



University of Findlay®

Doctor of Physical Therapy Department

Traditional Physical Therapy Program

Weekend PTA to DPT Bridge Program

Student Handbook

Part I: Didactic Education

Last Updated 4.14.26

Student Handbook Acknowledgement Form

Student's Name (Please print): _____

Address: _____

Phone: _____

I acknowledge that I have received an electronic copy of The University of Findlay Doctor of Physical Therapy Program Student Handbook Part 1 and Part II. I also acknowledge there are two parts to the handbooks: Part I Didactic Education and Part II Clinical Education. I also acknowledge that it is available during my enrollment at UF. I understand that program faculty will inform me of any changes and those changes will be presented online or at communication hour. The student handbook also includes clinical education policies and procedures.

I have read or will read the material contained within The University of Findlay Doctor of Physical Therapy Program Student Handbook (Part I Didactic Education and Part II Clinical Education). I have had the opportunity to ask questions about this handbook.

I understand that I will be held responsible to understand and abide by the policies in the University of Findlay Doctor of Physical Therapy Program Student Handbook and The University of Findlay Graduate Catalog for the duration of my enrollment at the university, both the academic and clinical education components.

The Department of Physical Therapy reserves the right to make changes in policies, procedures and regulations subsequent to the publication of this Student Handbook. Notice of changes, revisions, or any additions to Physical Therapy Student Handbook will be distributed to each student in writing by the Associate Chair of Students.

Signature (Student)

Date

I further acknowledge that I have received a copy of the Technical Standards and Essential Functions required for the program. I understand that if I require reasonable accommodation to perform any of the required activities, it is my responsibility to contact the Office of Accommodation and Inclusion.

Signature (Student)

Date

The Student Handbook is intended only as a reference guide and does not constitute a contract between the student and The University of Findlay or its Physical Therapy Program.

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Chapter I:
Introduction UF & COHP

The University of Findlay
and
The College of Health Professions

Introduction

The faculty of the Physical Therapy Program would like to welcome you to The University of Findlay. We are pleased that you have chosen to pursue your career goals in physical therapy with us in this unique program. We are certain that the next few years will prove to be both challenging and rewarding.

This student handbook consists of two parts: Part I for didactic education and Part II for clinical education, and was developed to provide you with information about the University, the PT Program, academic life, student services and clinical education. We hope that it will serve you well throughout your tenure as a University of Findlay student. Within the Physical Therapy Program there are two curricular paths to graduation. One is the Traditional Physical Therapy Curriculum. The second is the Weekend PTA to DPT Bridge Curriculum.

The majority of the information in this handbook for both curricular paths is the same. The information that is unique to each curriculum will be clearly labeled and the information that is unique to the *Weekend PTA to DPT Bridge Curriculum* will be noted in italics. Additional information regarding student life and The University of Findlay policies and procedures can be found in the Undergraduate and Graduate Catalogs, both of which are available online through The University of Findlay home webpage.

If you have any questions, please call the Physical Therapy Program office at 419-434-4863. Office hours are Monday through Friday from 8:00 a.m. to 5:00 p.m.

The University of Findlay

Mission Statement

The mission of The University of Findlay is to equip our students for meaningful lives and productive careers.

Principles That Guide Our Work

The trustees, faculty and staff of UF assert that:

- The University of Findlay is grounded in Christian faith, welcomes all people, and respects the roles of faith and reason in reflective study.
- Merging the best of education in professional preparation, the liberal arts, the natural sciences and experiential learning is the ideal preparation for 21st-century careers.
- We are all teachers. Teaching students is our most important responsibility; every trustee, professor and staff member should contribute to our students' learning.
- Together with our students, we will always engage in a caring, honest, respectful and reasoned exchange of ideas.
- As colleagues with our students, we will be prepared to serve others and to participate fully in a diverse, environmentally responsible, global society.

Vision Statement: The UF Distinction

The University of Findlay will become a leading Midwestern University characterized by the following three watch phrases:

Heartland Community

In a university founded on the principles of personal faith, civic mindedness and scholarly achievement, we will advance our commitment to the personal attention essential to the development of our students as whole persons—knowledgeable, creative, ethical, and compassionate leaders.

Diverse Perspectives

We will achieve a productive balance between innovative and time-tested approaches and programs in professional preparation, the liberal arts, and the natural sciences. We will embrace professional, cultural, and intellectual diversity that will distinguish our programs from those of other comprehensive institutions of higher education. We will model civil discourse.

Transformative Experiences

We will leverage our location, size and values to provide experiential learning for students in every program of study.

Benefits to Our Students of This Educational Approach

The University of Findlay graduates will demonstrate the benefits of an education adaptive to the emerging needs of 21st-century students—in methods and locations of instruction; in experience-based curricula focused on their professions of choice and areas of intellectual interest at the undergraduate, graduate, and professional levels; and in broad exposure and experience designed to help them live honorably.

Those benefits will include:

- gainful employment or successful entry into a graduate program;
- long-term success in their professions of choice; and
- the knowledge, skills, and dispositions that UF believes important for all its graduates, regardless of the profession.
-

University of Findlay Diversity Statement

"As part of our commitment to achieve excellence, the University of Findlay values and actively promotes a welcoming and supportive environment that honors the many aspects of diversity. We aspire to foster acceptance of, respect for, and appreciation of all persons in our campus community. We celebrate our commonalities and unique differences, and we acknowledge that diversity broadens learning, stimulates creativity, promotes the exchange of ideas, and prepares our students for meaningful lives and productive careers."

The College of Health Professions

Mission Statement:

The College of Health Professions is committed to preparing exemplary future professionals who are leaders in their chosen fields through collaboration, innovation, and experiential learning.

Vision Statement:

The College of Health Professions will advance health care and human services through nationally distinguished programs with emphasis on health promotion, evidence-based practice, innovative education, scholarship, and service within the community.

Graduate Studies Mission Statement

"Our mission is to provide lifelong learners with innovative and flexible educational experiences designed to foster intellectual curiosity and reflective leadership skills.

Chapter II:

Physical Therapy Program

The Physical Therapy Program

Mission – Physical Therapy Program

The mission of the physical therapy program at The University of Findlay is to empower students to help transform society by optimizing movement and function to improve the lives and well-being of those they serve.

Statement of Philosophy

Physical therapy is an essential component of any health care system. It is a profession whose primary purpose is the optimization of movement and function to improve the health and wellbeing of all people. It incorporates the following tenets:

1. The domain of physical therapy is focused on movement dysfunction as it relates to wellness, health conditions, impairments in body function and structure, functional limitations and disability as they relate to activity limitations and participation restrictions.

Definitions include:

Wellness: a condition of good mental and physical health as it relates to the maintenance of optimal human health and the prevention of movement dysfunction

Health Conditions:* diseases, disorders, and injuries

Body Functions:* are physiological functions of body systems (including psychological functions).

Body Structures:* are anatomical parts of the body such as organs, limbs and their components.

Impairment:* are problems in body function or structure such as a significant deviation or loss.

Activity:* is the execution of a task or action by an individual.

Activity Limitations:* are difficulties an individual may have in executing activities.

Participation:* is involvement in a life situation.

Participation Restrictions:* are problems an individual may experience in involvement in life situations.

Contextual Factors:* Include both environmental and personal factors

Environmental factors:* make up the physical, social and attitudinal environment in which people live and conduct their lives. Factors that are not within the

person's control, such as family, work, government agencies, laws, cultural beliefs, natural and man-made environment

Other definitions:

Active Pathology:** Interruption or interference with normal processes, and effort of the organism to regain normal state

Impairment:** Any loss or abnormality of anatomic, physiologic, mental, or psychological structure or function

Functional Limitation:** Inability to perform a task or obligation of usual roles and typical daily activities as the result of impairment

Disability:** Overall patterns of behavior that limit performance of socially defined roles and tasks within a sociocultural and physical environment.

2. Physical therapists have a responsibility to demonstrate leadership in education, scholarly activity and practice throughout the domain of physical therapy. They must also model the core values*** of accountability, altruism, collaboration, compassion and caring, duty, excellence, inclusion, integrity, and social responsibility.
3. Physical therapists may be called upon to function in a variety of roles. These roles may include service provision, client advocacy, research, education, consultation, referral, and administration.
4. Physical therapists must be prepared to participate in a dynamic health care system with expanding technology and scientific knowledge, multiple roles, & multiple settings for practice.

* The definitions of Body function/structure, Activity limitation/participation restriction and Disability are based on the ICF model found at:

World Health Organization. Towards a common language for functioning, disability and health ICF. 2002. Accessed June 29, 2015 at <http://www.who.int/classifications/icf/training/icfbeginnersguide.pdf>

**The definitions of Impairment, Functional Limitation, and Disability are based on the work of Nagi.

Nagi S. Some conceptual issues in disability and rehabilitation. In: Sussman M, ed. *Sociology and Rehabilitation*. Washington, DC: American Sociological Association; 1965:100–113.

*** Core Values for the Physical Therapist and Physical Therapist Assistant. 2021 Accessed 8-11-23 at <https://www.apta.org/apta-and-you/leadership-and-governance/policies/core-values-for-the-physical-therapist-and-physical-therapist-assistant>

Conceptual Framework Pertaining to both the Traditional DPT Curriculum and The Weekend PTA to DPT Bridge Program.

Through the work of John Dewey, Hilda Taba and others, four major areas of concern, known as planning bases, for curriculum development have emerged. These include the learner, society, subject-matter content, and teaching-learning theory (Wiles and Bondi, 1989, p. 9). Please refer to Figure 1. Based on this body of knowledge, the following set of beliefs were defined by the faculty for each area of concern:

1. The Learner

- Should be actively engaged in all aspects of the teaching/learning process
- Desires and demonstrates a tendency toward self-directedness as he/she matures
- May be motivated intrinsically and/or extrinsically
- Will need to make a transition to an adult, self-directed, lifelong-learner

2. Society

- Climate of rapid change in health care
- Technology and scientific knowledge are increasing at an exponential rate
- Will continue to demand effective and cost-efficient medical treatment
- Because of the above, interprofessional collaboration will be a dominant theme for the future practice of all professionals
- As professionals, physical therapists must function in a variety of roles in order to meet the needs of society

3. Subject Matter Content

- Balanced curriculum of liberal arts, basic sciences, foundational sciences, clinical sciences and clinical education
- Critical thinking and problem solving are essential for practice
- Theoretical foundations must be integrated with clinical reasoning skills
- Course content must emphasize the prevention and treatment of movement disorders across the lifespan
- Self-directed lifelong learning will be essential for future practice because of rapid changes in technology and scientific knowledge
- Professional behavior and socialization must be emphasized throughout the curriculum in order to assist students in making the transition from student to practicing physical therapist

4. Teaching/Learning Theory

- Experiential/participatory learning is stressed
- Learning experiences need to facilitate transition in learning from teacher-directed to student-directed.
- Supportive environment (vs. competitive) is necessary

Cross Curricular Content

The areas of critical analysis and problem solving, professionalism, and a lifespan approach to patient/client management are emphasized across the curriculum.

Critical Analysis and Problem Solving

The PT Faculty at The University of Findlay has developed a definition of critical thinking for use throughout the curriculum. This definition states that the graduate is able to use a purposeful, self-regulatory process that includes interpretation, analysis, evaluation, and inference, and can explain the evidential, conceptual, methodological, criteriological, or contextual considerations on which judgments are based.

Critical thinking and problem solving are formally introduced in the first semester of the curriculum. This initial content is then reinforced and built upon throughout the curriculum through the use of teaching and evaluation techniques such as literature critiques, problem-based case studies, analysis of guest lecturers and instructors, evaluation of physical therapy equipment, and pro bono clinic as well as during classroom and lab experiences. The process of critical analysis is also continued through the research sequence. In addition, critical thinking is a component of all lab practical examinations. Please see Appendix B: Critical Thinking Outcome for the complete critical thinking definition and a copy of the scoring rubric to be used for laboratory examinations.

Professionalism

Professionalism is formally introduced in the courses, Introduction to Physical Therapy Practice and Professional Issues. Professional behaviors are then expected and evaluated throughout the curriculum through a professional development portfolio policy (Appendix A), lab practical examinations, written papers, oral presentations, and clinical education.

The program expects DPT students to develop and demonstrate 10 professional behaviors important to the practice of physical therapy. These are adopted from the work of Warren May, PT, and colleagues. "In addition to a core of cognitive knowledge and psychomotor skills, it has been recognized by educators and practicing professionals that a repertoire of behaviors is required for success in any given profession" (Alverno College Faculty, Assessment at Alverno, 1979). The identified repertoire of behaviors that constitute professional behavior reflect the values of any given profession and, at the same time, cross disciplinary lines (May et. al., 1991). Visualizing cognitive knowledge, psychomotor skills and a repertoire of behaviors as the legs of a three-legged stool serves to emphasize the importance of each. Remove one leg and the stool loses its stability and makes it very difficult to support professional growth, development, and ultimately, professional success (May et. al., Opportunity Favors the Prepared: A Guide to Facilitating the Development of Professional Behavior, 2002). See Appendix C: Professional Behaviors.

Lifespan

Finally, all courses, which focus on any aspect of physical therapy examination and intervention, emphasize a lifespan approach. The psychosocial and motor concepts related to lifespan development are introduced in the first year in a lifespan development course. Each subsequent course then relates issues across the lifespan to the course content. In addition, one of the curricular textbooks is a pediatric text that can be used across the curriculum.

Outcome

The final outcome of the conceptual framework for the Physical Therapy Curriculum is a generalist practitioner who is able to effectively practice in a dynamic health care environment. Please see Figure 3 for a graphic representation of the conceptual framework.

Student Expectations

The faculty of the DPT Program believes it is our responsibility to 1) establish assessment tools relevant to didactic and clinical education performance within the scope of practice for a physical therapist, 2) evaluate student performance consistently and fairly, and 3) provide feedback and guidance to the students regarding their performance.

Student Responsibilities

In turn, a greater responsibility is placed on the students for their own learning through self-study, reflection, research, and presentation. The students are also responsible for making choices and accepting the consequences of those choices. Attention and active participation are required in all sessions. Each student is expected to prepare for the lecture and lab session by reading the required materials prior to that session. Any student having particular difficulty with material presented in this course should seek direction and/or assistance from the instructor or laboratory assistants as soon as the difficulty is perceived. Each student is expected to act according to the guidelines of Professionalism and Professional Behaviors set forth in this Student Manual.

Program Goals *Approved 6.1.23*

The DPT programs at the University of Findlay will:

1. Provide a challenging, collegial, and diverse learning environment that meets or exceeds the requirements of the University and external accreditation agencies (i.e., CAPTE, HLC)
2. Value and support an inclusive and respectful culture for and with all stakeholders.
3. Value a communication structure of shared decision making and transparency.
4. Deliver an evidence-based and innovative curriculum that is current with professional practice and educational standards.
5. Recruit and support faculty in a work environment that values and respects faculty members' work, growth, and development at the University.
6. Optimize the program and University's resources to consistently fill the available seats in the Traditional and Bridge programs.

Student Goals *Approved 6.1.23*

1. 100% of students pass all laboratory practical exams with a minimum score of 80%.
2. Professional Development:
 - 100% of students have a completed Professional Development Portfolio.
 - 90% of students report on the program exit survey that the Professional Development Portfolio was beneficial for their professional development.
3. 100% of students demonstrate entry level proficiency with all CPI skills, with no safety or professional behavior issues noted by clinical instructors at the completion of clinical education.

Graduate Goals *Approved 6.1.23*

Upon completion of the Physical Therapy Curriculum at The University of Findlay, the graduate will be prepared to:

1. Integrate theoretical knowledge and practical clinical skills to engage in the autonomous practice of physical therapy at the entry level.
2. Practice as a generalist practitioner with the ability to practice in a variety of settings, geographical locations and roles
3. Engage in self-motivated, lifelong learning
4. Exhibit professional behaviors, which include ethical conduct, professionalism, critical thinking and problem solving, safe performance, self-development and effective communication
5. Demonstrate an awareness of the value of service to the profession and to the community.
6. Demonstrate an awareness of individual and cultural differences and psychosocial factors, which may affect human function and quality of life across the life span.
7. Use critical thinking and problem-solving skills in clinical practice and research.

Curricular Objectives - Physical Therapy Program

Curricular Goals

1.0 Demonstrate an understanding of and ability to apply the knowledge, skills and values obtained in prerequisite, foundational science, and behavioral science course work in preparation for contemporary practice in physical therapy.

2.0 Establish effective culturally competent **communication** with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers and policymakers, by demonstrating appropriate verbal, non-verbal and written communication. **(7D7,7D8)**

3.0 Incorporate an understanding of the implications of **individual and cultural differences** when engaged in all physical therapy roles. **(7D8)**

4.0 Complete **screening** activities to determine the need for further examination or consultation by a physical therapist or referral to another health care professional. **(7D16)**

5.0 **Examine** movement related impairments in body structure and function, activity limitations, and participation restrictions across the lifespan and continuum of care by:

5.1 Using health informatics, the interview process, and other sources to appropriately complete a patient history. **(7D17,7D20)**

5.2 Completing a relevant review of the musculoskeletal, neuromuscular, cardiovascular, pulmonary and integumentary systems in terms of their relationship to movement and movement dysfunction. **(7D18)**

5.3 Demonstrating knowledge of the scientific basis and effectiveness of physical therapy that utilizes the best evidence for tests and measures in the evaluative processes. **(7D11,7D19)**

5.4 Selecting, administering and integrating the best evidence to support tests and measures that are appropriate to the patient's demographics, diagnosis, health status and culture. **(7D11,7D19)**

6.0 **Synthesize** examination data to complete the physical therapy **evaluation** by:

6.1 Identifying body structure and function impairments, activity limitations and participation restrictions that can be minimized or alleviated through physical therapy using the ICF model. **(7D21,7D22)**

6.2 Evaluate data from the examination to make clinical judgments. **(7D20)**

- 6.3 Specifying conditions beyond the scope of their abilities or the practice of physical therapy and referring to the appropriate professional. (7D16)
- 7.0 Efficiently establish a physical therapy **diagnosis** by:
- 7.1 Utilizing examination data and evaluation results to establish a differential diagnosis for patients across the lifespan and continuum of care. (7D22)
 - 7.2 Considering the policies and procedures of the practice setting. (7D28)
 - 7.3 Effectively communicate diagnostic results and clinical impressions with all stakeholders as appropriate. (7D7, 7D22)
- 8.0 Determine patient **prognoses** based on the results of the physical therapy examination, evaluation and diagnostic process. (7D23)
- 9.0 Develop and execute a safe and effective **plan of care** by:
- 9.1 Collaborating with clients, families, payers and other healthcare professionals to establish an appropriate and culturally competent plan of care, including a plan for discontinuation of care. (7D23,7D24, 7D26)
 - 9.2 Constructing physical therapy goals and functional outcomes within available resources (including applicable payment sources) and specify the time frame for achievement. (7D23, 7D24)
 - 9.3 Complying with the administrative policies and procedures of the practice environment. (7D28)
 - 9.4 Evaluating and modifying treatment plans and goals according to patient feedback and response and the analysis of outcome measures. (7D24, 7D30, 7D31)
 - 9.5 Maintaining fiduciary responsibility for all patients/clients. (7D42)
- 10.0 Competently provide physical therapy **intervention** by:
- 10.1 Selecting and executing appropriate therapeutic procedures in order to achieve defined goals. (7D27)
 - 10.2 Carrying out all physical therapy procedures safely. (7D27)
 - 10.3 Incorporating effective teaching methods and strategies in all physical therapy roles. (7D12)
 - 10.4 Completing accurate written documentation of the physical therapy examination, evaluation, diagnosis, prognosis, intervention and outcomes. (7D32)
 - 10.5 Applying principles of risk management and taking appropriate action in an emergency in any practice setting. (7D33,7D37)
- 11.0 Appropriately utilize **outcome assessment** data by:
- 11.1 Selecting measures that are reliable and valid and take into account the practice setting, individual differences and societal influences. (7D19)
 - 11.2 Collecting accurate information to allow for analysis of individual patient/client outcomes. (7D19)
 - 11.3 Analyzing and applying results to allow for modification of the plan of care. (7D31)
- 12.0 Identify, assess and promote the health needs of individuals, groups and communities, including screening, prevention and wellness programs that are culturally appropriate within the practice of physical therapy. (7D34)
- 13.0 Provide and manage care in a variety of **care delivery systems** by:
- 13.1 Providing physical therapy through direct access or referral based on patient or client goals, expected functional outcomes, and knowledge of one's own and other's capabilities. (7D34,7D35)
 - 13.2 Managing human and material resources and services to provide high-quality, efficient physical therapy services based on the patient/client's goals, expected outcomes, and plan of care.(7D28, 7D29, 7D30, 7D31, 7D36, 7D42)
 - 13.3 Interacting with patients, clients, family members, other healthcare providers and community-based organizations for the purpose of coordinating activities to facilitate culturally competent, efficient and effective patient or client care. (7D7, 7D34, 7D39)
 - 13.4 Participate in patient centered interprofessional and collaborative practice with active participation

from the patient in aspects of his/her care and treatment. (7D39)

14.0 Demonstrate appropriate **professional behavior** by:

14.1 Demonstrating behavior congruent with the APTA *Core Values* and *Code of Ethics* during interactions with others. (7D4,7D5,7D6)

14.2 Adhering to the standards of practice, state and federal laws. (7D1)

14.3 Reporting to appropriate authorities suspected cases of fraud and abuse. (7D2,7D3)

14.4 Reflecting upon and appropriately addressing self and peer assessment outcomes. (7D5,7D38)

14.5 Participating in both integrated and full-time terminal clinical education activities. (6L)

14.6 Formulating and implementing a plan for personal and professional career development. (7D15)

14.7 Becoming involved and demonstrating leadership in professional organizations and activities through membership, service and advocacy for the profession and healthcare needs of society.(7D13, 7D14)

14.8 Demonstrating professional judgment and consideration of patient/client values in the application of current theory and knowledge to patient/client management. (7D10,7D11)

14.9 Utilizing information technology to access appropriate sources of information in support of clinical decisions. (7D9)

14.10 Critically evaluating current literature and information sources related to contemporary physical therapy practice, research, administration, consultation, and education. (7D9, 7D11, 7D40)

14.11 Participating in scholarly activities that contribute to the body of physical therapy knowledge. (7D9,7D15)

15.0 Function in the role of an **administrator** by:

15.1 Appropriately delegating to and supervising physical-therapy-related services to support personnel, physical therapist assistants and caregivers. (7D25, 7D29)

15.2 Demonstrating understanding of the history, current status and future projections for health care delivery in the United States and assessing health care policies and their potential implications in the healthcare environment. (7D41)

15.3 Participating in practice management functions appropriate for a given practice setting, including marketing, public relations, regulatory and legal requirements, risk management, staffing and continuous quality improvement. (7D36, 7D43)

15.4 Participating in the financial management of practice settings including billing and payment for services. (7D42)

15.5 Establishing a business plan on a programmatic level within a practice. (7D43)

15.6 Participating in activities related to marketing and public relations. (7D43)

16.0 Function as an effective **educator** by applying teaching and learning theories in designing, implementing and evaluating learning experiences for individuals, organizations and communities (7D12)

17.0 Demonstrate the ability to function in the role of **consultant** by providing consultation to individuals, case managers, businesses, schools, government agencies or other organizations. (7D13)

18.0 Function as a **self-directed lifelong learner** by:

18.1 Completing projects requiring selection of a topic and independent integration of information from a number of sources. (7D9)

18.2 Understanding the dynamic nature of the knowledge base of physical therapy and the need to stay current through practice, professional literature, and education. (7D15)

18.3 Seeking out new information regarding the practice of physical therapy. (7D9)

19.0 Use **critical thinking skills** to:

- 19.1 Assess and critically analyze scientific literature and apply best evidence for practice with clinical judgment to determine the best care for a patient. (7D9,7D10,7D11)
- 19.2 Explain one's reasoning and conclusions. (7D10,7D11)
- 19.3 Monitor, reflect on and question one's own thinking in order to minimize errors and enhance patient/client outcomes. (7D38)

Accreditation Information - Physical Therapy Program

Students must graduate from an accredited professional program in order to be eligible to sit for the required licensure examination.

The Doctor of Physical Therapy Program is fully accredited as a part of The University of Findlay and the College of Health Professions through the Higher Learning Commission (HLC).

The Doctor of Physical Therapy Program at the University of Findlay is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, Virginia 22314; telephone: 703-706-3245; email: accreditation@apta.org; website: <http://www.capteonline.org> .

CAPTE Contact Information

The University of Findlay is committed to providing a dynamic environment for community partnerships, student learning and faculty and staff interaction with all associated stake holders. Any individual stake holder (community member, student, clinical coordinator or instructor, etc.) may notify The Commission on Accreditation of Physical Therapy Education (CAPTE) about any issue involving the physical therapy program or the institution by phone, the internet, or mail service. The identification of the individual(s) making the complaint are identified as the program addresses the areas of concern. A complete outline of the process can be found on line at www.capteonline.org/AccreditationHandbook/.

Commission on Accreditation in Physical Therapy Education of the
American Physical Therapy Association (CAPTE)
3030 Potomac Avenue, Suite 100
Alexandria, VA 22305

accreditation@apta.org

1-703-706-3245

Chapter III:

Traditional Physical Therapy Curriculum

Vision Statement: Traditional DPT Program:

The vision of the traditional physical therapy program is to produce physical therapist who have meaningful careers, reflective of their individualized and inclusive PT education, and make a positive contribution to society, through their work as critical thinkers and lifelong learners.

Philosophy of Education: Traditional Physical Therapy Curriculum

- 1) A balanced curriculum of liberal arts, basic sciences, foundational sciences, clinical sciences and clinical education is necessary to produce well-rounded graduate who possesses a global perspective of the factors which influence human function through the life span and which contribute to the quality of life.
- 2) A curricular emphasis on critical thinking and lifelong, self-directed learning is imperative for graduates to effectively function in the dynamic health care environment.
- 3) The environment for learning is one that is mutually respectful, collaborative and supportive, to all learners.
- 4) An emphasis on service to profession and community is incorporated into the curriculum to instill awareness of the importance and benefits of social responsibility.
- 5) The curriculum design and instructional strategies should facilitate the student's transition from undergraduate to graduate, adult, self-directed learner.
- 6) Academic and clinical faculty assessment and appropriate professional development activities are integral to provision of exemplary instruction.

Conceptual Framework specific to the Traditional Physical Therapy Curriculum

1. Basic Science and Liberal Arts Foundation

The faculty believes that a foundation in the basic sciences and liberal arts is an essential component of physical therapy education. Basic sciences are needed to provide the background necessary for many of the foundational physical therapy courses. A broad base in the liberal arts is necessary to develop an understanding of the implications of citizenship in the world, United States, local community, and professional community. It also provides the basis for examining and restructuring one's beliefs, for developing reflective thinking, and for realizing the intrinsic value of learning and self-development. In support of this, students are required to complete a number of prerequisites before entering the Traditional Physical Therapy Curriculum at The University of Findlay. In addition, for those University of Findlay students who have not yet completed a bachelor's degree prior to entrance into the graduate program, two additional criteria must be met 1) 93.5 credit hours and 2) a declared minor or second major area of study must both be met prior to matriculation into the program.

2. Content Areas of Physical Therapy

The content areas of physical therapy are organized into four categories. These are foundational sciences, clinical sciences, clinical education, and the roles of the physical therapist.

3. Foundational Sciences

The foundation provided by the basic science prerequisites is further strengthened through courses in foundational sciences that are closely linked to the practice of physical therapy. These courses include Anatomy I and II, Functional Anatomy/Biomechanics, Applied Physiology, Pharmacology, Medical Diagnostics, Clinical Medicine I and II, Foundations in Neuroscience, Lifespan Development, Introduction to Physical Therapy, Motor Control, and Psychosocial Factors in Disability.

4. Clinical Sciences

These are courses with content area directly related to patient care. This content is organized according to three guiding principles.

The **first** is the formation of a physical therapy diagnosis and plan of care. This includes screening, examination, evaluation, diagnosis, prognosis, designing and implementing a plan of care and re-evaluation and adjustment of the plan of care. Maintenance of health and injury and illness prevention expand this principle. Students learn and apply the process of developing physical therapy diagnosis, differential diagnosis, and plan of care development in Elements of PT Practice I, II, and III. Additionally, students relate pathology to physical therapy screening in Clinical Medicine while wellness and prevention principles are covered in several courses including Community Health, Introduction to Physical Therapy Practice, Musculoskeletal, Cardiopulmonary, Integumentary, and Neuromuscular courses.

The **second** guiding principle is patient care according to body systems. Students take courses in which they apply knowledge of examination, evaluation, diagnosis and interventions for those patients/clients with musculoskeletal, neurologic, integumentary and cardiopulmonary disorders. These courses include Musculoskeletal System I, II, and III, Neuromuscular System I and II, Integumentary, Cardiopulmonary Systems and other body systems.

The **final** guiding principle is practice adjuncts. Practice adjuncts are defined as those areas of physical therapy used across body systems to augment the accomplishment of physical therapy goals. The courses Principles of Therapeutic Exercise, , Agents and Modalities, Community Health, Medical Diagnostics, Rehabilitation Technology, and Orthotics and Prosthetics are organized according to this principle. Please refer to Figure 2 for a diagrammatic representation of these three principles. The final courses Physical Therapy Seminar and Selected Topics in Physical Therapy represent an integration of all the clinical science principles.

