material will be organized and presented, timing of examinations and course readings/assignments. The syllabus includes specific information and course requirements (i.e. course outcomes, grading/testing procedures, grading scale, additional course details, etc.)

Students are encouraged to refer to the course syllabus often and to utilize it as a guide for the course. Syllabi are posted on eLearn. Preferred communication with the faculty is provided on each course syllabus.

NOTE: Assignments, projects, exams, quizzes may be added or deleted and the plan of instruction may be modified by the instructor as appropriate to facilitate learning. Students will be notified if there are changes to the published schedule of instruction. Information presented in the PTA courses is sequential- each course and each semester builds upon previous work.

Students are encouraged to meet with their specific course instructors to discuss issues or concerns regarding that course. Students are expected to take responsibility for their learning and to seek assistance when needed.

**eLEARN**

Students are expected to check eLearn for each class they are enrolled in prior to class time. This is accessed through the Walters State Homepage at [www.ws.edu](http://www.ws.edu). More info concerning eLearn will be made available during class.

**LIBRARY**

Reference material will be assigned as needed to obtain the minimal acceptable competency level. See the College Catalog concerning library services. The library has computerized health sciences databases. Students unfamiliar with these databases should ask someone in the library for help in becoming familiar with the databases. The library provides study rooms and spaces in addition to providing help with research, papers, and projects.

**R. Jack Fishman Library**

The Library - a place which provides patrons with those materials that aid with learning - is also a place to study or to pursue leisure and/or self-enrichment. Students are encouraged to use the wide variety of available resources. The staff is here to provide assistance; feel free to ask.

**Mission Statement**

The institution, through ownership or formal arrangements or agreements, provides and supports student and faculty access and user privileges to adequate Library collections and services and to other learning/information resources consistent with the degrees offered. Collections, resources, and services are sufficient to support all its educational, research and public service programs.

**Location**

The Library is located at the north end of the campus.

**Hours**

Monday - Thursday 8am - 6 pm when classes are in session during Fall and Spring.

Monday - Thursday 8am - 5:30pm during breaks when campus is open and during Summer sessions.

The Library is closed when the administrative offices of the college are closed.

Loan Period of Materials Books from the general collection may be checked out for a period of four weeks. Reference books are available for use in the Library.

The Library will have books, articles, tapes, and other materials placed on reserve by the faculty for student use. These materials are limited in number and have a short loan period in order that more students may have access to them. All materials become due on the last day of exams.

Materials can be recalled before the date due if they are to be placed on reserve for a class.

The type of loan periods are:

1. Library Use Only - These materials may not leave the Library.
2. Four-Week Check-Out - Materials are due within four weeks of check-out.
3. Semester Check-Out - Materials are due on the last day classes of the semester.

**Library Patrons**

The Library is open to students and employees of the college and all residents of the Walters State ten county service area. Residents of the service area, age 18 years or older, may use the resources in the Library during designated hours. A Library account is issued to any registered student, faculty member, or staff member of WSCC. The Library account entitles patrons to borrow materials in accordance with the circulation policy stated below.

In consideration of other Library users, everyone is expected to be reasonably quiet. Cell phones may be used in the entryway of the Library. Cell phones should be silenced before entering the Library.

**Computers**

The Information Center contains computers for students to use. Residents 18 years or older may use the computers. Community users may use the community user computers Monday through Thursday, between 2 and 4 p.m. In addition, there are laptop computers available for student check out. The Library has a computer lab (LIB 201) which is used for instruction. This room is shared by reservation on a college wide basis. The college provides free wireless internet connection throughout the Library.

**Circulation of Laptop Computers**

There are laptop computers, calculators, hotspots, and assistive technology available for student checkout for the semester.

**Academic Study Rooms**

There are academic study rooms on the first floor equipped with computers and wall-mounted monitors.

**Library Auditorium**

The library auditorium (Room 102) has 37 theatre-type seats with writing pads. The room is equipped with sound and an integrated smart classroom projection system. The room is designated for short-term conferences, special events, and group meetings. To reserve this room please complete the online facilities request form. For consultation on operating the equipment or troubleshooting contact the IET Computer Help Desk at 423-318-2742.

**Student Reserve**

Students may reserve or place a "hold" on a book that has been checked out by another student. When the book is returned, the student that requested the "hold" will be notified and given three days to pick up the book.

**Renewing Materials**

A book may be renewed for a second four-week period after it has been returned to the Library for 48 hours. Short-term loan materials cannot be renewed.

**Returning Materials**

Books may be returned to the circulation desk or the book drop adjacent to the Library. All books and materials must be returned each semester to permit the release of grades, further course enrollment, or the transfer of official records. Materials that have been mutilated or lost are the responsibility of the borrower. The borrower will pay the list price of the materials.

**Textbooks and Reserve Materials**

A limited number of textbooks are available for student use. They are located at the circulation desk. They may be used inside the Library for a two-hour period. Reserve materials are also available at the circulation desk.

**Reference Materials**

Reference materials located in the Information Center do not normally circulate. Reference librarians are available for consultation and special requests.

**Catalog**

All materials whether print or non-print will be listed in the electronic catalog by author, title, and subject. The catalog is accessible through the Walters State Library web site at <https://library.ws.edu>

**Location of Materials**

The general book collection is placed on open shelves using the Library of Congress Classification System. The Law Reference books are non-circulating.

### **ESTIMATED EXPENSES**

In addition to the considerable intellectual and emotional investment students will be making, students will also incur financial expenses.

The basic college expenses for tuition, fees and vehicle registration for on-campus parking are outlined in the College Catalog - <http://catalog.ws.edu/>. Students will also have the expense of traveling to the college and to assigned clinical facilities. A few of these facilities may charge a nominal parking fee.

Other expenses required for the technical courses for the Physical Therapist Assistant are listed below.

1. Required texts-\$1237
2. Professional liability insurance- \$40 annually
3. Hepatitis B Series- \$150
4. Seminars/Conferences-varies
5. Uniforms (shirt), other as required- \$40
6. College fees \$1733
7. APTA dues - \$80 annually
8. Health Insurance (see clinical portion of handbook)- cost varies for each student
9. Physical \$200
10. National Physical Therapy Exam for the PTA- \$485 and \$90 testing center fee
11. Background Checks- \$35
12. Drug Screening- \$54
13. TN Licensure Fees- \$125
14. Practice Exam (PEAT)- \$99
15. Costs associated with clinical (i.e. gas, flu shot, etc.)- varies
16. Licensure review course- \$ 200
17. PhysioU App- \$54 annually

### **HEALTH PROGRAMS POLICY ON DISRUPTIVE BEHAVIOR**

Disruptive behavior in the classroom may be defined as, but not limited to, behavior that obstructs or disrupts the learning environment (e.g., offensive language, harassment of students and professors, repeated outbursts from a student which disrupt the flow of instruction or prevent concentration on the subject taught, failure to cooperate in maintaining classroom decorum, etc.), text messaging, and the continued use of any electronic or other noise or light emitting device which disturbs others (e.g., disturbing noises from beepers, cell phones, Palm pilots, I-pads, I-phones or I-pods, tablets or other mobile devices, lap-top computers, games, etc.).

### **CLUB/CLASS REPRESENTATIVES (PHYSICAL THERAPIST ASSISTANT ASSOCIATION)**

The purposes of the Physical Therapist Assistant Club are to provide interested students with an organization to further develop PTA students' career opportunities and to enhance their knowledge of current developments in the field of physical therapy. Proposed activities include conducting meetings to discuss problems members may be having, as well as providing a forum for former PTA students to speak on experiences in the profession. Members may attend state and national seminars to further their professional development. For additional information contact the PTA Program Director.

Each class will be asked to elect class representatives within the first 2 weeks of spring semester. This is an important job and PTA students may wish to elect multiple people to share the jobs.

Representatives' duties include:

- Informing the class of required activities such as graduation deadlines, exit test, campus activities, etc.
- Arranging for thank-you cards to be sent to guest speakers throughout the year.
- Arranging for class pictures to be taken.
- Arranging for articles/announcements of class activities for the college publications.
- Organizing class social activities, fundraising, and community service.
- Providing student representatives for District TPTA Meetings.

## **WSCC POLICE**

The WSCC Police Department, located in the Information Center, is operated for the safety and benefit of the students attending WSCC. Walters State Police Officers are fully certified police officers under the Peace Officer's Standards and Training Commission of Tennessee. Officers have full investigative and arrest powers on all WSCC properties. The college employs certified police officers on all our campuses. You should not hesitate to contact them in regard to special needs. You may contact the Police Department at 423-585-6752.

If a student needs immediate assistance while outside a building, the red Safety/Emergency phones that are located at the front exits of each building and in parking lots should be used. Students will have to give their location, so please be familiar with the names of the buildings on campus. These phones are to be used only in cases of emergency. PHONES are located in each CLASSROOM that can be used to dial 911 or 6752 for campus police. ***If students have an emergency that requires calling campus police or 911, they should notify a faculty or staff member right away.***

## **POLICY ON SMOKING/TOBACCO USE ON CAMPUS**

### **Smoking Policy**

Walters State Community College Policy 08:20:00 was created to help promote a healthier environment for all persons on Walters State Community College's campuses. Smoking in any form will only be permitted in personal vehicles. This policy covers all forms of smoking products, including cigarettes, pipes and cigars. Smokeless electronic cigarettes "vapors" and all similar devices are also banned under the policy.

### **Other Tobacco Use**

The use of mouth tobacco (to include dipping, chewing, etc.) is prohibited in all buildings owned or controlled by Walters State.

## **WSCC Policy - Campus Sex Crimes Prevention Act**

The "College and University Security and Information Act" as enacted by the State of Tennessee and in conjunction with federal legislation, requires that each college make available certain information within the college's community relative to safety and security matters. In this regard, Walters State Community College is providing the information contained herein to assure that the college's community, students, faculty and staff are appropriately advised and informed relative to college security and safety procedures and applicable crime statistics.

In compliance with the federal Campus Sex Crimes Prevention Act and the Tennessee College and University Campus Sex Crimes Prevention Act of 2002, members of the campus community may obtain the most recent information received from the Tennessee Bureau of Investigation (TBI) concerning sex offenders employed, enrolled or volunteering at this institution at the Campus Police Office located in the Information Center. Information is also available on the TBI's website listing of sex offenders located on the internet at <http://www.ws.edu/campuspolice/sexcrimespreventionact.asp>.

To request a copy of the Campus Security Information, please contact the Campus Police Department:

**Walters State Community College  
Campus Police Department  
500 S. Davy Crockett Parkway  
Morristown, Tennessee 37813-6899  
423-585-6752**

A summary of the Walters State Drug-Free Workplace Policy, the Campus Sex Crimes Prevention Act, and the Campus Crime Statistics may be accessed through the Web at [www.ws.edu](http://www.ws.edu) (click on Admissions, then Campus Policies/Statistics. Statistics are available in the Campus Police office.

## **Procedures to Report Sexual Assault or Rape**

Walters State Community College will not tolerate sexual assault in any form. A student charged with sexual assault can be prosecuted under Tennessee criminal statutes and disciplined under the campus code of student conduct. Even if the criminal justice authorities choose not to prosecute, the campus can pursue disciplinary action. Procedures for on-campus disciplinary action in cases of alleged sexual assault which shall include a clear statement that the accuser and the accused are entitled to the same opportunities to have others present during a due process hearing; and both the accuser and the accused shall be informed of the outcome of any campus disciplinary proceeding brought alleging sexual assault. This sanction includes the possibility of suspension or dismissal from the college.

Individuals are advised to immediately report all such incidents to Campus Police, located at the front entrance of the campus. The telephone number to Campus Police is 423-585-6752. The Campus Police Department has procedures for responding effectively to these sensitive crisis situations.

<b>Campus</b>	<b>Campus Police Locations</b>	<b>Telephone</b>
Greeneville/Greene County Campus	Greeneville Campus, Room 120	423-798-7961
Morristown Campus	Morristown Campus, Front Entrance	423-585-6752
Sevier County Campus	Maples-Marshall Hall, 1st Floor Lobby Reception Desk	865-774-5813
Claiborne County Campus	First Floor, Room 016	423-851-4778

Individuals who are victims of sexual assault are asked not to engage in any type of personal hygiene before reporting an incident. In order to facilitate a thorough investigation, individuals are also asked not to wash clothing or dispose of any items that may be used as physical evidence.

College police staff will provide referrals for counseling, emotional support, legal and medical information, hospital and court accompaniment, and advocacy to sexual assault victims, their families and friends.

A sexual assault crisis center is located in Knoxville and the helpline number is 423-522-7273.

## **INCLEMENT WEATHER POLICY**

### **Cancellation of Classes Due To Weather or Road Conditions**

For information related to the cancellation of classes due to inclement weather, please check the college's Web site at [www.ws.edu](http://www.ws.edu), the college's Facebook and Twitter pages, the Senators Emergency Text system, or call the college's student information line, 1-800-225-4770, option 1; the Sevier County Campus, 865-774-5800, option 9; or the Greeneville/Greene County Campus, 423-798-7940, option 4. Also, please monitor local TV and radio stations for weather-related announcements.

Students and employees are requested to check for updated messages once a decision has been made because on occasion, due to an unexpected and sudden change in the weather and road conditions, a decision is modified. In all instances decisions are made with the safety of students and employees foremost in consideration but with an attempt to have classes if possible. However, on a day or evening when classes are being conducted and weather conditions are questionable, students are advised to use individual judgment on whether or not to attend classes. Students will be provided an opportunity to make up work missed for absences incurred for days when conditions are questionable but classes are meeting.

Changes in or cancellation of classes will be announced on the following stations:

Morristown WCRK AM 1150, WMTN AM 1300, WJDT FM 106.5, WBGQ FM 100.7  
Newport WLIK AM 1270, WNPC AM 1060  
Knoxville WIVK FM 107.7, WNOX FM 100.3, WATE-TV (ABC), WBIR-TV (NBC), WVLT-TV (CBS)  
WIMZ FM 103.5, WOKI FM 98.8  
Harrogate WLMU FM 91.3, WCXZ AM 740

Greeneville WGRV AM 1340, WIKQ FM 103.1, WSMG AM 1450

Rogersville WRGS FM 94.5, WEYE FM 104.3

Sevierville WSEV FM 105.5

Tazewell WNTT AM 1250

Tri Cities WKPT-TV (ABC), WTFM FM 98.5, WJHL-TV (CBS)

### **Snow and Ice Clearance Schedule**

In order to facilitate safe vehicular and pedestrian movement on college property during periods of inclement weather, Walters State maintains a systematic schedule for clearing snow and/or ice and salting, if necessary, campus walkways, parking lots, and roadways. The priority of work for the various areas of college property is as follows: (1) primary walkways, (2) roadways, (3) parking lots, and (4) secondary walkways.

As a safety precaution, students, faculty, and staff should use the primary walkways to access college facilities. The primary walkways are shown in the [map](#).

Normally, the primary walkways will be cleared and, if necessary, salted prior to the start of the day's classes. In addition, continuous related maintenance efforts will be provided throughout the day for as long as conditions remain such that re-icing could occur.

### **GRADUATION**

It is each student's responsibility to perform an **academic audit at the completion of each semester**. When the student has successfully fulfilled all of the course and credit hour requirements for the PTA curriculum the student will be prepared to apply for graduation for an Associate of Applied Science Degree. Other requirements that must be completed before the student is eligible for graduation is listed in the College catalog. The catalog also describes the method used to determine a student's grade point average, the requirements for honor roll, Dean's List, graduation honors, academic regulations, and other concerns to the student. Students should read this section carefully. Each student's faculty advisor is prepared to assist the student in understanding these requirements. Note that it is the student's responsibility to file an application for graduation. The academic faculty is not responsible for notifying the student of these deadlines.

### **LICENSING**

To practice as a Physical Therapist Assistant in Tennessee, students must be licensed either by examination or by endorsement. To be eligible to take the examination, students must present evidence that they are at least eighteen years of age, are of good moral character, and a graduate of an accredited PTA program. Students must comply with all jurisdiction requirements for licensure. Fees are subject to change.

If students plan to work in a state other than Tennessee, students will be bound by the licensing regulations of that state. The student may take the examination for that state or receive Tennessee licensure and apply for licensure by endorsement in the other state. This would substantially increase the cost, as the student would then be required to pay to have their score reported to the other state, and the fee for licensure by endorsement by that state.

1. The student must obtain the application forms, complete the form, pay fees, and abide by the P.T. Exam Board deadline. Information concerning the above can be obtained from:

Board of Physical Therapy  
665 Mainstream Dr.  
2<sup>nd</sup> Floor  
Nashville, TN 37243  
Ph: 1-800-778-4123 EXT 7413807 or 615-532-3202

Website



2. Information concerning reporting scores to other states can also be found on the FSBPT Website\_  
<https://www.fsbpt.org/OurServices/LicenseeServices/ScoreTransferService.aspx>
3. Students graduating from the WS PTA program are eligible to take the National Physical Therapy Examination for the PTA. Successful completion of the exam is required for PTA licensure.  
Students must apply separately for the national exam and for licensing. The WS PTA Program Director will certify the student's readiness for these procedures, but is not responsible for obtaining, completing or returning the required forms. It is the student's responsibility to complete all applications/paperwork/forms/required components of the process for obtaining licensure as a PTA, signing up to take the NPTE and obtaining licensure prior to practice.

### **JOB PLACEMENT**

WSSC is not responsible for job placement after graduation from the PTA program.

Once students have graduated, taken the National Physical Therapy Exam for the Physical Therapist Assistant, and become a licensed physical therapist assistant, students may be employed where they can utilize their educational training.

Employment prospects for a PTA in the region are fair at this time. The PTA can potentially work in hospitals, nursing homes, private practice therapy services, outpatient physical therapy clinics, inpatient rehabilitation centers, home health agencies, and specialty clinics.

We anticipate continued employment opportunities in East Tennessee but realize that these opportunities may be limited as the number of PTA's in this area increase and the health care system of the United States changes.

### **CONTINUING EDUCATION UNITS**

The PTA program objectives encourage participation in continuing education activities. In the State of Tennessee, only ethics and jurisprudence is required during the initial licensure period. After the initial license period, Physical Therapist Assistants are required to acquire thirty (30) hours of continuing Competence Credit (CEUs) for the twenty-four (24) months that precede the licensure renewal month. Please see the TN PT Practice Act for full rules of CEU requirements.

# **ACADEMIC POLICIES AND GUIDELINES**

## **STUDENT RESPONSIBILITIES**

1. **Attendance:** Physical Therapy is a hands-on profession. Students are required to attend all classes. It is not possible to make up the discussion, demonstration and interaction that occur in the classroom.
2. **Preparation:** PTA students are expected to read assignments prior to class. Class sessions are designed to build upon information gleaned from the textbook. Students who fail to prepare for class will likely find they are ill informed and will not receive maximum benefit from the classroom experience.
3. **Arrive on time:** Once employed as a PTA, the expectation will be to arrive for work at the scheduled time. The expectation is the same while in school. It is discourteous and disruptive to walk into class late and it interferes with your learning. Please plan your schedule and be prompt.
4. **Prioritize:** Plan your time so that you are able to keep up with assignments and commitments. Refer to the syllabus often and use a planning calendar.
5. **Participate:** Students are expected to participate in classroom activities, assignments, discussions, etc. to enhance learning and create unique learning experiences.
6. **Communicate with course instructor:** Notify your course instructor if you will be late or absent from class. If you have, any questions or concerns regarding a specific course communicate directly with that faculty member (course instructor). Do not put off addressing concerns.
7. **Personal Health:** Take care of yourself and stay healthy. Develop healthy habits for diet, exercise and sleep. Practice positive stress management and utilize your support system.
8. **Courtesy and Respect:** While preparing to become a part of the profession of physical therapy, be courteous and respectful of faculty, staff, classmates and others. Treat others as you wish to be treated. The PTA school environment is a practice setting for behaviors that you will exhibit in the workplace.

## **PTA COURSES**

Students must achieve an average grade of "C" (75%) or above on lecture exams to be successful in that course and continue in the program. If a course grade below (75%) "C" is earned or if a student withdraws from any PTA course, the student will be ineligible to continue enrollment in the program. If a course has a laboratory component, then students must pass all lab components of each course successfully in order to pass the lecture part of the course.

## **SKILL CHECKS**

In order to assure that each student is competent and safe in performance of PTA skills; students are required to perform assigned skills while being evaluated by the instructor. All skills that require skill checks are listed within the course syllabus. In order to pass the competency, all essential safety elements and individual components of the skill must be performed correctly. If a critical safety element is missed, the student must repeat the competency check. All skills that require checks must be successfully completed prior the end of the semester. Instructors determine specific criteria for passing a skill check (i.e. performing essential steps, completing without verbal cues, safety etc.) and grading rubrics are posted into the course management system. Specific criteria are established at the instructor's discretion, but in every case the level for passing represents safe and competent performance that would be acceptable for progression to clinical education. Skill check grading rubrics are posted within the course management systems so the student is aware of what and how they are evaluated.

### **LAB PRACTICAL EXAMINATION**

Lab Practical examinations are simulated patient/client situations in which the student is given case scenarios and must perform, for a selected case, a combination of clinical skills and professional behaviors. Skills and interventions included on a lab practical are tested with equal vigor as during a skill check. Additionally, significant emphasis is placed on planning, integration of skills, infection control, professionalism, positioning, body mechanics, and knowledge of pathology. Lab Practical examinations are graded on a pass/fail basis. A lab exam grading rubric is used by course faculty. Lab exam grading rubrics are posted within the course management systems so the student is aware of what and how they are evaluated.

Students who do not pass a laboratory practical will be given the opportunity to retake the practical exam. The second laboratory practical will be videotaped with an opportunity to review the tape. The faculty member for the course will determine the location for the lab exam re-takes to be performed. If a student is unsuccessful on the second attempt of a lab exam, they are given one attempt per course for a third attempt at the lab exam. The third attempt will be videotaped. If the student is successful on the third attempt, they continue on in the PTA course. If a student is unsuccessful on the third attempt, it will result in a laboratory practical failure. If a student fails a laboratory practical, the student will fail the course and will be dismissed from the program.