5. Clinical Education

Clinical Education is considered an integral component of the Traditional Physical Therapy Curriculum. It includes a series of four clinical experiences, ranging from seven to ten weeks. The practicum sequence is designed to provide the student with a supervised, concentrated course of study in which he/she is given opportunities to apply theory and practice learned skills in the clinic setting. There is a clinical experience at the start of the second year to introduce students to patient care, a clinical experience in the summer of the third year, fall of the third year, and a choice setting at the end of the third year. The sequence is designed to give students experience in a variety of clinical settings, with each student completing at least one experience in an outpatient and one in an inpatient setting. In addition, we attempt to expose students to both large urban centers and small rural areas

6. Physical Therapist Roles

As stated in the program's philosophy statement, physical therapists may be called on to function in a variety of roles. As such, they must demonstrate leadership in education, scholarly activity, and practice throughout the domain of physical therapy. Classes such as Management in a Changing Health Care Environment, Community Health, Education in Physical Therapy, Professional Issues, PT Seminar, Health Care Systems, Foundations in Research, and the research course series are organized according to this principle.

Cornerstones: Traditional Physical Therapy Curriculum

The four cornerstones of the curriculum's conceptual framework are lifelong learning, the ICF Model/Nagi disablement model, a supportive environment, and service to the community. These cornerstones exemplify the unique features of the Traditional Physical Therapy Curriculum at The University of Findlay.

1. Lifelong Learning

The faculty believe that in a society with rapid technological and knowledge expansion, lifelong learning skills are essential for all future practitioners. In support of this belief, the curriculum is designed to assist in the progressive development of self-directed lifelong learning skills. Merriam (1991, 2001, 2007) and Blashke (2012) discuss the four stages to becoming a self-directed learner:

1. learners of low self-direction who need an authority figure (teacher) to tell them what to do;
2. learners of moderate self-direction who are motivated and confident but largely ignorant of the subject matter to be learned;
3. learners of intermediate self-direction who have both the skill and the basic knowledge and view themselves as being both ready and able to explore a specific subject area with a good guide; and
4. learners of high self-direction who are both willing and able to plan, execute, and evaluate their own learning with or without the help of an expert.

Assignments which incorporate activities such as literature searches, self-evaluation, independent projects, learning contract development, and self-reflection are used to support the development of these skills.

2. ICF Model of Enablement/Nagi Disablement Model

The faculty believe that the World Health Organization's International Classification of Functioning, Disability, and Health (ICF) is a model of enablement and participation that will facilitate research, evidenced-based practice and communication across disciplines and across the world. (Hurst 2003, Jette 2006, Veitch 2009, Martinuzzi 2010). However, the faculty believes that Nagi's model of disablement is still widely used throughout the clinical community. Previously it was an ideal framework for defining the domain of physical therapy practice and a focus for physical therapy education. Therefore, they have both been made an integral part of the program's mission and philosophy. Students are introduced to both models early in the curriculum. Following introduction to these models, students utilize the concepts of impairment, functional limitation, and disability as well as health condition, impairment, activity limitation, participation restriction to organize material and approach patient problems in subsequent courses. Using both models facilitates not only the predominant clinical model but also weaves in the ICF model. The ICF model concentrates more on participation of the individual and facilitates the concepts of wellness and prevention. It is hoped that our students/graduates will be agents of change as they move into their final affiliations and professional careers.

3. Supportive Environment

The University of Findlay takes pride in providing a supportive environment for the student. As such, all students are advised on a regular basis by a faculty member within the program. The program also endeavors to treat students with respect and there is an attempt to create a "family" or "community" atmosphere on campus. Faculty try to emphasize the student and faculty are a

partnership in their education. The small size of the campus and friendly atmosphere provide for the student an environment conducive to learning.

4. Service to Community

Because physical therapists practice within the context of their community and society as a whole, it is important that students and graduates understand their roles within that context and that they value a commitment to the overall health and welfare of the community. As such, the courses Introduction to Physical Therapy Practice, Community Health and Professional Issues facilitate the development of these attributes. In addition, all students demonstrate their achievement of objectives related to altruism, excellence, caring, ethics, respect, communication and accountability through the APTA Core Values assessment and an annual professional development plan (Appendix A: PDP Advisor's Form).

Figure 3.1. PT Program Conceptual Framework

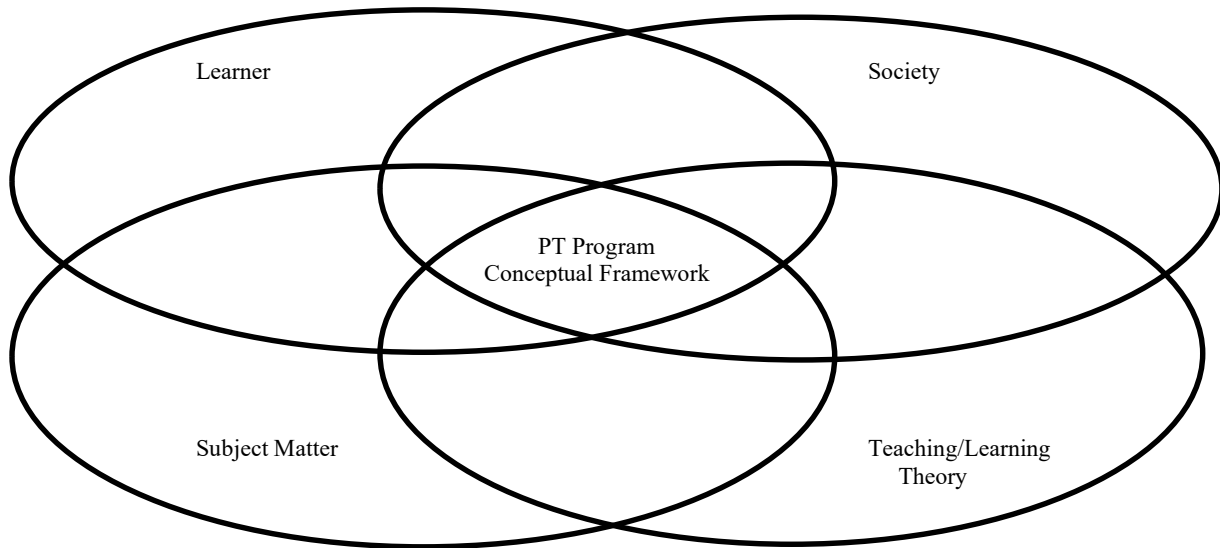


Figure 3.2. Traditional Curriculum Guiding Principles

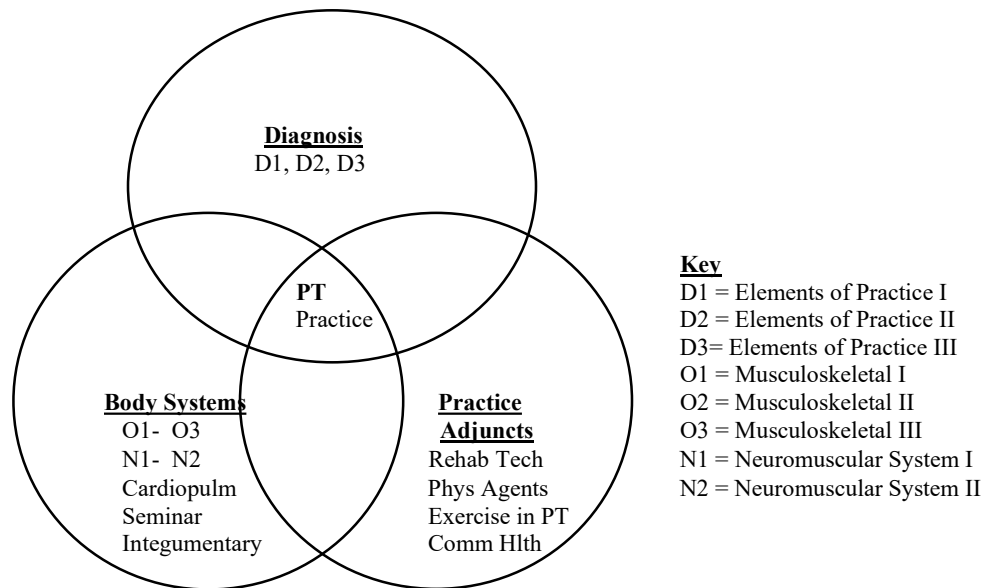
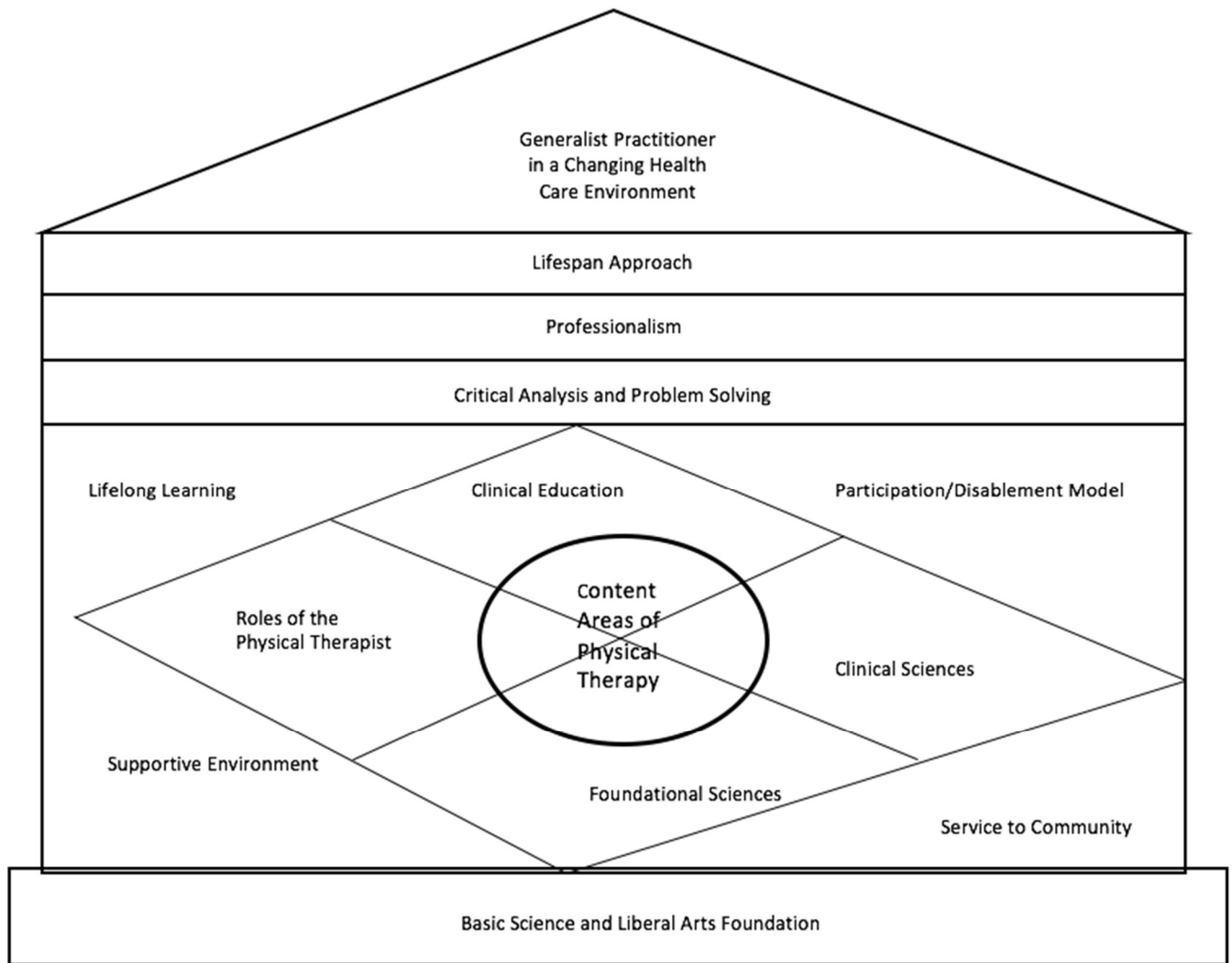


Figure 3.3 Conceptual Framework Traditional Physical Therapy Curriculum:



References: Traditional Physical Therapy Curriculum Conceptual Framework

A Normative Model of Physical Therapist Professional Education: Version 2004. Alexandria, Va: American Physical Therapy Association, 2004.

Blaschke, Lisa Marie. "Heutagogy and Lifelong Learning: A Review of Heutagogical Practice and Self-Determined Learning". *The International Review of Research in Open and Distance Learning*. Athabasca University. Retrieved 24 November 2012.

Brookfield SD. *Understanding and Facilitating Adult Learning*. San Francisco, CA: Jossey-Bass; 1991.

Cross PK. *Adults as Learners*. San Francisco, CA: Jossey-Bass Publishers; 1983.

Curriculum Content in Physical Therapist Professional Education: Postbaccalaureate Level. Alexandria, VA: American Physical Therapy Association; 1993.

Elias JL, Merriam S. *Philosophical Foundations of Adult Education*. Malabar, FL: Robert E. Kreiger Publishing Company; 1980.

Guccione AA. Physical therapy diagnosis and the relationship between impairments and function. *Phys Ther*. 1991;71(7):499-502.

Guide to Physical Therapist Practice 3.0. American Physical Therapy Association ISBN: 978-1-931369-85-5, DOI: 10.2522/ptguide3.0_978-1-931369-85-5.

Hurst R. The international disability right movement and the ICF. *Disabil and Rehabil*. 2003;11-12,572.576.

Jette AM. Diagnosis and classification by physical therapists: a special communication. *Phys Ther*. 1989;69(11);967-969.

Jette AM. Toward a Common Language for Function, Disability and Health. *Phys Ther*. 2006;86(5):726-734.

Knowles MS. *The Modern Practice of Adult Education: From Pedagogy to Andragogy*. Chicago, IL: Follett Publishing, Company; 1980.

Langenbach, M. *Curriculum Models in Adult Education*. Malabar, FL: Robert E. Krieger Publishing Company; 1988:107-191.

Merriam SB, Caffarella RS. *Learning in Adulthood*. San Francisco, CA: Jossey-Bass Publishers; 1991.

Merriam SB. Andragogy and self-directed learning: Pillars of adult learning theory. *New Directions for Adult and Continuing Education*, 2001: 3–14.

Merriam SB & Caffarella RS. (2007) *Learning in adulthood: A comprehensive guide, 3rd Ed.* San Francisco: Jossey-Bass,2007

Martinuzzi A, Salghetti A, Betto S et al. The International classification of Functioning Disability and Health version for children and youth as a road-map for projecting and programming rehabilitation in a neuropsychiatric hospital unit. *J Rehabil Med.* 2010;42:49-55.

Nagi S. Some conceptual issues in disability and rehabilitation. In:Sussman M, ed. *Sociology and Rehabilitation.* Washington, DC:American Sociological Association; 1965:100–113
Professional Education in Physical Therapy: Developing an Academic Program. Alexandria, VA: American Physical Therapy Association; 1993.

Shepard KF, Jensen GM. Physical therapist curricula for the 1990s: educating the reflective practitioner. *Phys Ther.* 1990;70(9):566-577.

Tyler RW. *Basic Principles of Curriculum and Instruction.* Chicago, IL: University of Chicago Press; 1949.

Veitch C, Madden R, Britt H, Kuipers P, Brentnall J, et al. Using ICF and ICPC in primary health care provision and evaluation. http://www.who.int/classifications/network/WHOFIC2009_D009p_Veitch.pdf.

Watts NT. Task analysis and division of responsibility in physical therapy. *Phys Ther.* 51(1);1971:23-35.

Wiles J, Bondi J. *Curriculum Development: A Guide to Practice.* 3rd Ed. New York, NY: Macmillan Publishing Company; 1989.

Zais RS. *Curriculum: Principles and Foundations.* New York, NY: Harper and Row; 1976.

Traditional DPT Curricula Sequence approved 7/10/23

Fourth Year (Summer)	<i>Credit Hrs.</i>	Fourth Year (Fall)	<i>Credit Hrs.</i>	Fourth Year (Spring)	<i>Credit Hrs.</i>
PHTH 543 Intro to PT Practice	3	PHTH 534 Foundations in Research	4	PHTH 545 Lifespan Dev. and PT	3
PHTH 551 Elem of PT Prac I	3	PHTH 557 Functional Anat/Biomech	4	PHTH 547 Applied Physiology	3
PHTH 559 Clinical Medicine I	2	PHTH 561 Elem of PT Prac II	3	PHTH 549 Pharmacology	2
PHTH 564 Anatomy I	3	PHTH 565 Anatomy II	3	PHTH 563 Foundations in Neuroscience	5
		PHTH 579 Clin Medicine II	3	PHTH 581 Elem of PT Prac III	2
				PHTH 671 Integumentary	2
TOTAL	11	TOTAL	17	TOTAL	17
Fifth Year (Summer)	<i>Credit Hrs.</i>	Fifth Year (Fall)	<i>Credit Hrs.</i>	Fifth Year (Spring)	<i>Credit Hrs.</i>
PHTH 542 Education in Physical Therapy	1	PHTH 505 Professional Issues	2	PHTH 636 FDR II OR	1
PHTH 641 Musculoskeletal System I	2	PHTH 538 Principles of Ther Ex	4	PHTH 648 Case Report II	
PHTH 643 Motor Control	2	PHTH 616 Faculty Directed Research I OR	1	PHTH 640 Cardiopulmonary PT	4
PHTH 657 Clinical Education I	3.5	PHTH 628 Case Report I		PHTH 669 Agents and Modalities	3
		PHTH 661 Musculoskeletal System II	5	PHTH 685 Orthotics and Prosthetics	2
		PHTH 667 Neuromuscular System I	4	PHTH 723 Medical Diagnostics	2
		PHTH 677 Community Health Experience	2	PHTH 727 Neuromuscular System II	4
Total	8.5	TOTAL	18	TOTAL	16
Sixth Year (Summer)	<i>Credit Hrs.</i>	Sixth Year (Fall)	<i>Credit Hrs.</i>	Sixth Year (Spring)	<i>Credit Hrs.</i>
PHTH 507 Management in a Changing Health Care Environment	3	PHTH 656 FDR III OR	1	PHTH 731 PT Seminar	1
PHTH 526 Psychosocial Factors in Disability	2	PHTH 658 Case Report III		PHTH 687 Health Care Systems	2
PHTH 668 Clinical Education II	4	PHTH 739 or 740 Selected Topics with Lab	3		
		PHTH 721 Musculoskeletal III	2	PHTH 746 Clin Ed IV (10 wks)	5
		PHTH 728 Clinical Education III	4		
		PHTH 735 Rehabilitation Technology	2	TOTAL	8
TOTAL	9	TOTAL	12	Graduate Hours Earned 116.5	

Course Descriptions: Traditional Physical Therapy Curriculum

All Traditional Physical Therapy courses can be found below.

<https://findlay.smartcatalogiq.com/en/current/graduate-catalog/graduate-programs/copy-of-department-of-physical-therapy/copy-of-doctor-of-physical-therapy-traditional-program/>

Chapter IV:

Weekend PTA to DPT Bridge Curriculum

Vision Statement: Weekend PTA to DPT Bridge Program:

The University of Findlay's Bridge Program, as the premier program for physical therapist assistants transitioning to a Doctor of Physical Therapy, cultivates the unique skills set of each PTA. The program facilitates the transformation of the PTAs into socially engaged physical therapists, producing professional leaders who are active in their community through evidence-based practice, effective service, and advocacy.

Philosophy of Education: Weekend PTA to DPT Bridge Curriculum

The Weekend PTA to DPT Bridge Curricular philosophy of education incorporates the following tenets:

- 1) A balanced curriculum based on liberal arts, basic sciences and clinical sciences is necessary to produce a well-rounded graduate.*
- 2) A curricular emphasis on critical thinking and lifelong, self-directed learning is imperative for graduates to effectively function in the dynamic health care environment.*
- 3) The environment for learning is one that is mutually respectful, collaborative and supportive, to all learners.*
- 4) The curriculum develops and expands upon students' previous knowledge and skills, as well as current work experiences to develop broad and creative clinical reasoning.*
- 5) The needs of the working, adult learner is incorporated in the curriculum design and instructional strategies.*
- 6) Collegial and close interaction with other health care professionals is needed to maximize the potential for collaboration in education, research and practice.*
- 7) Academic and clinical faculty professional development activities are integral to provide exemplary instruction.*

Curricular Planning Bases: Weekend PTA to DPT Bridge Curriculum

Through the work of John Dewey, Hilda Taba and others, four major areas of concern, known as planning bases, for curriculum development have emerged. These include the learner, society, subject matter content, and teaching-learning theory (Wiles and Bondi, 1989, p. 9). Refer to Figure 1. Based on this body of knowledge, the following set of beliefs were defined by the faculty for each area of concern:

1. The Learner

- *Past learning and practice experiences provide a resource for future learning*
- *Should be actively engaged in all aspects of the teaching/learning process*
- *Desires and demonstrates a tendency toward self-directedness as he/she matures*
- *May be motivated intrinsically and/or extrinsically*
- *Will need to make a transition in terms of professional behavior from PTA to PT*

2. Society

- *Climate of rapid change in health care*
- *Technology and scientific knowledge are increasing at an exponential rate*
- *Will continue to demand effective and cost-efficient medical treatment*
- *Because of the above, collaboration and team work will be a dominant theme for the future practice of all professionals*
- *As professionals, physical therapists must function in a variety of roles in order to meet the needs of society*

3. Subject Matter Content

- *Balanced curriculum of liberal arts, basic sciences, foundational sciences, clinical sciences, and clinical education.*
- *Critical thinking and problem solving are essential for practice*
- *Theoretical foundations must be integrated with clinical reasoning skills*
- *Course content must emphasize the prevention & treatment of movement disorders across the lifespan*
- *Self-directed lifelong learning will be essential for future practice because of rapid changes in technology and scientific knowledge*
- *Professional behavior and socialization must be emphasized throughout the curriculum in order to assist students in making the transition from physical therapist assistant to physical therapist*

4. Teaching/Learning Theory

- *Subscribe to the four assumptions of andragogy (Knowles, 1980, pp. 43-44)*
- *Adults both desire and enact a tendency toward self-directedness as they mature, though they may be dependent in certain situations.*
- *Adults' experiences are a rich resource for learning. Adults learn more effectively through experiential techniques of education such as discussion or problem-solving.*
- *Adults are aware of specific learning needs generated by real life tasks or problems. Adult education programs, therefore, should be organized around "life application" categories and sequenced according to learners' readiness to learn.*
- *Adults are competency based learners in that they wish to apply newly acquired skills or knowledge to their immediate circumstances.*
- *Adults are, therefore, "performance centered" in their orientation to learning.*
- *Supportive environment (vs. competitive)*
- *Experiential/participatory learning is stressed*

Conceptual Framework: Weekend PTA to DPT Bridge Curriculum

- *Based on the mission, philosophy, goals and objectives of the Weekend PTA to DPT Bridge Curriculum at The University of Findlay*
- *Reflects the faculty's beliefs regarding the learner, society, subject matter content and teaching-learning theory*
- *Serves as a unifying model for admissions, course work, assessment and feedback*

PTA Program Curriculum and Practice Experience

All students entering the Weekend PTA to DPT Bridge Curriculum at The University of Findlay must have a baccalaureate degree from an accredited, four-year institution and an associate degree from an accredited physical therapist assistant program. They must also have practiced as a PTA for a minimum of one year. This curricular and practice experience serves as the initial foundation for the professional program offered at The University of Findlay. In addition, students must successfully complete the course, Competencies in Physical Therapy, in order to ensure that they possess the necessary fundamental skills required for completion of the physical therapy program course content and objectives.

Basic Science and Liberal Arts Foundation

The faculty believes that a foundation in the basic sciences and liberal arts is an essential component of physical therapy education. In support of this, students are required to complete a baccalaureate degree in addition to their physical therapist assistant curriculum before entering the Weekend PTA to DPT Bridge Curriculum at The University of Findlay. They must also complete prerequisites in math, anatomy and physiology, chemistry, and physics. Enrolled students are tested for proficiency on basic PTA skills at the beginning of the Weekend PTA to DPT Bridge Program.

Content Areas of Physical Therapy

The content areas of physical therapy are organized according to four principles. These are foundational science, physical therapy practice, clinical education, and the roles of the physical therapist.

1. Foundational Sciences

The base provided by the basic science prerequisites is further strengthened through courses in foundational sciences that are closely linked to the practice of physical therapy. These courses include Anatomy I and II, Functional Anatomy/Biomechanics, Neuroscience, Exercise Physiology, Motor Control, Pathology, , Pharmacology, and Lifespan Development with psychosocial considerations incorporated throughout.

2. Clinical Science

Physical therapy practice defines content area directly related to patient care. This content is organized according to three guiding principles.

*The **first** is physical therapy diagnosis. Students receive a grounding in physical therapy examination, evaluation, and diagnosis in the courses Pathology and Elements of Physical Therapy Practice I and II.*

The **second** guiding principle is body systems. Students take courses in which they apply knowledge of examination, evaluation, diagnosis, and intervention to patients with musculoskeletal, neuromuscular, integumentary, cardiopulmonary disorders, and other body systems. These courses include Musculoskeletal I, II and III, Medical Diagnostics, Neurotherapeutics I,II, and Neuro Complex Cases, Integumentary, and Cardiopulmonary Systems I and II..

The **final** guiding principle is practice adjuncts. Practice adjuncts are defined as those areas of physical therapy used across body systems to augment the accomplishment of physical therapy goals. The courses Principles of Therapeutic Exercise, Agents & Modalities, Community Health and Education in PT, and Rehabilitation Technology are organized according to this principle. Please refer to Figure 4 for a graphic representation of the relationship between these three guiding principles.

3. Clinical Education Experiences

Clinical education includes integrated clinical education experiences, intermediate full-time clinical education experiences, and a terminal full-time clinical education experience. Integrated clinical education (ICE) assignments and ICE courses are intended to assist the student with understanding the academic course work in the clinical setting, as well as demonstrate readiness for formal full-time clinical education experiences. For example, the ICE assignments may include observation of treatment/evaluation techniques, chart reviews, and data gathering. If clients are used in assignments, then the student is to obtain client consent and to maintain confidentiality of all information.

The ICE courses are developed in collaboration with the Director of Clinical Education, selected course instructors, and a community health care provider. An example of an ICE course would be the development of advanced wheelchair specifications for a geriatric patient.

In the Weekend PTA to DPT Bridge Program, three full-time clinical education experiences are required at the end of the student's academic course work. All three experiences are ten weeks in length. Experiences in inpatient (neuromuscular, cardiopulmonary, and integumentary emphasis) and outpatient (musculoskeletal emphasis) settings are obligatory. In addition, the student has the opportunity to continue with a general experience or to specialize in an area of their choice for the final clinical experience.

4. Physical Therapist Roles

As stated in the program's philosophy statement, physical therapists may be called on to function in a variety of roles. As such, they must demonstrate leadership in education, scholarly activity, and practice throughout the domain of physical therapy. Classes such as Health Care Administration in Physical Therapy, Community Health and Education in Physical Therapy, Professional Issues, PT Forum, Research, and the research course series are organized according to this principle.

Cornerstones: Weekend PTA to DPT Bridge Curriculum

The four cornerstones of the program's conceptual framework are the ICF enablement mode and the Nagi disablement model, praxis, leadership, and lifelong learning. These cornerstones exemplify the unique features of the Weekend PTA to DPT Bridge Curriculum at The University of Findlay.

1. ICF Model of Enablement/ Nagi Principles of Disablement

The faculty believe that the World Health Organization's International Classification of Functioning, Disability, and Health (ICF) is a model of enablement and participation that will facilitate research, evidenced based practice and communication across disciplines and across the world. (Hurst 2003, Jette 2006, Veitch 2009, Martinuzzi 2010) The faculty also believes that Nagi's model of disablement is still widely used throughout the clinical community. Previously it was an ideal framework for defining the domain of physical therapy practice and a focus for physical therapy education. Therefore, they have both been made an integral part of the program's mission and philosophy and integrated throughout our curriculum.

2. Praxis

Brookfield defined praxis as "alternating and continuous engagements by teachers and learners in exploration, action, and reflection" (p. 15) and noted that this notion is central to adult learning. As such, the Weekend PTA to DPT Bridge Curriculum emphasizes the exploration of new knowledge, skills, and values within the context of learners' past experiences, present interests and needs, and future goals.

3. Leadership

Practitioners of today perform multiple tasks and participate in a variety of interpersonal, informational, or decisional roles. This endeavor requires leadership skills and the acceptance of responsibility for the growth of the physical therapy profession and the health of the client it serves. The curriculum is designed to challenge our students to adopt this style of practice.

4. Lifelong Learning

Rapid expansion of technology and knowledge requires lifelong learning skills for all practitioners. Adaptability and responsiveness to demands and changes in clinical practice depends on a wide range of professional skills and knowledge. In support of this belief, the curriculum is designed to assist in the progressive development of self-directed lifelong learning skills.

Approach to Learning/Instruction: Weekend PTA to DPT Bridge Curriculum

Our approach to learning/instruction is based on Knowles' andragogy (art and science of helping adults learn) versus pedagogy (education of children). The emphasis for the student is one of autonomy, trust, active cooperation, participation and self-directed learning. Their experiences will be resources for learning and experiential, participatory learning will be stressed.

The teacher/educator is that of a mentor who assists, helps, guides, encourages, consults,

facilitates, and is a resource for the student. The learning environment will be supportive, cooperative rather than competitive, informal and formal, and respectful of the student.

The instruction will be based on the following principles:

- 1. Learning objectives will be outlined.*
- 2. The learning tasks will be analyzed and the material sequenced in a logical progression.*
- 3. The entry behavior will be assessed as appropriate in order to determine the information the students already know.*
- 4. The students will play an integral role in planning and evaluating the learning process.*

The student's intrinsic motivation for learning is generally based upon core values, which direct their expression of needs, interests, and satisfaction. As a student matures, his/her readiness to learn becomes increasingly oriented towards developmental tasks. The relevance of an activity will depend in part upon the current social roles, which a student must fulfill.

One of the student's extrinsic motivations for learning includes the goal of acquiring adequate knowledge through the education process in order to become an entry-level therapist.

The adult student's desire for immediate application of their knowledge will be satisfied through an emphasis on experiential learning. To support this, problem solving activities, fieldwork experiences and small group interactions will be stressed throughout the curriculum.

In summary "The student as center of the experience, the teacher as facilitator, the notion of learning as a personal, internal process, and the value of group activities all lead to the ultimate goal of humanistic education - the fully developed person" (Elias, 1980).

Elias, J. L., Merriam, S. (1980). Philosophical Foundations of Adult Education. Malabar, Florida: Robert E. Kreiger Publishing Co..

Figure 4.1: PT Program Conceptual Framework Diagram

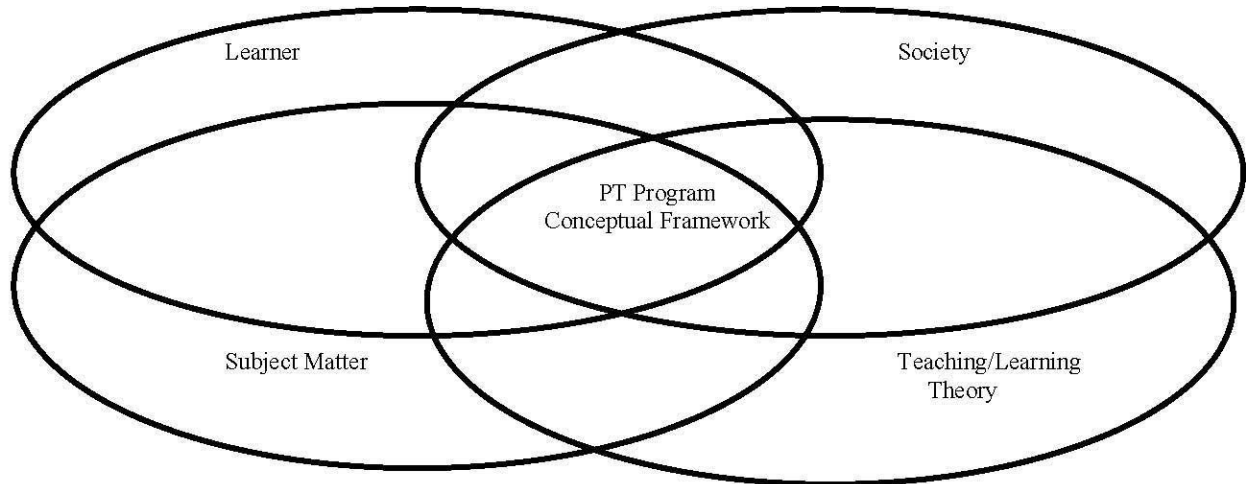


Figure 4.2 Weekend PTA To DPT Bridge Program Guiding Principles

Key

EOP1= Elements of PT Practice I,

EOP 2= Elements of PT Practice IIO

O1 = Musculoskeletal I

O2 = Musculoskeletal II

O3 = Musculoskeletal III

N1= Neurotherapeutics I

N2 = Neurotherapeutics II

N3=Complex Cases

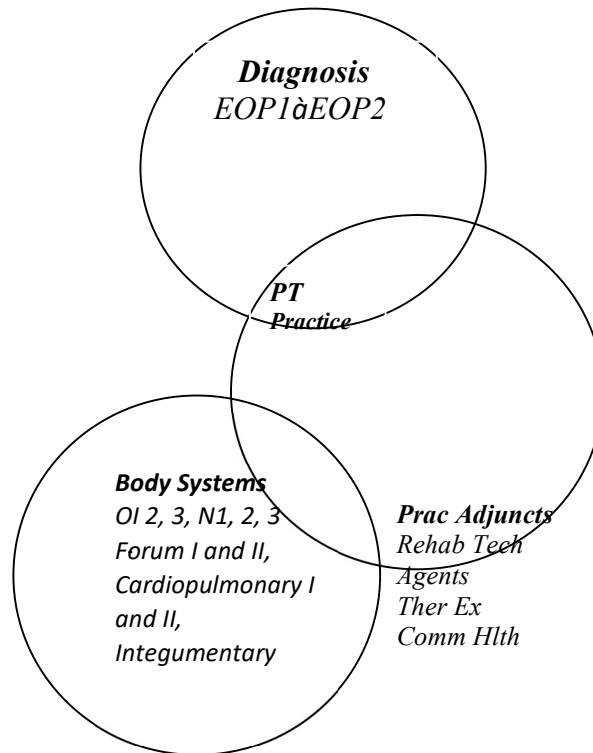
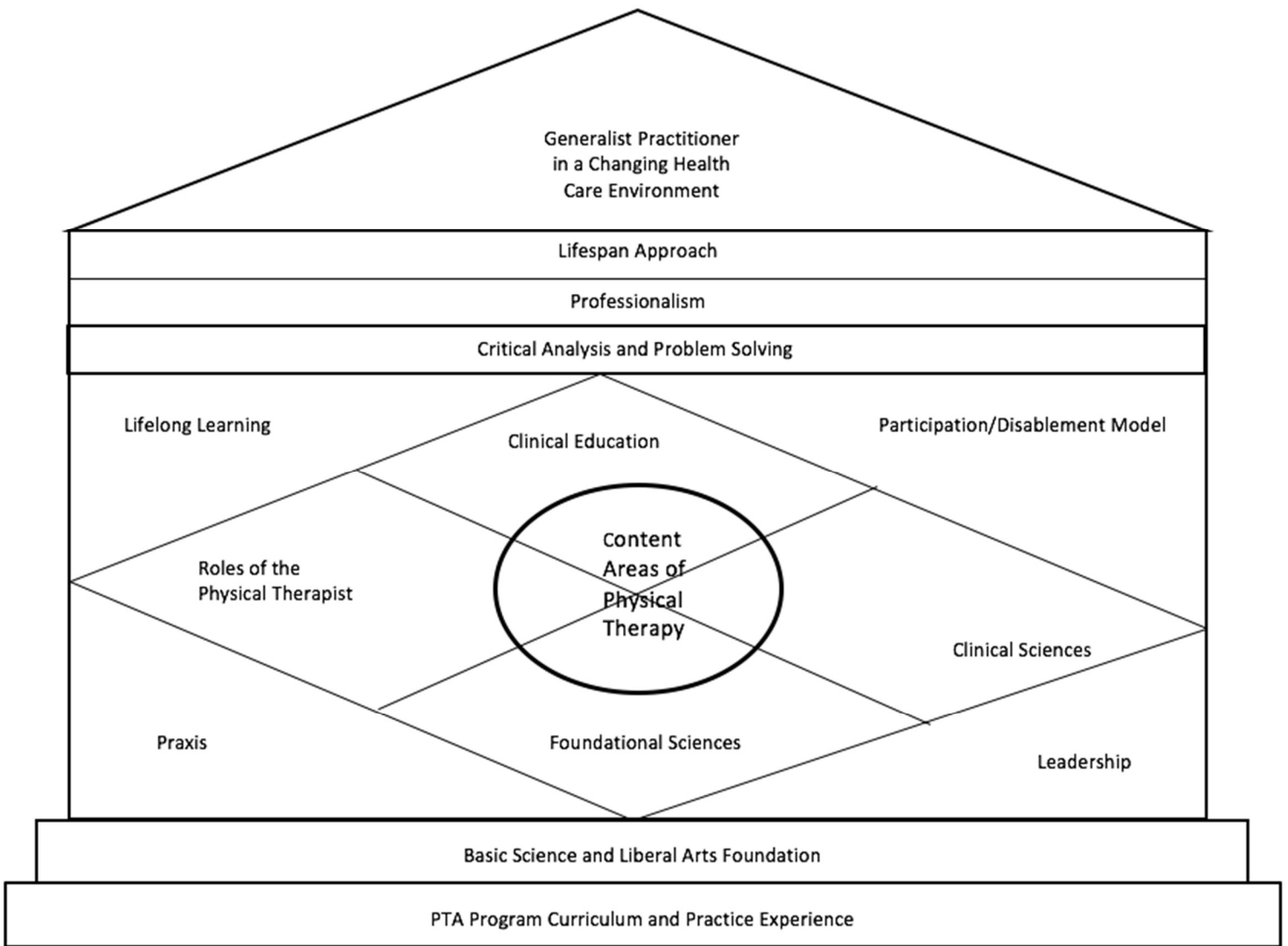


Figure 4.3 Weekend PTA to DPT Bridge Curriculum Conceptual Framework



References: Weekend PTA to DPT Bridge Curriculum Conceptual Framework

A Normative Model of Physical Therapist Professional Education: Version 2000. Alexandria, Va: American Physical Therapy Association, 2004.

Blaschke LM. Heutagogy and Lifelong learning: A Review of Heutagogical Practice and Self-Determined Learning. *The International Review of Research in Open and Distance Learning*. Athabasca University. Retrieved 24 November 2012.

Brookfield SD. *Understanding and Facilitating Adult Learning*. San Francisco, CA: Jossey-Bass; 1991.

Cross PK. *Adults as Learners*. San Francisco, CA: Jossey-Bass Publishers; 1983.

Curriculum Content in Physical Therapist Professional Education: Postbaccalaureate Level. Alexandria, VA: American Physical Therapy Association; 1993.

Elias JL, Merriam S. *Philosophical Foundations of Adult Education*. Malabar, FL: Robert E. Kreiger Publishing Company; 1980.

Guccione AA. Physical therapy diagnosis and the relationship between impairments and function. *Phys Ther*. 1991;71(7):499-502.

Guide to Physical Therapist Practice 3.0. American Physical Therapy Association ISBN:978-1-931369-85-5, DOI:10.2522/ptguide3.0_978-1-931369-85-5.

Hurst R. The international disability right movement and the ICF. *Disabil and Rehabil*. 2003;11-12,572-576.

Jette AM. Diagnosis and classification by physical therapists: a special communication. *Phys Ther*. 1989;69(11):967-969.

Jette AM. Toward a common language for function, disability, and health. *Phys Ther*. 2006;86(5):726-734.

Knowles MS. *The Modern Practice of Adult Education: From Pedagogy to Andragogy*. Chicago, IL: Follett Publishing, Company; 1980.

Langenbach, M. *Curriculum Models in Adult Education*. Malabar, FL: Robert E. Krieger Publishing Company; 1988: 107-191.

Merriam SB, Caffarella RS. *Learning in Adulthood*. San Francisco, CA: Jossey-Bass Publishers; 1991.

Merriam SB, Andragogy and self-directed learning: Pillars of Adult Learning Theory. *New Directions for Adult and Continuing Education*, 2001:3-14.

Merriam SB, Caffarella RS. *Learning in Adulthood: A Comprehensive Guide, 3rd Ed*. San Francisco: Jossey-Bass, 2007.

Martinuzzi A, Salghetti A, Betto S et al. The International Classification of Functioning Disability and Health Version for Children and Youth as a road-map for projecting and programming rehabilitation in a neuropsychiatric hospital unit. *J Rehabil Med.*2010;42:49-55.

Nagi S. Some conceptual issues in disability and rehabilitation. In: Sussman M ed. *Sociology and Rehabilitation*. Washington, DC: American Sociological Association;1965:100-113.

Professional Education in Physical Therapy: Developing an Academic Program. Alexandria, VA: American Physical Therapy Association; 1993.

Shepard KF, Jensen GM. Physical therapist curricula for the 1990s: educating the reflective practitioner. *Phys Ther.* 1990;70 (9):566-577.

Tyler RW. *Basic Principles of Curriculum and Instruction*. Chicago, IL: University of Chicago Press; 1949.

Veitch C, Madden R, Britt H, Kuipers P, Brentnall J, et al. Using ICF and ICPC in primary health care provision and evaluation. http://www.who.int/classifications/network/WHOFIC2009_D009pVeitch.pdf.

Watts NT. Task analysis and division of responsibility in physical therapy. *Phys Ther.* 51(1); 1971:23-35.

Wiles J, Bondi J. *Curriculum Development: A Guide to Practice*. 3rd Ed. New York, NY: Macmillan Publishing Company; 1989.

Zais RS. *Curriculum: Principles and Foundations*. New York, NY: Harper and Row; 1976.

Weekend PTA to DPT Bridge Program Curricular Sequence

First Year (Winter)	On campus hrs	First Year (Spring)	Credit Hours	First Year (Summer)	Credit Hours	First Year (Fall)	Credit Hours
PHTH 564 Anatomy I	3	PHTH 563 Foun. In Neurosci.	5	PHTH 528 Pathology	4	PHTH 557 Functional Anat/Bio	4
PHTH 504 Comp. in PT	1	PHTH 523 Research	3	PHTH 545 Lifespan	3	PHTH 551 Elem. of PT Prac. I	3
PHTH 514 Ex. Physiology	3	PHTH 565 Anatomy II	3	PHTH 549 Pharmacology	2	PHTH 561 Elem. of PT Prac. II	3
PHTH 505 Professional Issues	3					PHTH 643 Motor Control	2 .5
Total	10	Total	11	Total	9	Total	12.5
Second Year (Winter)	Credit Hours	Second Year (Spring)	Credit Hours	Second Year (Summer)	Credit Hours	Second Year (Fall)	Credit Hours
PHTH 532 Princ. of Ther. Ex.	3	PHTH 604 Neurotherapeutics II	4	PHTH 679 Comm Hlth and Ed	2	PHTH 671 Integumentary	2
PHTH 560 Musculoskeletal I	5	PHTH 669 Agents & Modalities	3	PHTH 678 Hlth Care Adm PT	3	PHTH 601 Cardiopulm Sys I	3
PHTH 602 Neurotherapeutics I	3	PHTH 660 Musculoskeletal II	4			PHTH 723 Medical Diagnostics	2
PHTH 616 FDR I or PHTH 628 Case Report I	1	PHTH 636 FDR II or PHTH 648 Case Reports II	1			PHTH 646 Rehab Technology	3
Total	12	Total	12	Total	5	PHTH 656 FDR III or PHTH 658 Case Report III	1
						PHTH 654 ICE	.5
Total	12	Total	12	Total	5	Total	11.5
Third Year (Winter)	Credit Hours	Third Year (Spring)	Credit Hours	Third Year (Summer)	Credit Hours	Third Year (Fall)	Credit Hours
PHTH 681 Musculoskeletal III	2	PHTH 720 Clinical Ed I	5	PHTH 726 Clinical Ed II	5	PHTH 730 Clinical Ed III	5
PHTH 739 Select Topics in PT or PHTH 740 Select Topics in PT with lab	3	PHTH 732 Physical Therapy Forum I	.5	PHTH 733 Physical Therapy Forum II	.5		
PHTH 610 Cardiopulm Sys II	2						
PHTH 737 Neuro Complex Cases	2						
Total	9	Total	5.5	Total	5.5	Total	5
Graduate Hours Earned							108

Bridge Cohort of 2027 +

First Year (Winter)	On campus hrs	First Year (Spring)	Credit Hours	First Year (Summer)	Credit Hours	First Year (Fall)	Credit Hours
PHTH 564 Anatomy I	3	PHTH 563 Foun. In Neurosci.	5	PHTH 523 Found of EBP	3	PHTH 557 Functional Anat/Bio	4
PHTH 504 Basic Comp of PT	2			PHTH 545 Lifespan	3	PHTH 552 Elem. of PT Prac.	5
PHTH 514 Ex. Physiology	3	PHTH 565 Anatomy II	3	PHTH 549 Pharmacology	2	PHTH 643 Motor Control	2
PHTH 528 Pathology I	2	PHTH 548 Pathology II	2			PHTH 644 ICE	.5
Total	10	Total	10	Total	8	Total	11.5
Second Year (Winter)	Credit Hours	Second Year (Spring)	Credit Hours	Second Year (Summer)	Credit Hours	Second Year (Fall)	Credit Hours
PHTH 532 Princ. of Ther. Ex.	3	PHTH 604 Neurotherapeutics II	4	PHTH 679 Comm Hlth and Ed	2	PHTH 601 Cardiopulm Sys I	3
PHTH 560 Musculoskeletal I	5	PHTH 669 Agents & Modalities	3	PHTH 678 Hlth Care Adm PT	3	PHTH 723 Medical Diagnostics	2
PHTH 602 Neurotherapeutics I	3	PHTH 660 Musculoskeletal II	4	PHTH 505 Professional Issues	2	PHTH 646 Rehab Technology	3
						PHTH 654 ICE	.5
Total	11	Total	11	Total	7	Total	8.5
Third Year (Winter)	Credit Hours	Third Year (Spring)	Credit Hours	Third Year (Summer)	Credit Hours	Third Year (Fall)	Credit Hours
PHTH 681 Musculoskeletal III	2	PHTH 720 Clinical Ed I	5	PHTH 726 Clinical Ed II	5	PHTH 730 Clinical Ed III	5
PHTH 671 Integumentary	2	PHTH 732 Physical Therapy Forum I	.5	PHTH 733 Physical Therapy Forum II	.5		
PHTH 610 Cardiopulm Sys II	2						
PHTH 737 Neuro Complex Cases	2						
Total	8	Total	5.5	Total	5.5	Total	5
Graduate Hours Earned							101

Course Descriptions: Weekend PTA to DPT Bridge Physical Therapy Curriculum

All Weekend PTA to DPT Bridge Physical Therapy courses can be found below:

<https://findlay.smartcatalogiq.com/en/current/graduate-catalog/graduate-programs/copy-of-department-of-physical-therapy/doctor-of-physical-therapy-weekend-pta-to-dpt-bridge-program/>

Chapter V:
Academic Policies and Procedures

Academic Advising

Policy:

The University of Findlay is committed to personalized academic advising and the delivery of an effective orientation, counseling and support network for each student. As such, the physical therapy program is dedicated to providing effective individualized academic advising.

Procedure:

1. After a student has been accepted into the physical therapy program, he/she will be assigned a faculty advisor. If the student was advised during the pre-professional program by a physical therapy faculty member, efforts will be made to maintain continuity by assigning the same advisor for the professional program.
2. Students will be notified of their advisor assignment during orientation prior to beginning the professional program, or prior to the first term of the program.
3. Faculty advisors will meet with each student during the first term of enrollment in the physical therapy program. Starfish software will be utilized as a communication tool regarding student progress during the program and will allow course instructors to notify the student and advisor of concerns with student performance.
4. Faculty and advisees will meet and review the student's Core Values self-assessment and Professional Development Portfolio (Appendix A) once per year.
5. Each student is also responsible for seeking academic advisement as needed.
6. Faculty advisors are required to keep posted office hours and be available at additional times by appointment.
7. Should students wish to change faculty advisors, they must submit a written request to the Office of the Registrar.

Academic Misconduct

Students and faculty are expected to abide by the American Physical Therapy Association Code of Ethics which delineates the ethical obligations of physical therapy professionals.

<https://www.apta.org/siteassets/pdfs/policies/apta-code-ethics-physical-therapy-profession.pdf>

Specifically, related to academic conduct, students shall abide by sections:

4A: (Core Value: Integrity): Physical therapists shall provide truthful, accurate, and relevant information and shall not make misleading representations.

6A: (Core Value: Excellence). Physical therapists shall achieve and maintain professional competence.

6B. Physical therapists shall take responsibility for their professional development based on critical self-assessment and reflection on changes in physical therapist practice, education, health care delivery, and technology.

If a student receives or gives any assistance on any assignment, quiz, exam, or lab practical meant to be completed individually, this behavior does not uphold the code of ethics. The student will receive a zero on the course assignment, the instructor will initiate the University of Findlay academic integrity policy and procedure: <https://findlay.smartcatalogiq.com/en/current/undergraduate-catalog/student-rights-and-responsibilities-statement/viii-academic-integrity/>, and the student will be subject to additional program repercussions. Repercussions may include the initiation of a learning contract, program suspension, program dismissal, or other consequences as deemed necessary by program faculty.

Admissions Maximum Class Size Policy

In order to assure the continued quality of The University of Findlay Doctor of Physical Therapy Programs, maximum class size must be assured. This is done in several ways.

Traditional Doctor of Physical Therapy Program:

* Maximum Class Size is 36 students

* When determining how many students to accept from each year's application pool, the calculation consists of:

36 minus the # of Early Assurance students who qualify and are planning to matriculate into the graduate program the following fall minus the # of deferrals from the previous application pool, and minus the students possibly returning from the previous cohort = number accepted from qualifying application pool

Weekend PTA to DPT Bridge Program

* Maximum Class Size is 36 students

* When determining how many students to accept from each year's application pool, the calculation consists of:

36 minus the # of students possibly returning from the previous cohort minus the # of deferrals from the previous application pool = number accepted from qualifying application pool

Americans with Disabilities Act

Policy:

Program Technical Standards and Essential Functions that address required abilities for the PT program are in Appendix D: Technical Standards and Essential Functions. Students with conditions that may limit the student's ability to successfully perform the Program Essential Functions are entitled to request reasonable accommodation within both the academic and clinical/fieldwork portions of the program.

Procedure:

If you are a student with a disability, it is your responsibility to register with the [Office of Accommodation and Inclusion](#) and contact your instructor at least two weeks prior to a needed service so a reasonable accommodation can be made.

Extended time for examinations does not guarantee the granting of extended time on lab practical examinations. Please discuss your needs with the Office of Accommodation and Inclusion as extra time on a practical is a different request than increased time on a written test due to the clinical skills necessary in physical therapy practice and this will be decided on case-by-case circumstances.

See Part II of Student Handbook for information pertaining to accommodations on clinical education experiences

Technical Standards and Essential Functions

Policy/Procedure:

The technical standards and essential functions for the Physical Therapy Program are distributed to all individuals requesting application materials and included in Appendix D: Technical Standards and Essential Functions of this document for review. Students are expected to

complete the tasks articulated in this document independently either with or without reasonable accommodation. If a student determines that he or she requires reasonable accommodations to assist in completing the essential tasks of this program, that student must request this assistance through the Office of Accommodation and Inclusion Services. It is the student's responsibility to address decisions and subsequent action regarding the need for reasonable accommodation with each faculty member at the beginning of the term.

Appeal Process

Decisions made by the Physical Therapy Faculty are final. However, students do have the right to appeal any decision. Directions are available for this process at:

<https://www.findlay.edu/offices/academic/registrar/advising-information>

APTA Membership Policy

Policy:

The American Physical Therapy Association (APTA) is a community of more than 100,000 physical therapists, physical therapist assistants, and students who care about the future of physical therapy (APTA, 2016, 2020). Student membership in the APTA will be a valuable resource as you matriculate throughout the DPT program. It is a requirement that students obtain an APTA membership for use in the first semester and maintain it throughout the DPT program.

Many of the courses in the DPT program will require students to access the APTA website to use the Guide to PT Practice, complete literature searches in research projects, and for various course assignments throughout the curriculum. In addition, there are student membership benefits which include: insurance benefits, employment resources, evidence/research publications, and news/involvement opportunities.

To become a member of the APTA, go to the APTA website and click on the "Join/Renew" button (www.apta.org). The program director or associate chair may need to verify your enrollment so that you can obtain the student rate. Students will be required to upload confirmation of current APTA membership on a yearly basis.

Attendance

Classroom Attendance Policy:

To maintain the integrity of each student's academic experience, all students are expected to attend each class session throughout the professional curriculum. However, the department acknowledges emergencies do occur and each student is balancing personal life along with class responsibilities.

The classroom attendance policy applies to didactic attendance only. If a potential absence is during a clinical education experience, please see Part Two of the Student Handbook; as there needs to be collaboration with the Director of Clinical Education, Site Coordinator of Clinical Education, & Clinical Instructor.

Absences:

A student may have no more than 3 absences in the entirety of the Weekend program. For the Weekend Program this includes 3 weekends or parts of 3 weekends. A student may have no than

2 classroom absences per year in the Traditional Program, this includes full days or parts of days. Attendance will be taken at each class session. ***Please note, online viewing is not attendance unless granted as a necessary and reasonable accommodation.***

Failure to follow the policy or procedures of this policy may result in corrective action, which may include a learning contract for professional behavior and/or suspension or dismissal from the program. If excessive absences are necessary, a student should reach out to their advisor or the Associate Chair to discuss leave of absence options.

Procedure:

1. In the event of a planned absence, the student should notify the course instructor and program Associate Chair prior to the absence.
2. It is the student's responsibility to obtain all content covered in the missed course (s) and to propose a plan to complete missed coursework and assignments to the instructor.
3. The submitted plan to obtain and makeup any missed coursework will be reviewed by the instructor (s). This does not apply to exams and practical's. It is at the instructor's discretion to decide if completed coursework submitted late due to an absence will be accepted for credit.
 - a) Instructors may choose to allow zoom or online viewing to enable a student to stay current with course content when absent.
 - b) Recording is not always possible and appropriate in an academic setting and requires instructor approval.
4. Emergent absences are not considered in the 2 (Traditional) or 3 (Bridge) absence limit. There is no limit to emergent absences. Emergent absences include events like illness, travel changes, or the death of a loved one.
 - a) If the student wishes the absence to be considered emergent, they must provide written evidence to the Associate Chair. Acceptable forms of evidence may include a physician's visit documentation, flight changes, or funeral announcement. If the student does not wish the absence to be considered emergent, no documentation is required.
5. The program Associate Chair will document and track each student absence.
6. This policy may not apply to in-person exams and practical. If an emergency occurs that requires a missed exam or practical, the instructor will determine if this exam or practical can be made up.
7. Online exam windows are included in the attendance policy. To maintain the integrity of each student's academic experience, all students are expected to submit online exams during the open windows set forth by the course instructor. Students are encouraged to make note of exam windows at the start of the semester to ensure no conflicts exist.

Online Exam Windows:

To maintain the integrity of each student's academic experience, all students are expected to submit online exams during the open windows set forth by the course instructor. Students are encouraged to make note of exam windows at the start of the semester to ensure no conflicts exist.

Tardiness:

Students should not arrive late to class or leave early from class, as these behaviors disrupt the learning environment. Any student arriving after the start of class, arriving late to class after breaks, and/or leaving before the end of class will be considered tardy. Tardiness is considered an unprofessional behavior. All tardiness will be communicated by the course instructor to the Associate Chair who will track the tardiness. If a student is tardy more than three times in the entirety of the program, corrective action will occur. Corrective action may include a learning contract for professional behavior and/or suspension or dismissal from the program.

Consequences

Failure to follow the above procedures and/or greater than two absences or tardies per year in the Traditional Program or greater than *three weekend absences or episodes of tardiness in the entirety of the PTA to DPT Bridge Program* may result in corrective action. All tardies and absences will be documented through Starfish for consideration and follow-up by the program faculty. Corrective action may include a learning contract for professional behavior and/or suspension or dismissal from the program.

Criminal Background Check:

A state of residence background check and FBI background check will be required within the first academic term for the PTA to DPT Bridge Program, and at the start of the first Fall academic term for the Traditional Program. ***Please note that you may need a second background check if the clinical site requires it.*** If a criminal offense is reported on this or any subsequent background check, this may impact the student's ability to progress in the DPT program. Students will be informed of any criminal offense reported on their background check by Associate Chair of Students. Students will be encouraged to contact their state licensing board to determine eligibility for licensure. Students are encouraged to read and understand the Background Check policy in the Graduate catalog regarding potential implications of misdemeanor or felony charges or convictions. This is particularly relevant to the ability to progress in the program and obtain professional licensure.

<https://findlay.smartcatalogiq.com/current/graduate-catalog/student-rights-and-responsibilities-statement/ix-policies-regulating-experiential-learning/background-check/>

*Information and tips on obtaining a background check may be found in Appendix Q

Bad Weather/Snow Emergency

Policy:

Students are not expected to travel to class when the University is officially closed or in instances when roads or airports are closed due to poor weather conditions. See university inclement weather policy here: <https://www.findlay.edu/offices/student-affairs/safety-security/Campus-Alerts>

Procedure:

1. All University closings are announced via UF Update and posted on the Campus Alerts: <https://www.findlay.edu/offices/student-affairs/safety-security/Campus-Alerts>
2. Students should check the University home page for the most up-to-date information regarding the status of the University.
3. Students who are unable to travel to class due to extreme conditions, closed roads, or closed airports/cancelled flights are to notify the Associate Chair and impacted faculty as soon as safely possible.

Badge Replacement Policy

All PT students are expected to utilize a University of Findlay (UF) provided student identification badge for all clinical education experiences, unless the clinical site provides one. Students are required to wear the student identification badge for other program related activities such as during experiential learning activities. If a replacement UF student identification badge is needed for any reason, students will need to get the pre-approval form signed by a PT Faculty member. Students will be charged \$5 per badge for the replacements and this fee is payable at the Business office prior to the badge being printed. The badge replacement form is located in Appendix E.

Class Videotaping

Policy:

Video recording of classroom or laboratory demonstrations or activities is strictly prohibited. Under certain circumstances and with the expressed written or verbal consent of the course instructor for personal study and review, approval may be granted. Approved video recordings of classroom or laboratory activities shall not be disseminated in any format to anyone other than the individual who took the video, unless given written or verbal consent of the course instructor.

Communication/Email

Policy/Procedure:

Faculty will need to communicate with students via e-mail or may put portions of the courses online. Students will be required to check their email **at least three times per week** while courses are in session during each academic term. Students are required to check emails **weekly** during breaks between academic terms. Students are also required to notify the Registrar and Physical Therapy Program Administrative Assistant of any changes in contact information.

Computer Access and Computer Technology Competency

Policy/Procedure:

All students will be required to have access to a computer or tablet and the internet.

Confidentiality of Student Records/ Student Records Policy

Policy/Procedure:

The Physical Therapy Program maintains academic and personal records on all students. All records are handled in compliance with the University of Findlay Student Records Policy found at: <https://findlay.smartcatalogiq.com/current/undergraduate-catalog/copy-of-university-policies/ferpa-family-educational-rights-and-privacy-act-information/>

Course Transfer Policy

Policy:

The PT faculty are very sensitive to the high cost of education and the potential benefit for students to receive credit for previously taken physical therapy coursework. In order for previously taken coursework to be considered for transfer into the UF DPT program, all of the following must occur. The course must be no more than 5 years old as determined by the student's graduation date from the UF DPT program.