**Each student is only given one chance per course for a third attempt. Once that third attempt has been used, dismissal from the program will occur if they are unsuccessful on a second attempt in that course on a subsequent lab exam.**

If a student fails the lab practical, is dismissed from the program, and then subsequently readmitted under the readmission policy, he or she will be responsible for demonstrating safe and effective competency in all skills which have been previously learned prior to proceeding in the didactic or clinical education coursework. This may be accomplished through a Special topics course that may include skill checks and lab practical examinations that include previously learned skills.

### **CLINICAL EDUCATION**

Successful performance in clinical experiences is an integral part of this educational program. Students complete a total of 15 weeks of supervised clinical practice in approved facilities. Each student will complete a rotation in both an in-patient and outpatient physical therapy setting. Additional settings may be available. Students are advised that travel to clinical sites is required. Due to availability and location of clinical sites travel may be an hour or more to reach an assigned site. Throughout the clinical education program, strong emphasis is placed on behaviors that relate to professionalism as well as clinical skills. A course syllabus with specific information related to each clinical will be provided prior to the start of the affiliation and may be modified at the discretion of the instructor. The APTA Clinical Performance Instrument for the Physical Therapist Assistant is used for student evaluation for all clinicals. See the Clinical Education Handbook for specific grading details.

### **STUDENT CONDUCT AND ETHICAL BEHAVIORS**

Expected student behaviors/conduct are provided in:

1. Agreement for Students in the Health Programs at WSCC Regarding Student Conduct
2. Agreement for Students in Physical Therapist Assistant Program Regarding Student Conduct (Appendix T);
3. Honorable and Ethical Behaviors (Appendix U)

## **ACADEMIC AND CLASSROOM MISCONDUCT/HONOR CODE**

PTA students are pursuing training as allied health care workers. Personal and professional ethics demand that they conduct themselves honorably in all respects.

**This, in its simplest form means that students will neither give nor receive unauthorized assistance from any person, paper, or object, on any test, paper, examination, or project. Any student found guilty of this type of misconduct will receive a “0” on the examination, paper, project, or be assigned a grade of “F” for the course, plus sanctions as listed in the College Catalog/Student Handbook.**

**Plagiarism** is a type of academic dishonesty. Plagiarism is defined as directly copying the work of another individual as one’s own, including online sources.

Suggestions to avoid plagiarism:

- Reference each item that contains data, sites a specific study, notes historical information or discovery, defies conventional wisdom, or notes unique information related to the topic.
- Paraphrase all sources. Never write more than a few words of the author’s work.
- If necessary to use the author’s exact works, use quotations and reference the author and source.
- Keep copies of all references until the paper/presentation is returned, should the faculty ask for them.

The faculty believes that the actions of each person working in physical therapy reflect on the entire profession; therefore, each student is obligated to maintain the honor of the profession, not only through personal behavior, but also by helping others live up to the profession’s standards and ethics. In practice, this means that if a student thinks a classmate is receiving unauthorized assistance, the student has an obligation to discuss the situation with him/her in a helping manner. If this is not successful, the student should privately contact and discuss the situation with the instructor.

1. The classroom instructor has the primary responsibility for maintenance of academic integrity and controlling classroom behavior and can order the temporary removal or exclusion from the classroom of any student engaged in disruptive conduct including violent or other behavior that unreasonably interferes with instructional activities during class sessions or conduct that violates the general rules and regulations of the institution for each class session during which the conduct occurs. Extended or permanent exclusion from the classroom, beyond the session in which the conduct occurred, or further disciplinary action can be affected through the appropriate sanctioning procedures of the institution.
2. Plagiarism, cheating, and other forms of academic dishonesty are prohibited. Students guilty of academic misconduct, either directly or indirectly, through participation or assistance, are immediately responsible to the instructor of the class. In addition to possible disciplinary sanctions which may be imposed through the regular institutional procedures, the instructor has the authority to assign an appropriate grade, including an "F" or "zero" for the exercise or examination, or to assign an "F" for the course. Disciplinary sanctions will be imposed only through the appropriate institutional student disciplinary processes.
3. Students may appeal a grade assignment associated with a finding of academic misconduct, as distinct from a student disciplinary sanction, through appropriate institutional academic misconduct or grade appeal procedures (Walters State Community College policy 03:19:01). Courses may not be dropped pending the final resolution of an allegation of academic misconduct.
4. Disruptive behavior in the classroom may be defined as, but not limited to, behavior that obstructs or disrupts the learning environment (e.g., offensive language, harassment of students and professors, repeated outbursts from a student which disrupt the flow of instruction or prevent concentration on the subject taught, failure to cooperate in maintaining classroom decorum, etc.), text messaging, and the continued use of any electronic or other noise or light emitting device which disturbs others (e.g., disturbing noises from beepers, cell phones, Palm pilots, iPads, iPhones, or iPods, tablets or other mobile devices, lap-top computers, games, etc.).

5. Faculty establish class attendance and punctuality requirements, subject to state or federal laws, and inform students through the published syllabi for each course of those requirements, along with the consequences for failing to meet those requirements. Students are expected to attend classes regularly and on time and are responsible for giving explanations/rationale or absences and lateness directly to the faculty member for each course in which they are enrolled. The student remains responsible for verifying the emergency circumstances to faculty and for discussing arrangements with faculty for completion of course work requirements.
6. The student may appeal these sanctions through the appropriate institutional procedures. Policy 04:18:02, Disciplinary Sanctions, describes the institutions disciplinary and appeal processes. These sanctions are also available to the student in the Student Handbook section of the Walters State Community College Catalog, and may be accessed online at the Walters State web page.
7. Academic Affairs Committee  
The Academic Affairs Committee assigned to hear grade appeal cases consist of the following members:  
Vice President for Academic Affairs - Chair  
All division deans  
One faculty member from each division  
Two students designated by the Vice President for Student Affairs  
Curriculum Subcommittee chair  
Faculty Council President  
Ex-Officio members:  
Vice President for Student Affairs  
Vice President for Planning, Research and Assessment  
Dean of Distance Education  
Assistant Vice President for Student Affairs and Special Assistant to the President for Diversity  
Dean of Library Services  
Dean of Records and Veterans Affairs Officer
8. Disruptive Behavior in the Classroom -Classroom misconduct as a result of a student's behavior definable under Disciplinary Offenses will follow Disciplinary Procedures.
  - a. Disruptive behavior in the classroom will be initially addressed by the faculty member and the student through the Walters State Classroom Misconduct Report that addressed the behavior and expected change in behavior. Both the faculty member and the student sign the report. A copy of the report is sent to the dean of the faculty member's division, the vice president for Academic Affairs, the vice president for Student Affairs, and the campus police department.
  - b. Should the student choose to appeal the misconduct report, or should the disruptive behavior continue, the student and faculty member will meet with the division dean regarding the behavior, who in turn will file a summary of his or her findings to the vice president for Academic Affairs and the vice president for Student Affairs. Action and appeals process will follow the procedures outlined in Disciplinary Procedures 04:18:03.
  - c. Should the student desire to appeal the actions of the division dean, or should the disruptive behavior continue, the student, faculty member, and division dean will meet with the vice president for Academic Affairs and the vice president for Student Affairs for adjudication.
  - d. Should a student choose to appeal the decision of the vice president for Academic Affairs and the vice president for Student Affairs they may elect to have their case heard by the Student Discipline Committee under the same procedures and timeline as described in section 3 under Disciplinary Procedures.

## **ATTENDANCE POLICY**

A student in the PTA program is here for the purpose of preparing himself/herself to assume a responsible role in this specialized health career. A sound base of knowledge, competencies, and skills are required for effective quality patient care. A student in this program is required to attend all lectures, labs, clinicals, required seminars, and meetings.

1. When absent for any reason, it is the responsibility of the student to contact the appropriate instructor regarding any assignment due during the student's absence. This includes lab exercises, written papers and reports, quizzes, examinations, etc. Work submitted late is subject to points being deducted. Students should contact classmates to obtain notes and handouts from classes missed.
2. A student should not miss a scheduled lab, lecture, seminar, etc., for the purpose of studying for an exam (lecture or laboratory). Unexcused absences on the class day or period prior to an exam may result in the lowering of the exam grade by 5 points.
3. A student who is late must call 423-585-6981 or 423-585-6968 to provide a valid reason for their tardiness or email the course faculty prior to the class beginning.
4. An absence or lateness on an exam date (lecture or laboratory) must be reported to the Health Programs Division prior to the designated class time by calling 423-585-6981 or 423-585-6968 or by e-mailing the instructor. Failure to do so may result in deducting 10 points from the make-up exam grade. The student must contact the instructor to schedule the make-up exam. Make-up lecture exams may be essay type questions or as decided by the instructor. Physician excuse may be required for missed exams.

## **MAKE-UP POLICY (LECTURE/LAB)**

1. Student must contact the instructor to schedule the make-up exam.
2. Failure to notify instructor or Health Programs Division prior to designated class time may result in deducting 10 points from the make-up exam.
3. Make-up lecture exams may consist of alternative question types at the discretion of the instructor.
4. Physician excuse may be required for missed exam.
5. Examinations that are missed, even if reported, may result in a 5-point deduction on the make-up exam.

## **PROGRESSION/RETENTION POLICIES/ACADEMIC PROGRESS**

[WSCC Catalog](#)

To remain in good standing once admitted to the PTA program, the student must:

1. Adhere to all WSCC, PTA program, and clinical agencies policies.
2. Earn a "C" or better in each PTA course and maintain a 2.0 GPA overall.
3. Satisfactorily complete the theory, clinical and skills requirements of each PTA course, including exhibiting safe and competent clinical behavior. A grade of "F" in any course will deny the student the ability to continue in the program.
4. Demonstrate professional, ethical, and legal conduct.
5. Maintain professional liability insurance.
6. Maintain current AHA Basic Life Support (CPR/AED) for Healthcare Providers.
7. Successfully complete any general education requirements for graduation prior to the beginning of the final semester of the PTA programs.
8. Submit to a drug test if requested by the office of Student Affairs, Dean of Health Programs or director of the Physical Therapist Assistant Program at any time during the program. Refusal to submit to a drug screen and/or a positive drug test is grounds for immediate dismissal.
9. Many clinical affiliates require drug screening. All second year PTA students be required to submit a drug screen prior to attending clinical. Refusal to submit to a drug screen and/or a positive test is grounds for immediate dismissal.
10. Individuals who have been convicted of crimes other than minor traffic violations could be ineligible for physical therapist assistant licensure in the State of Tennessee, even though they have

successfully completed the Physical Therapist Assistant Program. (See Criminal Background Check Requirement in the Health Programs portion of the catalog.)

11. Complete a comprehensive health examination and submit the required form to the director of the PTA program by the designated date.

To remain in good standing and progress through the PTA program (technical courses), the student must maintain a minimum 75% average on lecture exams in each course (per syllabus), pass all skill testing, laboratory practicals, pass the clinical component, and maintain professional behaviors. A student who makes a 75% or lower on any examination may be required to attend specific open laboratory sessions and/or do extra assignments to relieve any deficiencies or lack of competency in any unit or subject. These open labs and/or extra assignments will be completed outside of regular class time, and will be mandatory to proceed in the program.

Laboratory practicals are graded on a pass/fail basis. Students who do not pass a laboratory practical will be given the opportunity to retake the practical exam. The second laboratory practical will be videotaped with an opportunity to review the tape. If a student is unsuccessful on the second attempt, they will be given one third attempt. If the student is unsuccessful on the third attempt it will result in a laboratory practical failure. If a student fails a laboratory practical, the student will fail the course and will be dismissed from the program.

**Each student is only given one chance per course for a third attempt. Once that third attempt has been used, dismissal from the program will occur if they are unsuccessful on a second attempt in that course on a subsequent lab practical.**

The student must initiate scheduling of any re-take of a laboratory practical or skill testing although the instructor has final say on the schedule. Most of these re-takes will be completed outside of normally scheduled class time. The student should attempt to schedule these re-takes within one week of the failed practical. All re-takes must be completed before the end of the semester.

### **DISMISSAL**

**Students who do not maintain a minimum 75% average on lecture exams in each course (per syllabus grading scale), fail any lab practical final attempt, do not receive a satisfactory clinical performance rating, or do not maintain professional behaviors will receive an "F" in the course.**

This will prevent the student from further participation in the academic or clinical experience, or progress in the PTA program. If eligible, a student may apply for readmission (See Readmission Policy). A student who is unsuccessful during a second attempt of the program will not be allowed to re-apply or to have a readmission hearing. If a student's unsatisfactory rating in clinical is due to documented unsafe, unethical, or illegal clinical behavior, the student will receive an "F" for the course, will not be able to continue in the program and will be ineligible for readmission to the WSCC PTA program.

Students may be dismissed from the program for unethical, unprofessional, and/or illegal conduct.

### **READMISSION**

A student who has earned a "D" or "F" in a physical therapist assistant course or who has withdrawn from a program may apply for readmission under the following considerations:

1. To be considered for readmission to the PTA program after academic failure or withdrawal by the end of the first semester, a student will be required to proceed through the regular selection and acceptance procedures along with all other candidates for the following year.
2. A student who withdraws or is unsuccessful academically after the first semester must complete the following: (a) a written request to the PTA program director for consideration of readmission; (b) attend a readmissions committee hearing to be scheduled by the committee. The program director will respond in writing and will provide the student with date, location, and time of readmission hearing.
3. Readmission committee is composed of the PTA academic faculty and faculty from other Health

- Programs (minimum of 3 additional faculty).
4. First-time students will be given priority in clinical rotation placement. Readmitted students will be placed in clinical when space is available. This may mean a delayed graduation date. Every effort will be made to place all students in clinical during scheduled times.
  5. If a student is readmitted to the PTA program, auditing of designated PTA courses, successful completion of skill testing, and laboratory practicals may be required.
  6. A student must have a cumulative GPA of at least 2.0 to be considered for readmission.
  7. Any student is allowed only two attempts to complete the PTA program.
  8. Students who have experienced a clinical failure in a healthcare program or dismissed due to unethical, unprofessional and/or illegal conduct are not eligible for readmission.

### **ASSIGNMENTS**

The PTA faculty believes that the habits and work patterns established while an individual is a student will be carried over into the work setting when the transition is made to a practicing health worker.

Any written assignment must be turned in to the appropriate instructor in a neat form, typed, using correct grammar, spelling and correct citation. Any video, iMovie, YouTube, etc. assignment should be made or selected based on accurate content and professional decorum. Oral presentations of assignments will be frequently required.

Each student is required to submit assignments on specified dates. Unless otherwise stated by the individual instructor, reading and eLearn assignments are to be completed before the class period on the scheduled date. Written assignments, unless otherwise stated are due at the beginning of the class period on the scheduled date. Assignments not turned in on time may receive a grade of zero "0" or lower grade at the discretion of the instructor.

If a student is unable to meet the deadline, prior arrangements should be discussed with the appropriate instructor. Late work may result in a grade lowering appropriate for the time tardy. Special assignments may be required in order to assist the student in reaching or raising his/her competency level. Credit for completion of special assignments will not improve the course grade.

Students should contact classmates rather than instructors to obtain notes and handouts from classes missed. This policy applies to all courses taught by the PTA instructors.

### **EVALUATION OF CLASSROOM/LAB PERFORMANCE**

Within each course syllabus students will find the method of evaluation for that course including the percentages or points assigned to each area of evaluation. Areas of evaluation may include (but are not limited to) the following:

1. Quizzes - are given to assess a student's understanding of presented material. (See course syllabus for grading.)
2. Exams - are given as a method to assess student mastery of course material. (See course syllabus for grading and test format information.)
3. Written papers and oral reports - guidelines for these papers and reports are given in the course syllabus.
4. Lab Practical Exams and Skill Checks – per course syllabus.
5. Other assignments – may be required per course syllabus

Unannounced quizzes may be given periodically to check the progress toward reaching the minimal acceptable competency level.



## **TESTING PROCEDURE**

The following is standard procedure for all tests given in the PTA program:

1. Nothing may be taken into the classroom or computer-testing lab for the exam. Students should leave all books, purses, bags, billfolds, keys, change, cell phones, etc., in the front of the classroom.
2. Computer terminals are fixed; therefore, the faculty requires that students sit as far apart as possible.
3. Scrap paper (if needed) and a pencil will be provided by the faculty in the testing area.
4. Students are not to re-enter the testing area after they have completed their test until all students are finished testing.
5. Review of completed exams require that the entire class (students who took exam during scheduled testing time) must be present for the review to occur. Exam reviews are provided at the discretion of the instructor.
6. Due to the Covid 19 pandemic written exams will occur in eLearn with the use of Respondus LockDown Browser with Webcam. When this feature is enabled for a quiz, students are required to use a webcam and microphone with LockDown Browser. After the quiz is complete, an instructor can review details of the assessment and view the recorded videos. See course syllabus for more details.

## **GRADE SCALE**

A minimum grade of "C" (75%) is required in all PTA courses before using that course as a prerequisite for the next course in the sequence. The letter grade assigned to the composite percentile grade in the PTA technical courses is as follows:

A	=	92	-	100
B	=	83	-	91
C	=	75	-	82
F	=	Below 75		

## **GRADE APPEAL PROCEDURE**

Student appeals concerning a course grade should be resolved by conference between the student and the instructor who assigned the grade within 45 calendar days from the day grades are loaded in Banner as stated in the Timetable of Classes. If the concern is not resolved, the student may begin the formal grade appeal procedure following the process outlined in the WSCC College Catalog.

### **Grounds for Appeal**

1. *Errors in calculation:* The student appeals an error made in the mathematical calculations of graded material.
2. *Errors in course practices:* The student contends that there is gross disparity between the course syllabus and the manner in which the course is conducted in regards to the treatment of the individual student.

### **Procedures for Appeal**

Once this initial conference is completed, the student may choose to file a grade appeal. Below is the process that must be completed in the order presented within the specified times. Steps 1 and 2 must be completed within 45 calendar days of the date grades are electronically released to students. Steps 3 through 14 must be completed within the time period identified in that step.

1. The student must obtain the Student Grade Appeal Form from the Office of Academic Affairs or from the WSCC Academic Affairs webpage. The student must complete Sections A and B (i.e. the top part of the form) of the Grade Appeal Form and must provide a written description detailing how the criteria for appeal have been met in his/her particular circumstance and attach this to the Grade Appeal Form.
2. The student must contact the instructor to set up a meeting to present the Grade Appeal Form and written description. The student must sign and date the completed form in the presence of the instructor at this meeting. If the instructor is unavailable during this initial 45 calendar day period, the student will contact the department head or dean to arrange

for an alternative method for the instructor to participate in this step of the process. Should the faculty member be permanently unavailable, the process will begin with the department head or dean as applicable to the division of the course where the grade appeal is being pursued.

Steps 1 and 2 must be completed within 45 calendar days of the date grades are electronically released to students. Steps 3 through 14 must be completed within the time period identified in that step.

3. The instructor must submit the response to the student within seven calendar days of the student's signature. The instructor must retain a copy of the Grade Appeal Form as well as a copy of the student's written statement.
4. If the student chooses to continue the appeal process, the student is responsible to meet with the department head within seven calendar days of the instructor's signature on the Grade Appeal Form. The student must submit the original Grade Appeal Form as well as the original written statement to the department head at this meeting. If there is no department head skip to step 8 of this process.
5. The department head must notify all persons involved of the decision and submit the response to the student within seven calendar days to this meeting. The department head must retain a copy of the Grade Appeal Form as well as a copy of the student's written statement.
6. If the student chooses to continue the appeal process, the student is responsible to meet with the dean within seven calendar days of the department head's (or instructor's) signature on the Grade Appeal Form. The student must submit the original Grade Appeal Form as well as the original written statement to the dean at this meeting.
7. The dean must notify all persons involved of the decision and submit the response to the student within seven calendar days of this meeting. The dean must retain a copy of the Grade Appeal Form as well as a copy of the student's written statement.
8. If the student chooses to continue the grade appeal process, the student must submit a written request to the division dean to submit the original Grade Appeal Form along with the original written statement to the vice president for Academic Affairs. This request must be made within seven calendar days of the dean's signature on the Grade Appeal Form.
9. If the student chooses to continue the appeal process, the student is responsible to schedule a meeting with the vice president for Academic Affairs within seven calendar days of the dean's signature on the Grade Appeal Form.
10. The response from the vice president for Academic Affairs must be communicated with all persons involved and submitted to the student within seven calendar days of this meeting. The vice president for Academic Affairs must retain the original Grade Appeal Form as well as the original student's written statement. The vice president for Academic Affairs will give the student a copy of the Grade Appeal Form and a copy of the student's written statement.
11. If the student chooses to continue the grade appeal process, the student must request the vice president for Academic Affairs to submit the Grade Appeal Form along with the original written statement to the Academic Affairs Committee. This request must be made within seven calendar days of signature of the vice president for Academic Affairs on the Grade Appeal Form.
12. The Academic Affairs Committee will hear the appeal from the student at the next regularly scheduled meeting. The instructor will also have the opportunity to attend this meeting. The Academic Affairs Committee will render a response at the conclusion of the meeting which will be communicated with all persons involved with this process. The Academic Affairs Committee appeal will consist of the student presenting his/her request to the committee and the instructor presenting his/her explanation of the situation. The student may not have anyone present with him/her nor to represent him/her during the grade appeal meeting. If the student or the instructor chooses not to appear before the committee, a written request will be considered.
13. If the student chooses to continue the grade appeal process, the student must make a written request to the vice president for Academic Affairs to take the written appeal to the president. This request must be made within seven calendar days of decision of the Academic Affairs Committee.

14. The president will have seven calendar days to render a decision which will be communicated with all persons involved with this process. The president's decision is final.