1. The student must request an evaluation of the course work prior to the first-class day of the professional program.

2. The student must submit a syllabus and official transcript for the coursework to both the UF Registrar's Office and the Associate Chairs of Physical Therapy.
3. The PT Faculty must agree that the course is at a doctoral level and commensurate in content with the substituted course within the UF DPT curriculum.
4. The student must have earned at least a grade of B in the course under consideration.
5. The faculty reserve the right to limit the number of courses transferred into the PT curriculum.

Procedure:

1. The student must submit a written request for transfer consideration to the Associate Chair of the DPT Program noting the courses in question and providing the documentation as noted above.
2. The course will be evaluated by the PT Faculty and a decision will be rendered at the next scheduled PT Faculty Meeting.
3. The Associate Chairs will notify the student of the decision in a timely manner.

Deferment

Policy:

The program understands that it is often difficult to foresee circumstances that might result in the need to delay admission for the start of the anticipated academic term. In an effort to assist students and to accommodate the sheer numbers of qualified applicants the following procedure will be followed.

Procedure:

All candidates offered admission into the traditional or weekend PTA to PT bridge physical therapy curriculum have the opportunity to defer their admission/enrollment for one calendar year. This deferment is a one-time request and must be made within 60 days of program acceptance. Students should be aware that the program seat deposit is not refundable and should contact financial aid to determine how deferment will affect student loans:

financialaid@findlay.edu

If circumstances arise that prohibit a student from following the above policy and procedure, the physical therapy program reserves the right to review those cases on an individual basis.

DPT Student Funds for Professional Activities & Research

The Physical Therapy program supports student participation and research presentations at professional conferences, such as National APTA, National Student Conclave, Ohio (and other states) Annual Conference, etc.... In order to help facilitate this, the program has dedicated funds to help offset the costs of attendance. The student is encouraged to apply for the University of Findlay student development funding (<https://www.findlay.edu/offices/academic/student-academic-development-guidelines-and-rubric>), as well as, available employer funding.

Procedure:

1. Once registration or acceptance at a professional conference is received, the student (or student representative, if it is a group presentation) may submit a request to the Chair of the DPT program. The request form (available from PT Office and included in Student Handbook Appendix F: DPT Student Fund for Professional Activities Request Form) must include evidence

of registration (e.g. electronic confirmation), and a copy of application to the University of Findlay student development fund.

2. A maximum amount that will be awarded is dependent on the number of applicants received by the last Friday in October for all activities taking place between August 1 and December 31 AND by the last Friday in February for all activities taking place between January 1 and July 31.
3. Awarded funds will be provided to the applicant once the expense receipts and confirmation of conference acceptance is received.
4. Only one funding award per academic year will be provided for each student.
 - a. Only one funding award per academic year will be provided per research project. The project must be completed as a part of the doctoral program and presented within one year post conferral date.

Emergency Situations

Policy/Procedure:

The University of Findlay has a Crisis Response Plan which addresses potential emergencies on campus. It can be downloaded from: <https://www.findlay.edu/offices/student-affairs/safety-security/crisis-response>. The PT program MSDS binder is located in BCHS 211.

Equal Opportunity Statement

Policy:

No student shall be subject to discrimination in violation of state or federal law. See <https://www.findlay.edu/offices/student-affairs/title-ix/non-discrimination>

Exposure to Potential Health Risks

Policy/Procedure:

Students should be aware that they may be exposed to a variety of potential health risks throughout the educational program and clinical practice. Please see Appendix G for a detailed description of Infection Control Policies, Anatomy Lab Procedures, and Procedures in Case of Exposure, as well as any new instructions due to emerging health threats. These include, but are not limited to:

1. Laboratory sessions in which students work with each other to practice various procedures including exercise, functional activities, physical agents and mechanical modalities, manual therapy and the use of assistive and adaptive devices.
2. Clinical experiences in which students perform various procedures such as exercise, functional activities, physical agents and mechanical modalities, manual therapy and the use of assistive and adaptive devices.

Extended Credit

Policy/Procedure:

The grade of “EC” is used for courses, such as clinicals, internships, capstone courses, and band (undergraduate only) that extend more than one semester. The grade “EC” will be replaced by the grade finally reported for the completed course work. A student must complete the course work within the semester (or a shorter time period based on the discretion of the instructor with documentation on file in the Office of the Registrar) immediately following the end of the course

session in which the “EC” was given. If a student does not complete the required course work within the prescribed time period, the “EC” grade will automatically convert to an “F.”

Faculty/Course Evaluation

Policy:

The goals of The University of Findlay include a dedication to providing exemplary instruction and to evaluating our institution's performance in providing quality education. The University is committed to continuously improving our institution. In support of this, the physical therapy program believes that student participation in this process is critical.

Procedure:

Students will be asked to evaluate each course/faculty member in the curriculum near the course's completion. During each course's last weeks, each student will receive an email with instructions to complete the UF Course Evaluations. It is strongly encouraged that students participate in this survey as valuable university wide information is gathered to improve the quality of our programs. Course evaluations are anonymous and faculty members cannot review end of term Course Evaluations until final grades are submitted.

In addition, PT faculty may request additional course feedback via midterm or final course anonymous surveys to assist in curricular and course development.

Lab assistants will be evaluated on a yearly basis. Guest lecturers will be evaluated by students at the time of their presentation. See Appendix H.

Final Course Grade Challenges

Policy:

The student may initiate consideration of the challenged grade with the faculty member who assigned the grade. The grade challenge must occur within four weeks after grades were posted on the student's academic record. If the issue is not resolved during informal discussions with the faculty member, the student must start the [Application for Formal Inquiry](#).

Procedure:

For details regarding the grade challenge procedure, please see the following link: <https://findlay.smartcatalogiq.com/current/undergraduate-catalog/academic-standards-progress-and-appeals/grade-challenge/>

Financial Aid

See the University of Findlay Financial Aid office. <https://www.findlay.edu/financial-aid/>

Food and Drink in the Classroom

Policy:

The University of Findlay policy is that there is to be no food or drink in the classrooms or laboratories. Food and drink will be allowed in the PT classroom (BCHS 209) and labs (BCHS 113 and 211). No food or drink are permitted near any powered/electrical equipment (powered on or off), this includes the force plate platform in BCHS 109. Drinks must be contained in a

closed spill-proof container. Each student is expected to clean up after him/herself and be responsible for keeping the lab and refrigerator clean. As long as there is good cooperation, we can continue this policy. However, if the classroom and labs are not kept clean, the faculty will need to re-evaluate this policy and food and drink privileges may be withdrawn.

Grading

Policy:

The academic standards of the University are expressed in terms of grades that are worth points. Each semester hour of credit for each letter grade carries the number of quality points indicated:

Grade	Points
A	= 4.00
A-	= 3.67
B+	= 3.33
B	= 3.00
B-	= 2.67
C+	= 2.33
C	= 2.00
C-	= 1.67
D+	= 1.33
D	= 1.00
D-	= 0.67
F	= 0

Other symbols recorded on the academic record are as follows: "X"=incomplete; "W"=withdrawal; "S"=satisfactory ("C" or better); "U"=unsatisfactory ("D" or poorer); "EC"=extended course; "NR"=no grade received. The grades of "S", "P" and "U" are used in selected courses.

Graduation Policies

Please see Graduation Policies on the University website:

<https://findlay.smartcatalogiq.com/current/graduate-catalog/graduate-policies/graduation-policies/>. Students in this Weekend PTA to DPT Bridge Program are permitted to attend and walk the graduation ceremony the Spring before grade conferral. Grade conferral for the Weekend PTA to DPT Bridge Program occurs in December of the 3rd year in the program.

Gross Anatomy Open Lab Policy

See Appendix H for details.

1. At the beginning of each semester, the programs will provide a list of current students with ID numbers to the Anatomy department who will notify IT to activate student IDs. Open labs will occur based on the lab schedule of the courses using the anatomy lab each academic term.
2. UF will provide a working phone in the BCHS 09 Cadaver lab and the basement and first floor hallways for any emergencies which may occur.
3. Access to the lab is by student ID. Please make sure to utilize your physical student ID to enter the lab.

4. Students are not given permission to work alone in the lab. There must be at least 2 students in the lab during any open lab use.
5. When students are finished using the facilities, all equipment should be stored in its proper place, lights turned off, and the door locked. Students will be able to use all equipment that is not secured in the lab. If any equipment is damaged or broken during the open lab, the students engaged in the open lab are responsible for contacting the program office or laboratory instructor to report the incident.
6. Only activities that are currently being explored within the students' coursework or activities which they have had in previous courses can be practiced in the lab. Students are not to engage in activities they have learned off-campus or think they may learn in future coursework.
7. Any OT, PT, or PA student may use this space for practice with peers enrolled in courses utilizing the laboratory during normal operation time of BCHS *when courses are not in session in the laboratory*. If a course is in session, the student will approach the course instructor to ask permission to use the lab for studying during these times. If exams are being given, no outside studying will be allowed.

NOTE: BCHS will be accessible based on the discretion of the UF security office.

Open Lab Policy

Policy:

It is the policy of the program to facilitate growth and development of psychomotor skills of physical therapy students by making BCHS 211, BCHS 10, and PT Resource House available for student use. These facilities are available ONLY for UF students currently enrolled in the Physical Therapy Program.

- If current physical therapy students wish to use the BCHS 211 or BCHS 10 when class is not in session during normal operation of BCHS they will enter the access code into the keypad and use the lab. The PT Resource house is available at all times via access code. Access codes will be provided at orientation. When students are finished using the facilities, all equipment should be stored in its proper place, lights turned off, and the door locked. If any equipment is damaged or broken during the open lab, the students engaged in the open lab are responsible for contacting the PT office.
- Students will be able to use all equipment that is not secured.. Any equipment that is typically kept in locked cabinets or closets will be made available at the discretion of the course instructor.
- Only activities that are currently being explored within the students' coursework or activities which they have had in previous courses can be practiced in the PT lab. Students are not to engage in activities they have learned off-campus or think they will learn in future coursework.
- If PT students wish to have an open lab in BCHS outside of BCHS normal operation, they must contact the PT office with the times they wish to use it at least a week before the requested time. Office staff will make a request to UF Security office and Facilities and

Scheduling Office with a date and time.. NOTE: BCHS will be accessible based on the discretion of the UF security office.

Research Lab

Access to the Research Lab (BCHS 109) will be restricted. Students must be directly supervised by faculty except for special cases that will be brought before faculty to approve by consensus.

Anatomy Lab

See specific guidelines in the Gross Anatomy Laboratory Guidelines.

Infection Control

Policy/Procedure:

All faculty and students are to comply with infection control guidelines during laboratory sessions:

1. Wash hands thoroughly with soap and water or use hand sanitizer before and after each contact.
2. Standard precautions should be used for contact with blood or body fluids.
3. Contaminated materials are to be kept in a covered receptacle.
4. Equipment and materials should be cleaned and disinfected at the end of each use or as is in keeping with established equipment-specific policies.
5. If a student contracts an infectious disease and is likely to put others at risk of contracting the disease, the student is to stay out of classes until a physician gives written approval for the student to return to class.
6. Additional specific guidelines may be presented from the program and university as health threats emerge on the campus, in the community, state, nation and world. Please see Appendix G for details.

Hepatitis B

Policy:

All students admitted to the Physical Therapy Program are required to receive the Hepatitis B vaccination and surface antibody test, begin the vaccination process, **OR sign their desire to waive the Hepatitis vaccination using the Hepatitis B form on Appendix I.** The vaccination is strongly recommended prior to the start of the program due to possible contact with body fluids during anatomy cadaver laboratories and is required by some clinical education experiences.

Procedure:

1. Upon acceptance in the DPT program the administrative assistant will send the policy and Hepatitis B Form to all accepted students. The hepatitis B procedure should be initiated following this notice.
 - a) The student will have the option to waive the vaccine, begin the series of injections, or provide a blood sample to test the levels of antibodies if they have received the vaccine in the past. Please note that proof of the antibody test performed 6-8 weeks after the last injection must be provided. Please see the Hepatitis B Form (Appendix I) for details.
2. At orientation, the associate chair will again provide an overview of the procedure, and a reminder of the policy requirements.

- a) The student must have the Hepatitis B Form submitted to the cohort site **prior to the first week of class**. If the student's vaccination status changes throughout the academic portion of the program, the student is responsible to update the Hepatitis B form and resubmit.
3. Prior to student participation in clinical education, students are responsible to update all immunization records accordingly. Please see Part II of the Student Handbook for details.

Human Subjects Research

The University of Findlay has established a research review committee to review and approve all research involving human subjects. All human subjects research conducted at the University must be reviewed and approved by an Institutional Review Board (IRB) prior to the start of the research.

Based on these federal regulations, it is the responsibility of the investigator to refer his or her project to the IRB for review whenever human subjects are being considered for research, even if the investigator does not consider the subjects to be at risk. The review board will have the responsibility for determining what does or does not meet the criteria for exempt, expedited or full review. A yearly progress update must be submitted to the IRB by the investigator for any research project that is approved by the IRB, which is not completed within one calendar year. Please refer to the detailed IRB guidelines available at <https://www.findlay.edu/intranet/institutional-review-board/>

Illnesses or Surgeries

Policy/Procedure:

If any deviations from participation in the normal class schedule or activities are required due to surgery or acute illness, documentation by a medical provider will be required. After surgery or illness, a medical release to return to full participation in classes will be required. It is the student's responsibility to contact the UF Office of Accommodation and Inclusion as well.

Informed Consent

Policy:

Written consent must be obtained prior to patient or client participation in videotape, remote viewing through telemedicine, recording, photographs, and/or classroom demonstrations/practice sessions. Please refer to the sample consent forms provided in Appendix J: Consent Forms.

Liability Insurance

Policy/Procedure:

The University of Findlay has a blanket policy of professional liability insurance. The student is covered **ONLY** while enrolled in scheduled coursework and at their assigned clinical site.

Mission Trip/Optional Activities Policy

Policy

Student participation in optional program activities and mission trips is a privilege. If a mission trip or activity is scheduled by the Doctor of Physical Therapy Program, an interdepartmental application process will occur. If a mission trip or activity is hosted by a program external to the Doctor of Physical Therapy Program, absences will be subject to the absence policy.

Office for Civil Rights

The University of Findlay is committed to creating a safe environment for everyone. The Office of Civil Rights' goal is to support a campus culture that celebrates healthy relationships and mutual respect. The office commits to respond to incidents, support individuals through University processes and educate our campus community. More information and resources can be found at this link: [Office of Civil Rights](#). *“The University's Non-Discrimination Policy and the Title IX Policy are applicable to academic related activities, occurring both on campus and off site, such as experiential/clinical education experiences.”*

Pregnancy

Policy/Procedure:

Students who are pregnant or become pregnant while in the program are encouraged to notify The Office of Civil Rights to request reasonable modifications.

Since many procedures used in physical therapy are contraindicated during pregnancy, students are encouraged to inform The Office of Civil Rights and the instructors so reasonable modifications and proper precautions may be taken. Pre-natal, birthing, and post-natal situations may require a reasonable modification and/or accommodations such as lifting limitations, delay of clinical education experiences, or designated lactation spaces. Clinical sites have the right to determine whether a reasonable modification or an accommodation is reasonable in their setting.

Sex Discrimination, Sexual Harassment, and Other Forms of Sexual Misconduct

Policy/Procedure:

For information regarding the University's Title IX Policy Regarding Sex Discrimination, Sexual Harassment, and Other Forms of Sexual Misconduct , please visit the following page:

[Title IX Policy Regarding Sex Discrimination, Sexual Harassment, and Other Forms of Sexual Misconduct](#).

This policy is applicable to academic related activities, occurring both on campus and off site, such as clinical education experiences.

PEAT Policy

The DPT program is rigorous and full-time in nature. As such, students may not enroll in any coursework outside of the DPT program without obtaining prior written approval from DPT faculty.

Practice Exam and Assessment Tool (PEAT) Policy Throughout the Curriculum

- The Traditional and PTA to DPT Bridge Programs at The University of Findlay are comprehensive curricula that require content taught early in the programs to be available for coursework and patient treatment at a later time in the students' education. Furthermore, the knowledge and skills needed to be an entry-level practitioner of physical therapy requires a passing score on the National Physical Therapy Examination (NPTE) at the conclusion of a student's education.
- In order to support student achievement and facilitate a NPTE passing score, students will take a comprehensive exam at the end of year 1 and the Academic PEAT 1-2 times

during the last year of the DPT program to show sufficient progression towards entry-level knowledge and skills. Please see the procedure below for details.

- The retired form of the PEAT will be taken and a score of 600 is required to forgo remediation. Please see the procedure below for details.
- In addition, students will be enrolled in the TrueLearn SmartBank during the third year of their DPT education. TrueLearn provides a study platform for the NPTE and gives feedback on the student’s strengths and weaknesses in terms of content area and question type (foundational versus applied). The TrueLearn SmartBank will be incorporated into courses included in the third year of the DPT program as an aide for the development of knowledge and skills needed to pass the NPTE and become competent, entry-level physical therapy practitioners.

Procedure Part I: Timeline:

The dates below are provided to give a timeline estimation for annual implementation. The dates below will vary depending on academic calendar and clinical education experience dates.

	<u>Traditional Program</u>	<u>Bridge Program</u>
Trulearn	<p>The subscription will be available from November-November.</p> <p><i>*The 250-question exam assignment will be due at the beginning of PT Seminar (January). Students may take the exam anytime November-beginning PT Seminar.</i></p> <p><i>*Two quizzes of up to 50 questions will be due in the PT Seminar course in January.</i></p>	<p>The subscription will be available from March-March.</p> <p><i>*The 250-question exam assignment will occur in June, between Clinical 1 and Clinical 2.</i></p> <p><i>* *Two quizzes of up to 50 questions will be due in the PT Forum course.</i></p>
PT Seminar or Forum courses	<p>PT Seminar is taken in the Spring of the 3rd year. This course will run the entire 16 weeks (January-May).</p> <p><i>*The retired PEAT (version A) will be taken on campus with course instructor live proctoring on the day of the Research Forum. Please see the concurrent procedures below based on retired PEAT score: 624 or greater- The student meets the PEAT criteria for NPTE Early Testing. The practice PEAT is optional. The program recommends</i></p>	<p>PT Forum 1 is taken during the Spring (March-June) semester. PT Forum 2 is taken during the Summer (June-August) semester. The <i>PT Forum 2 instructor may provide extended credit (EC) through the end of fall semester (late November).</i></p> <p><i>*The retired PEAT (version A) will be taken in August, the week between Clinical 2 and 3. The course instructor will proctor online. Please see the concurrent procedures below based on retired PEAT score:</i></p>

	<p>taking the practice PEAT at least 4 weeks prior to the scheduled NPTE.</p> <p>600-623- The practice PEAT is optional. The program encourages students to take the practice PEAT 4 weeks prior to the scheduled NPTE.</p> <p>600 or less- Remediation is required with the course instructor. The practice PEAT is strongly encouraged. The purchase of a studying program is encouraged.</p>	<p>624 or greater- The student meets the PEAT criteria for NPTE Early Testing. The practice PEAT is optional. The program recommends taking the practice PEAT at least 4 weeks prior to the scheduled NPTE.</p> <p>600-623- The practice PEAT is optional. The program encourages students to take the practice PEAT 4 weeks prior to the scheduled NPTE.</p> <p>600 or less- Remediation is required with the course instructor. The practice PEAT is strongly encouraged. The purchase of a study program is encouraged.</p>
Clinical Education Dates	Generally, February through end of April	Generally, April-November
Clinical Education Completion	End of April	November
Conferral Dates	Early May	November
NPTE Registration Deadline	June – Check FSBPT sites for information	December – Check FSBPT sites for information
NPTE date	Late July	Late January

Procedure Part II: Remediation

- If a student does not score at least a 600 on the retired PEAT (version A), the student must participate in remediation during the PT Seminar (TRAD) or PT Forum II (BRIDGE) course. If remediation is not completed, the student will receive extended credit for the PT Seminar or PT Forum course. Remediation must be completed in order to receive a satisfactory grade for the course and thus for degree conferral.

- Remediation requirements:
 - Two separate meetings with the course instructor in-person or via zoom
 - Submit a written reflection of their performance based on the retired PEAT (version A) performance report. The reflection should detail both content errors and misunderstandings as well as test-taking factors. I.e. test-taking anxiety, mental endurance, question-answering strategies, etc. See the *Performance Feedback Report* PowerPoint for details on interpretation of the individualized report. See the *Sample Reflection Table* for an example of how to reflect on test-taking and study factors. Both documents can be found in Appendix P.
 - The reflection will be graded based on complete, needs work, or incomplete.
 - Submit a written weekly study plan to address any areas of shortcoming identified in the reflection.
 - The study plan will be graded based on complete, needs work, or incomplete. Please see the *Sample Study Plan* in Appendix P for an example of a “complete” study plan.
- NPTE outcomes
 - If the student does not score at least a 600 on the NPTE, the student will be contacted by a mentor designated by the Chair. The student will be advised to follow the steps below:
 1. Purchase the Performance Feedback Report: <https://www.fsbpt.org/Our-Services/Candidate-Services/NPTE-Performance-Feedback-Report>
 - a. The cost of the report is \$100. Students will be reimbursed for this expense. Students are instructed to contact the program administrative assistant for reimbursement details.
 2. After purchasing the Performance Feedback Report, the student will meet with their mentor designated by the Chair to discuss content area and test-taking trends. At this meeting, an individualized study plan will be created. The student will also be encouraged to purchase an additional study program they feel may be helpful like Final Frontier, PT Exam, or other NPTE prep service.
 3. The student is encouraged to purchase and take an individualized PEAT. After completing the individualized PEAT, the student will meet with the designated mentor to discuss and create a study plan prior to the next NPTE attempt.
 4. The University of Findlay's DPT program is committed to cultivating the potential within each student and is here to support our students and graduates. The procedure above can be repeated, as necessary or desired.

NPTE Early Testing Policy

Policy:

Students in both the traditional and bridge programs will be approved to take the first NPTE available closest to degree conferral (October for the Bridge program and April for the Traditional program) if they meet *all* of the following criteria:

1. Earn a minimum score of 624 on the retired PEAT the first attempt.
 - The retired PEAT is taken during PT Seminar (Traditional) and PT Forum II (Weekend) per the PEAT policy.
2. Display at least a 3.5 cumulative GPA after the first year of the program

3. Display successful completion of all program progression policy requirements
4. Obtain clinical education approval for a day off to take the NPTE during your rotation. You must notify the Associate Chair and the Director of Clinical Education no later than 7 days after taking the retired PEAT to begin the process for scheduling an emergent absence (see Clinical Education Handbook for policy and procedure).

Recommendations: In order to support student success in early testing, the faculty recommend purchasing individual PEATs prior to the retired PEAT and prior to registration for the NPTE.

Procedure: Students will be responsible to determine if they are eligible for early testing. If so, students will notify the chair and associate chair of their intent to test early.

Proctored Examinations

Policy:

The PT Program has adopted the use of an online proctoring program for online exams. Students may be asked to take practical, paper, or online examinations outside of scheduled class time.

Procedure:

1. The method of proctoring examinations will be determined by the Course Instructor. These methods may include an online proctoring program or a live proctor. Online proctoring will occur via the Respondus canvas extension. Live proctoring will be conducted via a course instructor or licensed professional of the instructor's choosing.
 - a. A student may elect to take written examinations in an official testing center such as the University Testing Center. At the beginning of each term, the student must contact the Office of Accommodation and Inclusion and inform the course instructor. The student must also present to the course instructor the testing center policies and procedures for providing the exam to the Testing Center.

Communication Hours

Policy:

PT Faculty and Staff have the need to communicate with students on a regular basis. To ensure that this can occur in an efficient and effective manner, students will attend the designated Communication Hours as scheduled each term. It is the responsibility of the student to obtain information given at a Communication Hour if unable to attend; however, missing a Communication Hour will be considered an absence and will be subject to the Attendance Policy. Students are responsible to know and understand all information presented at Communication Hour.

Program Minimum Academic Standards

Policy:

The criteria for the physical therapy program are designed to provide for the selection of candidates who are most likely to succeed in the academic environment provided by The University of Findlay. The physical therapy program is dedicated to retaining those students who have been accepted into the program. However, students must meet minimum academic standards or risk probation, suspension and/or dismissal from the program.

In order to remain in good academic standing in the physical therapy program students must fulfill the following conditions:

- I. A cumulative grade point average (GPA) of 3.0 (on a scale of 4.0); If a student is not able to meet the cumulative GPA requirement it could result in the following consequences.
 - a. The student will receive written notification from his/her Program Associate Chair that he/she is on probation until the cumulative GPA is above a 3.0 and that eligibility for clinical education experiences is in jeopardy.
 - b. If a student is on probation and obtains a session GPA of at least a 3.0, but the cumulative is not raised above a 3.0 yet, the student will remain in the program on probation.
 - c. If a student is on probation and obtains a session GPA of lower than a 3.0 in the next term, he/she will be suspended.
 - d. A student may be removed from probation and return to good standing once he/she has successfully improved his/her cumulative GPA to at least 3.0.
 - e. Once a student has been on probation, and returns to good academic standing, the occurrence of another term GPA of lower than a 3.0 will result in dismissal.
 - f. If a student is dismissed due to low GPA, they may raise their cumulative GPA by retaking up to two courses for which they earned a grade less than a "B". These courses must be re-taken prior to starting a full semester.

- II. Earn a "C" or better in all required courses in the curriculum. If *one grade of "C-" or below, or "U"* is received the student will be **suspended**. (An exception may be if a "U" is earned in a clinical education course. See part II of the student handbook- the clinical education section for this process.)

Students interested in reentering the program will be reviewed by the Physical Therapy Program after a request has been submitted for reinstatement. If approved, the student will re-enter the program under the most current graduate catalog. The course must be successfully repeated and a grade of B or better achieved. The student may not enroll in any subsequent required course until this course is completed successfully. If not approved, the student will be dismissed from the program.

Procedure:

1. Course Instructors will notify faculty and the Physical Therapy Program Chair and Associate Chair if a student is in jeopardy of receiving a C- or below in their course.
2. A student who finds him/herself in academic difficulty will contact the course instructor for additional assistance and will also contact his/her faculty advisor.
3. If a student ultimately receives a C- or lower in a course the student must withdraw from all courses for the following term **prior to** the start of that term in order to receive a full tuition refund for that subsequent term.
4. If the student wishes to return to the program, the student must submit a request to the Associate Chair of the Physical Therapy Program detailing their understanding of the policy, their plan to successfully retake the coursework in question, and their desire to reenter the program the subsequent year. The request

must be received within 2 months of receipt of the grades for the courses in question.

5. The request and plan will be considered by the Physical Therapy Faculty and Admissions Committee. Students reentering will be notified of the faculty decision within 30 days of receipt of their plan.
6. Please note: a spot is not guaranteed in the subsequent cohort and will be made on a space available basis. Reinstatement will also be determined by the student's professional behavior in the physical therapy program and the faculty's perception of the student's ability to progress in the program. Additionally, previous coursework, a plan that successfully integrates the reentry with the physical therapy curriculum, and a plan for successful completion of the coursework will be considered.
7. The maximum a student can sit out and be eligible to reenter the program is 1 year. At reinstatement, the faculty may require evidence of continued competence in previously taken coursework. For licensed PTAs, the faculty may also require continued competence as a PTA.
8. Decisions by the Physical Therapy Faculty are final. If a student is reinstated into the next cohort under the most current graduate catalog, the student will be on a learning contract until completion of the program.
9. If upon repeating a course, a student is still unable to meet the minimum standards as outlined above, dismissal from the program will occur.
10. If a student receives a 2nd grade of "C-" or below or a "U" in a subsequent term, the student will be dismissed from the program.

- III. Earn no more than two grades of "C" or "C+" over the length of the curriculum. *If a student receives a third grade of "C" or "C+" during the physical therapy curriculum the student will be **suspended**.* Students interested in reentering the program will be reviewed by the Physical Therapy Program. If approved, the student will re-enter the program under the most current graduate catalog. The student must re-take at least one, but not more than two of the three courses for which a grade of "C+" or lower was achieved and earn a "B" or better. The student must re-take and successfully retake these course(s) with a "B" or higher prior to joining the next cohort and progressing through the program. Failure to successfully complete these course(s) with a "B" or higher will result in program dismissal.

Already stated above: the physical therapy program is sequential in nature and courses are offered only one time per year. Thus, a student may not be able to repeat a course until the following academic year.

Procedure:

1. The student must withdraw from all courses for the following term **prior to** the start of that term in order to receive a full tuition refund.
2. The student must submit a request to the Associate Chair of the PT Program detailing their understanding of the policy, their plan to successfully retake the coursework in question, and their desire to reenter the program the subsequent year. The request must be received within 2 months of receipt of the grades for the courses in question.

3. The request will be considered by the Physical Therapy Faculty and Admissions Committee. Students will be notified of the decision within 30 days of receipt of their plan.
4. Please note: a spot is not guaranteed in the subsequent cohort and will be made on a space available basis. Reinstatement will also be determined by the student's professional behavior in the physical therapy program and the faculty's perception of the student's ability to progress in the program. Additionally, previous coursework, a plan that successfully integrates the reentry with the physical therapy curriculum, and a plan for successful completion of the coursework will be considered.
5. The maximum a student can sit out and be eligible to reenter the program is 1 year. At reinstatement, the faculty may require evidence of continued competence in previously taken coursework.
6. Decisions made by the Physical Therapy Faculty are final.
7. If upon repeating a course, a student is unable to receive a B or higher in the retake course(s), dismissal from the program will occur.
8. If after a student successfully remediates a 3rd "C" or "C+", he/she achieves a fourth grade of C+ or below, the student will be dismissed from the program.

IV. Earn a failing grade for no more than two clinical exams:

Clinical Science Course Practical Examinations and Safety Errors:

Policy:

Practical examinations are an important means of assessing clinical skills. While it is accepted that a student may occasionally have difficulty on a practical examination, it is important that the student be competent in clinical skills. Students must successfully pass the practical examination in accordance with the minimal passing score of 80%.

Procedure

1. Any student that commits a safety error or scores below 80%, will fail that practical examination. The student may repeat the practical if it is the first or second program practical failed.
2. The student will arrange with the instructor within one week, a plan of remediation and a time to retake the practical.
3. The maximum grade earned for a retaken practical examination will be 80%.
 - If the student passes the practical retake, they may proceed in the course; however, the student will have the lab practical failure on record.
 - If during the practical retake a student commits a safety error or fails to obtain an 80% on the retake, they will receive a failing grade for the course, and the policy regarding 'Failure to Meet Minimum Academic Standards' will be followed.
4. Faculty teaching clinical courses will monitor the performance of students on practical examinations. If a student fails the exam, the Associate Chair will be notified, so that the number of failed practical examinations can be tracked throughout the curriculum.
5. If a student fails a third practical throughout the curriculum, the student will be dismissed from the program.

- V. Students must be in good academic standing in order to participate in their full-time clinical education experiences. If a student is not in good academic standing, prior to the full-time clinical education experiences, the student will be suspended.
- VI. Fulfill all PT program and University requirements for minimum academic standards.
- VII. Fulfill all requirements of a learning contract if established.
- VIII. For program retention and dismissal policies during the clinical education sequence, please refer to the Clinical Education Handbook
- IX. Students are referred to the University Minimum Progress Policy at <https://findlay.smartcatalogiq.com/en/current/graduate-catalog/graduate-policies/>
- X. Remediation/Minimum Competency: For the purposes of DPT coursework, a grade of C or higher must be earned to display competency on all exams, quizzes, papers, and projects, etc. If a student receives a grade below a C, remediation will be required per the discretion of the instructor until competency is reached, but the original grade will be used to determine the student's grade for the course. For clinical science courses with a laboratory component, the Clinical Science Course Practical Examinations and Safety Errors policy will also be enforced to ensure minimum competency.

1. Policy:

At any time during the semester, students who are in jeopardy of receiving a course grade of "B- or below" or who receive a low score on a major test or assignment in the physical therapy curriculum may be asked by the instructor to undertake a formal program of remediation in order to raise their grade to a passing level, optimally a grade of "B" or better, and to assure mastery of the course objectives. As part of the retention program, Starfish is being used to help the student and adviser with monitoring progress and recommending support.

- i. Procedure:
 - a. Faculty will monitor student performance throughout each term. Students will be notified by the instructor about their performance (through the university learning management system).
 - b. Any student who finds him/herself in academic difficulty will contact the course instructor for additional assistance and will also contact their faculty advisor.
 - c. At any time during the semester, students who are in jeopardy of receiving a "B- or below" in a course may be asked by the course instructor to undertake a formal program of remediation.
 - d. Remediation programs will be designed collaboratively by the instructor and the student.
 - e. It may be necessary to develop a learning contract (Appendix K) which includes:
 - i. Student name
 - ii. Date

- iii. Goals
- iv. Required learning activities
- v. Evaluation methodology
- vi. Criteria for successful completion/consequences for unsuccessful completion.
- vii. Time frame for completion.
- viii. Signature of the student, advisor or Program Chair, Associate Chair and the instructor.

Please note that the Program policy may be more stringent. *Also note that the Weekend PTA to DPT Bridge program looks at the Orange, Winter, and Spring term as 2 separate terms.*

Also please note that readmission to the university does not equal readmission or reinstatement to the DPT program. Reinstatement to the DPT program must be addressed as indicated in this handbook in the Program Minimum Standards Policy. Please note that if a student is approved for reinstatement, the student will re-enter the program under the current graduate catalog.

Program Minimum Professionalism Standards

I. Purpose

The University of Findlay Doctor of Physical Therapy (DPT) Program maintains clearly defined standards of professional conduct that are consistent with the expectations of the physical therapy profession and the safety of the public. This policy establishes

1. The Program's definition of professionalism
2. Minimum professional behavior expectations
3. Mechanisms for professional development and assessment
4. Procedures for remediation and disciplinary action
5. Demonstration of professional behavior is a condition of enrollment, progression, clinical placement, and graduation.

II. Definition of Professionalism

Professionalism within the DPT Program is defined as the consistent demonstration of behaviors, values, and attitudes consistent with

- The APTA Code of Ethics for the Physical Therapy Profession
- The APTA Guide for Professional Conduct
- The APTA Core Values for the Physical Therapist and Physical Therapist Assistant

Professionalism includes, but is not limited to, accountability, altruism, compassion and caring, excellence, integrity, professional duty, and social responsibility.

Students are expected to demonstrate ethical decision-making, respect for others, responsibility for personal actions, and behaviors that uphold the safety, dignity, and welfare of patients and the public.

III. Minimum Professional Behavior Standards

Students must demonstrate professional conduct in all academic, clinical, service, and community-related activities associated with the DPT program and university of Findlay.

Professional behavior expectations include:

- A. Ethical and Legal Conduct
 - Compliance with the APTA Code of Ethics
 - Adherence to University and Program policies
 - Academic honesty
 - Protection of confidential information
 - Compliance with federal, state, and institutional regulation
- B. Accountability
 - Timely attendance and preparation
 - Completion of assignments and responsibilities
 - Acceptance of feedback
 - Responsible decision-making
- C. Respectful and Effective Communication
 - Professional verbal, written, and electronic communication
 - Cultural humility and inclusivity
 - Appropriate professional boundaries
- D. Professional Demeanor
 - Appropriate dress and conduct
 - Responsible use of social media
 - Behavior consistent with safe patient care
- E. Commitment to Professional Development
 - Active engagement in learning
 - Reflective practice
 - Participation in professional activities
 - Commitment to lifelong learning
 - Failure to meet minimum professionalism standards may result in remediation or disciplinary action as outlined below.

IV. Professional Development and Assessment

The Program employs systematic and longitudinal mechanisms to develop and assess student professionalism.

A. Professional Development Portfolio (PDP)

All students are required to complete an annual Professional Development Portfolio. The PDP serves as a structured mechanism for:

- Self-assessment aligned with APTA Core Values
- Identification of professional strengths and areas for growth
- Development of measurable professional goals
- Documentation of professional engagement and service
- Reflective analysis of professional development

The assigned faculty advisor conducts an annual review of the PDP, provides documented feedback, and identifies any required developmental actions. Completion of the PDP is required for progression.

V. Professional Performance Improvement

The DPT program utilizes a progressive, documented process for addressing professionalism concerns. This process ensures fairness, consistency, and due process.

A. Instructional Performance Improvement Plan (Instructional PIP)

If professionalism standards are satisfactorily met but improvement is warranted, the student may be placed on an Instructional Performance Improvement Plan.

Developmental in nature

Includes clearly defined expectations and timeline

Monitored by the faculty advisor

Successful completion results in resolution without further disciplinary action

B. Corrective Performance Improvement Plan (Corrective PIP)

If professionalism standards are not satisfactorily met, the student will be placed on a Corrective Performance Improvement Plan.

Identifies specific deficiencies

Defines measurable corrective actions

Establishes a defined timeframe

Specifies consequences of non-compliance

Failure to meet the expectations of a Corrective PIP may result in escalation to a learning contract, program suspension, or dismissal.

C. Learning Contract

A learning contract formalizes conditions for continued enrollment and may include:

Behavioral expectations

Monitoring requirements

Clinical participation limitations

Defined consequences for non-compliance

Failure to meet the terms of a learning contract may result in suspension or dismissal from the Program.

VI. Severe Violations of Professional Conduct

Certain behaviors constitute serious breaches of professional standards and may warrant deviation from the progressive improvement process. These include, but are not limited to:

Academic dishonesty

Safety violations

Ethical misconduct

Breach of confidentiality

Conduct that jeopardizes patient welfare or the integrity of the program

In such cases, the program reserves the right to implement an immediate learning contract, suspension, or dismissal consistent with institutional due process procedures.

VII. Documentation

To ensure consistency, transparency, and compliance with accreditation standards:

All Instructional PIPs, Corrective PIPs, and Learning Contracts are formally documented.

The assigned faculty advisor is responsible for monitoring student progress and maintaining documentation.

The faculty advisor communicates the initiation and resolution of all PIPs and learning contracts to the Associate Chair.

VIII. Progression and Due Process

Demonstration of professional behavior is required for:

- Continued enrollment
- Eligibility for clinical education experiences
- Progression within the curriculum
- Graduation

Students are afforded due process consistent with University and Program policies in cases involving disciplinary action, suspension, or dismissal.

Program Progression Policy

Policy:

Given the lock step nature of the DPT Program, a succession of milestones must be accomplished in order to progress through the program.

Procedure:

Students are evaluated and must progress in 3 areas:

Academics: Students must meet all course and program requirements as well as all academic criteria stated in this handbook and the UF Graduate Catalog.

Professional: Student must complete the Professional Development Portfolio as detailed in this handbook. Students must also exhibit appropriate professional behaviors throughout the program.

Clinical: Students must have successfully completed all scheduled coursework, have a 3.0 Cumulative GPA prior to full time clinical affiliations, satisfactory completion of professionalism portfolio, and exhibit readiness for clinical education experiences, as determined by PT faculty.

NPTE: The PT program policy is that students must complete all program requirements prior to sitting for the NPTE, unless individually requested and approved.

Program Suspension and Dismissal Policy

A student **may be suspended or dismissed** from the UF DPT Program in any of the following cases:

1. Unsafe or unprofessional behavior as per the APTA Code of Ethics, Core Values, and Professional Behaviors while enrolled in the program.
2. Failure to abide by Learning Contract.
3. Failure to follow the DPT program attendance policy.

A student **will be suspended** from the UF DPT Program in any of the following cases:

1. Earning one grade of C- or lower
2. Earning a third grade of C or C+

3. Failure of a 3rd lab practical examination
4. Cumulative GPA lower than 3.0 immediately prior to scheduled full time clinical experiences/affiliations.
5. Documented professional behavior lapses of a severe nature.
6. Failure to complete essential functions with reasonable accommodations
7. Failure to complete essential functions without reasonable accommodations in the event the student did not pursue accommodations.
8. Unsafe behavior on a clinical education experiences that results in the student failing the clinical.

A student **will be dismissed** from the UF DPT Program in any of the following cases:

1. If suspended and request to return is not approved.
2. A student withdraws themselves from the program or ceases to attend courses or clinical experiences.
3. Failure to rectify probationary status per UF and PT program policies.
4. Failure to fulfill the requirements of the learning contract if reinstated to the program after an academic suspension.

Students who are **suspended** may request to be reinstated to the next cohort per the Program Retention/Dismissal Policy. Students who are **dismissed** may reapply to the program to begin the program again in a new cohort. More details are listed in the following policies: Remediation/Minimum Competency and Program Retention/Dismissal.

Withdrawal for Temporary Leave

Policy:

The Physical Therapy Program Curriculum is sequential and integrated in nature. For this reason, withdrawal from one course (with the exception of clinical education) requires complete withdrawal from the program. The faculty recognizes that various circumstances may result in a student needing to withdraw from the program.

► *Students wishing to withdraw from the program and reenter at a later date must comply with the following procedure:*

Procedure:

1. The student must notify their Academic Advisor and Associate Chair if they are requesting Academic Leave and/or Withdrawal. The Academic Advisor or Associate Chair will raise the Intent to Transfer/Withdrawal Flag in Starfish. This will begin the process for withdrawal from the University of Findlay, which occurs with consultation and directions from the Oiler Success Center.
2. Students must be in **good academic standing** in order to apply for withdrawal with temporary leave from the DPT Program.
3. In order to receive a full tuition refund, the student should withdraw prior to the first day of the new academic term. Withdrawals after that date are subject to the tuition refund rules and verified by the UF Registrar's Office.
<https://www.findlay.edu/offices/business-affairs/student-accounts/tuition-adjustments-refund>
4. The student is responsible for submitting a letter requesting withdrawal for temporary leave to the faculty. This letter should include the following: name, address, phone, discipline in which

the student is enrolled, reasons for requesting academic leave and expected length of the academic leave.

- a. The student must agree to abide by the decision of the faculty.
- b. If the student's request for withdrawal with temporary leave was accepted, they are eligible for reinstatement.
- c. Students wishing to be reinstated must write a letter to the Associate Chair of the Physical Therapy Program. *This must be received prior to **May 1st** if reentering winter session of the Weekend PTA to DPT Bridge Program.* If the intent is to reenter during spring, summer, or fall session the letter must be received **at least 3 months in advance** of the start date.
- d. Reinstatement is not guaranteed and will be made on a space available basis.
- e. As a condition of reinstatement faculty may require evidence of continued competence in the previously taken coursework. Reinstatement after one year is unlikely.
- f. Decisions made by the Physical Therapy Faculty are final.
- g. If a student is applying for withdrawal or transfer from the University permanently, only step 1 needs completed.

Please refer to the Clinical Education section for a description of the policies and procedures related to withdrawal from clinical education experiences .

Incomplete Grades

Search “Incomplete Grade” in the Graduate Catalog:

<https://www.findlay.edu/offices/academic/registrar/advising-information>

Programmatic Concerns and Complaints

Policy:

The Physical Therapy Program at The University of Findlay wishes to be responsive to concerns that may be raised by students, faculty, or outside constituencies such as clinical education facilities and the public. Submission of a complaint or concern will not result in retaliation, jeopardize grades, or risk any loss with their present or future faculty/school/university relationships. Every attempt will be made to resolve such issues through appropriate discussion, education, and action. This policy and procedure does not apply to faculty grievances surrounding tenure, promotion, suspension, or termination for cause.

Procedures:

1. Any student with a concern or complaint should refer that issue to the PT Program Chair or Associate Chair. If the concern is related to Clinical Education, the student should refer that issue to the Director of Clinical Education.
 - a. Approach your faculty advisor for issues related to specific academic concerns, resources, accommodations.
 - b. Approach the Associate Chair(s) for issues related to enrollment/attendance in the program or program related concerns.
 - c. Approach the Program Chair for specific faculty related concerns or concerns about the Associate Chairs.

- d. In instances in which the PT Program Chair is the source of concern or complaint, issues should be referred to the Dean of the College of Health Professions.
2. The PT Program Chair or Dean will follow up with all the parties concerned to gain a full understanding of the issue at hand.
3. Attempts will be made to resolve the concern through discussion, mediation, education, and/or appropriate action.
4. The PT Program Chair will maintain documentation of such concerns or complaints and their resolution.

Formal written student concerns and complaints may be filed with the Oiler Success Center. <https://findlay.smartcatalogiq.com/en/current/graduate-catalog/appeals-records-and-concerns/>

Student Grievances

Policy:

The physical therapy program abides by the policies of the College of Health Professions and the University of Findlay in cases of student grievances. It is the policy of the physical therapy program to support each student's right to a fair and impartial evaluation of their academic work and to petition for redress of grievances. Please note that the policy below does not apply to grievances concerning sexual harassment, final course grades, or clinical concerns.

Procedure:

A student wishing to resolve grievances concerning policies or practices in classes or other issues not covered by other University policies shall proceed as follows:

1. For concerns related to specific academic courses, the student shall talk first with the instructor, although the faculty advisor may also be consulted.
2. In all other matters the student shall consult first with the faculty advisor. (In cases where the student has communicated his or her grievance to anyone else in the University community, such as another faculty member or someone in academic support services, the formal grievance shall in turn be channeled through the faculty advisor).
3. If, after talking with the instructor and/or faculty advisor, a solution satisfactory to the student cannot be agreed upon, the student shall present a written, signed, and dated statement of grievance to the program chair or associate chair if the program chair is unavailable. It is strongly recommended that this statement of grievance be presented during the term in which the course is taken unless extenuating circumstances exist. This statement should contain (1) an explanation of the student's concern, and (2) an explanation of the resolution she/he is seeking.
4. Within one week of receiving a written concern from a student, the program chair shall (1) submit a copy of the student's written statement to the faculty member and (2) request that the faculty member submit a written response within one week.
5. The faculty member's response should include (1) the faculty member's own explanation of issues concerning the student's concern, and (2) a statement of the resolution that the faculty member suggests.
6. Within one week of receiving the faculty member's response, the program chair shall schedule a meeting to be attended by the student, the faculty member, the program chair, and the student's advisor (if the student and faculty member agree to the advisor's presence). During that meeting each of the parties involved in the grievance will be invited to present

their testimonies. Within four working days of the meeting a formal written decision shall be submitted to the student and instructor. This decision, if agreed upon, shall be signed by the student and instructor with copies to all involved parties and to the Vice President for Academic Affairs within four working days.

7. The student or instructor must appeal any unsatisfactory decision within four working days, excluding weekends and holidays, or the decision is assumed to be satisfactory. This appeal is to be made to the Dean of the College, the Graduate Dean, then to the Vice President for Academic Affairs and then to the President of the University.

Mental Health Policy 6/30/22. Student Affairs to assess fall 2023.

Over the last several years, student mental health in higher education has been an increasing concern and the COVID-19 pandemic has brought this vulnerable population into renewed focus (Son et al., 2020). In fact, one study revealed 71% of students indicated increased stress and anxiety due to the COVID-19 outbreak (Son et al., 2020) and 18% reported suicidal thoughts (Wang et al., 2020). In response, The University of Findlay DPT program has instituted a Mental Health Awareness Policy to provide mental health resources, education, and strategies to physical therapy students.

Procedure:

	Traditional Program	Weekend Program
Year One	Term One Program Orientation	Term One Program Orientation
Year Two	Term Four Professional Issues	Term Five Health Care Systems
Year Three	Term Nine Clinical 3	Term Eleven PT Forum II

Students will be introduced to mental health awareness during several key time points throughout the program. During these introductory sessions, the students will be provided with a baseline understanding of the importance of mental health, self-assessment techniques, and several coping strategies. The introduction will be repeated on an annual basis, utilizing the following courses

References

Son, C., Hegde, S., Smith, A., Wang, X., & Sasangohar, F. (2020). *Effects of COVID-19 on college students' mental health in the United States: Interview survey study. Journal of Medical Internet Research, 22(9), 1–14.* <https://doi.org/10.2196/21279>

Wang, X., Hegde, S., Son, C., Keller, B., Smith, A., & Sasangohar, F. (2020). *Investigating mental health of US college students during the COVID-19 pandemic: Cross-sectional survey study. Journal of Medical Internet Research, 22(9).* <https://doi.org/10.2196/22817>

Added 6/30/2022

Registration

Policy:

Students will be responsible for registering themselves for courses each term. Registration for courses in an upcoming academic term typically occurs in the previous academic term. Please see specific instructions for each program.

- Traditional: The traditional program begins in the summer term. Incoming students will register for summer term courses in the spring term or in the time period between spring and summer term once admitted and granted access to the registration system. In the summer term, students will register for fall courses. In the fall term, students will register for spring courses. Second and third year traditional students will register for summer courses in the spring term.
- *Weekend: The weekend program runs on the Orange Calendar. The weekend program begins in the winter term Incoming students will register for winter and spring courses at the same time in the fall term prior to starting the program once admitted and provided with access to the registration system. In the Spring term, students will register for summer courses. In the summer term students will register for fall courses. Second and third year Bridge program students will register for winter and spring courses in the fall term each year.*

Procedure:

1. Go to the University of Findlay home page: www.findlay.edu .
2. Click on the three horizontal lines in the upper right corner of the home page.
3. Click on “For Students” in the menu.
4. Click on the “Workday” app.
5. Sign in using your UFnet username and password, then follow the instructions to authenticate your sign-in information.
6. Make sure that you address all onboarding or other tasks in your Workday inbox (upper right corner of the screen). If you do not take care of all tasks in the inbox, you may not be able to complete the registration process.
7. Follow the instructions provided to complete the registration process in Workday. The instructions for registration can be found in the “Workday Resources for Students” link within the Workday app. You should find quick guides and videos for new graduate students under the “New Students” menu. The student resources will provide checklists and instructions for building a schedule and registering for courses.

As you complete the registration process if you have questions or problems, please contact your physical therapy faculty advisor.

Case Report Series and Faculty Directed Research

For Case Reports and Faculty Directed Research, it is essential that the student register with the correct research advisor. Course coordinators will notify students of assigned research advisors. It is the responsibility of the student to assure he/she is in the correct section when registering.

Sex Discrimination, Sexual Harassment, and Other Forms of Sexual Misconduct

Policy/Procedure:

For information regarding the University's Title IX Policy Regarding Sex Discrimination, Sexual Harassment, and Other Forms of Sexual Misconduct, please visit the following page:

[Title IX Policy Regarding Sex Discrimination, Sexual Harassment, and Other Forms of Sexual Misconduct.](#)

This policy is applicable to academic related activities, occurring both on campus and off site, such as clinical education experiences.

Student Equipment Kit:

Students entering the DPT program are required to purchase a kit of PT supplies. This kit includes equipment that will be used throughout the curriculum for patient/client examination and treatment. In order to ensure that students obtain the correct supplies required by the program, we have collaborated with a company that prepares a kit with the needed supplies. Information regarding purchasing a kit is made available before or at orientation.

Student Professional and Academic Conduct/Student Code of Ethics

Professional Behaviors, Code of Ethics and Standards of Practice (Appendix L)

Policy:

Every student is expected to abide by the program professional behaviors as well as the Core Values, Code of Ethics and Standards of Practice established by the American Physical Therapy Association (APTA) as well as the Ohio Physical Therapy Practice Act. The web site for these documents is referenced in Appendix N. In addition, students are expected to demonstrate exemplary professional and ethical academic conduct while enrolled in their education program at The University of Findlay. This conduct includes, but is not limited to:

1. Demonstrating honesty and integrity in completing all academic assignments and exams. For example, students are expected to do their own work and appropriately cite the work of others.
2. Respecting the dignity and rights of colleagues, faculty and patients.
3. Conducting oneself in a manner that helps to create and maintain a positive and cooperative learning atmosphere.
4. Demonstrating a commitment to the mission and philosophy of the University of Findlay and the academic program in which the student is enrolled.

Professional Development Plan continues for students who began the DPT program prior to 2023

Professionalism Development Portfolio (PDP) Policy for students starting Jan 2024 or later 5.10.2023

The University of Findlay Doctor of Physical Therapy curriculum includes content, learning experiences, and evaluation processes designed to prepare students as life-long learners, and to obtain licensure and employment as physical therapists in an ever-changing healthcare environment.

The American Physical Therapy Association inspires physical therapists to apply core values of the profession to *optimize health and wellness in the community and with individuals*.¹ These core values include *altruism, excellence, caring, ethics, respect, communication and accountability, collaboration, and inclusion*.¹

The purpose of the professionalism development portfolio (Appendix A) is to enhance student's employability skills, professionalism, and core values of the profession. The PDP provides opportunities for individualized guided examination, evaluation, analysis, and intervention in the

following professional behaviors; commitment to lifelong learning, communication and interpersonal skills, effective use of time and resources, reception of constructive criticism, problem solving and critical thinking, responsibility, and stress management. Please see Appendix A for criteria for successful completion of the Professional Development Plan.

References

1. APTA. Core Values for the Physical Therapist and Physical Therapist Assistant. December 14, 2021. Accessed February 3, 2022. <https://www.apta.org/apta-and-you/leadership-and-governance/policies/core-values-for-the-physical-therapist-and-physical-therapist-assistant>
2. McCallum, C., Murray, L., Tilstra, M., & Lairson, A. (2020). Assessment of Employability Skills: A Systematic Review of the Availability and Usage of Professional Behavior Assessment Instruments. *Journal of Physical Therapy Education*.
3. Commission on Accreditation in Physical Therapy Education. CAPTE. Accreditation Handbook. Accessed April 20, 2023. https://www.capteonline.org/faculty-and-program-resources/resource_documents/accreditation-handbook (Updated 5/10/23)

Student Rights/Responsibilities

Policy:

The Physical Therapy Program supports the guidelines for student rights and responsibilities set forth by The University of Findlay in the Graduate Catalog. Please refer to the Graduate Catalog for a complete description of student rights and responsibilities.

<https://findlay.smartcatalogiq.com/en/current/graduate-catalog/student-rights-and-responsibilities-statement/>

<https://findlay.smartcatalogiq.com/en/current/graduate-catalog/student-rights-and-responsibilities-statement/>

Style of Referencing

Policy:

Unless otherwise noted by a faculty member, students will utilize the reference method of the American Medical Association (AMA) for all written assignments.

Transportation

Policy/Procedure:

Students must provide their own transportation to and from all program related activities.

Students will be required to sign the University of Findlay Participation Agreement when required to travel off campus for a course required activity. See Appendix O.

Professional Dress Expectations

Wearing appropriate attire is expected of a professional student and representative of the University of Findlay. The following are expected guidelines to follow:

1. Modesty is expected. Skin of the abdomen, low back, and chest should not be shown, including with movement of raising your arms, bending over, and squatting. The exception would be during laboratory sessions when access or visualization of skin is necessary
2. Any visible body art must be appropriate. No depictions of violence, foul language, nudity, or offensive symbols should be visible.

3. Good personal hygiene is expected, this includes but is not limited to clean hair, short and well-kept nails, and clean hands.
4. The following types of attire is not acceptable:
 - Ripped clothing
 - Clothing with offensive or inappropriate logos

Laboratory Attire: When a course includes a lab session, please refer to the specific course syllabus for required attire.

With patients or other professionals such as guest lecturers, patient treatment or community visits associated with the DPT program:

- A good option is “business casual attire” such as dress pants or Khaki pants and a polo shirt.
- Leggings or sporting attire are not appropriate.
- Name tag must be worn at any time you are in the community representing UF DPT or if a guest lecturer or patient is present in the classroom.

Failure to abide by this policy is considered a lapse in professional behavior. Consequences may include but are not limited to dismissal from class, earning a zero for the day’s assignments.

Drug Prevention Program Policy

The University of Findlay DPT program will abide by the university drug prevention program policy.

The University of Findlay’s Drug Prevention Program applies to: Faculty, staff, graduate students and associates, student employees, students, volunteers, vendors, and visitors

The U.S. Department of Education requires that every institution adopt and implement a drug prevention program policy that is then distributed to University employees and students. The philosophy and the specific guidelines of the University of Findlay’s drug prevention program policy are shared in the text that follows. Please read these guidelines thoroughly.

Philosophy:

The primary objective of the University is to contribute to the growth of the student and to provide positive faculty and staff role models. We believe illicit drug use, misuse of prescription drugs, and the excessive or illegal consumption of alcohol is incompatible with the educational process and inconsistent with the basic purpose of any academic community. The University of Findlay provides programs, support, and resources to promote health-enhancing experiences. Additionally, University of Findlay seeks to encourage responsible bystander behavior and timely reporting.

Pursuant to the requirements of the Drug-Free School and Community Act Amendments of 1989 (PL 101-226), University of Findlay has adopted and implemented drug and alcohol policies and programs designed to prevent drug and alcohol problems within the university setting. The policies and programs aim to identify problems at the earliest stage, motivate the affected individuals to seek help, and to direct the individual toward the best assistance available.

The entire policy can be found in the university catalog:

<https://findlay.smartcatalogiq.com/en/current/undergraduate-catalog/copy-of-university-policies/drugs/>

Work Requirement Policy Specific to the Weekend PTA to DPT Bridge Program

Policy:

Work experience within the profession as physical therapist assistant serves to provide invaluable experiences and contacts which will enhance the student's educational processes. Therefore, students are required to work a minimum of 40 hours per month as a physical therapist assistant during the didactic portion of the curriculum.

Procedure:

Students will be required to submit an Employer Work Verification Form to the PT Program two times yearly during year 1 and 2 and once during year 3.

Appropriate forms are provided in Appendix M: Work Verification Form of the PT Program Student Handbook.

Students who make employment changes that affect their ability to meet the minimum work requirement must notify the Program Office within 10 days of the change.

If students are unable to meet the work requirement due to pregnancy or maternity leave accommodations, the student is advised to contact the Office of Civil rights at civilrights@findlay.edu.

Student Hardship Policy

Policy:

The University of Findlay Doctor of Physical Therapy program recognizes the substantial time and financial resources required to obtain a graduate degree. To assist those students in need of additional support, the program created a hardship policy. Academic hardship is defined as a “significant challenge or disruption in a student's ability to succeed academically, often caused by personal, medical, or financial factors that substantially interfere with their coursework, attendance, or overall performance, preventing them from progressing normally towards graduation”.

Procedure:

Students wishing to apply for hardship consideration should follow the procedure below:

1. Students should submit an application requesting hardship consideration to the Associate Chair of Students (or Director of Clinical Education if the hardship impacts the scheduling or attendance of clinical education courses).
 - a. The application should include:
 - i. A letter formally requesting hardship consideration and the nature of the request (Ex. early class section or travel for clinical placement)
 - ii. Documentation of the student hardship (medical reason, work conflict, caregiving responsibilities, transportation challenges, etc.)
2. Upon receipt of the hardship application, the Associate Chair of Students (or Director of Clinical Education) will bring the application to the program pertinent parties for review and discussion. The Associate Chair (or Director of Clinical

Education) will notify the student of the decision and appropriate support within 30 days.