The failure of the student to proceed from one level of the appeal procedure to the next level within the prescribed time limits shall be deemed to be an acceptance of the outcome previously rendered. All further considerations and proceedings regarding that particular appeal shall cease at that point.

### **WITHDRAWALS AND HONORABLE DISMISSALS**

Students finding it necessary to withdraw from college should do so officially in order to maintain good standing and to assure readmission or honorable dismissal. Withdrawal procedures are as follows:

1. Secure a withdrawal form from the Student Records Department.
2. Secure clearance signature (in sequence) from 1) Counseling Center, Student Financial Aid, 2) Library, 3) Student Records Department, and 4) office of Business Affairs.
3. All equipment belonging to the college must be accounted for or paid for and all financial obligations met. If it is impossible for the student to take these steps in person, they should be taken by a parent or person acting as an agent for the student. Up to the date given in the academic calendar, a student may withdraw from the college with a grade of "W".

After the date listed in the academic calendar (last day to drop a course or withdraw from college), a student may, in emergency situations, withdraw by the recommendation of the instructor and the approval of the vice president for Academic Affairs. In cases such as this, the student will be assigned a grade of "W" if passing the course or a grade of "WF" if failing the course.

A student who stops attending classes and fails to follow the proper withdrawal procedures, will be carried on the roll until the end of the semester and grades will be reported as "F".

Grades, transcript information, drop/adds, withdrawals and other data perceived by the student to be in error must be protested by the student during the subsequent semester. Protests made after this time will not be reviewed.

### **AUDITING COURSES**

Students may not audit any PTA courses.

### **INDIVIDUAL CONFERENCE**

Individual conferences will be scheduled with the appropriate faculty as needed. If the faculty become concerned about a student's academic performance or behavior during class, a conference with the student will be scheduled. Faculty, using the student communication form, will document conferences. Students will be asked to sign documentation. Conferences are mandatory and will be scheduled outside of class/lab time. (Academic Report Form – Appendix R and Student Communication Form – Appendix S).

Part of a student's training as a PTA includes learning a professional approach to the resolution of conflicts/problems that arise in the work place. Students are encouraged to request meetings with faculty whenever there is a concern. If attempts to resolve conflicts or concerns with faculty are not successful, it is appropriate to request assistance from the Director of the PTA Program or Dean of Health Programs. Good faith attempts to resolve problems with faculty should be made first.

### **PORTABLE ELECTRONIC DEVICES**

Electronic devices must not disrupt the instructional process or college-sponsored academic activity. Electronic devices that are not relevant to the activity or sanctioned by the faculty member in charge should be set so that they will not produce an audible sound during classroom instruction or other college-sponsored academic activity.

Use of portable electronic devices in clinical is regulated by clinical agencies, local, state, and federal

regulations and laws.

Faculty prior to use must approve portable electronic device usage.

Students are responsible for following HIPAA guidelines when using portable electronic.

Violation of HIPAA through use of a portable electronic device will result in termination from the WSCC PTA Program.

Infection control guidelines must be maintained when using portable electronic devices in patient care areas.

Inappropriate portable electronic device use (telephone function, taking pictures, accessing or recording patient information, accessing internet, text messaging, accessing or sending e-mail) will result in termination from the WSCC PTA Program.

### **BREAKS**

Each instructor will schedule breaks. Students will be given breaks during class so that drinks, food, etc. may be consumed. Any liquid beverage in the classroom/lab must be in a closed container.

### **METHODS OF INSTRUCTION**

The PTA faculty teach all PTA technical courses with occasional guest lecturers and/or adjunct faculty. Though a single faculty member may teach the entire content of some courses, many of the PTA courses may utilize different instructors for different units.

There are considerable required readings and/or assignments.

All learning experiences and assignments are planned to help students achieve the specific course objectives. Instruction and assignments include several different kinds of learning experiences.

These include but are not limited to:

1. Assigned reading in textbooks, journals and other references.
2. Assigned use of various instructional media.
3. Study of handout materials and diagrams.
4. Lectures and class discussion.
5. Completion of study guides, questions, diagrams and drawings to help students organize and learn material.
6. Oral presentations, written papers, reports on clinical observations, entries into patient charts.
7. Self-assessment, reflective essays/journal entries
8. Take-home assignments designed to help students correlate material from several sources.
9. Observation of instructor demonstrations.
10. Practice of treatment techniques on classmates.
11. Analysis and critique of classmates' treatment techniques.
12. Small group activities, involving problem-solving.
13. Simulated patient situations to demonstrate application of specific concepts and skills.
14. Use of web-based course management system eLearn.
15. Web-based resources, Field trips/off campus learning activities, Apps for computer, phone, iPad

### **TAPING OF LECTURES**

Students are to consider the lecture material as an important source of learning in addition to reading and viewing materials assigned and/or suggested by the faculty. Lecture materials are presented by faculty members or by guest lecturers responsible for the course. Students are not to assume the privilege of recording/taping presentations of either guest lecturers or faculty members, since there are many legal

and ethical considerations to be addressed. Any student admitted to the PTA program who has a need

for test-taking or note-taking accommodations should contact the Director of Disability Services and notify the the PTA Program Director as early as possible to discuss the need.

### **Procedure and Qualifications for Gaining Permission to Record:**

If a student feels he/she has a disability and requires the use of a tape recorder, the student should contact the Director Disability Services. Upon verification of the disability (medical documentation or verification from vocational rehabilitation service is required), an Educational Support Plan will be completed and sent to the Dean of Health Programs or PTA Program Director. Taping may begin only **after** this procedure has been completed. The student may tape lectures for the duration of the disability, but permission is only granted one semester at a time. Lectures may not be taped for a student who is absent. Tapes are exclusively for the use of the permitted student and are not to be copied, shared, or posted on any social media site. Abuse of the permission will result in cancellation of the permission to tape.

### **DRESS CODE**

1. Classroom Dress: Dress appropriately for a health care team member.
2. Lab Practice: The following dress requirements have been established so that students may actively participate in laboratory practice sessions in safety and comfort.
  - a. Shorts with an elastic waist. Shorts must be of reasonable length and room to allow access to palpations such as the greater trochanter (outer hip area).
  - b. Adequate T-back jogging tops are acceptable except for spine and shoulder laboratory (in which case they must show access to entire spine).  
T-shirts for males and females.  
T-shirts will have to be removed for some laboratories
  - c. Shoes - tied, low heeled shoes with rubber soles and heels are recommended.
  - d. Hair - tied back and/or pinned up so that it cannot come in contact with equipment or "patient."
  - e. Wrist watch with second hand or digital second timer for lab exams.
  - f. Shirts, sweaters, and blouses must be of non-clinging and non-revealing style and fabric. Low-cut, front or back, shirts, blouses, skirts, or dresses are inappropriate, unless covered with a coat or sweater at all times

Students are expected to have lab clothes **on hand at all times**. Students are expected to dress out for ALL lab sessions unless otherwise instructed.

Now is the time to establish good habits of professional grooming. Students will be expected to keep themselves and their lab clothes clean, fingernails short, use a minimum of make-up, and remove jewelry for lab sessions. Permitted exceptions are simple post earrings and wedding bands. Jewelry will not be permitted in other pierced areas of the body that are visible other than the earlobes in laboratory or in clinical. No artificial fingernails or fingernail tips are allowed in laboratory. Only light scents of colognes, perfumes and other toiletries should be used. Facial hair must be kept clean and neatly trimmed. Additional requirements for clinical dress code will be noted in the Clinical Education Handbook.

### **CHANGE OF CLOTHES/LOCKERS**

Female students will change their clothing in the women's restroom located on the first floor of the Technology Building. Male students will change their clothing in the men's restroom also located on the first floor.

Lockers are available for student use in the lab. Students are expected to supply their own lock. Students will have to share lockers, but no more than 2 students per locker will be required.

As the lab may be unattended while students are participating in practice sessions outside the laboratory area, we strongly advise students to bring a minimum of valuables into lab, and lock the valuables in the locker during practice sessions. WSCC faculty or the college is not responsible for valuables in left in classrooms, laboratories, or any WSCC function.

## **LABORATORY**

The PTA laboratory will be the student's "second home" during their time as a Physical Therapist Assistant student. A few lecture courses and the majority of laboratory periods will be held here. For safety reasons, students are not allowed to use electrical lab equipment unsupervised. Open lab sessions scheduled by faculty are designed for the student who wishes practice time beyond what has been provided in class. It is highly recommend that the students use this time to practice skills. It will be the only extra time faculty is available for lab. Rules for use of the laboratory will be posted in the room. Students must follow all posted rules anytime they use the laboratory.

Please note that this is a laboratory and not a student lounge. Students may utilize the lab area for lunch; however, drinks are to be in a secure closed container (i.e., no disposable to-go cups or containers that will spill if disturbed) and the area cleaned before class begins. Laboratory reference material, equipment and/or supplies may not be removed from the laboratory unless formally checked out from faculty.

## **HOUSEKEEPING DUTIES**

Just as in the clinic, the student is responsible for keeping the class/ lab in proper order. All equipment, supplies, models, etc. must be properly stored at the end of each class/lab period. All lab tables and equipment must be cleaned at the end of each lab session and before being stored away at the end of the day. Habitual noncompliance may result in lowering the semester's grade.

## **COMPUTING POLICIES**

[http://catalog.ws.edu/content.php?catoid=24&navoid=1896#Code\\_of\\_Computing\\_Practice](http://catalog.ws.edu/content.php?catoid=24&navoid=1896#Code_of_Computing_Practice)

### **Code of Computing Practice**

Computer resources at Walters State Community College are available to all students, faculty, and staff for authorized use in a responsible, ethical, and equitable manner. It is important that all users of the computing facilities conduct their computing activities in this manner since they have access to many valuable and sensitive resources and their computing practices can adversely affect the work of other users.

The following constitutes a code of computing practices to be adhered to by all users of the computer systems.

1. Users must obtain official approval from the department responsible for use of the computing resources. Approval will not be granted to use computing facilities that do not conform to the missions, processes, and functions of the Institution.
2. Users of computing resources are expected to conduct themselves in a manner that does not constitute a danger or threat to any person's health, safety, or interfere with authorized individual and institutional activities. Use of computing resources to view or transmit obscene material is prohibited.
3. Users must not misuse, damage or misappropriate in any manner computing equipment, software, property, and other facilities and resources.
4. Users must utilize only those computers which have been authorized for their use and for the purposes for which the authorization was granted.
5. Users of the computer systems are responsible for the use of their computer accounts and, as such they should take precautions against others obtaining access to their computer accounts. This includes managing and controlling the use of individual passwords, operational activities, and resource utilization.
6. Users must follow the established procedures for accessing the computing systems. All computing work must be readily identified with the user's own name and where applicable the relevant department name.
7. Users may not access, modify, or copy programs, files, data of any sort belonging to other users or to Walters State Community College without obtaining prior authorization to do so from the

other user and/or department involved. Similarly programs, subroutines, data, equipment, and other computing related resources may not be taken to other computer installations without the proper department and/or Walters State Computer Services department authorization and a clearly defined understanding of the responsibilities associated with such action (e.g. security of access to the data at the other computer installation).

8. Users may not use programs, data, equipment, and other computing related resources or other computer sites at Walters State for other than officially scheduled and sanctioned academic and administrative purposes unless prior approval has been obtained from the department responsible for the computer and the Walters State Associate Vice President for Computer Services.
9. Users should minimize the impact of their work on the work of other Users. Attempts should not be made to encroach on others' use of the facilities or deprive them of resources. Game-Playing that is not part of an authorized program of study must not interfere with users' rights to access a system for educational purposes.
10. Users must not attempt to modify system facilities and/or subvert the restrictions associated with their assigned use of computers.

The above code is intended to work to the benefit of all Computer Services users by encouraging responsible conduct and use of computing resources. Disciplinary action for violating this code shall be governed by the applicable provisions of student handbooks, faculty and staff handbooks, and other policies and procedures of Walters State Community College, its governing body, the Tennessee Board of Regents and the applicable state and federal laws. The General Regulations on Student Conduct and Disciplinary Sanctions outline some, but are not limited to, actions that may be taken either singularly or in combination by the Institution against violators of this code.

## **Copyright Laws and Fair Use**

Copyright Laws and Fair Use Copyright laws apply to electronic publishing as well as to print publishing. Publishers must have permission to publish any copyrighted information. Copyright information includes not only text-based information but also graphics, sound clips, animations, and photographs. Electronic publications are subject to the same college policies and standards as print publications.

Use of copied information in an educational institutional setting is based on the Use clause in Section 107 of the U.S. Copyright Act of 1976. This clause allows for multiple copies for classroom use provided that this copying meets its criteria for brevity, spontaneity, and cumulative effect. These criteria are defined as follows:

Brevity: a complete poem if less than 250 words or an excerpt of not more than 250 words; a complete prose work of less than 2500 words or an excerpt of not more than 1000 words, or 10% of the work, whichever is less, but a minimum of 500 words;

Spontaneity: the copying is at the inspiration of the individual teacher and the decision to use the work is such that it is unreasonable to expect a timely reply to a request for permission; Cumulative Effect: the copying is for only one course in the school in which the copies are made; not more than one short poem or prose work or more than two excerpts may be copied from the same author nor more than three copies from the same collective work or periodical volume during one class term; and there should be no more than nine instances of such multiple copying for one course during one class term.

More information on US copyright laws can be obtained from the following Library of Congress and the Cornell Law Library on the Internet:

\* <http://lcweb.loc.gov/copyright/> / \* <http://www.law.cornell.edu/uscode/17/>

## **Digital Millennium Copyright Act (DMCA)**

Walters State Community College subscribes to the requirements of the [Digital Millennium Copyright Act \(DMCA\) of 1998](#). Consistent with the act, Walters State has an associated institutional <https://helpdesk.ws.edu/pages/wscs-computing-policies.asp#dmca> and a <https://helpdesk.ws.edu/pages/wscs-computing-policies.asp#copyright> providing notice of copyright responsibility for all users of college computers and web resources. Additionally, the college has designated an agent to receive notification of claimed infringement from copyright owners.



# **Clinical Education**

## **CLINICAL OVERVIEW**

The clinical education component of the PTA program provides opportunities for each student to work in a clinical environment to develop skills necessary to become a competent, entry-level physical therapist assistant. The goal of the clinical program is to provide clinical learning experiences, with at least one clinical assignment in an inpatient facility and at least one clinical assignment in an outpatient setting between the three PTA clinicals. Faculty also work to place students in urban and urban cluster communities. These clinical experiences enable the students to become proficient in physical therapy interventions and skills in the clinical setting. (The skills are identified on the Clinical Performance Instrument for the PTA.)

The clinical education component of the PTA curriculum entails 15 weeks of full time clinical education experiences scheduled in three different clinical courses throughout 2 semesters of the curriculum. The clinical experiences planned for each student totals 600 hours of full time clinical work. Each student is assigned to a clinical facility to work under the direct supervision of a licensed PT or PTA who serves as clinical faculty for the PTA program and clinical instructor for that individual student.

The sequencing of the three clinical experiences across 2 semesters is designed for the PTA student to develop clinical behaviors and clinical skills in a progressive manor, with expectations of the student to demonstrate growth of behaviors and skills as the clinical experiences occur. Clear benchmarks are set for each clinical with the goal of every student demonstrating clinical behaviors and required skills at entry level performance by the end of the terminal clinical experience.

The course number and sequencing of the three clinical courses are listed below:

Clinical I	PTAT 2390 Integrated Clinical Education	4 week full time clinical during Fall 3 <sup>rd</sup> semester
Clinical II	PTAT 2391 Integrated Clinical Education	4 week full time clinical during Spring 4 <sup>th</sup> semester
Clinical III	PTAT 2590 Terminal Clinical Education	7 week full time clinical during Spring 4 <sup>th</sup> semester

PTA students should maintain a good overall fitness level to perform professional duties in the clinical setting, including physical health, mental health, and personal hygiene.

The Director of Clinical Education will meet with the students throughout the program to ensure students are aware of procedures, requirements, expectations, assignments, objectives, and goals.

## **CLINICAL ASSIGNMENTS**

Clinical education includes a variety of clinical education experiences, from working in urban to rural regions; working in regional medical centers, or small community clinics. The PTA program has agreements with clinical facilities including hospital settings, skilled nursing homes, inpatient rehab centers, outpatient clinics, home health agencies, and school systems settings. Each clinical site has unique learning opportunities and it is the goal of the PTA clinical program to match student goals, objectives, and learning styles with clinical environments that will provide learning experiences for each student to develop skills and behaviors to be successful entry level clinicians. It is critical that each

student demonstrate competence in foundational skills of a PTA. The PTA program strives to attain and maintain sufficient number and variety of clinical sites to meet the needs of students enrolled in the PTA program.

The Director of Clinical Education is responsible for maintaining accurate clinical site files (including clinical agreements) and for determining site availability for each clinical experience. Relevant information for available clinical sites is assessable to students, through Director of Clinical Education. Information includes type of facility, types of patients typically treated at this facility, location, dress code, work hours, clinical instructors with specialized training. Clinical requests are sent to each clinical site in the spring, asking each site to respond to the request regarding availability to accept students for specific dates for the following academic year. A database is maintained along with responses for clinical site availability to accept PTA students.

Students meet with the Director of Clinical Education and provide information regarding geographic residence, prior clinical experience, clinical objectives, preferences, and any potential conflicts at specific clinical facilities (such as being a current employee at a specific clinical site). The Director of Clinical Education, along with PTA faculty determine clinical assignments with priority to selecting clinical sites which will provide each student with appropriate opportunities to progress development of the skills required of an entry level PTA. Factors influencing assignments include clinical site availability, academic performance, previous clinical experience, student preferences, and proximity to home address. The Director of Clinical Education reviews student information, clinical site availability, input from academic faculty to make clinical assignments. Clinical assignment recommendations are reviewed with other PTA faculty.

The Director of Clinical Education will make every effort to assign student clinical sites within a maximum of **80 miles** from home address. Driving time is not guaranteed. Student should not expect that every clinical assignment will be in close proximity to home. Each student is responsible for his/her own transportation to and from the clinical site. Inability to arrange child care is not a consideration for clinical placements

The Director of Clinical Education will provide the student with the name and contact information for the clinical site at least 4 weeks prior to the assignment. There are situations, which may delay clinical assignments, and situations such as staffing at clinical sites, which may result in a change in clinical assignment

The Director of Clinical Education retains the right to modify site selection for any student due to situations such as a change in clinical site availability, or special requirements of the facility that the student does not meet or to ensure that a student is able to have a variety of clinical exposure meeting program goals.

### **CLINICAL ATTENDANCE POLICY**

Student should attend a 40 hour work week in the clinical setting, with the student attending clinical hours determined by the clinical instructor.

### **CLINICAL ABSENCES**

If a student is absent due to an emergency, illness, or inclement weather the student is to contact the clinical instructor and the Director of Clinical Education at WSCC (by 8:30 a.m.) to provide notification of this absence. Students must complete the Clinical Absence Form and submit to the DCE the day the absence occurs. Clinical Instructor and academic faculty will determine if and how the time missed from clinic is to be made up. Time made up because of an absence will be scheduled at the convenience of the clinical instructor. If classes are canceled at WSCC (i.e. for inclement weather), the student is not expected to attend the clinical or make up this time.

Absences will be monitored by the Director of Clinical Education. Failure to show up for a clinical or a no call/no show may result in a failure of the clinical. Written communication from physician will be required if a student is absent more than one day due to illness.

PTA students may have the opportunity to take their licensing exam during Clinical III. If a student plans to take the licensing exam during this seven week clinical he/she is granted an excused absence for the date of the exam.

PTA students must use and submit the Clinical Absence Form to the Director of Clinical Education per program policy.

### **CLINICAL DRESS CODE**

A student's dress must be appropriate as defined by each clinical site. Students must wear PTA Student photo ID badge at all times.

Students will be expected to:

- Maintain excellent personal hygiene;
- Wear clean/appropriate (dress code of facility) clinical clothes;
- Wear a minimum of makeup, have long hair tied back;
- Wear a minimum of jewelry, which may include a wedding band, no pronged jewelry, conservative earrings (no hoops or dangles), and watch. No jewelry is allowed in any body piercing other than earlobes;
- Cover all visible tattoos during clinical;
- No artificial fingernails (even tips) are allowed in clinical;
- Limit offensive odors such as cigarette smoke or perfume that could be compromising to a patient with respiratory disease;
- Students are responsible for following dress code policies that clinical facilities may require.

In a clinical setting, the Clinical Instructor (CI) has the same obligation to ensure safety, informed consent and quality care for their patients when students are performing treatments. The Clinical instructor should instruct the student to correct any interaction or hygiene problem by the next day. If the problem is not corrected to the CI's satisfaction, it is their responsibility to notify the SCCE, Director of Clinical Education /Program Director to resolve the problem. The student may be dismissed from the clinical and ultimately dismissed from the PTA program if satisfactory resolution is not obtained.

### **USE OF ELECTRONIC DEVICES DURING CLINICAL HOURS**

Use of electronic devices including cell phones is prohibited during clinical work hours unless use of the device is relevant and authorized by the clinical instructor.

### **CLINICAL SITE VISITS**

A faculty member of the WSCC PTA program will perform a site visit virtual or in person or phone contact to discuss student performance with both the student and clinical instructor during each clinical experience. The student will contact the faculty after conferring with the clinical instructor during the first week of the clinical to schedule a time to meet that is convenient for the clinical instructor. The midterm evaluations should be completed and accessible to the academic faculty at the time of the site visit. During this site visit, it will be determined if additional follow up contacts or interventions by faculty are needed to assure student success. Faculty will complete a site visit form to submit to the Director of Clinical Education after the site visit.

### **CLINICAL INSERVICE**

The PTA student is required to deliver a 20-30 minute in-service to the therapy staff during each clinical experience. The topic of the in-service should be determined based on input from the clinical instructor. The student will provide members of the audience with an evaluation form to provide the student feedback on the presentation. The student will return the completed in-service evaluation forms to the Director of Clinical Education when returning to campus after completion of the clinical. If the clinical

instructor requests the student complete an alternate activity instead of an in-service, the student is to contact Director of Clinical Education for approval of the alternate assignment or activity to be completed by the student in lieu of an in-service.