3. If students are in need of additional support, please see the following resources:
 - a. Financial Aid Office <https://www.findlay.edu/financial-aid/graduate-student-info>
 - b. Summer Specific Financial Aid <https://www.findlay.edu/financial-aid/summer>
 - c. Account/Graduate Costs <https://www.findlay.edu/offices/business-affairs/student-accounts/graduate-charges>
 - d. Financial Planning and Education on Managing Finances as a Student <https://www.cashcourse.org/>
 - e. UF Resources for Students <https://www.findlay.edu/offices/student-affairs/Resources-for-Students>
 - i. Swipe Out Hunger: Each student who applies and is approved will receive six meal swipes from our Meal Swipe Bank. A student who already has a meal plan will not be eligible for the meal swipe program, but they are welcome to contact a Findlay staff member to provide resource referrals for other needs they may have.
 - ii. Laptop Loaner Program
 - iii. University of Findlay Pantry - The University of Findlay has opened a campus pantry in partnership with Student Government Association, Student Affairs, Buford Center for Diversity and Service, Sodexo, Physical Plant, and Chopin Hall. The pantry has some shelf-stable groceries, toiletries, small appliances and kitchenware, and other essential items for personal success.
 - iv. Career Closet
 - v. Oiler Discount Program
 - f. Community Resources
 - i. Hancock Helps
 - ii. Findlay-Hancock County Relocation Guide
 - g. APTA Related Student Support Services Related to Finances <https://www.apta.org/your-career/financial-solutions-center>
<https://www.apta.org/apta-and-you/explore-apta-membership/membership-benefits>
 - i. Discounts and Specials
 - a) <https://www.apta.org/apta-and-you/explore-apta-membership/membership-benefits#Offers>
 - ii. Insurance
 - a. <https://www.apta.org/apta-and-you/explore-apta-membership/membership-benefits#Insurance>
 - iii. Tax Deductions
 - a. <https://www.apta.org/apta-and-you/explore-apta-membership/membership-benefits#Tax>

Due Process Policy

This policy outlines the procedure for handling complaints related to the Doctor of Physical Therapy Program that falls outside the scope of existing policies and procedures. These include, but are not limited to, those found in:

- The Doctor of Physical Therapy Student Handbook (Part I and II)
- The Department of Physical Therapy Faculty Handbook
- The University of Findlay Employee Handbook and Faculty Manual
- The University's Graduate Catalog

Scope

This policy applies to individuals, groups, or organizations outside the program or university's established due process who wish to file a complaint regarding:

- Program policies and procedures
- Program activities
- Conduct of students, faculty, or staff

Procedure for Handling Complaints Outside the Realm of Due Process

Complaint Content

The written complaint must include:

1. Specific nature of the complaint
2. Name of the complainant
3. Individuals involved in the complaint
4. Date and location of the incident
5. Detailed description of the incident

Submission Requirements

The complaint must be written and signed by the complainant. Submit the complaint to the Physical Therapy Program Director or Dean of College of Health Professions via one of the following methods:

1. Angie Huber, Physical Therapy Program Director
Doctor of Physical Therapy Program
1000 N. Main St., Findlay, OH 45840
hubera@findlay.edu
2. Richard States, Dean College of Health Professions
1000 N. Main St., Findlay, OH 45840
States@findlay.edu

Review and Response

Upon receipt, the Program Director or Dean of College of Health Professions will review the complaint.

1. The PT Program Chair or Dean will follow up with all the parties concerned to gain a full understanding of the issue at hand.
2. Attempts will be made to resolve the concern through discussion, mediation, education, and/or appropriate action.

3. The PT Program Chair will maintain documentation of such concerns or complaints and their resolutions.

Confidentiality

All complaints will be handled confidentially and in accordance with university policy.

Artificial Intelligence Guidelines

Artificial intelligence (AI), as defined by the United States Congress through the National Artificial Intelligence Initiative Act of 2020, is, “A machine-based system that can, for a given set of human-defined objectives, make predictions, recommendations or decisions influencing real or virtual environments. Artificial intelligence systems use machine and human-based inputs to (A) perceive real and virtual environments; (B) abstract such perceptions into models through analysis in an automated manner; and (C) use model inference to formulate options for information or action.”^{1(p1)} These technologies can learn and adapt from prior experience and data input to execute tasks in a fashion that resembles human capabilities.²

AI technologies can be broken down into subsets, including natural learning processing (NLP), neural networks, and large language models (LLM).² Large language models, specifically, serve as the basis for programs like ChatGPT, which are considered generative AI.³ Generative AI takes user prompts and, through a system of computer processes and algorithms, can create novel image, text, or multimedia outputs.³

These tools can provide powerful assistance for clinicians, educators, and students, alike, but they also introduce new ethical challenges that necessitate mindful implementation and appropriate utilization guidelines.

The American Physical Therapy Association (APTA), via adoption of policy P07-24-10-09, “supports the ethical development and integration of artificial intelligence that reduces administrative burden and enhances physical therapist practice, education, and research for the best interest of patients, clients, the profession, and society.”^{4(p1)}

Similarly, the University of Findlay (UF) supports the responsible and ethical use of emerging technologies like AI in judicious ways that support the pursuit of meaningful lives and productive careers.⁵ The Information Technologies (IT) department has published usage guidelines for students to follow, which can be found here:

<https://docs.google.com/document/d/1RBtIx6ZQ3Mqv6GmQEq0pIGGxPEBGYy55keCx62pOfA/edit?tab=t.0>⁵

On the program level, the UF Doctor of Physical Therapy (DPT) program faculty and staff members would like to add more specific information that relates to day-to-day use cases in the clinic and the classroom:

First, use of any AI technologies on assignments or assessments, where they are explicitly prohibited by your professor, will be viewed as academic misconduct, and all relevant policies and procedures for both the program and the university will be followed. See:

<https://findlay.smartcatalogiq.com/en/current/undergraduate-catalog/student-rights-and-responsibilities-statement/viii-academic-integrity/>⁶

Second, when use is not prohibited, students must still be mindful of the limitations and potential pitfalls of using AI technology as well as the need to cite work that doesn't belong to them. AI can be useful to summarize articles or other resources provided, to help create practice quizzes or hypothetical patient case scenarios, or to help streamline the process of seeking articles or other online resources for academic pursuits.⁷ However, these tools may include errors or omissions.⁸ Students and educators are ultimately responsible for making sure that the tools they use are conveying necessary information accurately. Students remain responsible for learning the content delineated for them by their professor in syllabi, learning objectives, assignment descriptions, etc. In this sense, AI should be seen as a tool but not a replacement for engagement and active student learning. When students and educators do use ChatGPT or any other platform for submitted work, it is their responsibility to cite their sources appropriately, lest it be considered plagiarism. Examples of how to do this can be found here: <https://askus.library.nd.edu.au/faq/2734779>

Third, but no less important, is the remaining obligation that students have to protect the privacy of their patients and fellow students. When using any applications that integrate AI functionality, students must be mindful to not enter any protected health information (PHI) into any system that is connected openly to the broader internet and to follow all other provisions and considerations of the Health Insurance Portability and Accountability Act of 1996, commonly known as HIPAA.¹⁰

AI technology is creating exciting opportunities and change for students, educators, clinicians, and patients. Policies and usage guidance may evolve over time as the technology does, but it is the sincere hope of the UF DPT Faculty and Staff that students can learn how to appropriately use these tools to enhance their learning and eventual clinical practice in their efforts to transform society by optimizing movement to enhance the human experience.¹¹

References

1. Mittelstadt M. Ai policy guide: What is AI? Mercatus Center. September 2024. Accessed November 12, 2025. <https://www.mercatus.org/ai-policy-guide/what-is-ai>.
2. What is (AI) Artificial Intelligence? What is (AI) Artificial Intelligence? | Online Master of Engineering | University of Illinois Chicago. October 24, 2025. Accessed November 12, 2025. <https://meng.uic.edu/news-stories/ai-artificial-intelligence-what-is-the-definition-of-ai-and-how-does-ai-work/>.
3. Generative Artificial Intelligence. National Library of Medicine. February 26, 2024. Accessed November 12, 2025. <https://www.nlm.gov/guides/data-thesaurus/generative-artificial-intelligence>.
4. Ethical and effective integration of Artificial Intelligence. APTA. September 23, 2024. Accessed November 12, 2025. <https://www.apta.org/apta-and-you/leadership-and-governance/policies/ethical-and-effective-integration-of-artificial-intelligence-across-physical-therapist-practice-education-and-research>.
5. ChatGPT guidelines. University of Findlay Guidelines for AI Use. March 27, 2024. Accessed November 12, 2025. <https://docs.google.com/document/d/1RBTIx6ZQ3Mqv6GmQEeq0pIGGxPEBGYy55keCx62pOfA/edit?tab=t.0>.
6. Academic Integrity. The University of Findlay - VIII. Academic Integrity. April 22, 2024. Accessed November 12, 2025. <https://findlay.smartcatalogiq.com/en/current/undergraduate-catalog/student-rights-and-responsibilities-statement/viii-academic-integrity/>.

7. 1. AI Enhances Pitt Doctor of Physical Therapy Student Learning Experiences . Pitt SHRS. April 16, 2025. Accessed November 12, 2025. <https://www.shrs.pitt.edu/story/ai-enhances-pitt-doctor-of-physical-therapy-student-learning-experiences/>.
8. When AI Gets It Wrong: Addressing AI Hallucinations and Bias. MIT Sloan Teaching & Learning Technologies. June 30, 2025. Accessed November 12, 2025. <https://mitsloanedtech.mit.edu/ai/basics/addressing-ai-hallucinations-and-bias/>.
9. How do I cite answers given by Gen Ai, like CHATGPT, using AMA style, if used for purposes approved by the University? AskUs. 2024. Accessed November 12, 2025. <https://askus.library.nd.edu.au/faq/273477>.
10. Health Insurance Portability and Accountability Act of 1996. August 20, 1996. Accessed November 12, 2025. <https://aspe.hhs.gov/reports/health-insurance-portability-accountability-act-1996>.
11. Vision, Mission, and Strategic Plan. APTA. 2025. Accessed November 12, 2025. <https://www.apta.org/apta-and-you/leadership-and-governance/vision-mission-and-strategic-plan>

APPENDIX A

Professionalism Development Plan (PDP)

Criteria for successful completion of the Professional Development Plan (*PDP*) are as follows:

1) Advisor Consultation

- The student will meet with their advisor at the start of each academic year to review the annual Professional Behaviors Self-Assessments, Academic Performance, and the Professional Development Portfolio.
- Additionally, lapses or achievements in professional behavior throughout the student's time in the program will be communicated to the advisor. The Advisor will discuss professional behaviors with the student.
 - If a student fails to demonstrate time appropriate Professional Behaviors, Academic Performance, or completion of the Professional Development Portfolio, a Performance Improvement Plan will be created by the advisor with student input and agreement.

2) Organization of the Professional Development Portfolio

- The portfolio will be organized in the required format and uploaded to SharePoint. The course instructors of courses with Signature Assignments will provide instruction for uploading these documents.
1. Resume/Curricular Vitae
 2. Professional Development
 - APTA Core Value Self Pre-Assessment
 - APTA Core Values Post-Assessment
 - Professional Behaviors Self-Assessment (Annually)
 - Personal Mastery Strategic Plan
 3. Personal Development
 - § Financial Plan
 - § Interview Feedback Form
 - § Plan for Licensure
 - § Study Plan for National Physical Therapy Examination
 4. Certifications and Certificates
 - § Certifications (e.g., CPR)
 - § Continuing Education Certificates of Completion
 5. Annual Review
 - § Resume/Curricular Vitae
 - § Professional Development
 - § Academic Performance Annual Review
 - § APTA Memberships
 - § Attendance

	Portfolio Section	Course/Responsible Party	Signature Assignment
Year 1	Annual Review	PHTH 543 – Traditional	Resume/Curricular Vitae
	Certifications and Certificates	PHTH 504 – Bridge PHTH 543- Traditional	Certificates (e.g., CPR, Academic Integrity (completed during workday onboarding or during the course) or , CITI training) and Continuing Education Certificates of completion
	Professional Development	PHTH 543 – Traditional PHTH 504 – Bridge	APTA Core Values Self Assessments
	Annual Review	PHTH 543 - Traditional PHTH 504 - Bridge	APTA Membership
	Professional Development	PHTH 543 – Traditional PHTH 504 - Bridge	Professional Behaviors Self-Assessment
Year 2	Professional Development	Yearly Advisor Meeting 2 (This can be the same meeting that you review your Competency Exam) WEC January Trad Summer	Resume/Curricular Vitae Update Professional Development Self-Assessment Academic Performance Annual Review APTA Memberships Attendance
Year 3	Professional Development	Advisor Meeting Year 3 WEC January Traditional Summer	Resume/Curricular Vitae Update Professional Development Self-Assessment Academic Performance Annual Review APTA Memberships Attendance

	Personal Development	PHTH 731 - Traditional PHTH 732 /733- Bridge	Financial Plan Interview Feedback Form Plan for licensure Plan for NPTE
	Professional Development	PHTH 731 – Traditional PHTH 732/733 - Bridge	Personal Mastery Strategic Plan Core Values Assessment Year 3

Updated 5/10/23

APTA Core Values Self-Assessment

NAME:

Date submitted:

TOTAL
SCORE

0

Accountability*

Accountability is active acceptance of the responsibility for the diverse roles, obligations, and actions of the physical therapist including self-regulation and other behaviors that positively influence patient/client outcomes, the profession and the health needs of society.

For each of the following questions, please answer never, rarely, occasionally, frequently or always by entering an x in each of the grey shaded rows.	Never	Rarely	Occasionally	Frequently	Always	Do not click in this column
1. Responding to patient's/client's goals and needs.						0
2. Seeking and responding to feedback from multiple sources.						0
3. Acknowledging and accepting consequences of his/her actions.						0
4. Assuming responsibility for learning and change.						0
5. Adhering to code of ethics, standards of practice, and policies/procedures that govern the conduct of professional activities.						0
6. Communicating accurately to others (payers, patients/clients, other health care providers) about professional actions.						0
7. Participating in the achievement of health goals of patients/clients and society.						0
8. Seeking continuous improvement in quality of care.						0
9. Maintaining membership in APTA and other organizations.						0
10. Educating students in a manner that facilitates the pursuit of learning.						0
				Accountability	Section Score	0
Altruism*						0

Altruism is the primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility of placing the needs of the patient/client ahead of the physical therapist's self interest.

For each of the following questions, please answer never, rarely, occasionally, frequently or always by entering an x in each of the grey shaded rows.	Never	Rarely	Occasionally	Frequently	Always	Do not click in this column
1. Placing patient's/client's needs above the physical therapists.						0
2. Providing pro-bono services.						0
3. Providing physical therapy services to underserved and underrepresented populations.						0
4. Providing patient/client services that go beyond expected standards of practice.						0
5. Completing patient/client care and professional responsibility prior to personal needs.						0
					Altruism Section Score	0

Compassion/Caring*

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

For each of the following questions, please answer never, rarely, occasionally, frequently or always by entering an x in each of the grey shaded rows.	Never	Rarely	Occasionally	Frequently	Always	Do not click in this column
1. Understanding the socio-cultural, economic, and psychological influences on the individual's life in their environment.						0
2. Understanding an individual's perspective.						0

3. Being an advocate for patient's/client's needs.						0	
4. Communicating effectively, both verbally and non-verbally, with others taking into consideration individual differences in learning styles, language, and cognitive abilities, etc.						0	
5. Designing patient/client programs/interventions that are congruent with patient/client needs.						0	
6. Empowering patients/clients to achieve the highest level of function possible and to exercise self-determination in their care.						0	
7. Focusing on achieving the greatest well-being and the highest potential for a patient/client.						0	
8. Recognizing and refraining from acting on one's social, cultural, gender, and sexual biases.						0	
9. Embracing the patient's/client's emotional and psychological aspects of care.						0	
10. Attending to the patient's/client's personal needs and comforts.						0	
11. Demonstrating respect for others and considers others as unique and of value.						0	
					Compassion/caring	Section Score	0

Excellence*

Excellence is physical therapy practice that consistently uses current knowledge and theory while understanding personal limits, integrates judgment and the patient/client perspective, challenges mediocrity, and works toward development of new knowledge.

For each of the following questions, please answer never, rarely, occasionally, frequently or always by entering an x in each of the grey shaded rows.	Never	Rarely	Occasionally	Frequently	Always	Do not click in this column
1. Demonstrating investment in the profession of physical therapy.						0
2. Internalizing the importance of using multiple sources of evidence to support professional practice and decisions.						0
3. Participating in integrative and collaborative practice to promote high quality health and educational outcomes.						0
4. Conveying intellectual humility in professional and personal situations.						0
5. Demonstrating high levels of knowledge and skill in all aspects of the profession.						0
6. Using evidence consistently to support professional decisions.						0
7. Demonstrating a tolerance for ambiguity.						0
8. Pursuing new evidence to expand knowledge.						0
9. Engaging in acquisition of new knowledge throughout one's professional career.						0
10. Sharing one's knowledge with others.						0
11. Contributing to the development and shaping of excellence in all professional roles.						0
					Section Excellence Score	0

Integrity*

Integrity is steadfast adherence to high ethical principles or professional standards; truthfulness, fairness, doing what you say you will do, and “speaking forth” about why you do what you do.

For each of the following questions, please answer never, rarely, occasionally, frequently or always by entering an x in each of the grey shaded rows.	Never	Rarely	Occasionally	Frequently	Always	Do not click in this column
1. Abiding by the rules, regulations, and laws applicable to the profession.						0
2. Adhering to the highest standards of the profession (practice, ethics, reimbursement, Institutional Review Board [IRB], honor code, etc).						0
3. Articulating and internalizing stated ideals and professional values.						0
4. Using power (including avoidance of use of unearned privilege) judiciously.						0
5. Resolving dilemmas with respect to a consistent set of core values.						0
6. Being trustworthy.						0
7. Taking responsibility to be an integral part in the continuing management of patients/clients.						0
8. Knowing one’s limitations and acting accordingly.						0
9. Confronting harassment and bias among ourselves and others.						0
10. Recognizing the limits of one’s expertise and making referrals appropriately.						0
11. Choosing employment situations that are congruent with practice values and professional ethical standards.						0
12. Acting on the basis of professional values even when the results of the behavior may place oneself at risk.						0

Professional Duty*

Professional duty is the commitment to meeting one's obligations to provide effective physical therapy services to individual patients/clients, to serve the profession, and to positively influence the health of society.

For each of the following questions, please answer never, rarely, occasionally, frequently or always by entering an x in each of the grey shaded rows.	Never	Rarely	Occasionally	Frequently	Always	Do not click in this column
1. Demonstrating beneficence by providing "optimal care".						0
2. Facilitating each individual's achievement of goals for function, health, and wellness.						0
3. Preserving the safety, security and confidentiality of individuals in all professional contexts.						0
4. Involved in professional activities beyond the practice setting.						0
5. Promoting the profession of physical therapy.						0
6. Mentoring others to realize their potential.						0
7. Taking pride in one's profession.						0
Professional Duty Section Score						0

Social Responsibility*

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

For each of the following questions, please answer never, rarely, occasionally, frequently or always by entering an x in each of the grey shaded rows.	Never	Rarely	Occasionally	Frequently	Always	Do not click in this column

1. Advocating for the health and wellness needs of society including access to health care and physical therapy services.						0	
2. Promoting cultural competence within the profession and the larger public.						0	
3. Promoting social policy that effect function, health, and wellness needs of patients/clients.						0	
4. Ensuring that existing social policy is in the best interest of the patient/client.						0	
5. Advocating for changes in laws, regulations, standards, and guidelines that affect physical therapist service provision.						0	
6. Promoting community volunteerism.						0	
7. Participating in political activism.						0	
8. Participating in achievement of societal health goals.						0	
9. Understanding of current community wide, nationwide and worldwide issues and how they impact society's health and well-being and the delivery of physical therapy.						0	
10. Providing leadership in the community.						0	
11. Participating in collaborative relationships with other health practitioners and the public at large.						0	
12. Ensuring the blending of social justice and economic efficiency of services.						0	
					Social Responsibility	Section Score	0

Collaboration**

Collaboration is working together with patients and clients, families, communities, and professionals in health and other fields to achieve shared goals. Collaboration within the physical therapist-physical therapist assistant team is working together, within each partner's respective role, to achieve optimal physical therapist services and outcomes for patients and clients.

For each of the following questions, please answer never, rarely, occasionally, frequently or always by entering an x in each of the grey shaded rows.	Never	Rarely	Occasionally	Frequently	Always	Do not click in this column	
1. Determining & referring PT services that can be directed to other professionals, support personnel, caregivers, as needed by the patient/client.							0
2. Supervising PT services directed to PTAs and other support personnel, according to the law, guidelines, policies, code of ethics & facility policies.							0
3. Demonstrating respect for the contributions of the rehabilitation team.							0
4. Monitoring the PT outcomes of patients/clients receiving services delivered by the team.							0
					Section Collaboration Score	0	

Inclusion** Inclusion occurs when the physical therapist and physical therapist assistant create a welcoming and equitable environment for all. Physical therapists and physical therapist assistants are inclusive when they commit to providing a safe space, elevating diverse and minority voices, acknowledging personal biases that may impact patient care, and taking a position of anti-discrimination.

For each of the following questions, please answer never, rarely, occasionally, frequently or always by entering an x in each of the grey shaded rows.	Never	Rarely	Occasionally	Frequently	Always

1. Becoming aware, acknowledging, & suspending own personal biases, as well as understanding social & cultural biases.						0
2. Demonstrating anti-discriminatory behavior in all aspects of professional services.						0
3. Communicating with sensitivity in situations of differences (e.g., race/ethnicity, religion, gender, age, national origin, sexual orientation, & disability/health status) for all patients, team members, and professional colleagues.						0
4. Demonstrating support for the advancement of minority patients and professional colleagues.						0
					Inclusion Score	0
					Final Total	0

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** Newest Core value HOD P09-21-21-09; <https://www.apta.org/apta-and-you/leadership-and-governance/policies/core-values-for-the-physical-therapist-and-physical-therapist-assistant#>

APPENDIX B

Critical Thinking - Outcome

The graduate is able to use a purposeful, self-regulatory process that includes interpretation, analysis, evaluation, and inference, and can explain the evidential, conceptual, methodological, criteriological, or contextual considerations on which judgments are based (Dexter et al, 1997).

Operational Definitions/Defining Characteristics of the Critical Thinking Competencies (Adapted from Dexter et al, 1997):

Interpretation

- To understand, comprehend, or decipher written materials, verbal or nonverbal communications, empirical data, theoretical formulations, graphics, questions, etc.
- To explain the meaning of or to make understandable
- To identify physical therapy problems in a clinical situation
- To place in the context of a situation or one's own experience
- To paraphrase, summarize, clarify meaning of written material or verbal communications
- To define terms in written material
- To identify purpose, theme, or point of view
- To recognize one's own interpretations and distinguish them from evidence/raw data
- To avoid reading into data meaning that confirms one's own convictions (or to recognize that one may be doing this)
- To recognize and consider alternative explanations

Analysis

- To examine, organize, classify, categorize, or prioritize variables (e.g., signs and symptoms, evidence, facts, research findings, concepts, ideas, beliefs, views, elements)
- To identify elements of an argument: assumptions, premises, theories, principles, steps, conclusions
- To identify implications, possible consequences, cost versus benefit of alternative decisions
- To differentiate among empirical, conceptual, and evaluative questions
- To differentiate fact from opinion
- To examine ideas/arguments/situations/data to identify essential elements/factors and their possible relationships

Evaluation

- To assess the credibility of sources of information
- To assess the strength of evidence/inferences to support conclusions
- To assess claims/arguments in relation to the evidential, conceptual, methodological, or contextual considerations on which the claims/arguments were based
- To assess information for bias, stereotypes, clichés, or loaded language
- To apply relationships criteria appropriate to particular situations (e.g., statistical, ethical/moral, semantic)

Inference

- To conjecture alternatives, formulate hypotheses, or draw conclusions based on premises/evidence
- To differentiate between conclusions/hypotheses that are logically or evidentially necessary and those that are merely possible or to whatever degree, probably
- To demonstrate knowledge of syllogistic reasoning, principles of logic, logical fallacies, and rules for induction and deduction
- To identify knowledge gaps or needs

Explanation

- To explicate, in writing or orally, the assumptions and reasoning processes followed in reaching conclusions
- To justify one's reasoning/conclusions in terms of evidential, conceptual, methodological, or contextual considerations
- To construct graphic representations of the relationships among variables (e.g., tables, graphs)

Self-regulation

- To continually monitor, reflect on, and question one's own thinking in relation to all of the foregoing steps in the reasoning process
- To examine one's own views with sensitivity to the possible influence of personal biases or self-interest
- To review and confirm or reformulate one's previous understandings/explanations/inferences in relation to a particular situation
- To demonstrate the "dispositional skills" (Facione and Facione, 1992) of truth-seeking, open-mindedness, "analyticity", "systematicity", self-confidence, inquisitiveness, and maturity.

Rubric for Scoring Laboratory Examinations

Score Range	Scores may range from Excellent (A = Consistently does all of the following) to Above Average (B = Consistently does most of the following)	Average (C = Consistently does most of the following)	Scores may range from Poor (D = On occasion does some of the following) to Failure (F = Consistently does most of the following)
Positioning and Preparation	Demonstrates correct body mechanics, patient positioning, and preparation (room and patient) in all activities.	Demonstrates correct body mechanics, patient positioning, and preparation (room and patient) in most activities. Minor errors in body mechanics, patient positioning or preparation may be present.	Significant errors in body mechanics, patient positioning or preparation (patient and room) noted that may put the individual (patient or therapist) at risk.
Safety	Applies knowledge of contraindications/precautions. Appropriately adjusts patient examination/intervention in response to potential safety issues.	Recognizes and states most, but not all, relevant contraindications and precautions. Incompletely adjusts patient examination/intervention in response to potential safety issues.	Fails to recognize, articulate or address relevant contraindications and precautions. Acts in a manner that jeopardizes patient safety.
Communication	Communicates in a manner congruent with situational needs and with appropriate sensitivity to issues of diversity. Demonstrates technically correct oral and written communication skills, including the use of appropriate terminology, active listening, and appropriate body language. Establishes appropriate patient-PT rapport.	In most situations, communicates in a manner consistent with situational needs and with appropriate sensitivity to issues of diversity. Demonstrates some incorrect oral and written communication skills, including occasional inappropriate use of terminology, lapses in active listening, and occasional inappropriate body language.	Fails to communicate in a manner consistent with situational needs or with sensitivity to issues of diversity. Demonstrates significant errors in oral and written communication including inappropriate use of terminology, failure to actively listen, and inappropriate body language.
Critical Thinking	Accurately identifies relevant problems, interprets and weighs evidence, statements, and physical findings; selects and justifies and appropriate course of action	Partially identifies relevant problems; incompletely interprets and weighs evidence, statements, and physical findings; selects a less than optimal course of action; incompletely justifies selected action.	Fails to identify relevant problems; inappropriately interprets and weighs evidence, statements, and physical findings; incorrectly selects a course of action; fails to justify selected action.
Psychomotor Skills	Selects correctly and demonstrates appropriate hands-on techniques to address the patient's identified impairments and functional limitations.	Minor errors in technique that do not endanger the patient but may affect the accuracy or efficacy of the treatment.	Significant errors in technique which may render information gained or treatment ineffective or endanger safety of the patient.

APPENDIX C

Professional Behaviors

1. Critical Thinking

The ability to question logically; identify, generate, and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information. The ability to appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision-making process.

- Raises relevant questions
- Understands and accepts scientific method
- Thinks analytically
- Uses information effectively
- Formulates alternate hypotheses
- Critiques solutions
- Feels challenged to understand and solve problems

2. Communication

The ability to communicate effectively (i.e. verbal, non-verbal, written, etc.)

- Demonstrates basic English skills
- Presents verbal or written message with logical organization and sequencing

3. Problem Solving

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

- Recognizes problems and prioritizes them
- States problems clearly
- Can identify solutions to the problem or resources needed to develop solutions

4. Interpersonal Skills

The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.

- Maintains professional demeanor in all clinical and classroom interactions
- Recognizes impact of verbal and non-verbal communication and modifies all communication to meet situational needs.
- Listens actively and uses appropriate body language
- Assumes responsibility for mistakes, apologizes
- Demonstrates interest and ability to work with peers in a group process/project

5. Responsibility

The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community and social responsibilities.

- Demonstrates dependability
- Demonstrates punctuality
- Fulfills commitments
- Budgets time wisely
- Accepts responsibility for actions and outcomes
- Provides safe and secure environment for patients

6. Professionalism

The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.

- Projects professional image
- Continuous positive regard for all
- Abides by APTA Code of Ethics and standards of practice
- Follows state licensure regulations
- Abides by facility policies and procedures
- Abides by university and department policies and procedures
- Demonstrates involvement in and commitment to local and national chapters of the APTA
- Contributing creatively to classroom and community projects on a regular basis
- Demonstrates leadership qualities
- Demonstrates respect for others

7. Use of Constructive Feedback

The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.

- Actively seeks feedback and help
- Demonstrates a positive attitude towards feedback
- Critiques own performance
- Integrates feedback for positive change in growth

8. Effective Use of Time and Resources

The ability to manage time and resources effectively to obtain the maximum possible benefit.

- Meets external deadlines
- Demonstrates flexibility and adaptability
- Sets priorities
- Sets realistic goals
- Utilizing university library resources
- Utilizes time wisely outside of class and clinic

9. Stress Management

The ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions for: self, patient/clients and their families, members of the health care team and in work/life scenarios.

10. Commitment to Learning

The ability to self-direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills."

- Reads articles critically and understands limits of application to professional practice
- Demonstrates a positive attitude (motivation) towards learning
- Monitors own progress
- Takes a collaborative approach
- Seeks assistance from professors or peers regarding difficult concepts
- Demonstrates initiative towards learning
- Demonstrates equal participation in progression and completion of group projects

References: Adapted from: Warren May, PT, MPH, Laurie Kontney PT, DPT, MS and Z. Annette Iglarsh, PT, PhD, MBA: Professional Behaviors for the 21st Century, 2009-2010.

APPENDIX D



University of Findlay

Doctor of Physical Therapy

Technical Standards and Essential Functions

INTRODUCTION

Performing successfully as a student physical therapist involves completing significant intellectual, social, and physical tasks throughout the curriculum. Upon graduation, students from this program are expected to deliver entry-level clinical services in a safe and ethical manner. Successful entry-level practice requires a broad array of basic knowledge, skills, and behaviors, including abilities in the areas of judgment, integrity, character, professional attitude, and demeanor. The purpose of this document is to delineate the specific demands of this professional education program so that students may compare their own capabilities with these educational challenges. *The Weekend PTA to DPT Bridge Program in particular is rigorous; fast paced and has less time on campus than the Traditional program. The students in the Weekend PTA to DPT Bridge Program are expected to be able to manage full time coursework with a significantly reduced face-to-face component along with maintaining clinical work as a PTA.*

REASONABLE ACCOMMODATION

Students are expected to complete the tasks articulated in this document independently either with or without reasonable accommodation. The university can assist students who have disabilities to accomplish the essential tasks necessary to complete this educational program by reasonably accommodating their needs. For example, the university can provide extra time to complete an examination. Providing reasonable accommodation does not imply that a student will be exempt from performing any tasks essential to completion of the program. Reasonable accommodation does mean, however, that the university will do its best to cooperate with any student who has a disability to determine if it can assist the student to successfully complete the necessary tasks.

IMPLICATION FOR ADMISSION

After reading this document, students must decide whether or not they are able to complete the essential tasks required for this program either with or without reasonable accommodation. They are not required to disclose the presence of a disability prior to a decision being made regarding their admission to the program. Students should be realistic and recognize that they are ineligible for admission if they are unable to complete these tasks with reasonable accommodation. Students are encouraged to discuss any questions they have with regard to this document with the Office of Accommodation and Inclusion prior to admission.

If an offer of admission to the program is made to a student who has a disability and that student desires reasonable accommodation to assist in completing the essential tasks of this program, he or she must request this assistance from the Office of Accommodation and Inclusion Services. This Office, in consultation with the program director and other physical therapy faculty members, will decide whether the student will be able to perform the essential tasks with reasonable accommodation. An offer of admission may be withdrawn in any of the following circumstances:

It becomes apparent that a student is unable to complete essential tasks even when reasonable accommodation is made.

The accommodations required by the student are not reasonable and would cause undue hardship to the University.

Attempting to perform the essential functions with reasonable accommodation would create a risk to the health and safety of the student with the disability or to the health and safety of others with whom the student would interact.

FIVE AREAS IN WHICH STUDENTS MUST POSSESS APTITUDES, ABILITIES, AND SKILLS:

I. OBSERVATION

Students require the functional use of vision, hearing and somatic sensations. A student must be able to observe lectures, laboratory dissection of cadavers, lecture and laboratory demonstrations, and observe microscopic studies of tissues. The student must be able to observe a patient accurately, observe digital and waveform readings, and other graphic images to determine a patient's/client's condition. Examples in which these observational skills are required include but are not limited to palpation of peripheral pulses, bony landmarks and ligamentous structures: visual and tactile examination of areas of inflammation: visual and tactile assessment of the presence and degree of edema, and observation of the patient/client during interview and history taking.

II. COMMUNICATION

Students must be able to use verbal and nonverbal communication orally and in writing to convey and receive communication. This includes reading, writing legibly, and speaking English at a level consistent with successful course completion and development of positive personal and therapeutic relationships. Communication must be effective and efficient to handle the volume and breadth of required reading and to impart information to others. Computer literacy is required.

III. PSYCHOMOTOR

Students in the classroom must have the ability to sit, stand, and/or walk, for up to 10 hours daily. In the clinical setting, students must have the ability to sit, stand or walk for at least eight hours daily modified according to the schedule of the specific facility to which a student is assigned (which may be up to 12 hours per day). Students must possess sufficient motor function to elicit information from the patient/client examination, by palpation, auscultation, percussing, and other examination maneuvers including reliably reading meters, dials, and printouts. Students must be able to execute movements (including twist, bend, stoop and/or squat) required to provide general and therapeutic care, such as positioning, lifting, or moving immobile and/or bariatric patients; gait training using therapeutic aids and orthotics; positioning and performing manual therapy/manipulation techniques; performing non-surgical wound debridement; and placing electromyographic electrodes. These skills require coordination of both gross and fine muscular movement, equilibrium, and the integrated use of touch and vision. Students must have the ability to respond quickly to emergency situations.

IV. COGNITIVE

Students must demonstrate strong critical thinking, problem-solving, and judgment skills in both academic and clinical settings. They must be able to interpret what they read, see, and hear—extracting relevant facts, summarizing and understanding the communications of others, and organizing data from patient assessments into clear, concise documentation that follows standard protocols. Students must also be able to interpret graphs and charts and apply the information effectively in both learning and clinical decision-making. This includes using clinical judgment and evidence-based practice to identify patient problems and justify recommended interventions. Additionally, students must retain previously learned information while integrating new knowledge into their communication and treatment planning. They need to be able to recognize the limits of their knowledge and appropriately seek guidance or refer to other professionals when necessary.

V. BEHAVIORAL AND SOCIAL

Students must possess, maintain and exhibit a level of emotional, psychological and general health that supports the full use of their intellectual abilities, sound judgment, and the timely completion of academic and clinical responsibilities. They must be capable of developing mature,

sensitive, and effective professional relationships while managing their own emotional responses to maintain professionalism. This includes accurately interpreting emotional and nonverbal cues, adapting to stress, uncertainty, and ambiguity, and accepting and integrating constructive feedback. Students must also be able to function effectively under physically and emotionally demanding conditions and demonstrate ethical behavior throughout their education. A general health status is necessary to perform all required tasks and to safely manage exposure to microorganisms, including blood, body fluids, and open wounds, particularly during clinical rotations.

University of Findlay students have the opportunity to, and in some cases are required to, participate in clinical experiences and other experiential education programs to apply academic concepts to real-world situations and assist in achieving licensure in a particular field. Students involved in clinical experiences or experiential education programs may be involved in providing direct patient care, pharmacy services, professional services, student teaching, non-clinical internships or otherwise be involved in situations where safety is critical. In such cases, University of Findlay students have an ethical and professional duty to be drug and alcohol free to ensure the highest standards of safety, health, quality care, and efficiency. The University of Findlay views alcohol and other substances of abuse as serious threats to its students and to those they may come into contact with (such as patients, professional staff, and the visiting public) during experiential education experiences and external programs. Further details regarding the university drug screening policy can be found in the graduate catalog at:

<https://findlay.smartcatalogiq.com/current/graduate-catalog/university-policies/copy-of-drug-screening-policy/>

References:

- a. American Physical Therapy Association. Minimum Required Skills of Physical Therapist Graduates at Entry Level. BOD G11-05-20-449.

APPENDIX E

Replacement Badge Form

REPLACEMENT BADGE NEEDED FOR STUDENT

PROGRAM NAME _____

STUDENT NAME _____

STUDENT ID# _____

APPROVED BY _____

DATE _____

PAID \$5 FEE _____

Once form is completed and approved, please bring it to the Card Office in the Alumni Memorial Union to have your picture taken for a replacement badge.

10/26/17

APPENDIX F

DPT Student Fund for Professional Activities Request Form

Name:

Student ID Number:

Date of Request Form submission:

Name & Date of event or conference:

Reason for attendance:

Amount requested:

Email:

Phone:

Address:

Have you received Student Academic Development funding in the past? Yes No

If so, attach approved proposal, faculty endorsement & expense report.

If not, attach registration and expense report.

Can we send your check to the above listed address, if after Graduation? Yes No

Faculty Approval:

Faculty Name:

Signature: _____ Date: _____

APPENDIX G

Infection Control Plan

Possible Risks

Although the risk of becoming infected with a communicable disease during classroom and laboratory experiences in the physical therapy program should be minimal, the possibility of exposure to blood-borne or other pathogens does exist. Close proximity to other students in classroom and lab may mean exposure to certain communicable diseases. A student might become injured or ill and thus expose others to blood, vomit or other body fluids. There may be times when patients are brought into the classrooms. Finally, in the anatomy laboratory there is the possibility of exposure to contaminated human remains.

In order to minimize the exposure to blood-borne pathogens and other potential infections for students, faculty, and staff participating in the physical therapy program, an infection control plan for the academic portion of the program has been developed and is outlined in the pages that follow. While students are on clinical education experiences, they will face the same risks as the physical therapists at the various facilities. Policies relating to infection control for those students on affiliations are also included at the end of this document.

Methods of Infection Control:

A. Hand hygiene

Hand washing is a very important means of preventing the spread of infections. Vigorous hand washing with soap and water will remove or reduce the number of pathogens on the skin.

When to perform hand hygiene:

1. before and after using hands-on techniques in the laboratory or classroom
2. after coughing, sneezing, blowing or wiping of the nose
3. before and after handling food
4. after using toilet facilities
5. whenever hands appear visibly soiled
6. following the removal of gloves used for standard precautions
7. after any procedure or activity involving exposure to blood or other body fluids
8. before and after contacting an open area on the skin

Hand washing technique:

1. Remove all jewelry (flat, band type ring may be worn).
2. Avoid touching the sink with your hands
3. Turn on the water and adjust it to a warm temperature.
4. Moisten hands, wrists, and distal forearm, and apply soap. Keep fingers pointing down.
5. Use rotary or rubbing motions to apply friction to all surfaces for at least 30 seconds.
6. Pay special attention to the area around the nails, between the fingers, and the knuckles.
7. Rinse thoroughly with your hands directed downward, but do not rinse the skin proximal to where you washed.
8. Dry your hands thoroughly and dispose of the towel.
9. Use a paper towel to touch the faucet to turn the water off. Dispose of the towel

10. Hand sanitizer can be used when hands are not visibly soiled. Sanitizer is to be applied to all surfaces of the hands and rubbed in until dry

REFERENCES:

- A. Minor MAD, Minor SD. *Patient Care Skills*. 4th Ed. Stamford, CT: Appleton & Lange; 1999.
- B. Pierson, FM. *Principles and Techniques of Patient Care*. 2nd Ed. Philadelphia, PA: W.B. Saunders Company; 1999.
- C. *Infection Control Guidelines*. Findlay, OH: Blanchard Valley Regional Health Center.

B. Standard Precautions

Standard precautions is a system of infection control in which all body fluids are considered to be potentially infectious and are handled as though they were contaminated.

Complete descriptions of standard precautions guidelines for the workplace can be found in the references listed below. The guidelines have been adapted for the PT lab including emergency situations were considered in formulating the policies below and in the following sections.

Standard precautions shall be used in any contact with blood or body fluids. Specifically the use of standard precautions while in the PT program requires:

1. Non-sterile gloves shall be used to clean up blood or other body fluids or in cases where there is a potential for coming into contact with body fluids.
2. Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or body fluids. Hands will be washed after the removal of gloves.
3. Any sharp items such as broken glass or needles should be handled with care and disposed of properly in a “sharps” container.
4. A face shield will be available in case of spurting or splashing blood.
5. Mouthpieces, resuscitation bags or similar equipment will be available for use with mouth to mouth resuscitation.
6. Contaminated waste shall be disposed of in separate, marked containers.
7. Contaminated linen shall be placed in separate containers or bags.

REFERENCES

1. Pierson, FM. *Principles and Techniques of Patient Care*. 2nd Ed. Philadelphia, PA: W.B. Saunders Company; 1999.
2. *Infection Control Guidelines*. Findlay, OH: Blanchard Valley Regional Health Center.
3. Department of Labor, Occupational Safety and Health Administration. 29 CFR Part 1910.1030: *Occupational Exposure to Bloodborne Pathogens; Final Rule*. Federal Register. 1991; 56(235)

C. Procedure in Case of Exposure

In case of a needle stick or other exposure to blood or body fluids, the following procedures should be followed:

1. The exposed individual should immediately wash the skin with soap and water or flush contaminated mucous membrane with water.

2. Any contaminated clothing should be removed and placed in the proper contaminated linen receptacle.
3. The exposed individual should report to the Blanchard Valley Regional Health Center (BVRHC). Treatment and follow-up will be in accordance with the policies and procedures of the BVRHC. The student will be responsible for complying with treatment procedures and for the timely payment of any or all expenses incurred.
4. Any areas in the lab, plinths, floor, etc. which may have been contaminated by the fluids should be cleaned immediately with disinfectant. The person doing the cleaning must wear gloves. All contaminated materials should be placed in the appropriate, marked receptacles.
5. The incident should be reported to the Program Director as soon as possible.
6. The person who was the source of the body fluid(s) is encouraged to accompany the exposed individual to BVRHC so that appropriate testing can be done.
7. In the case of accidental exposure to infections while on clinical education experiences, the student should inform the clinical instructor immediately and follow the infection control policies of the facility. The DCE also needs to be informed of the incident and any medical treatment or follow-up required. The student assumes financial responsibility for any necessary treatment. It is the responsibility of the student to inquire about infection control policies at the beginning of the affiliation.

D. Physical Therapy Lab

To maintain cleanliness and reduce the risk of spreading infections, the following policies are in effect for students and faculty involved in the physical therapy courses.

1. Hands are to be washed before and after hands-on contact as outlined in the hand washing policy.
2. A clean sheet is to be used on the plinth for each person. Folded sheets may be used and, if they are not soiled, they may be turned over and re-used. In the event a sheet is not used to cover the plinth, the surface will be cleaned after each use.
3. If a sheet covers the pillowcases, they do not need changing unless they become soiled, but otherwise should be changed for each person.
4. Clean towels and washcloths should be used for each person.
5. Plinths are to be cleaned with disinfectant after each class session.
6. If re-usable electrodes are used in laboratory procedures, they are to be covered with a gauze pad or other disposable material.
7. The earpieces of stethoscopes used in class are to be cleaned with alcohol before and after each use.
8. Equipment is to be cleaned and disinfected at the end of each use or as is in keeping with established equipment specific policies that will be explained in class.
9. To facilitate maintaining the cleanliness of the lab, the application of standard precautions and the proper handling of contaminated materials, the following are to be available in the physical therapy laboratory:
 - a. face shield or eyewear
 - b. mouthpiece or resuscitation bag for mouth to mouth resuscitation
 - c. non-sterile gloves
 - d. disinfectant
 - e. container for disposal of sharp materials
 - f. container for disposal of contaminated linen

- g. hamper for ordinary soiled linen
- h. container for disposal of contaminated gloves, blood or other contaminated materials

E. Anatomy Lab Procedures

Introduction

Gross anatomy is the study of structures, their relationships, and functions. A working knowledge of the structure of the body cannot be obtained from lectures, books, and software alone, although these are essential guides. Through the gross anatomy laboratory, the student can obtain first-hand skills, seeing and handling anatomical specimens and appreciating their interrelationships. This is accomplished by dissection, the art of removing surface coverings exposing body parts and separating them from one another. Dissection requires careful, accurate, and meticulous work.

Purpose

The purpose of this document is to inform you of the potentially hazardous chemicals and conditions to which you will be exposed in the Gross Anatomy laboratory. Exposure is defined as personal contact with the hazardous or potentially hazardous chemicals at levels with an average eight hour time weighted average, set for by the American Conference of Governmental Industrial Hygienist or OSHA's Permissible Exposure Limit (PEL) when used in a manner consistent with usual laboratory procedures. This includes inhalation of the ambient laboratory air and skin contact as the anatomical specimens are handled.

Hazardous Chemicals

The potentially hazardous chemicals to which you are exposed in the Gross Anatomy Laboratories are the components of the embalming fluid and the wetting solution. A list of these components follows. The MSDS sheets are available to you pursuant to 29 CFR, 1910.1200, the OSHA Hazard Communication Standard and are available electronically.

1. Embalming Fluid- The fluid contains formaldehyde, glycerine, alcohol, and water. Formaldehyde is a suspected carcinogen and respiratory irritant. In addition, skin irritation may occur with prolonged exposure.
2. Phenol- This chemical is used on occasions for fungicidal purposes, and is a respiratory toxin and skin irritant.
3. Mold-X- This detergent is used for fungicidal purposes and the active ingredients are formaldehyde and methanol. Foramaldehyde is a suspected carcinogen and respiratory irritant.

Student Considerations

Skin: Protective clothing such as hospital scrubs is required. The use of non-latex gloves is required for handling of the cadaver structures. A student who has or develops a skin sensitivity should use gloves and wear long sleeved garments at all times. In addition, students with skin sensitivities should notify the instructor and personal physician so that appropriate protective and treatment procedures can be implemented. Students exhibiting contact sensitivity should consult a physician regarding type of gloves, garments, or other items that may cause irritability. Minor cuts and abrasions from cutting

instruments or bone edges should be washed thoroughly with soap and water. Contact the instructor antiseptic and dressing materials. Any serious wound should be treated by a physician immediately.

Eyes: Accidental fluid splashed into the eyes should be flushed immediately using the eye wash station located in the laboratory, and a physician consulted. Contact lenses are not allowed while in the laboratory.

Respiratory: Individual students may have or develop sensitivity to any of the chemicals used in the laboratory, in particular formaldehyde or phenol. In order to obtain a respiratory protective device (respirator), a student must have a respiratory evaluation by a physician, after which s/he is fitted and trained in its proper care by their physician. A particle filter mask provides no protection for formaldehyde or phenol sensitivity.

Pregnancy: Students who are or who learn they are pregnant or who are nursing newborn infants while in the Gross Anatomy Laboratory should consult their obstetrician immediately regarding recommended precautions.

Alternatives to Gross Anatomy Laboratory

Alternatives to Gross Anatomy Laboratory studies will be explored on an individual need basis for students unable to use the laboratory for documented medical conditions. Alternatives will be developed by the course coordinator in consultation with appropriate academic administrators and/or committees of the student's college.

Visitors

Only students enrolled in Clinical Anatomy or Neuroscience courses are authorized to enter the Gross Anatomy Laboratory (BCHS #09). The no visitor rule is designed to prevent exposure of visitors to hazardous or potentially hazardous chemicals, as well as donor respect and public relations. Infants, children, and pets are not permitted in the laboratories at any time. Every student will be required to enter his or her University issued ID number upon entering the laboratory each time.

Food, Beverages, Smoking

Food and beverages are not permitted in the gross anatomy laboratory per OSHA guidelines. This area is also designated as a no smoking area.

Observed Violations

Students observing violations or deviations from these guidelines and other laboratory policies are expected to report these violations to laboratory staff or faculty member in a timely manner. This responsibility is considered part of your professional development as a health care provider. Failure to report will result in disciplinary action as determined by the course instructor. This may include, but is not limited to, individual counseling by instructor regarding safety practices.

Specific Guidelines for the Use of the Gross Anatomy Laboratory at University of Findlay:

1. Through collaboration with medical universities and the Ohio Donor Program, the University of Findlay has obtained cadavers for anatomy study. These were unselfish and concerned

individuals that had foresight to contribute to educate clinicians. The anatomical specimens studied must be handled with respect and dignity at all times.

2. No cameras or video of a specimen is allowed.
3. No cadaver tissues are to be taken outside of the laboratory at any time.
4. Eating or drinking is not permitted in the laboratory. The Brewer Center for Health Sciences is a smoke free building.
5. If there is a suspicion that a donor may be a relative or acquaintance of a student, the student should contact Dr. Davies x5640 davies@findlay.edu . If the suspicion is confirmed, the cadaver will be returned to the medical university.
6. The cadavers are identified by numbers and those numbers correspond to their dissection table. The anatomical specimens should never be removed from their corresponding bin. The specimens are initially brought to the university in bags and those bags should remain with the cadaver throughout the course of study.
7. Anatomical structures can be pointed to or moved using dissecting instruments provided by the laboratory. Instruments such as pens, pencils, or markers are not permitted at dissection tables. In addition, there should be no dissection equipment left on the dissection tables when the specimen is not in use. All instruments and trays should be cleaned with soap and water following a laboratory session.
8. Paper toweling, used gloves, and disposable pointing instruments are to be deposited in the appropriate trash containers, not left in the specimen trays or bins. The used dissection blades should be placed in the biohazard container and never deposited into trash containers.
9. Instruments dropped on the floor must be washed immediately with soap and water before returning to the table to continue dissection.
10. Fixed tissue is susceptible to mold growth if the above sanitary procedures are not followed, and this may lead to withdrawal of specimens as study resources. Students are requested to bring to the attention of the lab technician or a faculty member, any unusual or suspicious conditions on a specimen.
11. The anatomical specimens should be covered when not in use. The students are requested to clean the area surrounding the bin and to cover the specimen at the end of laboratory sessions, evenings, and weekend open lab hours.
12. Fluid must be drained from the dissecting tables as it accumulates. Please wipe up any spills on the floor immediately, as this fluid makes the floor very slippery and hazardous.
13. Garments worn in the laboratory must be washed at frequent intervals. Shoes worn in the lab must adequately protect the top of the foot. All persons handling cadavers are required to wear gloves and protective eyewear.
14. Report immediately any injuries incurred in the laboratory to a staff member, Student Health or Emergency Room for the proper treatment. Incident forms need to be completed and submitted to the student's program following treatment of the injury.
15. iPads provided for student use are to be cleaned following laboratory use, and used only for viewing of materials pertaining to laboratory materials. iPads should be plugged in following use so they will be charged for the next laboratory group.
16. Anatomical models are not to be removed from BCHS 09.
17. No radios are allowed in the lab during class hours.

APPENDIX H

Gross Anatomy Laboratory Student Safety Agreement

The anatomical specimens found in the Gross Anatomy Laboratory contain potentially hazardous chemicals within the embalming fluids which may potentially expose a person to the risk of injury and illness. The risks associated with study of anatomical specimens in Brewer Center for Health Science 09 have been explained to my satisfaction and I have had an opportunity to ask questions about them.

While regulations and guidelines are essential for operation of a gross anatomy laboratory, they may not be sufficient to achieve safe laboratory practice. It is the skill, knowledge, and common sense of the individual student that is essential for a safe program. Thus, each student using a laboratory assumes the following responsibilities:

1. To familiarize him/herself with the rules and regulations concerning laboratory use, noting especially the information provided regarding hazardous or potentially hazardous chemicals used for embalming. Should any hazardous condition come to his/her attention, these should be communicated to Health Science faculty or the laboratory staff members at once.
2. To comply fully with all established rules and regulations, and to consult with faculty and laboratory personnel for advice in circumstances where safe practice is in doubt.
3. To limit laboratory use to study only in approved University courses.
4. To refrain from bringing visitors to the laboratory and thus exposing them to hazardous materials.

I have read and understand and the above responsibilities and agree to observe them in my use of the Gross Anatomy Laboratory. I recognize that I will be studying in an environment containing potentially hazardous chemicals, and I am aware of the consent to the potential risks associated with exposure to these materials. The exposure to materials means personal contact with hazardous or potentially hazardous chemicals at levels that are within established eight hour time weighted averages.

Signing this student safety agreement is not a waiver of individual rights to redress in case of injury.

_____ Date _____ Student Signature

The above student is duly enrolled in a University of Findlay course which requires use of a Gross Anatomy laboratory, and thereby is authorized to use such facility. I have identified the hazardous or potentially hazardous chemicals to which the above student will be exposed while utilizing the laboratory for study, and have provided this student with a copy of the rules and regulations for laboratory use.

_____ Date _____ Gross Anatomy Laboratory
Director

Guest Lecturer Evaluation

The University of Findlay
Occupational and Physical Therapy Program
Guest-Lecturer Evaluation

Name of Course _____

Guest Lecturer _____

Directions: **DO NOT WRITE ON THIS FORM**
Use **SCANTRON SHEET** provided
Use **PENCILS**

SA (A) = Strongly Agree
A (B) = Agree
D (C) = Disagree
SD (D) = Strongly Disagree
NA (E) = Not Applicable or Don't Know

	SA	A	D	SD	NA
1. Material presented was consistent with course objectives.	A	B	C	D	E
2. Subject matter was sequenced in a logical manner.	A	B	C	D	E
3. The material presented was appropriate in breadth & depth.	A	B	C	D	E
4. Handouts/lecture outlines were helpful.	A	B	C	D	E
5. The guest lecturer made appropriate use of teaching media.	A	B	C	D	E
6. Lab experiences were appropriate and helpful.	A	B	C	D	E
7. The guest lecturer seemed prepared for class.	A	B	C	D	E
8. The guest lecturer facilitated and encouraged my learning.	A	B	C	D	E
9. I would recommend that this guest lecturer return next year.	A	B	C	D	E
10. Comments: Write all comments on the back of the Scantron Sheet.					

Physical Therapy Program Lab Assistant Evaluation

1. The lab assistant facilitated & encouraged my learning.
2. The lab assistant seemed prepared for class.
3. The lab assistant was available for questions and discussion.
4. The lab assistant was capable of providing explanations that were clear & concise.
5. The lab assistant was concerned about my progress in this course.

Additional Comments:

APPENDIX I



University of Findlay

Doctor of Physical Therapy

HEPATITIS B FORM

Hepatitis B virus infection involves inflammation of the liver and may result in symptoms ranging from none to jaundice, joint pain, rash, and internal bleeding. I understand that due to my exposure to blood and/or body fluids during my education through The University of Findlay, I may be at risk of acquiring Hepatitis B virus (HBV) infection. Due to the risk of infection, it is important that I have completed one of the following steps prior to the first week of classes.

Please select the option that applies to you and complete the following information.

(Important: prior to the scheduled CE experiences, you will need to complete a surface antibody test to ensure continued immunity, according to the clinical site timelines.)

 1. I have not had the vaccine and do not desire to have it. I waive the Hepatitis B vaccine:

After consultation with a health care professional, _____, I have decided to decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B infection, a serious disease. I also understand declining this vaccine may impact my ability to attend some clinical sites for my CE experiences.

Name: _____

Signature/Date: _____

 2. I have had the vaccine in the past and have scheduled a blood draw to assess antibody levels.

Name: _____

Date of blood draw: _____

Signature/Date: _____

 3. I have not had the vaccine in the past and/or have not had a positive titer and am currently in the vaccination process.

Name: _____

Date of first injection: _____

Date of second injection: _____

Date of positive antibody test: _____

Signature/Date: _____

APPENDIX J



University of Findlay

Doctor of Physical Therapy

Consent and Release - Participation in Demonstrations or Practice Sessions

I, _____, have been instructed and fully understand that as part of my education in the Doctor of Physical Therapy Program, I will be required to participate in supervised laboratory activities by permitting other students to apply physical therapy modalities and other procedures to my body. Laboratory activities will include, but will not be limited to the following:

1. Exposure of the full back, shoulders, hips (possibly including buttocks) and lower extremities for practice of physical therapy procedures, including massage. Students may be expected to change into examination gowns for some procedures.
2. Practice of palpation on bony prominences and muscles.
3. Administration and receipt of physical therapy procedures by both genders.
4. Compliance with the laboratory dress code as outlined in the Student Handbook. During aquatic (pool) therapy laboratories, students are required to don swim wear.

I understand that I must perform all treatments and procedures as instructed and outlined by the faculty. I agree to compliance with all laboratory rules and supervision requirements as outlined in the Student Handbook. I understand that harmful results may occur from physical therapy treatments and procedures. In such case, I will not hold The University of Findlay, DPT faculty or fellow students liable. DPT students are responsible for reporting to the appropriate instructor any conditions or possible contraindications that may preclude specific actions or treatments in lab. As a DPT student, I will take responsibility for myself and will not volunteer to be the subject for any treatment for which I have potential contraindications.

**If a student is uncomfortable with body part exposure, or receiving manual physical therapy techniques, please either go to your course instructor and/or Office of Civil Rights to access support and resources. The Office of Civil Rights can be reached at civilrights@findlay.edu.*

Student Name: _____

Signature: _____

Date: _____

The University of Findlay
College of Health Professions
Physical Therapy Program

Consent Form for Information/Images

I, _____, hereby grant permission for The University of Findlay Physical Therapy Program instructor/student to obtain and use for educational purposes that information that I have identified below by my initials.

_____ Medical/Physical history	_____ Treatment interventions
_____ Digital/Film images/recordings	_____ Audio/Video tape recordings
_____ Evaluation documentation	_____ Other _____

_____ The intended use of such information/recordings has been explained to me and I have been made aware of any associated risks and/or benefits.

_____ I understand that I will not receive compensation in any form, monetary or material, for granting permission to obtain and use the above indicated information/images.

_____ I further acknowledge that I will not make claims against the University of Findlay and/or its designee for use of the above information/images.

_____ I grant permission for educational use of the above information/images.

_____ I do not grant permission for educational use of the above information/images.

_____ I grant permission for commercial use of the above information/images.

_____ I do not grant permission for commercial use of the above information/images.

_____ I understand that I am able to withdraw my participation at any time.

(Consent form continued)

If the preceding information is to be used in conjunction with a specific class project the supervising instructor and or physical therapist(s) must complete this section and provide a copy of the completed for to the participant. [*Students must also attach the following: statement of the assignment purpose, description of assignment and how information is to be used, what is expected of the participant, potential risks and benefits associated with participation.*]

Course Name and Number: _____

Academic Term Offered: _____

Project or Activity Title: _____

Academic Instructor Contact Information:

() _____

Supervising Therapist(s) Contact Information:

() _____

Signatures:

Instructor's Signature Date

Supervising Physical Therapist's Signature Date

Supervising Physical Therapist's Signature Date

Student's Signature Date

Participant/Parent's Signature Date

PHYSICAL THERAPY PROGRAM
COLLEGE OF HEALTH PROFESSIONS
The University of Findlay

Consent Form

Statement of the assignment purpose: Provision of 6 weeks of Physical therapy

Description of assignment and how information is to be used: This assignment is a PRO BONO Physical therapy clinic for 6 weeks, any information will be used for student learning within this classroom semester, or in similar classes, you may indicate if they may be used commercially. (UF promotional materials)

What is expected of the participant? Participant to participate in exercise program and assist the student in determining treatment plan that meets participant needs. Provide feedback to student and/or instructors as needed.

Potential risks and benefits associated with participation: Risks and benefits associated with physical activity.

I, _____, hereby grant permission for The University of Findlay Physical Therapy Program instructor/student to obtain and use for educational purposes that information that I have identified below by my initials.