### **CLINICAL SUPERVISION**

The student will be supervised at all times by a clinical instructor who is a licensed PT or PTA with a minimum of one year of clinical experience. It is expected that the student will initially be supervised closely by the clinical instructor within line of sight of student when treating patients, progressing to clinical instructor being immediately available to student when student is treating patients. The supervising therapist must always be on site when the student is treating patients. The clinical instructor may delegate supervision of the PTA student to another licensed PT or PTA with a minimum of one year of clinical experience if the clinical instructor will be off site or not immediately available to the student.

Student Physical Therapist and Physical Therapist Assistant

Provision of Services (Appendix E)

Chart: Supervision of Students Under Medicare (Appendix V)

### **Tennessee Physical Therapy Practice Act**

If there is a question regarding supervision of the student, the CI should contact WSCC PTA Director of Clinical Education for clarification.

### **STUDENT INFORMATION FOR CLINICAL SITE**

Each student has liability insurance through Health Providers Service Organization (HPSO), a health and physical by a physician, completed drug screen and criminal background check, complete MMR and Hepatitis B vaccinations, TB testing, evidence of flu vaccination and current CPR training. The student will bring a copy of these documents on the first day of their clinical. The clinical site can contact Director of Clinical Education if the clinical site needs this student information or specific student contact information prior to the first day of the clinical.

### **STUDENT CLINICAL RESPONSIBILITIES**

1. Prior to each clinical students must demonstrate competency in all required skills presented in PTA courses to date. Competency is demonstrated to PTA faculty during scheduled skill check-offs, laboratory practicals, and lecture exams.
2. Student is to formulate a minimum of five objectives specific to the clinical assignment. Submit objectives to faculty for review 2 weeks prior to clinic, and bring copy of these objectives to clinical instructor and discuss.
3. Student is to keep current copies of Health and physical form, Immunization records, TB test, a completed drug screen and criminal background check, HPSO liability insurance certificate, and CPR card. Student to bring copies of these documents on the first day of each clinical assignment. Student is responsible to meeting deadlines for flu shot, CBC and drug screens.
4. Student to contact clinical site by phone or e-mail 2 weeks prior to clinical to obtain detailed information related to work hours, dress code, parking and policies specific to that clinical site.
5. Student to schedule site visit with academic faculty and clinical instructor for Clinical I, II and III.
6. Student to complete self-evaluations using the CPI for each clinical (midterm and final evaluations)
7. Adhere to policies and procedures for each clinical assignment
8. Maintain professional behaviors, follow Standards of Ethical Conduct for the PTA
9. Assume responsibility for own professional growth
10. Maintain open communication with clinical instructor, and academic faculty
11. Contact academic faculty if questions or concerns arise during the clinical experience
12. Take the initiative to maximize his/her learning in each situation through appropriate participation

13. Maintain safety in all interactions and procedures
14. Adhere to Attendance Policy
15. Complete clinical debriefing post clinical with Core faculty
16. Complete all assessment forms/surveys-PTA Assessment of CI Survey, PTA Assessment of Clinical Expedience Survey and complete Post Clinical Site Information Sheet.

### **CLINICAL INSTRUCTOR RESPONSIBILITIES**

1. Facility and department orientation for each student
2. Review clinical objectives from WSCC and specific student clinical objectives, and work to achieve objectives.
3. Maximize student learning, provide frequent feedback to the student, and facilitate open communication.
4. Provide appropriate level of supervision for student.
5. Contact academic faculty immediately if any safety concerns are noted in student's performance.
6. Contact academic faculty anytime with any questions, suggestions or need for clarification of expectations for student performance.
7. Complete midterm and final evaluations of student performance using the CPI.
8. Ensure that the student always introduces themselves appropriately as a student to each patient and that the patient provides permission to be treated by the student.
9. Adhere regulations of Family Educational Right and Privacy Act of 1974 (FERPA) a federal law that protects the privacy of student educational records, including not disclosing any student information without the student's permission.
10. Adheres to WS PTA Program Attendance Policy.

### **EVALUATION OF CLINICAL PERFORMANCE BY CLINICAL INSTRUCTOR**

The Clinical Performance Instrument (CPI) is used by the CI to evaluate student performance at the Midterm and Final. Students are also required to complete the midterm and final evaluations as a process of self- evaluation. Students will be familiarized with the evaluation form, clinical objectives, and rating scale prior to clinical experience.

Although the clinical instructor evaluates and rates the student during the affiliation, the academic institution assigns the final grade (Pass/Fail) that the student receives. Clinical instructors should always rate students fairly and objectively. Please feel free to comment specifically on any strengths or areas for improvement the student may have. It is in the best interest of the student to receive honest feedback and evaluation in order to maximize his/her learning.

The performance evaluations address both clinical skills as well as professional behaviors. Please document feedback sessions, discussions with the student concerning issues related to professional behaviors or competencies. The clinical instructor is to notify WSCC PTA program academic faculty immediately if any 'red flag' areas of concern have been identified. Please contact program faculty as needed for consultation or guidance. PTA faculty are available to assist the clinical instructor and student during the student evaluation process and to determine if modifications need to be made to assure positive learning experiences for the PTA student.

Clinical Instructors are required to complete training to use the web-based Clinical Performance Instrument

Information regarding the PTA Student Clinical Performance Instrument (CPI) is accessed through [CPI](#) website.

Additional information about clinical evaluation and grading is located in the WS PTA Clinical Handbook. The DCE is available to assist the CI with the training process for using the PTA CPI and to answer any questions related to the student evaluation process using the CPI

Additional documents that can be found in the clinical handbook appendix to assist the CI in completing the PTA CPI include:

1. PTA CPI Web Instructions for a CI
2. PTA CPI Web Instructions for a Student

Specific guidelines for evaluation process for each clinical, and links for accessing the online Clinical Performance Instrument is outlined in section below

The final evaluation using the CPI must be completed and signed off by the CI on or before the student's last day at the clinical site.

### **INTEGRATED CLINICAL I. INTEGRATED CLINICAL II. TERMINAL CLINICAL**

The Clinical Instructor (CI) and student are to complete the Clinical Performance Instrument (CPI) for the PTA electronically for both the midterm and final evaluations.

The [PTA CPI](#) is accessed online. If the clinical instructor has not used the online CPI for PTA before, she/he will need to complete a training session. This training can be completed through the PTA CPI Web [online](#).

Contact the Director of Clinical Education for additional information and assistance regarding the training or accessing the online CPI.

For Clinical I, it is expected that students will achieve Advanced Beginner or higher on the CPI performance criteria at the final evaluation.

For Clinical II, it is expected that students will achieve Intermediate or higher on the CPI performance criteria at the final evaluation.

For the Terminal Clinical, it is expected that students will achieve Entry Level on the CPI performance criteria at the final evaluation.

### **FILING A COMPLAINT WITH CAPTE**

CAPTE will take action only when it believes that practices or conditions indicate that the program may not be in compliance with the Evaluative Criteria for Accreditation, CAPTE's Statement on Academic Integrity Related to Program Closure, or CAPTE's Statement of Academic Integrity in Accreditation. A copy of these documents may be attained by contacting the Department of Accreditation.

A formal written, complaint may be filed with CAPTE in the format provided by the Department of Accreditation. Complaints may not be submitted anonymously.

The Commission on Accreditation in Physical Therapy Education Department of Accreditation American Physical Therapy Association, 3030 Potomac Ave., Suite 100 | Alexandria, VA | 22305-3085

800-999-2782 Email: [accreditation@apta.org](mailto:accreditation@apta.org)

CAPTE website: [www.capteonline.org](http://www.capteonline.org)

# **APPENDIX**



Last Updated: 08/30/18  
Contact: [nationalgovernance@apta.org](mailto:nationalgovernance@apta.org)

**DIRECTION AND SUPERVISION OF THE PHYSICAL THERAPIST ASSISTANT** HOD P06-18-28-35 [Amended: HOD P06-05-18- 26; HOD 06-00-16-27; HOD 06-99-07-11; HOD 06-96-30-42; HOD 06-95-11-06; HOD 06-93-08-09; HOD 06-85-20-41; Initial: HOD 06-84-16-72/HOD 06-78-22-61/HOD 06-77-19-37] [Position]

Physical therapist practice and the practice of physical therapy are synonymous. Both phrases are inclusive of patient and client management, and direction and supervision. Direction and supervision apply to the physical therapist assistant, who is the only individual who assists a physical therapist in practice. The utilization of other support personnel, whether in the performance of tasks or clerical activities, relates to the efficient operation of the physical therapy service.

Physical therapists are responsible for providing safe, accessible, cost-effective, and evidence-based services. Services are rendered directly by the physical therapist and with responsible utilization of physical therapist assistants. The physical therapist's practice responsibility for patient and client management includes examination, evaluation, diagnosis, prognosis, intervention, and outcomes. Physical therapist assistants may be appropriately utilized in components of intervention and in collection of selected examination and outcomes data.

Direction and supervision are essential in the provision of quality physical therapist services. The degree of direction and supervision necessary for ensuring quality physical therapist services is dependent upon many factors, including the education, experiences, and responsibilities of the parties involved, as well as the organizational structure where physical therapist services are provided.

Regardless of the setting in which the physical therapist service is provided, the following responsibilities must be borne solely by the physical therapist:

1. Interpretation of referrals when available
2. Evaluation, diagnosis, and prognosis
3. Development or modification of a plan of care, which is based on the initial examination or reexamination and includes the physical therapy goals and outcomes
4. Determination of when the expertise and decision-making capability of the physical therapist requires the physical therapist to personally render services and when it may be appropriate to utilize the physical therapist assistant
5. Revision of the plan of care when indicated
6. Conclusion of an episode of care
7. Responsibility for any "hand off" communication
8. Oversight of all documentation for services rendered to each patient or client

Only the physical therapist performs the initial examination and reexamination of the patient and may utilize the physical therapist assistant in collection of selected examination and outcomes data.

The physical therapist is responsible for services provided when the physical therapist's plan of care involves the physical therapist assistant. Regardless of the setting in which the service is provided, the determination to utilize physical therapist assistants requires the education, expertise, and professional judgment of a physical therapist as described by the *Standards of Practice for Physical Therapy*, the *Code of Ethics for the Physical Therapist*, and the *APTA Guide for Professional Conduct*.

In determining the appropriate extent of assistance from the physical therapist assistant, the physical therapist considers:



- The physical therapist assistant's education, training, experience, and skill level
- Patient or client criticality, acuity, stability, and complexity
- The predictability of the consequences
- The setting in which the care is being delivered
- Federal and state statutes
- Liability and risk management concerns
- The mission of physical therapist services for the setting
- The needed frequency of reexamination Physical

## Therapist Assistant

### Definition

The physical therapist assistant assists the physical therapist in the provision of physical therapy. The physical therapist assistant is a graduate of a physical therapist assistant program accredited by the Commission on Accreditation in Physical Therapy Education.

### Utilization

The physical therapist is directly responsible for the actions of the physical therapist assistant in all practice settings. The physical therapist assistant may provide services under the direction and at least general supervision of the physical therapist. In general supervision, the physical therapist is not required to be on site for direction and supervision but must be available at least by telecommunication. The ability of the physical therapist assistant to provide services shall be assessed on an ongoing basis by the supervising physical therapist.

Services provided by the physical therapist assistant must be consistent with safe and legal physical therapist practice and shall be predicated on the following factors: complexity and acuity of the patient's or client's needs; proximity and accessibility to the physical therapist; supervision available in the event of emergencies or critical events; and type of setting in which the service is provided. The physical therapist assistant makes modifications to elements of the intervention either to progress the patient or client as directed by the physical therapist or to ensure patient or client safety and comfort.

When supervising the physical therapist assistant in any offsite setting, the following requirements must be observed:

1. A physical therapist must be accessible by telecommunication to the physical therapist assistant at all times while the physical therapist assistant is providing services to patients and clients.
2. There must be regularly scheduled and documented conferences with the physical therapist assistant regarding patients and clients, the frequency of which is determined by the needs of the patient or client and the needs of the physical therapist assistant.
3. In situations in which a physical therapist assistant is involved in the care of a patient or client, a supervisory visit by the physical therapist:
  - a. Shall be made upon the physical therapist assistant's request for a reexamination, when a change in the plan of care is needed, prior to any planned conclusion of the episode of care, and in response to a change in the patient's or client's medical status
  - b. Shall be made at least once a month, or at a higher frequency when established by the physical therapist, in accordance with the needs of the patient or client
  - c. Shall include:
    - i. An onsite reexamination of the patient or client
    - ii. Onsite review of the plan of care with appropriate revision or termination
    - iii. Evaluation of need and recommendation for utilization of outside resources

### Explanation of Reference Numbers:

HOD P00-00-00-00 stands for House of Delegates/month/year/page/vote in the House of Delegates minutes; the "P" indicates that it is a position (see below). For example, HOD P06-17-05-04 means that this position can be found in the June 2017 House of Delegates minutes on Page 5 and that it was Vote 4.

P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure



Last Updated: 08/30/18  
Contact: [nationalgovernance@apta.org](mailto:nationalgovernance@apta.org)

**DOCUMENTATION AUTHORITY FOR PHYSICAL THERAPIST SERVICES HOD P06-18-32-23** [Amended: HOD P05-07-09-03; HOD P06-00-20-05; Initial: HOD 06-97-15-23] [Position]

The physical therapist has oversight of all documentation regardless of the setting in which physical therapist services are provided and shall comply with jurisdictional documentation requirements. Services provided by the physical therapist assistant under the direction and supervision of the physical therapist are documented, dated, and authenticated by the physical therapist or, when permissible by law, the physical therapist assistant.

Other notations or flow charts are considered a component of the documented record but do not meet the requirements of documentation.

Students in physical therapist or physical therapist assistant programs may document when the record is additionally authenticated by the physical therapist. When permissible by law, documentation by physical therapist assistant students may be authenticated by a physical therapist assistant.

**Explanation of Reference Numbers:**

HOD P00-00-00-00 stands for House of Delegates/month/year/page/vote in the House of Delegates minutes; the "P" indicates that it is a position (see below). For example, HOD P06-17-05-04 means that this position can be found in the June 2017 House of Delegates minutes on Page 5 and that it was Vote 4.

P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure



Last Updated: 05/19/14  
Contact: [nationalgovernance@apta.org](mailto:nationalgovernance@apta.org)

**GUIDELINES: PHYSICAL THERAPY DOCUMENTATION OF PATIENT/CLIENT MANAGEMENT BOD G03-05-16-41**  
[Amended BOD 02-02-16-20; BOD 11-01-06-10; BOD 03-01-16-51; BOD 03-00-22-54; BOD 03-99-14-41; BOD 11-98-19-69; BOD 03-97-27-69; BOD 03-95-23-61; BOD 11-94-33-107; BOD 06-93-09-13; Initial BOD 03-93-21-55] [Guideline]

## PREAMBLE

The American Physical Therapy Association (APTA) is committed to meeting the physical therapy needs of society, to meeting the needs and interests of its members, and to developing and improving the art and science of physical therapy, including practice, education and research. To help meet these responsibilities, APTA's Board of Directors has approved the following guidelines for physical therapy documentation. It is recognized that these guidelines do not reflect all of the unique documentation requirements associated with the many specialty areas within the physical therapy profession. Applicable for both hand written and electronic documentation systems, these guidelines are intended to be used as a foundation for the development of more specific documentation guidelines in clinical areas, while at the same time providing guidance for the physical therapy profession across all practice settings. Documentation may also need to address additional regulatory or payer requirements.

Finally, be aware that these guidelines are intended to address *documentation* of patient/client management, not to describe the provision of physical therapy services. Other APTA documents, including APTA Standards of Practice for Physical Therapy, Code of Ethics and Guide for Professional Conduct, and the Guide to Physical Therapist Practice, address provision of physical therapy services and patient/client management.

## APTA POSITION ON DOCUMENTATION

### Documentation Authority For Physical Therapy Services

Physical therapy examination, evaluation, diagnosis, prognosis, and plan of care (including interventions) shall be documented, dated, and authenticated by the physical therapist who performs the service. Interventions provided by the physical therapist or selected interventions provided by the physical therapist assistant under the direction and supervision of the physical therapist are documented, dated, and authenticated by the physical therapist or, when permissible by law, the physical therapist assistant.

Other notations or flow charts are considered a component of the documented record but do not meet the requirements of documentation in or of themselves.

Students in physical therapist or physical therapist assistant programs may document when the record is additionally authenticated by the physical therapist or, when permissible by law, documentation by physical therapist assistant students may be authenticated by a physical therapist assistant.

## OPERATIONAL DEFINITIONS

### Guidelines

APTA defines a "guideline" as a statement of advice.

### Authentication

The process used to verify that an entry is complete, accurate and final. Indications of authentication can include original written signatures and computer "signatures" on secured electronic record systems only. The following describes the main documentation elements of patient/client management: 1) initial examination/evaluation, 2) visit/encounter, 3) reexamination, and 4) discharge or discontinuation summary.

### Initial Examination/Evaluation

Documentation of the initial encounter is typically called the "initial examination," "initial evaluation," or "initial examination/evaluation." Completion of the initial examination/ evaluation is typically completed in one visit, but may occur over more than one visit. Documentation elements for the initial examination/evaluation include the following:

**Examination:** Includes data obtained from the history, systems review, and tests and measures.

**Evaluation:** Evaluation of thought processes that may not include formal documentation. It may include documentation of the assessment of the data collected in the examination and identification of problems pertinent to patient management.

**Diagnosis:** Indicates level of impairment, activity limitation and participation restriction determined by the physical therapist. May be indicated by selecting one or more preferred practice patterns from the Guide to Physical Therapist Practice.

**Prognosis:** Provides documentation of the predicted level of improvement that might be attained through intervention and the amount of time required to reach that level. Prognosis is typically not a separate documentation element, but the components are included as part of the plan of care.

**Plan of care:** Typically stated in general terms, includes goals, interventions planned, proposed frequency and duration, and discharge plans.

#### Visit/Encounter

Documentation of a visit or encounter, often called a progress note or daily note, documents sequential implementation of the plan of care established by the physical therapist, including changes in patient status and variations and progressions of specific interventions used. Also may include specific plans for the next visit or visits.

#### Reexamination

Documentation of reexamination includes data from repeated or new examination elements and is provided to evaluate progress and to modify or redirect intervention.

#### Discharge or Discontinuation Summary

Documentation is required following conclusion of the current episode in the physical therapy intervention sequence, to summarize progression toward goals and discharge plans.

### GENERAL GUIDELINES

- **Documentation is required for every visit/encounter.**
- All documentation must comply with the applicable jurisdictional/regulatory requirements.
- **All handwritten entries shall be made in ink and w/UT include original signatures. Electronic entries are made with appropriate security and confidentiality provisions.**
- Charting errors should be corrected by drawing a single line through the error and initialing and dating the chart or through the appropriate mechanism for electronic documentation that clearly indicates that a change was made without deletion of the original record.
- All documentation must include adequate identification of the patient/client and the physical therapist or physical therapist assistant:
  - o The patient's/client's full name and identification number, if applicable, must be included on all official documents.
  - o **All entries must be dated and authenticated with the provider's full name and appropriate designation:**
    - **Documentation of examination, evaluation, diagnosis, prognosis, plan of care, and discharge summary must be authenticated by the physical therapist who provided the service.**
    - **Documentation of intervention in visit/encounter notes must be authenticated by the physical therapist or physical therapist assistant who provided the service.**
    - Documentation by physical therapist or physical therapist assistant graduates or other physical therapists and physical therapist assistants pending receipt of an unrestricted license shall be authenticated by a licensed physical therapist, or, when permissible by law, documentation by physical therapist assistant graduates may be authenticated by a physical therapist assistant.
    - Documentation by students (SPT/SPTA) in physical therapist or physical therapist assistant programs must be additionally authenticated by the physical therapist or, when permissible by law, documentation by physical therapist assistant students may be authenticated by a physical therapist assistant.
- **Documentation should include the referral mechanism by which physical therapy services are initiated.**  
Examples include:
  - o Self-referral/direct access



- o Request for consultation from another practitioner
- Documentation should include indication of no shows and cancellations.

## INITIAL EXAMINATION/EVALUATION

### Examination (History Systems Review and Tests and Measures)

#### History:

Documentation of history may include the following:

- **General demographics**
- Social history
- Employment/work (Job/School/Play)
- Growth and development
- **Living environment**
- General health status (self-report, family report, caregiver report)
- Social/health habits (past and current)
- **Family history**
- **Medical/surgical history**
- Current condition(s)/Chief complaint(s)
- **Functional status and activity level**
- **Medications**
- **Other clinical tests**

#### Systems Review:

Documentation of systems review may include gathering data for the following systems:

- **Cardiovascular/pulmonary**
  - o Blood Pressure
  - o Edema
  - o Heart Rate
  - o Respiratory Rate
- **Integumentary**
  - o Pliability (texture)
  - o Presence of scar formation
  - o Skin color
  - o Skin integrity
- Musculoskeletal
  - o Gross range of motion
  - o Gross strength
  - o Gross symmetry
  - o Height
  - o Weight
- **Neuromuscular**
  - o Gross coordinated movement (eg, balance, locomotion, transfers and transitions)
  - o Motor function (motor control, motor learning)

Documentation of systems review may also address communication ability, affect, cognition, language, and learning style:

- Ability to make needs known
- Consciousness
- Expected emotional/behavioral responses
- Learning preferences (eg, *education needs, learning barriers*)
- Orientation (person, place, time)

#### Tests and Measures:

Documentation of tests and measures may include findings for the following categories:

- **Aerobic Capacity/Endurance**

Examples of examination findings include:

- o Aerobic capacity during functional activities
- o Aerobic capacity during standardized exercise test protocols

- o Cardiovascular signs and symptoms in response to increased oxygen demand with exercise or activity
  - o Pulmonary signs and symptoms in response to increased oxygen demand with exercise or activity
- Anthropometric Characteristics  
Examples of examination findings include:
  - o Body composition
  - o Body dimensions
  - o Edema
- Arousal, attention, and cognition  
Examples of examination findings include:
  - o Arousal and attention
  - o Cognition
  - o Communication
  - o Consciousness
  - o Motivation
  - o Orientation to time, person, place, and situation
  - o Recall
- Assistive and adaptive devices  
Examples of examination findings include:
  - o Assistive or adaptive devices and equipment use during functional activities
  - o Components, alignment, fit, and ability to care for the assistive or adaptive devices and equipment
  - o Remediation of impairments, activity limitations and participation restrictions with use of assistive or adaptive devices and equipment
  - o Safety during use of assistive or adaptive devices and equipment
- Circulation (Arterial, Venous, Lymphatic)  
Examples of examination findings include:
  - o Cardiovascular signs
  - o Cardiovascular symptoms
  - o Physiological responses to position change
- Cranial and Peripheral Nerve Integrity  
Examples of examination findings include:
  - o Electrophysiological integrity
  - o Motor distribution of the cranial nerves
  - o Motor distribution of the peripheral nerves
  - o Response to neural provocation
  - o Response to stimuli, including auditory, gustatory, olfactory, pharyngeal, vestibular, and visual
  - o Sensory distribution of the cranial nerves
  - o Sensory distribution of the peripheral nerves
- Environmental, Home, and Work (Job/School/Play) Barriers  
Examples of examination findings include:
  - o Current and potential barriers
  - o Physical space and environment
- Ergonomics and Body mechanics  
Examples of examination findings for *ergonomics* include:
  - o Dexterity and coordination during work
  - o Functional capacity and performance during work actions, tasks, or activities
  - o Safety in work environments
  - o Specific work conditions or activities
  - o Tools, devices, equipment, and workstations related to work actions, tasks, or activities
 Examples of examination findings for *body mechanics* include:
  - o Body mechanics during self-care, home management, work, community, or leisure actions, tasks, or activities

- Gait, locomotion, and balance  
Examples of examination findings include:
  - Balanced during functional activities with or without the use of assistive, adaptive, orthotic, protective, supportive, or prosthetic devices or equipment
  - Balance (dynamic and static) with or without the use of assistive, adaptive, orthotic, protective, supportive, or prosthetic devices or equipment
  - Gait and locomotion during functional activities with or without the use of assistive, adaptive, orthotic, protective, supportive, or prosthetic devices or equipment
  - Gait and locomotion with or without the use of assistive, adaptive, orthotic, protective, supportive, or prosthetic devices or equipment
  - Safety during gait, locomotion, and balance
- Integumentary Integrity  
Examples of examination findings include:  
Associated skin:
  - Activities, positioning, and postures that produce or relieve trauma to the skin
  - Assistive, adaptive, orthotic, protective, supportive, or prosthetic devices and equipment that may produce or relieve trauma to the skin
  - Skin characteristics
- Wound
  - Activities, positioning, and postures that aggravate the wound or scar or that produce or relieve trauma
  - Burn
  - Signs of infection
  - Wound characteristics
  - Wound scar tissue characteristics
- Joint Integrity and Mobility  
Examples of examination findings include:
  - Joint integrity and mobility
  - Joint play movements
  - Specific body parts
- Motor Function  
Examples of examination findings include:
  - Dexterity, coordination, and agility
  - Electrophysiological integrity
  - Hand function
  - Initiation, modification, and control of movement patterns and voluntary postures
- Muscle Performance  
Examples of examination findings include:
  - Electrophysiological integrity
  - Muscle strength, power, and endurance
  - Muscle strength, power, and endurance during functional activities
  - Muscle tension
- Neuromotor development and sensory integration  
Examples of examination findings include:
  - Acquisition and evolution of motor skills
  - Oral motor function, phonation, and speech production
  - Sensorimotor integration
- Orthotic, protective, and supportive devices  
Examples of examination findings include:
  - Components, alignment, fit, and ability to care for the orthotic, protective, and supportive devices and equipment
  - Orthotic, protective, and supportive devices and equipment use during functional activities
  - Remediation of impairments, activity limitations, and participation restrictions with use of orthotic, protective, and supportive devices and equipment
  - Safety during use of orthotic, protective, and supportive devices and equipment

- Pain  
Examples of examination findings include:
  - o Pain, soreness, and nociception
  - o Pain in specific body parts
- Posture  
Examples of examination findings include:
  - o Postural alignment and position (dynamic)
  - o Postural alignment and position (static)
  - o Specific body parts
- Prosthetic requirements  
Examples of examination findings include:
  - o Components, alignment, fit, and ability to care for prosthetic device
  - o Prosthetic device use during functional activities
  - o Remediation of impairments, activity limitations, and participation restrictions with use of the prosthetic device
  - o Residual limb or adjacent segment
  - o Safety during use of the prosthetic device
- Range of motion (including muscle length)  
Examples of examination findings include:
  - o Functional ROM
  - o Joint active and passive movement
  - o Muscle length, soft tissue extensibility, and flexibility
- Reflex integrity  
Examples of examination findings include:
  - o Deep reflexes
  - o Electrophysiological integrity
  - o Postural reflexes and reactions, including righting, equilibrium, and protective reactions
  - o Primitive reflexes and reactions
  - o Resistance to passive stretch
  - o Superficial reflexes and reactions
- Self-care and home management (including activities of daily living and instrumental activities of daily living)  
Examples of examination findings include:
  - o Ability to gain access to home environments
  - o Ability to perform self-care and home management activities with or without assistive, adaptive, orthotic, protective, supportive, or prosthetic devices and equipment
  - o Safety in self-care and home management activities and environments
- Sensory integrity  
Examples of examination findings include:
  - o Combined/cortical sensations
  - o Deep sensations
  - o Electrophysiological integrity
- Ventilation and respiration  
Examples of examination findings include:
  - o Pulmonary signs of respiration/gas exchange
  - o Pulmonary signs of ventilatory function
  - o Pulmonary symptoms
- Work (job/school/play), community, and leisure integration or reintegration (including instrumental activities of daily living)  
Examples of examination findings include:
  - o Ability to assume or resume work (job/school/play), community, and leisure activities with or without assistive, adaptive, orthotic, protective supportive, or prosthetic



- o **devices and equipment**
- o Ability to gain access to work (job/school/play), community, and leisure environments
- o **Safety in work (job/school/play), community, and leisure activities and environments**

#### Evaluation

- o **Evaluation is a thought process that may not include formal documentation. However, the evaluation process may lead to documentation of impairments, activity limitations, and participation restrictions using formats such as:**
  - A problem list
  - A statement of assessment of key factors (e.g., cognitive factors, co-morbidities, social support) influencing the patient/client status.

#### Diagnosis

- o **Documentation of a diagnosis determined by the physical therapist may include impairment, activity limitation, and participation restrictions. Examples include:**
  - Impaired Joint Mobility, Motor Function, Muscle Performance, and Range of Motion Associated With Localized Inflammation (4E)
  - Impaired Motor Function and Sensory Integrity Associated With Progressive Disorders of the Central Nervous System (SE)
  - Impaired Aerobic Capacity/Endurance Associated With Cardiovascular Pump Dysfunction or Failure (60)
  - Impaired Integumentary Integrity Associated With Partial Thickness Skin Involvement and Scar Formation (7C)

#### Prognosis

- o Documentation of the prognosis is typically included in the plan of care. See below.

#### Plan of Care

- o Documentation of the plan of care includes the following:
  - Overall goals stated in measurable terms that indicate the predicted level of improvement in functioning**
  - A general statement of interventions to be used**
  - Proposed duration and frequency of service required to reach the goals**
  - Anticipated discharge plans

#### VISIT/ENCOUNTER

- **Documentation of each visit/encounter shall include the following elements:**
  - o Patient/client self-report (as appropriate).
  - o **Identification of specific interventions provided, including frequency, intensity, and duration as appropriate. Examples include:**
    - Knee extension, three sets, ten repetitions, 10# weight**
    - Transfer training bed to chair with sliding board
    - Equipment provided
  - o **Changes in patient/client impairment, activity limitation, and participation restriction status as they relate to the plan of care.**
  - o **Response to interventions including adverse reactions, if any.**
  - o **Factors that modify frequency or intensity of intervention and progression goals, including patient/client adherence to patient/client-related instructions.**
  - o **Communication/consultation with providers/patient/client/family/ significant other.**

- o Documentation to plan for ongoing provision of services for the next visit(s), which is suggested to include, but not be limited to:
  - The interventions with objectives
  - Progression parameters
  - Precautions, if indicated

#### REEXAMINATION

- Documentation of reexamination shall include the following elements:
  - o Documentation of selected components of examination to update patient's/client's functioning, and/or disability status.
  - o Interpretation of findings and, when indicated, revision of goals.
  - o When indicated, revision of plan of care, as directly correlated with goals as documented.

#### DISCHARGE/DISCONTINUATION SUMMARY

- Documentation of discharge or discontinuation shall include the following elements:
  - o Current physical/functional status.
  - o Degree of goals achieved and reasons for goals not being achieved.
  - o Discharge/discontinuation plan related to the patient/client's continuing care. Examples include:
    - Home program.
    - Referrals for additional services.
    - Recommendations for follow-up physical therapy care.
    - Family and caregiver training.
    - Equipment provided.

Relationship to Vision 2020: Professionalism; (Practice Department, ext 3176)

#### **Explanation of Reference Numbers:**

BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure



Last Updated: 08/30/18  
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**INTERVENTIONS PERFORMED EXCLUSIVELY BY PHYSICAL THERAPISTS HOD P06-18-31-36** [Initial: HOD P06-00-30-36;  
Formerly Titled: Procedural Interventions Exclusively Performed by Physical Therapists] [Position]

Physical therapists' practice responsibility includes all elements of patient and client management: examination, evaluation, diagnosis, prognosis, intervention, and outcomes. The entirety of evaluation, diagnosis, and prognosis, as well as components of examination, intervention, and outcomes, must be performed by the physical therapist exclusively due to the requirement for immediate and continuous examination, evaluation, or synthesis of information. Physical therapist assistants may be appropriately utilized in components of intervention and in collection of selected examination and outcomes data.

Selected interventions are performed exclusively by the physical therapist. Such interventions include, but are not limited to, spinal and peripheral joint mobilization/manipulation and dry needling, which are components of manual therapy; and sharp selective debridement, which is a component of wound management.

**Explanation of Reference Numbers:**

HOD P00-00-00-00 stands for House of Delegates/month/year/page/vote in the House of Delegates minutes; the "P" indicates that it is a position (see below). For example, HOD P06-17-05-04 means that this position can be found in the June 2017 House of Delegates minutes on Page 5 and that it was Vote 4.

P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure



Last Updated: 09/20/19  
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**STUDENT PHYSICAL THERAPIST AND PHYSICAL THERAPIST ASSISTANT PROVISION OF SERVICES HOD P06-19-10-06**  
[Amended: HOD P06-00-18-30; HOD 06-96-20-33; Initial: HOD 06-95-20-11] [Previously Titled: Student Physical Therapist Provision of Services; Previously Titled: Position on the Provision of Physical Therapy and Physiotherapy Services by Student Physical Therapists] [Position]

Experiential learning focused on development and application of patient- and client-centered skills and behaviors is a crucial component of the education of physical therapists and physical therapist assistants. Clinical instructors and preceptors provide instruction, guidance, and supervision that comply with association policy, positions, guidelines, and ethical standards, and with jurisdictional laws governing supervision.

Student physical therapists, when participating as part of a physical therapist professional education curriculum, are qualified to provide services only under the direct supervision of the physical therapist who is responsible for patient and client management.

Student physical therapist assistants, when participating as part of a physical therapist assistant education curriculum, are qualified and may be utilized to provide components of intervention and to collect selected examination and outcomes data only under the direct supervision of either the physical therapist alone or the physical therapist and physical therapist assistant working as a team. The physical therapist maintains responsibility for patient and client management at all times, including management of the services provided by the student physical therapist assistant.

Direct supervision means the physical therapist, or the physical therapist assistant when supervising a student physical therapist assistant, is physically present and immediately available for supervision. In both cases, the physical therapist or physical therapist assistant will have direct contact with the patient or client on each date of service. Telecommunication does not meet the requirement of direct supervision.

**Explanation of Reference Numbers:**

HOD P00-00-00-00 stands for House of Delegates/month/year/page/vote in the House of Delegates minutes; the "P" indicates that it is a position (see below). For example, HOD P06-17-05-04 means that this position can be found in the June 2017 House of Delegates minutes on Page 5 and that it was Vote 4.

P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure



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**TELEHEALTH HOD P06-19-15-09** [Initial: HOD P06-14-07-07] [Position]

Telehealth is a well-defined and established method of health services delivery. Physical therapists provide services using telehealth as part of their scope of practice, incorporating elements of patient and client management as needed, to enhance patient and client interactions. The American Physical Therapy Association (APTA) supports:

- Inclusion of physical therapist services in telehealth policy and regulation on the national and state levels to help society address the growing cost of health services, the disparity in accessibility of health services, and the potential impact of health workforce shortages;
- Advancement of physical therapy telehealth practice, education, and research to enhance the quality and accessibility of physical therapist services; and
- Expansion of broadband access to provide all members of society the opportunity to receive services delivered via electronic means.

**Explanation of Reference Numbers:**

HOD P00-00-00-00 stands for House of Delegates/month/year/page/vote in the House of Delegates minutes; the "P" indicates that it is a position (see below). For example, HOD P06-17-05-04 means that this position can be found in the June 2017 House of Delegates minutes on Page 5 and that it was Vote 4.

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# Standards of Ethical Conduct for the Physical Therapist Assistant



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

## Preamble

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

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

## Standards

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

(Core Values: Compassion and Caring, Integrity)

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

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

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

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

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

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

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

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

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

(Core Value: Integrity)

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

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

(Core Values: Accountability, Duty, Social Responsibility)

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

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

(Core Value: Excellence)

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

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

(Core Values: Integrity, Accountability)

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

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

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

(Core Value: Social Responsibility)

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

**Explanation of Reference Numbers:**

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# APTA Guide for Conduct of the Physical Therapist Assistant



## Purpose

The APTA Guide for Conduct of the Physical Therapist Assistant (Guide) is intended to serve physical therapist assistants in interpreting the Standards of Ethical Conduct for the Physical Therapist Assistant (Standards of Ethical Conduct) of the American Physical Therapy Association (APTA). The APTA House of Delegates in June of 2009 adopted the revised Standards of Ethical Conduct, which became effective July 1, 2010.

The Guide provides a framework by which physical therapist assistants may determine the propriety of their conduct. It also is intended to guide the development of physical therapist assistant students. The Standards of Ethical Conduct and the Guide apply to all physical therapist assistants. These guidelines are subject to change as the dynamics of the profession change and as new patterns of health care delivery are developed and accepted by the professional community and the public.

## Interpreting the Standards of Ethical Conduct

The interpretations expressed in this Guide reflect the opinions, decisions, and advice of the Ethics and Judicial Committee (EJC). The interpretations are set forth according to topic. These interpretations are intended to assist a physical therapist assistant in applying general ethical standards to specific situations. They address some but not all topics addressed in the Standards of Ethical Conduct and should not be considered inclusive of all situations that could evolve.

This Guide is subject to change, and the Ethics and Judicial Committee will monitor and revise the Guide to address additional topics and standards when and as needed.

## Preamble to the Standards of Ethical Conduct

### The Preamble states as follows:

The Standards of Ethical Conduct for the Physical Therapist Assistant (Standards of Ethical Conduct) delineate the ethical obligations of all physical therapist assistants as determined by the House of Delegates of the American Physical Therapy Association (APTA). The Standards of Ethical Conduct provide a foundation for conduct to which all physical therapist assistants shall adhere. Fundamental to the Standards of Ethical Conduct is the special obligation of physical therapist assistants to enable patients/clients to achieve greater independence, health and wellness, and enhanced quality of life. No document that delineates ethical standards can address every situation. Physical therapist assistants are encouraged to seek advice or consultation in instances where the guidance of the Standards of Ethical Conduct may not be definitive.

**Interpretation:** Upon the Standards of Ethical Conduct for the Physical Therapist Assistant being amended effective July 1, 2010, all the lettered standards contain the word "shall" and are mandatory ethical obligations. The language contained in the Standards of Ethical Conduct is intended to better explain and further clarify existing ethical obligations. These ethical obligations predate the revised Standards of Ethical Conduct. Although various words have changed, many of the obligations are the same. Consequently, the addition of the word "shall" seems to reinforce and clarify existing ethical obligations. A significant reason that the Standards of Ethical Conduct were revised was to provide physical therapist assistants with a document that was clear enough to be read on its own without the need to seek extensive additional interpretation.

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## Supervision

Standard 3E states as follows:

3E. Physical therapist assistants shall provide physical therapy services under the direction and supervision of a physical therapist and shall communicate with the physical therapist when patient/client status requires modifications to the established plan of care.

**Interpretation:** Standard 3E goes beyond simply stating that the physical therapist assistant operates under the supervision of the physical therapist. Although a physical therapist retains responsibility for the patient or client throughout the episode of care, this standard requires the physical therapist assistant to take action by communicating with the supervising physical therapist when changes in the individual's status indicate that modifications to the plan of care may be needed. Further information on supervision via APTA policies and resources is available on the APTA website.

## Integrity in Relationships

Standard 4 states as follows:

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

**Interpretation:** Standard 4 addresses the need for integrity in relationships. This is not limited to relationships with patients and clients but includes everyone physical therapist assistants come into contact with in the normal provision of physical therapist services. For example, demonstrating integrity could encompass working collaboratively with the health care team and taking responsibility for one's role as a member of that team.

## Reporting

Standard 4C states as follows:

4C. Physical therapist assistants shall discourage misconduct by health care professionals and report illegal or unethical acts to the relevant authority, when appropriate.

**Interpretation:** Physical therapist assistants shall seek to discourage misconduct by health care professionals. Discouraging misconduct can be accomplished through a number of mechanisms. The following is not an exhaustive list:

- Do not engage in misconduct; instead, set a good example for health care professionals and others working in their immediate environment.
- Encourage or recommend to the appropriate individuals that health care and other professionals, such as legal counsel, conduct regular (such as annual) training that addresses federal and state law requirements, such as billing, best practices, harassment, and security and privacy; as such training can educate health care professionals on what to do and not to do.
- Encourage or recommend to the appropriate individuals other types of training that are not law based, such as bystander training.
- Assist in creating a culture that is positive and civil to all.
- If in a management position, consider how promotion and hiring decisions can impact the organization.

## Exploitation

Standard 4E states as follows:

4E. Physical therapist assistants shall not engage in any sexual relationship with any of their patients/clients, supervisees, or students.

**Interpretation:** The statement is clear—sexual relationships with their patients or clients, supervisees, or students are prohibited. This component of Standard 4 is consistent with Standard 4B, which states:

4B. Physical therapist assistants shall not exploit persons over whom they have supervisory, evaluative, or other authority (eg, patients and clients, students, supervisees, research participants, or employees).

Consider this excerpt from the EJC Opinion titled Topic: Sexual Relationships With Patients or Former Patients (modified for physical therapist assistants):

A physical therapist [assistant] stands in a relationship of trust to each patient and has an ethical obligation to act in the patient's best interest and to avoid any exploitation or abuse of the patient. Thus, if a physical therapist [assistant] has natural feelings of attraction toward a patient, he or she must sublimate those feelings in order to avoid sexual exploitation of the patient.

One's ethical decision making process should focus on whether the patient or client, supervisee, or student is being exploited. In this context, questions have been asked about whether one can have a sexual relationship once the patient or client relationship ends. To this question, the EJC has opined as follows:

The Committee does not believe it feasible to establish any bright-line rule for when, if ever, initiation of a romantic/sexual relationship with a former patient would be ethically permissible.

The Committee imagines that in some cases a romantic/sexual relationship would not offend ... if initiated with a former patient soon after the termination of treatment, while in others such a relationship might never be appropriate.

## Colleague Impairment

Standard 5D and 5E state as follows:

5D. Physical therapist assistants shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.

5E. Physical therapist assistants who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.

**Interpretation:** The central tenet of Standard 5D and 5E is that inaction is not an option for a physical therapist assistant when faced with the circumstances described. Standard 5D states that a physical therapist assistant shall encourage colleagues to seek assistance or counsel while Standard 5E addresses reporting information to the appropriate authority.

5D and 5E both require a factual determination on the physical therapist assistant's part. This may be challenging in the sense that the physical therapist assistant might not know or easily be able to determine whether someone in fact has a physical, psychological, or substance-related impairment. In addition, it might be difficult to determine whether such impairment may be adversely affecting someone's work responsibilities.

Moreover, once the physical therapist assistant does make these determinations, the obligation under 5D centers not on reporting, but on encouraging the colleague to seek assistance, while the obligation under 5E does focus on reporting. But note that 5E discusses reporting when a colleague is unable to perform; whereas, 5D discusses encouraging colleagues to seek assistance when the impairment may adversely affect their professional responsibilities. So, 5D discusses something that may be affecting performance, whereas 5E addresses a situation in which someone clearly is unable to perform. The 2 situations are distinct. In addition, it is important to note that 5E does not mandate to whom the physical therapist assistant reports; it provides discretion to determine the appropriate authority.

The EJC Opinion titled Topic: Preserving Confidences; Physical Therapist's Reporting Obligation With Respect to Unethical, Incompetent, or Illegal Acts provides further information on the complexities of reporting.

### Clinical Competence

**Standard 6A states as follows:**

6A. Physical therapist assistants shall achieve and maintain clinical competence.

**Interpretation:** 6A should cause physical therapist assistants to reflect on their current level of clinical competence, to identify and address gaps in clinical competence, and to commit to the maintenance of clinical competence throughout their career. The supervising physical therapist can be a valuable partner in identifying areas of knowledge and skill that the physical therapist assistant needs for clinical competence and to meet the needs of the individual physical therapist, which may vary according to areas of interest and expertise. Further, the physical therapist assistant may request that the physical therapist serve as a mentor to assist him or her in acquiring the needed knowledge and skills. Additional resources on Continuing Competence are available on the APTA website.

### Lifelong Learning

**Standard 6C states as follows:**

6C. Physical therapist assistants shall support practice environments that support career development and lifelong learning.

**Interpretation:** 6C points out the physical therapist assistant's obligation to support an environment conducive to career development and learning. The essential idea here is that the physical therapist assistant encourages and contributes to his or her career development and lifelong learning, whether or not the employer provides support.

### Organizational and Business Practices

**Standard 7 states as follows:**

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

**Interpretation:** Standard 7 reflects a shift in the Standards of Ethical Conduct. One criticism of the former version was that it addressed primarily face-to-face clinical practice settings. Accordingly, Standard 7 addresses ethical obligations in organizational and business practices on both patient and client and societal levels.

**Documenting Interventions Standard 7D states as follows:**

7D. Physical therapist assistants shall ensure that documentation for their interventions accurately reflects the nature and extent of the services provided.

**Interpretation:** 7D addresses the need for physical therapist assistants to make sure that they thoroughly and accurately document the interventions they provide to patients and clients and document related data collected from the patient or client. The focus of this Standard is on ensuring documentation of the services rendered, including the nature and extent of such services.

**Support - Health Needs Standard 8A states as follows:**

8A. Physical therapist assistants shall support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.

**Interpretation:** 8A addresses the issue of support for those least likely to be able to afford physical therapist services. The standard does not specify the type of support that is required. Physical therapist assistants may express support through volunteerism, financial contributions, advocacy, education, or simply promoting their work in conversations with colleagues. When providing such services, including pro bono services, physical therapist assistants must comply with applicable laws, and as such work under the direction and supervision of a physical therapist. Additional resources on pro bono services are available on the APTA website.

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**MINIMUM REQUIRED SKILLS OF PHYSICAL THERAPIST ASSISTANT GRADUATES AT ENTRY-LEVEL**  
**BOD G11-08-09-18** [Guideline]

**Background**

In August 2007, 30 member consultants convened in Alexandria, VA for a consensus conference. The primary purpose of the conference was to achieve agreement on the minimum required skills for every graduate from a physical therapist assistant program to be able to perform on patients/clients that include, but are not limited to, the skill set required by the National Physical Therapy Examination (NPTE) for physical therapist assistants (PTAs).

Assumptions that framed the boundaries for the discussion during this conference included:

- (1) A minimum set of required skills will be identified that every graduate from a physical therapist assistant program can competently perform in the clinical environment.
- (2) Development of the minimum required skills will include, but not be limited to, the content blueprint for the physical therapist assistant licensure examination; put differently, no skills on the physical therapist assistant licensure blueprint will be excluded from the minimum required skills.
- (3) To achieve consensus on the minimum required skills, 90% or more of the member consultants must be in agreement.
- (4) The minimum required skill of the physical therapist assistant will not exceed that described for the physical therapist.
- (5) Those aspects of patient/client management that are not part of the scope of work of the physical therapist assistant are not addressed in this conference, i.e. examination, evaluation, diagnosis, prognosis, development of plan of care, re-examination, development of discharge plan.

Minimum skills were defined as foundational skills that are indispensable for a new graduate physical therapist assistant to perform on patients/clients in a competent and coordinated manner under the direction and supervision of the physical therapist. Skills considered essential for any physical therapist assistant graduate include those addressing all systems (ie, musculoskeletal, neurological, cardiovascular pulmonary, integumentary) and the continuum of patient/client care throughout the lifespan. Definitions for terms used in this document are based on the *Guide to Physical Therapist Practice*. An asterisk (\*) denotes a skill identified on the Physical Therapist Assistant (NPTE) Test Content Outline.

Given that agreement on this document was achieved by a small group of member consultants, the conference document was then disseminated to a wider audience comprised of stakeholder groups that would be invested in and affected by this document. The consensus-based draft document of Minimum Required Skills of Physical Therapist Assistant Graduates at Entry-Level was placed on APTA's website and stakeholder groups, including APTA Board of Directors, all physical therapist assistant academic program directors, PTA Academic Coordinators/Directors of Clinical Education, and PTA faculties, physical therapists and PTAs serving on CAPTE panels, component leaders, the PTA Caucus, Advisory Panel of PTAs, and a sampling of clinical educators were invited to vote. A modified Delphi was used on whether or not to include/exclude specific essential skills that every PTA graduate should be competent in performing on patients/clients under the direction and supervision of the physical therapist. A total of 494 responses were received and the results were tabulated and analyzed. Those skills that the 494 respondents voted to include with an aggregate score of 80% or higher were incorporated into the final draft document.

The final "vote" was provided in a report to the APTA Board of Directors in November 2008 for their review, deliberation, and action. The Board of Directors adopted the document Minimum Required Skills of Physical Therapist Assistant Graduates at Entry-Level as a core document to be made available to stakeholders, including PTA academic programs and their faculties, clinical education sites, students, employers and CAPTE. The final document that follows defines Minimum Required Skills of Physical Therapist Assistant Graduates at Entry-Level.

PTA Skill Category	Description of Minimum Skills for PTA
<b>Plan of Care Review</b> <ul style="list-style-type: none"> <li>▪ Review of physical therapy documents</li> <li>▪ Review of medical record</li> <li>▪ Identification of pertinent information</li> <li>▪ Identification of indications, contraindications, precautions, safety considerations, and expected outcomes</li> <li>▪ Access to related literature</li> <li>▪ Match patient goals to selected interventions</li> <li>▪ Identification of role in patient care</li> <li>▪ Identification of items to be communicated to the physical therapist</li> </ul>	<ol style="list-style-type: none"> <li>1. Read all physical therapy documentation, including initial examination and plan of care.               <ol style="list-style-type: none"> <li>A. Note indications, contraindications, precautions and safety considerations for the patient.</li> <li>B. Note goals and expected outcomes.</li> <li>C. Seek clarification from physical therapist, as needed.</li> </ol> </li> <li>2. Review information in the medical record at each visit, including:               <ol style="list-style-type: none"> <li>A. Monitor medical record for changes in medical status and/or medical procedures.</li> <li>B. Collect data on patient's current condition, compare results to previously collected data and safety parameters established by the physical therapist, and determine if the safety parameters have been met.</li> <li>C. Seek clarification from appropriate health professions' staff for unfamiliar or ambiguous information.</li> </ol> </li> <li>3. Identify when the directed interventions are either beyond the scope of work or personal scope of work of the PTA.</li> <li>4. Communicate to the physical therapist when there are significant changes in the patient's medical status, physician referral, or when the criticality and complexity of the patient is beyond the knowledge, skills, and abilities of the PTA.</li> <li>5. Explain the rationale for selected interventions to achieve patient goals as identified in the plan of care.</li> </ol>
<b>Provision of Procedural Interventions</b> <ul style="list-style-type: none"> <li>• Compliance with policies, procedures, ethical standards, etc.</li> <li>• Risk management strategies</li> <li>• Protection of patient privacy, rights, and dignity</li> <li>• Competent provision of interventions, including:               <ul style="list-style-type: none"> <li>• Therapeutic exercise</li> <li>• Functional training</li> <li>• Manual therapy techniques</li> <li>• Application and adjustment of devices and equipment*</li> <li>• Airway clearance techniques</li> <li>• Integumentary repair and protection techniques</li> </ul> </li> </ul>	<ol style="list-style-type: none"> <li>1. Provide interventions compliant with federal and state licensing requirements, APTA standards documents (eg, Guide for Conduct for the PTA, Code of Ethics), and facility policies and procedures.</li> <li>2. Assure safety of patient and self throughout patient care.               <ol style="list-style-type: none"> <li>A. Identify the need for and take action when safety of patient or self may be at risk or has been compromised.</li> <li>B. Utilize risk management strategies (eg, universal precautions, body mechanics).</li> </ol> </li> <li>3. Assure patient privacy, rights, and dignity.               <ol style="list-style-type: none"> <li>A. Follow HIPAA requirements and observe Patient Bill of Rights.</li> <li>B. Position/drape to protect patient modesty.</li> </ol> </li> <li>4. Provide competent provision of physical therapy interventions, including:               <ul style="list-style-type: none"> <li><u>Therapeutic exercise</u> <ol style="list-style-type: none"> <li>A. Aerobic Capacity/Endurance Conditioning or Reconditioning                   <ol style="list-style-type: none"> <li>1. Increase workload over time</li> <li>2. Movement efficiency and energy conservation training</li> </ol> </li> </ol> </li> </ul> </li> </ol>



PTA Skill Category	Description of Minimum Skills for PTA
<ul style="list-style-type: none"> <li>• Electrotherapeutic modalities*</li> <li>• Physical agents and mechanical modalities*</li> <li>• Assessment of patient response</li> <li>• Clinical problem solving</li> <li>• Ability to modify techniques</li> </ul>	<ol style="list-style-type: none"> <li>3. Walking/wheelchair propulsion programs</li> </ol> <ol style="list-style-type: none"> <li>B. Balance, coordination, and agility training               <ol style="list-style-type: none"> <li>1. Developmental activities training</li> <li>2. Neuromuscular education or reeducation</li> <li>3. Postural awareness training</li> <li>4. Standardized, programmatic, complementary exercise approaches (protocols)</li> <li>5. Task-Specific Performance Training (eg, transfer training, mobility exercises, functional reaching)</li> </ol> </li> <li>C. Body mechanics and postural stabilization               <ol style="list-style-type: none"> <li>1. Body mechanics training</li> <li>2. Postural stabilization activities</li> <li>3. Postural awareness training</li> </ol> </li> <li>D. Flexibility exercises               <ol style="list-style-type: none"> <li>1. Range of motion</li> <li>2. Stretching (eg, Passive, Active, Mechanical)</li> </ol> </li> <li>E. Gait and locomotion training               <ol style="list-style-type: none"> <li>1. Developmental activities training</li> <li>2. Gait training (with and without devices)</li> <li>3. Standardized, programmatic, complementary exercise approaches</li> <li>4. Wheelchair propulsion and safety</li> </ol> </li> <li>F. Neuromotor development training               <ol style="list-style-type: none"> <li>1. Developmental activities training</li> <li>2. Movement pattern training</li> <li>3. Neuromuscular education or reeducation</li> </ol> </li> <li>G. Relaxation               <ol style="list-style-type: none"> <li>1. Breathing strategies (with respect to delivery of an intervention)</li> <li>2. Relaxation techniques (with respect to delivery of an intervention)</li> </ol> </li> <li>H. Strength, power, and endurance training for head, neck, limb, trunk, and ventilatory muscles               <ol style="list-style-type: none"> <li>1. Active assistive, active, and resistive exercises, including concentric, dynamic/isotonic, eccentric, isometric, diaphragmatic breathing, and low-level plyometrics (eg, kicking a ball, throwing a ball)</li> </ol> </li> </ol> <p><u>Functional training in self-care and home management</u></p> <ol style="list-style-type: none"> <li>A. Activities of daily living (ADL) training               <ol style="list-style-type: none"> <li>1. Bed mobility and transfer training</li> <li>2. Activity specific performance training</li> </ol> </li> <li>B. Device and equipment use and training               <ol style="list-style-type: none"> <li>1. Assistive and adaptive device or equipment training during ADL</li> </ol> </li> <li>C. Injury Prevention or reduction               <ol style="list-style-type: none"> <li>1. Injury prevention education during self-care and home management</li> <li>2. Injury prevention or reduction with use of devices and equipment</li> <li>3. Safety awareness training during self-care and home management</li> </ol> </li> </ol>



PTA Skill Category	Description of Minimum Skills for PTA
	<p><u>Manual therapy techniques</u></p> <ul style="list-style-type: none"> <li>A. Therapeutic Massage</li> <li>B. Soft Tissue mobilization</li> <li>C. Passive range of motion</li> </ul> <p><u>Application and adjustment of devices and equipment</u></p> <ul style="list-style-type: none"> <li>A. Adaptive devices <ul style="list-style-type: none"> <li>1. Hospital Beds</li> <li>2. Raised Toilet Seats</li> </ul> </li> <li>B. Assistive devices <ul style="list-style-type: none"> <li>1. Canes</li> <li>2. Crutches</li> <li>3. Long-handled reachers</li> <li>4. Walkers</li> <li>5. Wheelchairs</li> </ul> </li> <li>C. Orthotic and prosthetic devices <ul style="list-style-type: none"> <li>1. Braces</li> </ul> </li> <li>D. Protective devices <ul style="list-style-type: none"> <li>1. Braces</li> </ul> </li> <li>E. Supportive devices, such as: <ul style="list-style-type: none"> <li>1. Compression garments</li> <li>2. Elastic wraps</li> <li>3. Soft neck collars</li> <li>4. Slings</li> <li>5. Supplemental oxygen</li> </ul> </li> </ul> <p><u>Breathing strategies/oxygenation</u></p> <ul style="list-style-type: none"> <li>1. Identify patient in respiratory distress</li> <li>2. Reposition patient to improve respiratory function</li> <li>3. Instruct patient in a variety of breathing techniques (pursed lip breathing, paced breathing, etc.)</li> <li>4. Administration of prescribed oxygen during interventions.</li> </ul> <p><u>Integumentary protection</u></p> <ul style="list-style-type: none"> <li>1. Recognize interruptions in integumentary integrity</li> <li>2. Repositioning</li> <li>3. Patient education</li> <li>4. Edema management</li> </ul> <p><u>Electrotherapeutic modalities, such as:</u></p> <ul style="list-style-type: none"> <li>1. Electrotherapeutic delivery of medications</li> <li>2. Electrical muscle stimulation</li> <li>3. Electrical stimulation for tissue repair</li> <li>4. Functional electrical stimulation</li> <li>5. High-voltage pulsed current</li> <li>6. Neuromuscular electrical stimulation</li> <li>7. Transcutaneous electrical nerve stimulation</li> </ul> <p><u>Physical agents</u></p> <ul style="list-style-type: none"> <li>1. Cryotherapy (eg, cold pack, ice massage, vapocoolant spray, hydrotherapy)</li> </ul>

PTA Skill Category	Description of Minimum Skills for PTA
	<ol style="list-style-type: none"> <li>2. Ultrasound</li> <li>3. Thermotherapy (eg, dry heat, hot packs, paraffin baths, hydrotherapy)</li> </ol> <p><u>Mechanical modalities</u></p> <ol style="list-style-type: none"> <li>1. Compression therapies</li> <li>2. Mechanical motion devices</li> <li>3. Traction devices</li> </ol> <ol style="list-style-type: none"> <li>5. Determine patient's response to the intervention: <ol style="list-style-type: none"> <li>A. Interview patient and accurately interpret verbal and nonverbal responses</li> <li>B. Identify secondary effects or complications caused by the intervention</li> <li>C. Determine outcome of intervention (positive or negative), including data collection and functional measures</li> </ol> </li> <li>6. Use clinical problem solving skills in patient care. <ol style="list-style-type: none"> <li>A. Determine if patient is safe and comfortable with the intervention, and, if not, determine appropriate modifications</li> <li>B. Compare results of intervention to previously collected data and determine if there is progress toward the expectations established by the PT or if the expectations have been met</li> <li>C. Determine if modifications to the interventions are needed to improve patient response</li> </ol> </li> <li>7. Modify interventions to improve patient response. <ol style="list-style-type: none"> <li>A. Determine modifications that can be made to the intervention within the plan of care</li> <li>B. Communicate with physical therapist when modifications are outside scope of work or personal scope of work of PTA</li> <li>C. Select and implement modification</li> <li>D. Determine patient outcomes from the modification</li> </ol> </li> </ol>
<b>Patient Instruction</b> <ul style="list-style-type: none"> <li>• Application of principles of learning</li> <li>• Use of variety of teaching strategies</li> <li>• Methods to enhance compliance</li> <li>• Clarity in instructions</li> <li>• Assessment of patient response</li> </ul>	<ol style="list-style-type: none"> <li>1. Apply principles of learning using a variety of teaching strategies during patient instruction.</li> <li>2. Provide clear instructions (eg, verbal, visual).</li> <li>3. Apply methods to enhance compliance (eg, handouts, reporting forms).</li> <li>4. Determine patient response/understanding of instruction.</li> </ol>
<b>Patient Progression</b> <ul style="list-style-type: none"> <li>• Competent patient progression</li> </ul>	<ol style="list-style-type: none"> <li>1. Implement competent patient progression. <ol style="list-style-type: none"> <li>A. Identify the need to progress via data collection.</li> <li>B. Determine what progression can be made within the</li> </ol> </li> </ol>

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<ul style="list-style-type: none"> <li>• Communication of pertinent information</li> <li>• Relationship of psychosocial factors to progress</li> <li>• Clinical problem solving</li> </ul>	<p>plan of care.</p> <ol style="list-style-type: none"> <li>Identify possible progressions that will continue to advance patient response.</li> <li>Select and implement the progression of the intervention.</li> <li>Determine outcomes of the intervention.</li> </ol> <ol style="list-style-type: none"> <li>Communicate pertinent information.             <ol style="list-style-type: none"> <li>Identify changes in patient response due to intervention.</li> <li>Describe adjustments to intervention within plan of care.</li> <li>Describe response to change in intervention.</li> </ol> </li> <li>Recognize when other variables (psychological, social, cultural, etc.) appear to be affecting the patient's progression with the intervention.</li> <li>Determine if patient is progressing toward goals in plan of care. If no, determine if modifications made to the intervention are required to improve patient response.</li> </ol>
<p><b>Data Collection</b></p> <ul style="list-style-type: none"> <li>• Competent data collection</li> <li>• Interview skills</li> <li>• Accurate and timely</li> <li>• Clinical problem solving</li> <li>• Ability to modify techniques</li> <li>• Documentation and communication</li> </ul>	<ol style="list-style-type: none"> <li>Provide accurate, reproducible, safe, valid, and timely collection and documentation of data to measure the patient's medical status and/or progress within the intervention as indicated in the following categories:             <p><u>Anthropometric characteristics</u></p> <ol style="list-style-type: none"> <li>Measure body dimensions (eg, height, weight, girth, limb length).</li> </ol> <p><u>Arousal, attention, and cognition</u></p> <ol style="list-style-type: none"> <li>Determine level of orientation to situation, time, place, and person.</li> <li>Determine patient's ability to process commands.</li> <li>Determine level of arousal (lethargic, alert, agitated).</li> <li>Test patient's recall ability (eg, short term and long term memory).</li> </ol> <p><u>Assistive and adaptive devices</u></p> <ol style="list-style-type: none"> <li>Measure for assistive or adaptive devices and equipment.</li> <li>Determine components, alignments and fit of device and equipment.</li> <li>Determine patient's safety while using the device.</li> <li>Monitor patient's response to the use of the device.</li> <li>Check patient or caregiver's ability to care for device and equipment (maintenance, adjustment, cleaning).</li> </ol> <p><u>Body mechanics</u></p> <ol style="list-style-type: none"> <li>Determine patient's ability to use proper body</li> </ol> </li> </ol>

PTA Skill Category	Description of Minimum Skills for PTA
	<p>mechanics during functional activity.</p> <p><u>Environmental barriers, self-care, and home management</u></p> <ol style="list-style-type: none"> <li>1. Identify potential safety barriers.</li> <li>2. Identify potential environmental barriers.</li> <li>3. Identify potential physical barriers.</li> <li>4. Determine ability to perform bed mobility and transfers safely in the context of self-care home management.</li> </ol> <p><u>Gait, locomotion, and balance</u></p> <ol style="list-style-type: none"> <li>1. Determine patient's safety while engaged in gait, locomotion, balance, and mobility.</li> <li>2. Measure patient's progress with gait, locomotion, balance, and mobility, including use of standard tests.</li> <li>3. Describes gait deviations and their effect on gait and locomotion.</li> </ol> <p><u>Integumentary integrity</u></p> <ol style="list-style-type: none"> <li>1. Identify activities, positioning, and postures that may produce or relieve trauma to the skin.</li> <li>2. Identify devices and equipment that may produce or relieve trauma to the skin.</li> <li>3. Observe and describe skin characteristics (eg, blistering, continuity of skin color, dermatitis, hair growth, mobility, nail growth, sensation, temperature, texture, and turgor).</li> <li>4. Observe and describe changes in skin integrity, such as presence of wound, blister, incision, hematoma, etc.</li> <li>5. Test for skin sensation and describe absent or altered sensation.</li> </ol> <p><u>Muscle function</u></p> <ol style="list-style-type: none"> <li>1. Perform manual muscle testing.</li> <li>2. Observe the presence or absence of muscle mass.</li> <li>3. Describe changes in muscle tone.</li> </ol> <p><u>Neuromotor function</u></p> <ol style="list-style-type: none"> <li>1. Identify the presence or absence of developmental reflexes, associated reactions, or abnormal tone.</li> <li>2. Identify performance of gross and fine motor skills.</li> </ol> <p><u>Orthotic and prosthetic devices and equipment</u></p> <ol style="list-style-type: none"> <li>1. Check components, ensure alignment and fit of orthotic devices, braces, and/or splints.</li> <li>2. Determine effectiveness of components (Is it working or not?), alignment, and fit of orthotic devices, braces, and splints during functional</li> </ol>

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	<p>activities.</p> <ol style="list-style-type: none"> <li>Determine patient/caregiver's ability to don/doff orthotic, device, brace, and/or splint.</li> <li>Determine patient/caregiver's ability to care for orthotic device, brace, or splint (eg, maintenance, adjustments, and cleaning).</li> </ol> <p><u>Pain</u></p> <ol style="list-style-type: none"> <li>Define location and intensity of pain.</li> </ol> <p><u>Posture</u></p> <ol style="list-style-type: none"> <li>Determine postural alignment and position (static and dynamic, symmetry, deviation from midline).</li> </ol> <p><u>Range of motion</u></p> <ol style="list-style-type: none"> <li>Perform tests of joint active and passive movement, muscle length, soft tissue extensibility, tone and flexibility (goniometry, tape measure).</li> <li>Describe functional range of motion.</li> </ol> <p><u>Sensory response</u></p> <ol style="list-style-type: none"> <li>Perform tests of superficial sensation (coarse touch, light touch, cold, heat, pain, pressure, and/or vibration).</li> <li>Check peripheral nerve integrity (sensation, strength).</li> </ol> <p><u>Vital Signs</u></p> <ol style="list-style-type: none"> <li>Monitor and determine cardiovascular function. (eg, peripheral pulses, blood pressure, heart rate)</li> <li>Monitor and determine physiological responses to position change (eg, orthostatic hypotension, skin color, blood pressure, and heart rate).</li> <li>Monitor and determine respiratory status (eg, pulse oximetry, rate, and rhythm, pattern).</li> </ol> <ol style="list-style-type: none"> <li>Provide timely communication to the physical therapist regarding findings of data collection techniques.</li> <li>Recognize when intervention should not be provided or should be modified due to change in patient status.</li> </ol>
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>Select relevant information</li> <li>Accuracy</li> <li>Ability to adapt</li> </ul>	<ol style="list-style-type: none"> <li>Document in writing/electronically patient care using language that is accurate, complete, legible, timely, and consistent with institutional, legal, and billing requirements.</li> <li>Use appropriate grammar, syntax, and punctuation in communication.</li> <li>Use appropriate terminology and institutionally approved abbreviations.</li> </ol>



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	<ol style="list-style-type: none"> <li>4. Use an organized and logical framework to document care.</li> <li>5. Identify and communicate with the physical therapist when further documentation is required.</li> </ol>
<b>Safety, CPR, and Emergency Procedures</b> <ul style="list-style-type: none"> <li>• Safety</li> <li>• Initiate emergency response system</li> <li>• CPR</li> </ul>	<ol style="list-style-type: none"> <li>1. Ensure safety of self and others in the provision of care in all situations.</li> <li>2. Initiate and/or participate in emergency life support procedures (simulated or actual).</li> <li>3. Initiate and/or participate in emergency response system (simulated or actual).</li> <li>4. Maintain competency in CPR.</li> <li>5. Prepare and maintain a safe working environment for performing interventions (e.g. clear walkways, equipment checks, etc.).</li> </ol>
<b>Healthcare Literature</b>	<ol style="list-style-type: none"> <li>1. Reads and understands the healthcare literature.</li> </ol>
<b>Education</b> <ol style="list-style-type: none"> <li>a. Colleagues</li> <li>b. Aides, volunteers, peers, coworkers</li> <li>c. Students</li> <li>d. Community</li> </ol>	<ol style="list-style-type: none"> <li>1. Instruct other members of the health care team, using established techniques, programs, and instructional materials, commensurate with the learning characteristics of the audience.</li> <li>2. Educate colleagues and other health care professionals about the role, responsibilities, and academic preparation and scope of work of the PTA.</li> </ol>
<b>Resource Management</b> <ul style="list-style-type: none"> <li>• Human</li> <li>• Fiscal</li> <li>• Systems</li> </ul>	<ol style="list-style-type: none"> <li>1. Follow legal and ethical requirements for direction and supervision of other support personnel.</li> <li>2. Select appropriate non-patient care activities to be directed to support personnel.</li> <li>3. Identify and eliminate obstacles to completing patient related duties.</li> <li>4. Demonstrate efficient time management.</li> <li>5. Provide accurate and timely information for billing and reimbursement purposes.</li> <li>6. Adhere to legal/ethical requirements, including billing.</li> <li>7. Maintain and use physical therapy equipment effectively.</li> </ol>
<b>Behavioral Expectations:</b> <ol style="list-style-type: none"> <li>a. Accountability</li> <li>b. Altruism</li> </ol>	<u>Accountability</u> <ol style="list-style-type: none"> <li>1. Adhere to federal and state legal practice standards and institutional regulations related to patient care and fiscal</li> </ol>

PTA Skill Category	Description of Minimum Skills for PTA
Communication	<p><u>Interpersonal Communication</u></p> <ol style="list-style-type: none"> <li>1. Develop rapport with patients/clients and others to promote confidence.</li> <li>2. Actively listen and display sensitivity to the needs of others.</li> <li>3. Ask questions in a manner that elicits needed responses.</li> <li>4. Modify communication to meet the needs of the audience, demonstrating respect for the knowledge and experience of others.</li> <li>5. Demonstrate congruence between verbal and non-verbal messages.</li> <li>6. Recognize when communication with the physical therapist is indicated.</li> <li>7. Initiate and complete verbal and written communication with the physical therapist in a timely manner.</li> <li>8. Ensure ongoing communication with the physical therapist for optimal patient care.</li> <li>9. Recognize role and participate appropriately in communicating patient status and progress within the health care team.</li> </ol> <p><u>Conflict Management/Negotiation</u></p> <ol style="list-style-type: none"> <li>1. Recognize potential for conflict.</li> <li>2. Implement strategies to prevent and/or resolve conflict.</li> <li>3. Seek resources to resolve conflict when necessary.</li> </ol>
<b>Promotion of Health, Wellness, and Prevention</b>	<ol style="list-style-type: none"> <li>1. Demonstrate health promoting behaviors.</li> <li>2. Recognize opportunities to educate the public or patients about issues of health, wellness, and prevention (eg, benefits of exercise, prevention of falls, etc.) and communicate opportunity to the physical therapist.</li> <li>3. Educate the public or patients about issues of health, wellness, and prevention (eg, benefits of exercise, prevention of falls, etc.).</li> <li>4. Recognize patient indicators of willingness to change health behaviors and communicate to the physical therapist.</li> </ol>
<b>Career Development</b>	<ol style="list-style-type: none"> <li>1. Engage in self-assessment.</li> <li>2. Identify individual learning needs to enhance role in the profession.</li> </ol>

PTA Skill Category	Description of Minimum Skills for PTA
	<ol style="list-style-type: none"> <li>3. Identify and obtain resources to increase knowledge and skill.</li> <li>4. Engage in learning activities (eg, clinical experience, mentoring, skill development).</li> <li>5. Incorporate new knowledge and skill into clinical performance.</li> </ol>

Relationship to Vision 2020; (Academic/Clinical Education Affairs Department, ext 3203

**Explanation of Reference Numbers:**

BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure





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**THE ROLE OF AIDES IN A PHYSICAL THERAPY SERVICE HOD P06-19-12-07** [Amended: HOD P06-18-32-37; HOD P06-00-17-28; Initial: HOD 06-99-10-12] [Previously Titled: Provision of Physical Therapy Interventions and Related Tasks] [Position]

Physical therapy aides are any support personnel who perform designated tasks related to the operation of the physical therapy service. Tasks are activities that do not require the clinical decision making of the physical therapist or the clinical problem solving of the physical therapist assistant. Tasks related to patient and client services must be assigned to the physical therapy aide by the physical therapist, or where allowable by law the physical therapist assistant, and may be performed by the aide only under direct personal supervision. Direct personal supervision requires that the physical therapist, or where allowable by law the physical therapist assistant, be physically present and immediately available to supervise tasks that are related to patient and client services. The physical therapist maintains responsibility for patient and client management at all times, including for tasks performed by a physical therapy aide.

Given this role of the physical therapy aide, the American Physical Therapy Association opposes certification or credentialing of physical therapy aides.

**Explanation of Reference Numbers:**

HOD P00-00-00-00 stands for House of Delegates/[month](#)/[year](#)/[page](#)/[vote](#) in the House of Delegates minutes; the "P" indicates that it is a position (see below). For example, HOD P06-17-05-04 means that this position can be found in the June 2017 House of Delegates minutes on Page 5 and that it was Vote 4.

P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure



**DESIGNATION "PT," "PTA," "SPT," AND "SPTA" HOD P06-03-17-14 [Amended HOD 06-99-23-29; HOD 06-78-05-04; HOD 06-85-38-66] [Position]**

The American Physical Therapy Association (APTA) supports the use of "PT" as the regulatory designation of a physical therapist. Other letter designations such as "RPT," "LPT," or academic and professional degrees, should not be substituted for the regulatory designation of "PT." "PTA" is the preferred regulatory designation of a physical therapist assistant.

APTA supports the recognition of the regulatory designation of a physical therapist or a physical therapist assistant as taking precedence over other credentials or letter designations. In order to promote consistent communication of the presentation of credentials and letter designations, the Association shall recognize the following preferred order:

1. PT/PTA.
2. Highest earned physical therapy-related degree.
3. Other earned academic degree(s).
4. Specialist certification credentials in alphabetical order (specific to the American Board of Physical Therapy Specialties).
5. Other credentials external to APTA.
6. Other certification or professional honors (eg, FAPTA).

APTA supports the designations "SPT" and "SPTA" for physical therapist students and physical therapist assistant students, respectively, up to the time of graduation. Following graduation and prior to licensure, graduates should be designated in accordance with state law. If state law does not stipulate a specific designation, graduates should be designated in a way that clearly identifies that they are not licensed physical therapists or licensed or regulated physical therapist assistants.

Relationship to Vision 2020: Professionalism; (Practice Department, ext 3176)

[Document updated: 12/14/2009]

**Explanation of Reference Numbers:**

**BOD P00-00-00-00** stands for Board of Directors/*month/year/page/vote* in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure



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## **USE OF APTA POSITIONS, STANDARDS, GUIDELINES, POLICIES, AND PROCEDURES** HOD P06-14-17-22 [Position]

The American Physical Therapy Association (APTA) positions, standards, guidelines, policies, and procedures are intended to communicate best practice for physical therapist practice. Acknowledging that these APTA documents are and should be used to inform state practice acts, these documents are not intended to limit the development of innovative approaches to physical therapist practice in the evolving health care system.

(Clinical Practice, ext. 8513)

### **Explanation of Reference Numbers:**

BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure



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#### LEVELS OF SUPERVISION HOD P06-19-13-45 [Initial: HOD P06-00-15-26] [Position]

The American Physical Therapy Association supports the following levels of supervision within the context of physical therapist practice. The following levels of supervision are the minimum required for safe and effective physical therapist services. The application of a higher level of supervision may occur at the discretion of the physical therapist based on jurisdictional law regarding supervision, patient or client factors, the skills and abilities of the personnel being supervised, facility requirements, or other factors.

Further information regarding supervision is available in Direction and Supervision of the Physical Therapist Assistant, Student Physical Therapist and Physical Therapist Assistant Provision of Services, and The Role of Aides in a Physical Therapy Service.

**General Supervision:** General supervision applies to the physical therapist assistant. The physical therapist is not required to be on site for supervision but must be available at least by telecommunication. The ability of the physical therapist assistant to provide services shall be assessed on an ongoing basis by the supervising physical therapist.

**Direct Supervision:** Direct supervision applies to supervision of the student physical therapist and student physical therapist assistant. The physical therapist, or the physical therapist assistant when supervising a student physical therapist assistant, is physically present and immediately available for supervision. In both cases, the physical therapist or physical therapist assistant will have direct contact with the patient or client on each date of service. Telecommunication does not meet the requirement of direct supervision.

**Direct Personal Supervision:** Direct personal supervision applies to supervision of a physical therapy aide. The physical therapist, or where allowable by law the physical therapist assistant, is physically present and immediately available to supervise tasks that are related to patient and client services. The physical therapist maintains responsibility for patient and client management at all times.

#### **Explanation of Reference Numbers:**

HOD P00-00-00-00 stands for House of Delegates/**month**/**year**/**page**/**vote** in the House of Delegates minutes; the "P" indicates that it is a position (see below). For example, HOD P06-17-05-04 means that this position can be found in the June 2017 House of Delegates minutes on Page 5 and that it was Vote 4.

P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure

**UNIVERSAL PRECAUTIONS**

Universal precautions apply to blood, semen, vaginal secretions, and other body fluids containing visible blood. They also apply to tissues and the following fluids: cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic. They DO NOT apply to feces, nasal secretions, sputum, saliva, sweat, urine or vomitus unless they contain visible blood. These may, however, be a potential source of contamination and recommendations for preventing transmission on nonbloodborne pathogens should be followed.

1. Handle all blood and body fluids to which universal precautions apply as if potentially infectious.
2. Wash hands and other skin surfaces before and immediately after contact with these fluids.
3. Protective barriers appropriate for the procedure being performed should be worn when anticipating exposure to these fluids.
4. Use gowns for potential splashes to clothing, goggles and mask for potential splatters to face, and gloves when handling fluids
5. It is impossible to specify type of barrier for every possible clinical situation. Therefore, health care workers should exercise their own judgment at all times.
6. DO NOT recap or manipulate needles or sharps in any way!!! Place them immediately in a puncture resistant container after use.
7. Place resuscitation equipment in designated areas where respiratory arrest is predictable.
8. Students who have open lesions or weeping dermatitis or who are immuno-suppressed will refrain from all direct patient care, unless open areas are covered by an impenetrable barrier (e.g. latex gloves).
9. Students with any transmissible infection will not be assigned to immuno-compromised patients.
10. Pregnant students will not be assigned to HIV positive clients or clients with chicken pox or shingles due to the risk of infection with cytomegalovirus.

### **STANDARD PRECAUTIONS**

Standard Precautions synthesize the major features of UP (Blood and Body Fluid Precautions) (27,28) (designed to reduce the risk of transmission of blood borne pathogens) and BSI (29,30) (designed to reduce the risk of transmission of pathogens from moist body substances) and applies them to all patients receiving care in hospitals, regardless of their diagnosis or presumed infection state. Standard Precautions apply to (a) blood; (b) all body fluids, secretions, and excretions except sweat, regardless of whether or not they contain visible blood; (c) nonintact skin; and, (d) mucous membranes. Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in hospitals.

#### **Transmission- Based Precautions**

Transmission - Based Precautions are designed for patients documented or suspected to be infected with highly transmissible or epidemiologically important pathogens for which additional precautions beyond Standard Precautions are needed to interrupt transmission in hospitals. There are three types of Transmission-Based Precautions: Airborne Precautions, Droplet Precautions, and Contact Precautions. They may be combined for diseases that have multiple routes of transmission. When used either singularly or in combination, they are to be used in addition to Standard Precautions.

Airborne Precautions are designed to reduce the risk of airborne transmission of infectious agents. Airborne transmission occurs by dissemination of either airborne droplet nuclei (small-particle residue [5  $\mu$ m or smaller in size] of evaporated droplets that may remain suspended in the air for long periods of time) or dust particles containing the infectious agent. Microorganisms carried in this manner can be dispersed widely by air currents and may become inhaled by or deposited on a susceptible host within the same room or over a longer distance from the source patient, depending on environmental factors; therefore, special air handling and ventilation are required to prevent airborne transmission. Airborne Precautions apply to patients known or suspected to be infected with epidemiologically important pathogens that can be transmitted by the airborne route.

Droplet Precautions are designed to reduce the risk of droplet transmission of infectious agents. Droplet transmission involves contact of the conjunctivae or the mucous membranes of the nose or mouth of a susceptible person with large particle droplets (larger than 5 $\mu$ m in size) containing microorganisms generated from a person who has a clinical disease or who is a carrier of the microorganisms. Droplets are generated from the source person primarily during coughing, sneezing, or talking and during the performance of certain procedures such as suctioning and bronchoscopy. Transmission via large particle droplets requires close contact between source and recipient persons, because droplets do not remain suspended in the air and generally travel only short distances, usually 3 ft or less, through the air. Because droplets do not remain suspended in the air, special air handling and ventilation are not required to prevent droplet transmission. Droplet Precautions apply to any patient known or suspected to be infected with epidemiologically important pathogens that can be transmitted by infectious droplets.

Contact Precautions are designed to reduce the risk of transmission of epidemiologically important microorganisms by direct or indirect contact. Direct-contact transmission involves skin-to-skin contact and physical transfer of microorganisms to a susceptible host from an infected or colonized person, such as occurs when personnel turn patients, bathe patients, or perform other patient-care activities that require physical contact. Direct-contact transmission also can occur between two patients (e.g., by hand contact), with one serving as the source of infectious microorganisms and the other as a susceptible host. Indirect-contact transmission involves contact of a susceptible host with a contaminated intermediate object, usually inanimate, in the patient's environment. Contact Precautions apply to specified patients known or suspected to be infected or colonized (presence of microorganism in or on patient but without clinical signs and symptoms of infection) with epidemiologically important microorganisms that can be transmitted by direct or indirect contact.

A synopsis of the types of precautions and the patients requiring the precautions is listed in Table 1.

#### **Table 1. Synopsis of types of precautions and patients requiring the precautions**

Standard Precautions

Use Standard Precautions for the care of all patients

#### Airborne Precautions

In addition to Standard Precautions, use Airborne Precautions for patients known or suspected to have serious illness transmitted by airborne droplet nuclei. Examples of such illnesses include:

- Measles
- Varicella (including disseminated zoster)+
- Tuberculosis++

#### Droplet Precautions

In addition to Standard Precautions, use Droplet Precautions for patients known or suspected to have serious illnesses transmitted by large particle droplets. Examples of such illnesses include:

- Invasive *Haemophilus influenzae* type b disease, including meningitis, pneumonia, epiglottitis, and sepsis

- Invasive *Neisseria meningitidis* disease, including meningitis, pneumonia, and sepsis

- Other serious bacterial respiratory infections spread by droplet transmission, including:

- Diphtheria (pharyngeal)

- Mycoplasma pneumoniae*

- Pertussis

- Pneumonic plague

- Streptococcal pharyngitis, pneumonia, or scarlet fever in infants and young children

- Serious viral infections spread by droplet transmission including:

- Adenovirus

- Influenza

- Mumps

- Parvovirus B19

- Rubella

#### Contact Precautions

In addition to Standard Precautions, use Contact Precautions for patients known or suspected to have serious illnesses easily transmitted by direct patient contact or by contact with items in the patient's environment. Examples of such illnesses include:

- Gastrointestinal, respiratory, skin, or wound infections or colonization with multidrug-resistant bacteria judged by the infection control program, based on current state regional, or national recommendations, to be of special clinical and epidemiologic significance.

- Enteric infections with a low infectious dose or prolonged environmental survival, including:

- Clostridium difficile*

- For diapered or incontinent patients: enterohemorrhagic *Escherichia coli* O157:H7,

- Shigella*, hepatitis A, or rotavirus

- Respiratory syncytial virus, parainfluenza virus, or enteroviral infections in infants and young children

- Skin infections that are highly contagious or that may occur on dry skin, including:

- Diphtheria (cutaneous)

- Herpes simplex virus (neonatal or mucocutaneous)

- Impetigo

- Major (noncontained) abscesses, cellulitis, or decubiti

- Pediculosis

- Scabies

- Staphylococcal furunculosis in infants and young children

- Zoster (disseminated or in the immunocompromised host)+

- Viral/hemorrhagic conjunctivitis

- Viral hemorrhagic infections (Ebola, Lassa, Or Marburg)\*

+Certain infections require more than one type of precaution

++See CDC "Guidelines for Preventing the Transmission of Tuberculosis in Health-Care Facilities" (23).

### **EMPIRIC USE OF AIRBORNE, DROPLET, OR CONTACT PRECAUTIONS**

In many instances, the risk of nosocomial transmission of infection may be highest before a definitive diagnosis can be made and before precautions based on that diagnosis can be implemented. The routine use of Standard Precautions for all patients should reduce greatly this risk for conditions other than those requiring Airborne, Droplet, or Contact Precautions. While it is not possible to prospectively identify all patients needing these enhanced precautions, certain clinical syndromes and conditions carry a sufficiently high risk to warrant the empiric addition of enhanced precautions while a more definitive diagnosis is pursued. A listing of such conditions and the recommended precautions beyond Standard Precautions is presented in Table 2.

**Table 2. Clinical syndromes or conditions warranting additional empiric precautions to prevent transmission of epidemiologically important pathogens pending confirmation of diagnosis**

<b>Clinical Syndrome / Condition*</b>	<b>Potential Pathogens++</b>	<b>Empiric Precautions</b>
Diarrhea Acute diarrhea with a likely infectious cause in an incontinent or diapered patient	Enteric Pathogens(&)	Contact
Diarrhea in an adult with a history of recent antibiotic use	Clotridium difficile	Contact
Meningitis Rash or exanthems, generalized, etiology unknown	Neisseria meningitidis	Droplet
Petechial/ecchymotic with fever	Neisseria meningitidis	Droplet
Vesicular	Varicella	Airborne/Contact
Maculopapular w/ coryza and fever	Rubella (measles)	Airborne
Respiratory Infections Cough/fever/upper lobe pulmonary infiltrate in an HIV-negative patient or a patient at low risk for HIV infection	Mycobacterium tuberculosis	Airborne
Cough/fever/pulmonary infiltrate in any lung location in an HIV-infected patient or a patient at high risk for HIV infection (23)	Mycobacterium tuberculosis	Airborne
Paroxysmal or severe persistent cough during periods of pertussis activity	Bordetella pertussis	Droplet
Respiratory infections, particularly bronchiolitis and croup, in infants or parainfluenza virus and young children	Respiratory syncytial	Contact
Risk or multidrug-resistant microorganisms; History of infection or colonization with multidrug resistant organisms	Resistant bacteria	Contact
Skin, wound, or urinary tract infection in a patient with a recent hospital or nursing home stay in a facility where multidrug resistant organisms are prevalent	Resistant bacteria	Contact
Skin or Wound Infection Abscess or draining wound that cannot be covered	Staphylococcus aureus Group A streptococcus	Contact

\* Infection control professionals are encouraged to modify or adapt this table according to local conditions. To ensure that appropriate empiric precautions are implemented always, hospitals must have systems in place to evaluate patients routinely according to these criteria as part of their preadmission care.

+ Patients with the syndromes or conditions listed below may present with atypical signs or symptoms



(e.g., pertussis in neonates and adults may not have paroxysmal or severe cough). The clinician's index of suspicion should be guided by the prevalence of specific conditions in the community, as well as clinical judgment.

++ The organisms listed under the column "Potential Pathogens" are not intended to represent the complete, or even most likely, diagnoses, but rather possible etiologic agents that require additional precautions beyond Standard Precautions until they can be ruled out.

& These pathogens include enterohemorrhagic *Escherichia coli* (O157:H7), *Shigella*, hepatitis A, and rotavirus.

Resistant bacteria judged by the infection control program, based on current state, regional or national recommendations, to be of special clinical or epidemiological significance.

The organisms listed under the column "Potential Pathogens" are not intended to represent the complete or even most likely diagnoses, but rather possible etiologic agents that require additional precautions beyond Standard Precautions until they can be ruled out. Infection control professionals are encouraged to modify or adapt this Table according to local conditions. To ensure that appropriate empiric precautions are implemented always, hospitals must have systems in place to evaluate patients routinely according to these criteria as part of their preadmission and admission care.

## **EXPOSURE POLICY**

### **Policy Regarding Exposure of a WSCC Health Programs' Student during a Clinical Experience**

Students should be familiar with all pertinent policies and procedures of the assigned clinic. If an exposure incident occurs during a clinical experience, the student will follow the clinical site's policies and procedures. Any medical procedures required will be at the student's expense.

### **Policy Regarding Student Exposure on Campus**

If an exposure incident occurs on campus, the campus police will be contacted and WSCC post exposure policies and procedures will be initiated.

# WALTERS STATE COMMUNITY COLLEGE

## Division of Health Programs

Course \_\_\_\_\_

### ACADEMIC REPORT FORM

Date: \_\_\_\_\_

Student Name \_\_\_\_\_

Exam # \_\_\_\_\_ Student Grade \_\_\_\_\_

Please be advised that your academic grade on this exam is not a satisfactory score. Please note as per the student handbook, any final grade average less than a “C” or below 75% will result in academic and clinical failure.

Reason(s) given for not passing exam:

<input type="checkbox"/>	Worked too much	<input type="checkbox"/>	Study Issues
<input type="checkbox"/>	Personal Issues	<input type="checkbox"/>	Family Illness/Problems
<input type="checkbox"/>	Health Concerns	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Stress	<input type="checkbox"/>	

- ☐ \_\_\_\_\_ Student failed to see faculty advisor as instructed.
- ☐ \_\_\_\_\_ Student contacted advisor but failed to keep appointment.
- ☐ \_\_\_\_\_ Reviewed study habits; discussed ways to enhance learning and to improve exam scores.

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

\_\_\_\_\_  
Student Signature  
**TO BE FILED IN STUDENT FOLDER**



Division of Health Programs

**STUDENT COMMUNICATION FORM**

Student Name\_\_\_\_\_

Date\_\_\_\_\_Faculty\_\_\_\_\_

I. List the purpose of this meeting/discussion:

II. List the specific topics addressed during meeting/discussion:

III. List conclusions of meeting/discussion:

IV. List actions, if any, to be taken by student or instructor as a result of meeting/discussion:

V. List any follow-up measures needed to reassess the situation:

Signature indicates that the above was discussed with me and I have received a copy.

Student\_\_\_\_\_Date\_\_\_\_\_

Faculty\_\_\_\_\_Date\_\_\_\_\_

**Agreement for Students in Physical Therapist Assistant Program  
Regarding Student Conduct**

**I. Professional Behaviors**

**A. Actively participates and accepts responsibility for learning**

Examples of these behaviors are listed but not limited to:

- responds well to constructive criticism/feedback
- utilizes critical thinking/problem solving
- uses good judgment, insight
- reads and follows instructions/directions
- listens attentively
- asks for assistance when needed
- recognizes own limitations
- asks appropriate questions of appropriate people
- shows motivation and interest
- self-directed
- welcomes new learning opportunities
- assists others who may be having difficulty with learning
- accepts that there may be more than one answer to a problem
- willing not to let prior experiences limit new knowledge

**B. Effectively communicates**

Examples of these behaviors are listed but not limited to:

- actively listens
- refrains from using negative body language such as mumbling, sighing, using defensive or aggressive postures
- shows sensitivity to differences between individuals
- maintains confidentiality in personal and clinical interactions
- uses positive language even when faced with difficult situations

**C. Demonstrates dependability**

Examples of these behaviors are listed but not limited to:

- follows through with assignments/commitments
- attends and is punctual to class, clinical, meetings
- shows initiative consistently

**D. Shows appropriate adaptability in all situations**

Examples of these behaviors are listed but not limited to:

- shows flexibility in scheduling personal or academic/clinical situations
- shows willingness to try something more than one way
- encourages others to be flexible in thinking/problem solving

**E. Uses resources effectively and appropriately**

Examples of these behaviors are listed but not limited to:

- stress management
  - recognizes own problems/stressors
  - establishes positive outlets to cope with stressors
  - recognizes several solutions to problems/stressors
  - accepts constructive feedback from others (friends, faculty) regarding assistance for stress
- study skills
  - reads or does other assignments ahead of time
  - spends some time each day reviewing material
  - finds quiet, uninterrupted place(s) to study
  - enlists help from family, friends, etc.
  - develops individual learning techniques (such as mnemonics, re-writing notes, answering study or review questions)
  - develops friendships with others in class to assist in studying, gaining insight into material
  - develops organization to notes/material
  - develops “mental reminders” such as mnemonics, jingles, etc.
- uses effective time management
  - schedules time (planner, “dayrunner”, etc.)
  - sticks to set schedules
  - shows ability to say “no” when appropriate
  - makes concrete contingency plans for occurrences such as baby sitter, car repair, spouse work schedule
  - organizes activities around “most productive” times of day
  - uses unscheduled time efficiently

**F. Maintains an acceptable level of personal appearance**

Examples of these behaviors are listed but not limited to:

- dresses appropriately for all situations
- is clean and neat
- wears appropriate jewelry
- always wears full uniform for lab and/or clinical

**G. Upholds Core Values of Professionalism in Physical Therapy**

- [http://www.apta.org/uploadedFiles/APTAorg/About\\_Us/Policies/BOD/Judicial/ProfessionalisminPT.pdf](http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/BOD/Judicial/ProfessionalisminPT.pdf)

## Honorable and Ethical Behaviors

### A. Demonstrates accountability for all actions

Examples of these behaviors are listed but not limited to:

- does not receive, pursue, or provide unauthorized assistance for tests, projects or any other assignment
- turns in projects/assignments on time without excuses
- addresses dishonest or irresponsible behavior of others
- owns up to his/her actions
- tells truth even if reporting on fellow student or teacher
- refrains from making excuses
- maintains confidentiality
- shows loyalty to his/her class, program, college, and profession
- participates in class, program, college, and professional
- refrains from downgrading his/her class, program, college, profession
- takes action responsibility to consider changes for the class/program/college/profession

### B. Demonstrates respect in all situations

Examples of these behaviors are listed but not limited to:

- seeks positive ways to address situations
- addresses individuals with respect and appropriate title
- treats all people with dignity
- refrains from talking when others are talking
- uses courteous tone, gesture, speech and words when addressing others in writing or speech (courteous)
- refrains from gossiping
- respects authority
- follows appropriate chain of command

### C. Demonstrates ethical behavior in all situations

Examples of these behaviors are listed but not limited to:

- abides by professions Code of Ethics
- shows fairness in dealing with other classmates, staff, and faculty
- reports unethical situations to appropriate persons after discussing with the persons involved
- demonstrates honesty and integrity in all situations

### D. Abides by the [Standards of Ethical Conduct for the Physical Therapist Assistant](#) (Appendix G)



Last Updated: 09/05/14  
Contact: [advocacy@apta.org](mailto:advocacy@apta.org)

**Chart: Supervision of Students Under Medicare**

Practice Setting	PT Student Part A	PT Student Part B	PTA Student Part A	PTA Student Part B
PT in Private Practice	N/A	X1	N/A	X1
Certified Rehabilitation Agency	N/A	X1	N/A	X1
Comprehensive Outpatient Rehabilitation Facility	N/A	X1	N/A	X1
Skilled Nursing Facility	Y1	X1	Y2	X1
Hospital	Y3	X1	Y3	X1
Home Health Agency	NAR	X1	NAR	X1
Inpatient Rehabilitation Agency	Y4	N/A	Y4	N/A

**Key**

**Y:** Reimbursable

**X:** Not Reimbursable

**N/A:** Not Applicable

**NAR:** Not Addressed in Regulation. Please defer to state law.

**Y1:** Reimbursable: Therapy students are not required to be in line-of-sight of the professional supervising therapist/assistant (**Federal Register**, August 8, 2011). Within individual facilities, supervising therapists/assistants must make the determination as to whether or not a student is ready to treat patients without line-of-sight supervision. Additionally all state and professional practice guidelines for student supervision must be followed. Time may be coded on the MDS when the therapist provides skilled services and direction to a student who is participating in the provision of therapy. All time that the student spends with patients should be documented. There are distinctions with regard to how minutes are counted on the MDS (e.g. individual, concurrent, group) when a student is involved in providing care. These are described below:



**Individual Therapy:**

When a therapy student is involved with the treatment of a resident, the minutes may be coded as individual therapy when only one resident is being treated by the therapy student and supervising therapist/assistant. The supervising therapist/assistant shall not be treating or supervising other individuals **and** he/she is able to immediately intervene/assist the student as needed.

**Example:** A speech therapy graduate student treats Mr. A for 30 minutes. Mr. A's therapy is covered under the Medicare Part A benefit. The supervising speech-language pathologist is not treating any patients at this time but is not in the room with the student or Mr. A. Mr. A's therapy may be coded as 30 minutes of individual therapy on the MDS.

**Concurrent Therapy:**

When a therapy student is involved with the treatment, and one of the following occurs, the minutes may be coded as concurrent therapy:

- The therapy student is treating one resident and the supervising therapist/assistant is treating another resident, and both residents are in line of sight of the therapist/assistant or student providing their therapy; or
- The therapy student is treating 2 residents, **regardless of payer source**, both of whom are in line-of-sight of the therapy student, and the therapist is not treating any residents and not supervising other individuals; or
- The therapy student is not treating any residents and the supervising therapist/assistant is treating 2 residents at the same time, regardless of payer source, both of whom are in line-of-sight.

**Example:** An Occupational Therapist provides therapy to Mr. K. for 60 minutes. An occupational therapy graduate student, who is supervised by the occupational therapist, is treating Mr. R. at the same time for the same 60 minutes but Mr. K. and Mr. R. are not doing the same or similar activities. Both Mr. K. and Mr. R's stays are covered under the Medicare Part A benefit. Based on the information above, the therapist would code each individual's MDS for this day of treatment as follows:

- Mr. K. received concurrent therapy for 60 minutes.
- Mr. R. received concurrent therapy for 60 minutes.

**Group Therapy:**

When a therapy student is involved with group therapy treatment, and one of the following occurs, the minutes may be coded as group therapy:

- The therapy student is providing the group treatment and the supervising therapist/assistant is not treating any residents and is not supervising other individuals (students or residents); or
- The supervising therapist/assistant is providing the group treatment and the therapy student is not providing treatment to any resident. In this case, the student is simply assisting the supervising therapist.

**Documentation:** APTA recommends that the physical therapist co-sign the note of the physical therapist student and state the level of supervision that the PT determined was appropriate for the student and how/if the therapist was involved in the patient's care.

**Y2: Reimbursable:** The minutes of student services count on the Minimum Data Set. Medicare no longer requires that the PT/PTA provide line-of-sight supervision of physical therapist assistant (PTA) student services. Rather, the supervising PT/PTA now has the authority to determine the appropriate level of supervision for the student, as appropriate within their state scope of practice. See **Y1**.

**Documentation:** APTA recommends that the physical therapist and assistant should co-sign the note of physical therapist assistant student and state the level of appropriate supervision used. Also, the

documentation should reflect the requirements as indicated for individual therapy, concurrent therapy, and group therapy in **Y1**.

**Y3:** This is not specifically addressed in the regulations, therefore, please defer to state law and standards of professional practice. Additionally, the Part A hospital diagnosis related group (DRG) payment system is similar to that of a skilled nursing facility (SNF) and Medicare has indicated very limited and restrictive requirements for student services in the SNF setting.

Documentation: Please refer to documentation guidance provided under **Y1**

**Y4:** This is not specifically addressed in the regulations, therefore, please defer to state law and standards of professional practice. Additionally, the inpatient rehabilitation facility payment system is similar to that of a skilled nursing facility (SNF) and Medicare has indicated very limited and restrictive requirements for student services in the SNF setting.

## **X1: B. Therapy Students**

### **1. General**

Only the services of the therapist can be billed and paid under Medicare Part B. However, a student may participate in the delivery of the services if the therapist is directing the service, making the judgment, responsible for the treatment and present in the room guiding the student in service delivery.

#### **EXAMPLES:**

Therapists may bill and be paid for the provision of services in the following scenarios:

- The qualified practitioner is present and in the room for the entire session. The student participates in the delivery of services when the qualified practitioner is directing the service, making the skilled judgment, and is responsible for the assessment and treatment.
- The qualified practitioner is present in the room guiding the student in service delivery when the therapy student and the therapy assistant student are participating in the provision of services, and the practitioner is not engaged in treating another patient or doing other tasks at the same time.
- The qualified practitioner is responsible for the services and as such, signs all documentation. (A student may, of course, also sign but it is not necessary since the Part B payment is for the clinician's service, not for the student's services).

### **2. Therapy Assistants as Clinical Instructors**

Physical therapist assistants and occupational therapy assistants are not precluded from serving as clinical instructors for therapy students, while providing services within their scope of work and performed under the direction and supervision of a licensed physical or occupational therapist to a Medicare beneficiary.

Documentation: APTA recommends that the physical therapist or physical therapist assistant complete documentation.

## **Supervision of Students Under Medicare Part B**

**Date:** Wednesday, May 22, 2019

The purpose of this article is to provide clarification on the circumstances under which physical therapy students may participate in the provision of outpatient therapy services to Medicare patients, and whether such services are billable under Medicare Part B.

### **Background**

On April 11, 2001, CMS issued a program memorandum, (AB-01-56) on the provision of outpatient therapy services by therapy students. In this [program memorandum](#), CMS provided answers to frequently asked questions regarding payment for the services of therapy students under Part B of the Medicare program.

### **Acceptable Billing Practices**

Per [CMS' Medicare Benefit Policy Manual Chapter 15 Section 230](#):

Only the services of the therapist can be billed and paid under Medicare Part B. The services performed by a student are not reimbursed even if provided under "line of sight" supervision of the therapist; however, the presence of the student "in the room" does not make the service unbillable. Pay for the direct (one-to-one) patient contact services of the physician or therapist provided to Medicare Part B patients. Group therapy services performed by a therapist or physician may be billed when a student is also present "in the room".

EXAMPLES: Therapists may bill and be paid for the provision of services in the following scenarios:

- The qualified practitioner is present and in the room for the entire session. The student participates in the delivery of services when the qualified practitioner is directing the service, making the skilled judgment, and is responsible for the assessment and treatment.
- The qualified practitioner is present in the room guiding the student in service delivery when the therapy student and the therapy assistant student are participating in the provision of services, and the practitioner is not engaged in treating another patient or doing other tasks at the same time.
- The qualified practitioner is responsible for the services and as such, signs all documentation. (A student may, of course, also sign but it is not necessary since the Part B payment is for the clinician's service, not for the student's services).

For additional guidance on the use of therapy students in SNFs under Part B, please refer to CMS' [MDS RAI Manual](#).

### **Conclusion**

It is crucial that physical therapists be aware of and comply with Medicare regulations governing the circumstances in which physical therapy students may participate in the provision of physical therapy services. CMS has clearly stated its policy that student services under Part B are not billable, and that only services provided to Medicare beneficiaries by the PT may be billed.

## **Supervision of Students in Skilled Nursing Facilities and Inpatient Rehabilitation Facilities Under Medicare**

**Date:** Friday, June 12, 2020

CMS supports clinical training as a crucial component of professional development but can sometimes take differing approaches to requirements around that training, depending on setting.

### **Use of Students in SNFs**

The [MDS RAI Manual](#) is the guidebook that lays out exactly what CMS requires around many facets of SNF care, including use of students and "clarifications and scenarios concerning complex areas."

### **Use of Students in IRFs**

Talks between APTA, the American Occupational Therapy Association, the American Speech-Language Hearing Association and CMS in 2018 resulted in the agency [creating a definitive statement](#) around its views related to therapy students in hospitals.

### **Highlights of the letter:**

- CMS believes that clinical training in hospitals is essential for educating future therapists and other health care professionals.
- CMS has not changed its policy regarding the Medicare Hospital Conditions of Participation and the provision of services by students in hospitals, including therapy students providing rehabilitative services in hospitals and IRFs.
- There is no Medicare Hospital Condition of Participation, specifically 42 CFR 482.56, or interpretive guidance that prohibits therapy students from providing therapy services as part of their training program.
- CMS notes that per 42 CFR 482.56, the director of a hospital's rehabilitation services must have the necessary knowledge and expertise to supervise and administer the services, and must ensure the services are organized and staffed to ensure the health and safety of patients. The director's responsibilities extend to all therapy students providing services in the hospital as part of their training program.
- Therapy student services furnished under the supervision of a qualified therapist or therapy assistant may count toward the intensive rehabilitation therapy program requirement.
- The Medicare Conditions of Participation require hospitals to comply with all federal, state, and local laws related to the health and safety of patients, ensure medical staff is accountable to the governing body for the quality of care provided to patients, and have an organized medical staff responsible for the quality of care provided to patients by the hospital. Students that provide services and care to patients in the hospital as part of the training program, their supervisory faculty, and any hospital staff acting as student preceptors are subject to these levels of oversight as well as any standards and requirements established by their training programs and by any national organizations, such as American Physical Therapy Association, American Occupational Therapy Association, and American Speech-Language-Hearing Association.

**Consent to Drug/Alcohol Testing  
Statement of Acknowledgment and Understanding  
Release of Liability**

I, \_\_\_\_\_ am enrolled in the Allied Health and/or Nursing program at Walters State Community College. I acknowledge receipt and understanding of the institutional policy with regard to drug and alcohol testing, and the potential disciplinary sanctions which may be imposed for violation of such policy as stated in the Walters State Community College Student Handbook.

I understand the purpose of this policy is to provide a safe working and learning environment for patients, students, clinical and institutional staff; and property. Accordingly, I understand that prior to participation in the clinical experience, I may be required to undergo drug/alcohol testing of my blood or urine. I further understand that I am also subject to testing based on reasonable suspicion that I am using or am under the influence of drugs or alcohol.

I acknowledge and understand the intention to test for drugs and/or alcohol and agree to be bound by this policy. I hereby consent to such testing and understand that refusal to submit to testing or a positive result of the testing may affect my ability to participate in a clinical experience, and may also result in disciplinary action up to and including dismissal from Walters State Community College.

If I am a licensed health profession, I understand that the state licensing agency will be contacted if I refuse to submit to testing or if my test results are positive. Full reinstatement of my license would be required for unrestricted return to the Walters State Community College Allied Health and/or Nursing Program.

My signature below indicates that:

I consent to drug/alcohol testing as required by clinical agencies or as directed by the Office of Student Affairs.

I authorize the release of all information and records, including test results relating to the screening or testing of my blood/urine specimen, to the Office of Student Affairs, the Director of the Allied Health and/or Nursing Program, and others deemed to have a need to know.

I understand that I am subject to the terms of the general regulation on student conduct and disciplinary sanctions of Walters State Community College, and the Drug-Free Campus/Workplace Policy of Walters State Community College, as well as, federal, state and local laws regarding drugs and alcohol.

I hereby release and agree to hold harmless Walters State Community College and the Tennessee Board of Regents, their officers, employees and agents from any and all action, claim, demand, damages, or costs arising from such test(s), in connection with, but not limited to, the testing procedure, analysis, the accuracy of the analysis, and the disclosure of the results.

My signature indicated that I have read and understand this consent and release, and that I have signed it voluntarily in consideration of enrollment in the Allied Health and/or Nursing Program at Walters State Community College.

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

# **Handbook Revised 03/2022**

Walters State is one of 46 institutions in the Tennessee Board of Regents system, the sixth largest system of higher education in the nation. The Tennessee Board of Regents is the governing board for this system which is comprised of six universities, 13 community colleges, and 27 colleges of applied technology, providing programs in 90 of Tennessee's 95 counties to more than 200,000 students.

Walters State Community College is accredited by the Southern Association of Colleges and Schools Commission on Colleges (1866 Southern Lane, Decatur, Georgia 30033-4097; telephone number 404-679-4500) to award the associate degree. SACSCOC should be contacted regarding only questions about the accreditation status of the institution, to file a third-party comment at the time of the institution's formal, scheduled review, or to file a complaint against the institution for alleged non-compliance with a standard or requirement. Normal inquiries about Walters State such as admission requirements, financial aid, educational programs, etc. should be addressed directly to the institution and not to SACSCOC.

Walters State Community College does not discriminate on the basis of race, sex, sexual orientation, gender identity, color, religion, national origin, age, disability or veteran status in provision of educational programs and services or employment opportunities and benefits pursuant to the requirements of Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990 and the Age Discrimination in Employment Act of 1967 (ADEA). Inquiries and charges of violations of any of the above referenced policies should be directed to the Assistant Vice President for Human Resources/Affirmative Action Officer, 500 S. Davy Crockett Pkwy., Morristown, TN 37813-6899, 423-585-6845 or email: [jarvis.jennings@ws.edu](mailto:jarvis.jennings@ws.edu) Requests for accommodation of a disability should be directed to Office of Disability Services at Walters State, 500 S. Davy Crockett Pkwy., Morristown, TN 37813-6899.