Medical/Physical history

Treatment interventions

Digital/Film images/recordings

Audio/Video tape recordings

Evaluation documentation

Other

In order to participate, the next 3 items must be initialed:

The intended use of such information/recordings has been explained to me and I have been made aware of any associated risks and/or benefits.

I understand that I will not receive compensation in any form, monetary or material, for granting permission to obtain and use the above indicated information/images.

I further acknowledge that I will not make claims against the University of Findlay and/or its designee for use of the above information/images.

I understand that I am able to withdraw my participation at any time.

Choose one, if video or still pictures taken

I grant permission for educational use of the above information/images.

I do not grant permission for educational use of the above information/images.

Choose one, if video or still pictures taken

I grant permission for commercial use of the above information/images.

I do not grant permission for commercial use of the above information/images.

Participant Name _____ DOB: _____

Phone # _____ Email _____

Preferred contact method: phone call, text or email

Would you like us to notify your physician? Yes or No

If yes, Who is your physician? _____ City _____

Course Name and Number: _____

Academic Term Offered: _____

Project or Activity Title: _____

Academic Instructor Contact Information and

Supervising Physical Therapist Information

SIGNATURES:

I understand that there is no charge for the treatment that I will receive nor is there any compensation to me for participating in the program. I agree not to make any claims against the faculty, students or The University of Findlay because of my participation in these sessions.

Participant/Parent's Signature

Date

Instructor's Signature

Date

Supervising Therapist Signature

Date

Student's Signature

Date

APPENDIX K

THE UNIVERSITY OF FINDLAY
COLLEGE OF HEALTH PROFESSIONS
PHYSICAL THERAPY PROGRAM

Sample Learning Contract

Student Name: XXXX

Date: XXXX

I agree to complete the following learning goal, activities, and associated evaluation measures by the end of this XXXX affiliation:

GOALS:

SKILL # 1 Safe Practice

The learner shall practice in a safe manner that minimizes risk to more complicated patients. Uses acceptable techniques for transferring of patients that are at a more dependent level.

SKILL # 6 Communication

The learner shall communicate in ways that are congruent with situational needs
Initiates communication in difficult situations with Clinical Instructor, as appropriate

Learning Activities:

- For #1: Continued experiential learning activities with more complicated patients (that require a greater degree of assistance) and equipment (as needed for transfers, such as sliding board).
- For #6: Open communication with Clinical Instructor, as appropriate

Evaluation Methods and Criteria for Successful Completion:

Entry level performance (100% accomplishment) for **SKILLS # 1 and 6** by the end of the third affiliation **AND continued progress** with accomplishment of SKILLS as outlined in the *Clinical Education Manual* for clinical education experiences # 3

Student Signature/Date

Clinical Faculty Signature/Date

Director of Clinical Education Signature/Date

APPENDIX L

American Physical Therapy Association

Code of Ethics

<https://www.apta.org/siteassets/pdfs/policies/apta-code-ethics-physical-therapy-profession.pdf>

Standards of Practice

http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/HOD/Practice/Standards.pdf

State of Ohio Laws & Rules

Ohio Physical Therapy Practice Act

<http://www.otptat.ohio.gov/PracticeActs.aspx>

APPENDIX M

Work Verification Form

Year I/II/III

Students in the Physical Therapy Program at The University of Findlay are required to work a minimum of 40 hours per month as physical therapist assistants. This provides each student with a clinical resource with which to supplement his or her academic course work.

In order to verify that each student is fulfilling this requirement, please assist us by signing this form. The student should complete the name, facility, address, and phone number portion. If you worked in more than one facility, complete a new form for each facility.

Student complete this section:

Student Name:	
Facility:	
Facility Address:	
Facility Phone #:	

*(*Please indicate the appropriate time frame by checking the blank & filling in the year)*

During the following time frame:

_____ January, 20____ through May, 20____

_____ January, 20____ through March, 20____ (*3rd year students- for winter term*)

_____ June, 20____ through November, 20____

Supervisor, please complete this section:

I supervise the above-mentioned student in his/her place of employment as a physical therapist assistant and verify that he/she has:	
Check One	
<input type="checkbox"/>	Worked an average or greater than 40 hours per month during the above noted months.
<input type="checkbox"/>	Worked an average of (____) hours per month during the above noted months. If the student worked more than or less than 40 hrs per month, please check this box and fill in the number of hours worked.

Signature of supervisor _____ Date _____

License Number: _____ Discipline of licensee _____

Updated 5/16/22 AH

APPENDIX N

References on Adult Learning/General Education

The following references may be accessed through the Experiential Educator or the Directors of Clinical Education:

- American Physical Therapy Association. *Advanced Credentialing Program and Manual*. Alexandria, VA: American Physical Therapy Association, 2008. www.apta.org/ACIECP
- American Physical Therapy Association. *Clinical Instructor Education and Credentialing Program and Manual*. Alexandria, VA: American Physical Therapy Association, 2009. www.apta.org/CIECP
- Anderson DK, Irwin KE. Self-assessment of professionalism in physical therapy education. *Work*. 2013; 44: 275-281.
- APTA. *Clinical Education: An Anthology I*; 1992.
- APTA. *Clinical Education: An Anthology II*; 1996.
- APTA. *Clinical Education: An Anthology III*; 2000.
- Brookfield SD. *Understanding and Facilitating Adult Learning*. San Francisco, CA: Jossey-Bass: 1987.
- Bridges PH, Carter V, Rehm S, Tintl SB, et al. Development of an instrument to measure the use of behaviors taught in the American Physical Therapy Association Clinical Instructor Education and Credentialing Program (APTA CIECP): a pilot study. *Work*, 2013; 44: 283-295.
- Buccieri KM, Pivko SE, Olzenak DL. How does a physical therapist acquire the skills of an expert clinical instructor. *J Phys Ther Educ*, 2011; 25:17-25.
- Buccieri KM, Schultze K, Dungey J, Kolodziej T, et al. Self-reported characteristics of physical therapy clinical instructors: a comparison to the American Physical Therapy Association's Guidelines and Self-Assessments for Clinical Education. *J Phys Ther Educ*, 2006; 20: 47-55.
- Deusinger S. Establishing clinical education programs: a practical guide. *Journal of Physical Therapy Education*. 1990; 4(2): 58-61.
- Deusinger S. Evaluating effectiveness of clinical education. *Journal of Physical Therapy Education*. 1990; 4(2): 66-70.

- George D. Bridge program: An alternative education. *Journal of Continuing Higher Education*. 2012; 60 (2): 66-79.
- Giberson TR, Black B, Pinkerton E. The impact of student-clinical instructor fit and student-organization fit on physical therapist clinical education experience outcomes. *J Phys Ther Educ*. 2008; 22: 59-64.
- Gwyer J, Odom C, Gandy J. History of clinical education in physical therapy in the United States. *Journal of Physical Therapy Education*. 2003;17(3):34-43.
- Hall M, McFarlane L, Mulholland S. Positive clinical placements: Perspectives of students and clinical educators in rehabilitation medicine. *Int J Ther Rehabil*. 2012; 19: 549-556.
- Haskins AR, Rose-St Prix C, Elbaum L. (1997). Covert Bias in Evaluation of Physical Therapist Students' Clinical Performance. *Phys Ther*. 1997; 77:155- 163.
- Hayes KW, Huber G, Rogers J, Sanders B. Behaviors That Cause Clinical Instructors to Question the Clinical Competence of Physical Therapist Students. *Phys Ther*. 1999; 79: 653-667.
- Healey WE. (2008). Physical therapist student approaches to learning during clinical education experiences: a qualitative study. *J Phys Ther Educ*. 2008; 22: 49-58.
- Housel N, Gandy J, Edmondson D. Clinical instructor credentialing and student assessment of clinical instructor effectiveness. *J Phys Ther Educ*. 2010; 24: 26-34.
- Jette DU, Bertoni A, Coots R, Johnson H, et al. Clinical Instructors' Perceptions of Behaviors That Comprise Entry-Level Clinical Performance in Physical Therapist Students: A Qualitative Study. *Phys Ther*. 2007; 87: 833-843.
- Jette DU, Portney LG Construct validation of a model for professional behavior in physical therapist student. *Phys Ther*. 2003; 83: 432-443.
- Knowles MS. *The Modern Practice of Adult Education: From Pedagogy to Andragogy*. Chicago, IL: Follett Publishing, Co.; 1980.
- Ladyshefsky RK, Barrie SC, Drake VM. A comparison of productivity and learning outcome in individual and cooperative physical therapy clinical education models. *Phys Ther*. 1998; 78:1288-1298.
- Laitinen-Vaananen S, Taltitie U. (2007). Clinical supervision as an interaction between the clinical educator and the student. *Physiother Theory Pract*. 2007; 23: 95-103.
- McCallum CA, Mosher PD, Jacobson PJ, Gallivan SP, Giuffre SM. *Quality in Physical Therapist Clinical Education: A Systematic Review*. *Phys Ther*. 2013; 93: 1298-1311.

- Meltzer M, Palau SM, *Acquiring Critical Thinking Skills*. Philadelphia, PA:WB Saunders; 1996.
- Moore A, Hilton R, Morris J, Caladine L, Bristow H. *The Clinical Educator - Role Development*. New York, NY: Churchill Livingstone; 1997.
- Morren KK, Gordon SP, Sawyer BA. The relationship between clinical instructor characteristics and student perceptions of clinical instructor effectiveness. *J Phys Ther Educ*. 2008; 22: 52-63.
- O'Connor A, Cahill M, McKay EA. Revisiting 1:1 and 2:1 clinical placement models: Student and clinical educator perspectives. *Aust Occup Ther J*. 2012; 59: 276-283.
- Plack MM. (2008). The learning triad: potential barriers and supports to learning in the physical therapy clinical environment. *J Phys Ther Educ*. 2008; 22: 7-18.
- Plack MM, Driscoll M. *Teaching and Learning in Physical Therapy: From Classroom to Clinic*. Thorofare, NJ: Slack Incorporated; 2011.
- Rapport MJ, Furze J, Martin K, Schreiber J, Dannemiller L, DiBiasio P, Moerchen VA. Essential Competencies in Entry-Level Pediatric Physical Therapy Education. *Ped Phys Ther*. 2014;26(1):7-18.
- Rindflesch A, Hoversten K, Patterson B, Thomas L, et al. Students' description of factors contributing to a meaningful clinical experience in entry-level physical therapist professional education. *Work*. 2013; 44: 265-274.
- Roach KE, Frost JS, Francis NJ, Giles S, et al. Validation of the revised physical therapist Clinical Performance Instrument (PT CPI): Version 2006. *Phys Ther*. 2012; 92: 416-428.
- Roach K, Gandy J, Deusinger SS, Clark S, Gramet P et al. The Development and Testing of APTA Clinical Performance Instruments. *Phys Ther*. 2008; 82: 329-353.
- School of Allied Health, *Seminar 1 - Teaching Guide and Learner's Workbook*.
- School of Allied Health, *Seminar 2 - Teaching Guide and Learner's Workbook*.
- Stith JS, Butterfield WH, Strube MJ, Deusinger SS, Gillespie DF. (1998). Personal, interpersonal, and organizational influences on student satisfaction with clinical education. *Phys Ther*. 1998; 78: 635-645.
- Strohschein J, Hagler P, May L. Assessing the need for change in clinical education practices. *Phys Ther*. 2002; 82: 160-172.
- Triggs M, Shepard KF. Physical therapy clinical education in a 2:1 student-instructor education

model. *Phys Ther.* 1996; 76: 968-981.

Tyler RW. *Basic Principles of Curriculum and Instruction.* Chicago, IL: University of Chicago Press; 1949.

Vendrely A, Carter R. The influence of training on the rating of physical therapist student performance in the clinical setting. *J Allied Health.* 2004; 33: 62-69.

Wolff-Burke M. Clinical instructors' descriptions of physical therapist student professional behaviors. *J Phys Ther Educ.* 2005; 19: 67-76.

APPENDIX O

University of Findlay Participation Agreement

PLEASE PRINT ALL INFORMATION

Event:

Date:

Participant Name:

Participant Age:

In consideration for permitting Participant to participate in the University of Findlay ("University") Event, the undersigned, for himself/herself, and for his/her respective heirs, personal representatives and assigns, agree as follows:

Assumption of Risk: The undersigned hereby acknowledges and agrees that he/she understands the nature of the Event; that Participant is qualified, in good health, and in proper physical condition to participate therein; that there are certain inherent risks and dangers associated with the Event; and that, except as expressly set forth herein, they, knowingly and voluntarily, accept, and assume responsibility for, each of these risks and dangers, and all other risks and dangers that could arise out of, or occur during, Participant's participation in the Event.

Release and Waiver: The undersigned hereby RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the University, its Trustees, officers, agents, employees, contractors, students, and volunteers (collectively, "Releasees"), from and for any liability resulting from any personal injury, accident or illness (including death), and/or property loss, however caused, arising from, or in any way related to, Participant's participation in the Event, except for those caused by the willful misconduct, gross negligence or intentional torts a Releasee, as applicable.

Indemnification and Hold Harmless: The undersigned also hereby agrees to INDEMNIFY, DEFEND, AND HOLD the Releasees HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities including, but not limited to, attorney's fees, arising from, or in any way related to, Participant's participation in the Event, except for those arising out of the willful misconduct, gross negligence or intentional torts of the above parties, as applicable.

Permission to Use Likeness/Name: The undersigned further agree to allow, without compensation, Participant's likeness and/or name to appear, and to otherwise be used, in promotional materials, regardless of media form, promoting the University, events and activities, including those of its representatives and licensees.

Emergency Medical Authorization/Consent: In the event of illness or injury of Participant, the University shall first attempt to contact Guardian at the number listed below. If such attempt is unsuccessful, the undersigned hereby gives consent to have any treatment deemed necessary for such illness and/or injury by a licensed physician or dentist and further consents to the transfer of the Participant to a local hospital, if necessary. The undersigned understands and agrees that the University assumes no liability or responsibility for any injury or damage that might arise out of or in connection with such authorized emergency medical treatment.

APPENDIX P

Performance Feedback Report

PERFORMANCE FEEDBACK REPORT

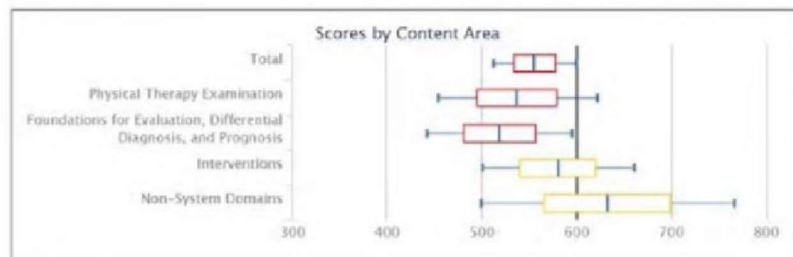
Created by Angie Huber, PT, DPT, OCS

Total scale score
is what matters!

Must have a 600 to pass!

Performance Feedback Report

Scores by Content Area	Your Score					On Track to Pass Score	
	Total Items	# Items Correct	Percent Correct	Scale Score	Retake Range	# Items Correct	Percent Correct
TOTAL	200	124	62%	555	533-576	--	--
Physical Therapy Examination	53	31	58%	537	495-579	36	68%
Foundations for Evaluation, Differential Diagnosis, and Prognosis	65	39	60%	518	480-556	47	72%
Interventions	57	35	61%	580	540-621	37	65%
Non-System Domains	25	19	76%	632	565-690	18	72%

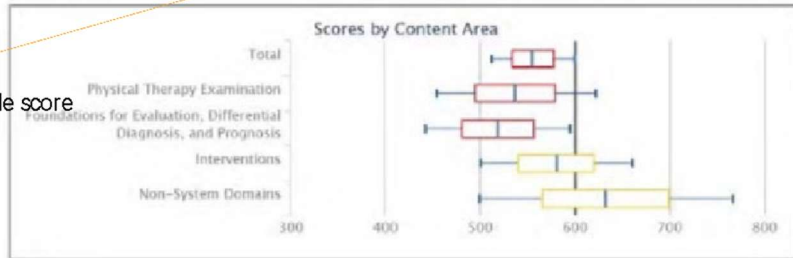


Performance Feedback Report

Your # of items correct

Scores by Content Area	Your Score					On Track to Pass Score	
	Total Items	# Items Correct	Percent Correct	Scale Score	Retake Range	# Items Correct	Percent Correct
TOTAL	200	124	62%	555	533-576	--	--
Physical Therapy Examination	53	31	58%	537	495-579	36	68%
Foundations for Evaluation, Differential Diagnosis, and Prognosis	65	39	60%	518	480-556	47	72%
Interventions	57	35	61%	580	540-621	37	65%
Non-System Domains	25	19	76%	632	565-699	18	72%

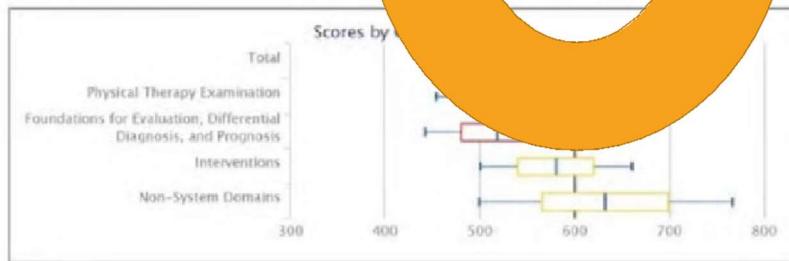
Items needed to get a 600 scale score



Performance Feedback Report

Retake range – a guess with a margin of error how the student will do when take the next exam

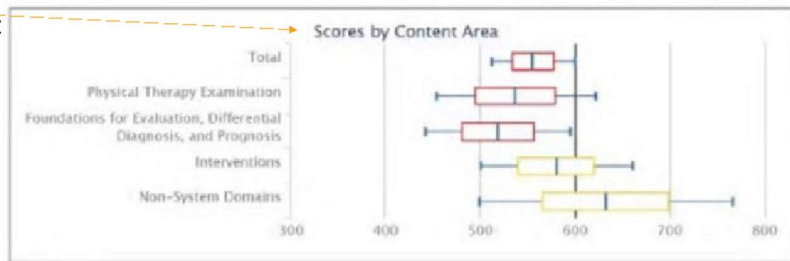
Scores by Content Area	Total Items	# Items Correct	Percent Correct	Scale Score	Retake Range	On Track to Pass Score	
						# Items Correct	Percent Correct
TOTAL	200	124	62%	555	533-576	--	--
Physical Therapy Examination	53	31	58%	537	495-579	36	68%
Foundations for Evaluation, Differential Diagnosis, and Prognosis	65	39	60%	518	480-556	47	72%
Interventions	57	35	61%	580	540-621	37	65%
Non-System Domains	25	19	76%	632	565-699	18	72%



Performance Feedback Report

Scores by Content Area	Your Score					On Track to Pass Score	
	Total Items	# Items Correct	Percent Correct	Scale Score	Retake Range	# Items Correct	Percent Correct
TOTAL	200	124	62%	555	533-576	--	--
Physical Therapy Examination	53	31	58%	537	485-579	36	68%
Foundations for Evaluation, Differential Diagnosis, and Prognosis	65	39	60%	518	480-556	47	72%
Interventions	57	35	61%	580	540-621	37	65%
Non-System Domains	25	19	76%	632	565-690	18	72%

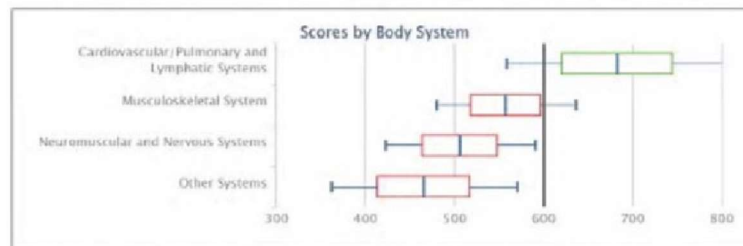
Broken down into content area:
 Red – area of concern
 Yellow – retake may or may not be over 600
 Green – strong area for the student



Performance Feedback Report

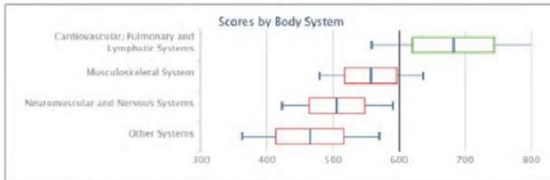
Scores by Body System	Your Score					On Track to Pass Score	
	Total Items	# Items Correct	Percent Correct	Scale Score	Retake Range	# Items Correct	Percent Correct
Cardiovascular/Pulmonary and Lymphatic Systems	33	26	79%	682	620-744	23	70%
Musculoskeletal System	61	38	62%	557	516-597	42	69%
Neuromuscular and Nervous Systems	50	28	52%	506	464-549	33	66%
Other Systems	31	15	48%	465	413-517	22	71%

Scores by Body System broken down same as areas of content.



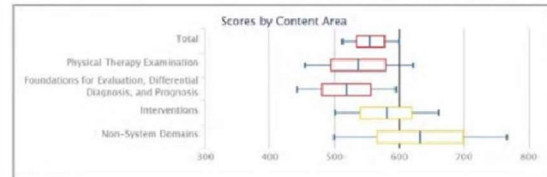
Performance Feedback Report

Scores by Body System	Your Score					On Track to Pass Score	
	Total Items	# Items Correct	Percent Correct	Scale Score	Retake Range	# Items Correct	Percent Correct
Cardiovascular/Pulmonary and Lymphatic Systems	33	26	79%	682	620-744	23	70%
Musculoskeletal System	61	38	62%	557	518-597	42	69%
Neuromuscular and Nervous Systems	50	26	52%	506	464-549	33	66%
Other Systems	31	15	48%	465	413-517	22	71%



Performance Feedback Report

Scores by Content Area	Your Score					On Track to Pass Score	
	Total Items	# Items Correct	Percent Correct	Scale Score	Retake Range	# Items Correct	Percent Correct
TOTAL	200	124	62%	555	533-576	--	--
Physical Therapy Examination	53	31	58%	537	495-579	36	68%
Foundations for Evaluation, Differential Diagnosis, and Prognosis	65	39	60%	518	480-556	47	72%
Interventions	57	35	61%	580	540-621	37	65%
Non-System Domains	25	19	76%	632	565-699	18	72%

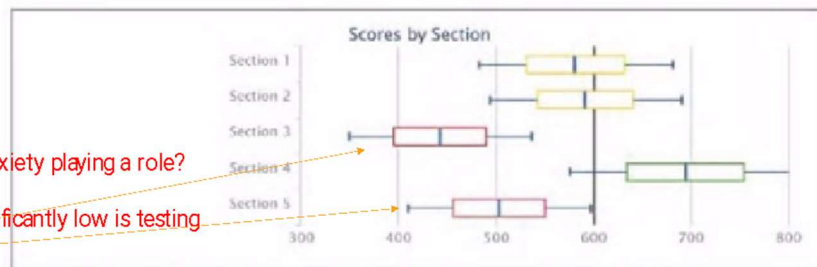


Summarize what you take away from this report?

Should this modify the students study plan and if so how?

Performance Feedback Report

Scores by Section	Your Score					On Track to Pass Score	
	Total Items	# Items Correct	Percent Correct	Scale Score	Retake Range	# Items Correct	Percent Correct
Section 1	40	26	65%	581	531-630	28	70%
Section 2	40	27	68%	501	542-841	28	70%
Section 3	40	18	45%	442	395-489	28	70%
Section 4	40	32	80%	694	634-753	28	70%
Section 5	40	21	53%	503	458-549	27	68%



Broken down by section.

Can be helpful in Recognizing testing fatigue and testing anxiety?

If section one significantly low, is anxiety playing a role?

If sections right before a break significantly low is testing fatigue an issue?

Sample Reflection Table

Study Reflection Table	
Student Name:	
Time of studying per week	
Reward for accomplishing hours	
Time of study before you take a break (recommend 2 hours before distraction or food)	
What active studying strategies can you employ? (Examples: explain the content to someone else, considered how content is related to practice or past patients, cover up your notes except for main heading prior to reading notes, then after reading notes re explain what you learned)	
Will you be studying red flags indicating problems beyond the scope of practice, problems requiring referral, or problems that would necessitate modifications of treatment?	
Do you have anxiety when you are testing and if so will you use services available to you on campus or submit for testing accommodations?	
Will you practice relaxation techniques? Consider relaxation techniques as a means to calm nerves during the NPTE exam.	
How long do you estimate you take to answer each question? Average should be around a minute. Remember that you can mark and review questions later.	
How will you use the PEAT to help structure your studying priorities?	
Will you take further practice exams? Use these tests as a means to identify areas you can recall easier than others and provide identification of problem areas.	
What has been your preferences for studying for the hardest exams you took in PT school? How can you use these study strategies to prepare for the NPTE? Ex. group setting quizzing each other, studying on own but access to others for questions, video	
When taking practice questions do you follow your initial instinct? If you answer not to this consider the following when answering a practice question: read it and without looking at the answers see what answer you come up with, then look at the answers to see which one matches your initial instinct. Practice being decisive.	
Will you sign up for a preparatory course? http://www.apta.org/Licensure/ExamPreparation/	

Sample Study Plan

Plan for NPTE Success

This study plan was created keeping in mind the methods that have helped me successfully study in the past. These strategies include:

- Repetition
- Breaks between bouts of studying (days off)
- Reading the material as well as quizzes/tests

I have also included methods mentioned by my professors and the Academic support center at the university.

- Taking 250 question tests to make the practice more realistic
- Developing memory strategies for groups of information
 - Reviewing material within hours of initially studying it
 - Group items into 3-5 categories to break up large amounts of information
 - “the most inclusive answer is usually correct”
 - Elaborate on material and try to make meaningful connections

Start Date: 5/30/2022

Weekly Goals for Program during Clinical:

- Spend 5 hours studying each week
- Complete 75 TrueLearn questions

Week 1: 5/30 – 6/3

Topic: Musculoskeletal Scorebuilders

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Memorial Day	-Clin 9:30a-6:15p -Study 8p-9:30p	-Clin 8:15a-4:45p	-Clin 8:15a-4:45p -Study 8p-9:30p	-Clin 8:15a-4:45p -Study 5p-6p	TrueLearn (75)	FREE DAY

- Total hours: 5 hrs 15 mins
- 75 questions on TrueLearn
- Study materials for the week: TrueLearn (end of week questions), Score builders basecamp program (reading, videos, and quiz at end of each section)

Week 2: 6/6 – 6/10

Topic: Non-systems Scorebuilders

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
-Study 7a-8:15a -Clin 9:30a-6:15p	-Clin 9:30a-6:15p -Study 8p-9:30p	-Clin 8:15a-4:45p	-Clin 8:15a-4:45p -Study 8p-9:30p	-Clin 8:15a-4:45p -Study 5p-6p	TrueLearn (75)	FREE DAY

- Total hours: 5 hrs 15 mins
- 75 questions on TrueLearn
- Study materials for the week: TrueLearn (end of week questions), Final frontier

Week 3: 6/13 – 6/17

Topic: Neuromuscular Scorebuilders

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
-Study 7a-8:15a -Clin 9:30a-6:15p	-Clin 9:30a-6:15p -Study 8p-9:30p	-Clin 8:15a-4:45p	-Clin 8:15a-4:45p -Study 8p-9:30p	-Clin 8:15a-4:45p -Study 5p-6p	TrueLearn (75)	FREE DAY

- Total hours: 5 hrs 15 mins
- 75 questions on TrueLearn
- Study materials for the week: TrueLearn (end of week questions), Final frontier

Week 4: 6/20 – 6/24

Topic: Neuromuscular Scorebuilders

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
-Study 7a-8:15a -Clin 9:30a-6:15p	-Clin 9:30a-6:15p -Study 8p-9:30p	-Clin 8:15a-4:45p	-Clin 8:15a-4:45p -Study 8p-9:30p	-Clin 8:15a-4:45p -Study 5p-6p	TrueLearn (250)	FREE DAY

- Total hours: 5 hrs 15 mins
- 250 questions on TrueLearn
- Study materials for the week: TrueLearn (end of week questions), Scorebuilder's Basecamp

Week 5: 6/27 – 6/1

Topic: Other Systems Scorebuilders

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
-Study 7a-8:15a -Clin 9:30a-6:15p	-Clin 9:30a-6:15p -Study 8p-9:30p	-Clin 8:15a-4:45p	-Clin 8:15a-4:45p -Study 8p-9:30p	-Clin 8:15a-4:45p -Study 5p-6p	TrueLearn (75)	FREE DAY

- Total hours: 5 hrs 15 mins
- 75 questions on TrueLearn
- Study materials for the week: TrueLearn (end of week questions), Final frontier

Week 6: 7/4 – 7/8

Topic: Cardiopulmonary Scorebuilders + course notes

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
FREE DAY	-Clin 9:30a-6:15p -Study 8p-9:30p	-Clin 8:15a-4:45p	-Clin 8:15a-4:45p -Study 7:30p-9:30p	-Clin 8:15a-4:45p -Study 5p-6:30p	TrueLearn (75)	FREE DAY

- Total hours: 5 hrs
- 75 questions on TrueLearn
- Study materials for the week: TrueLearn (end of week questions), Final frontier

Week 7: 7/11 - 7/15

Topic: Cardiopulmonary Scorebuilders + course notes

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
-Study 7a-8:15a -Clin 9:30a-6:15p	-Clin 9:30a-6:15p -Study 8p-9:30p	-Clin 8:15a-4:45p	-Clin 8:15a-4:45p -Study 8p-9:30p	-Clin 8:15a-4:45p -Study 5p-6p	TrueLearn (250)	FREE DAY

APPENDIX Q

Information and Tips on Obtaining a Background Check

Bridge program students should have their state of residence and FBI background check sent directly to:

The University of Findlay
Attn: Dr. Robyn Wilhelm
1000 N. Main Street
Findlay, Ohio 45840

Traditional program student should have their Ohio BCI and FBI background check sent directly to:

The University of Findlay
Attn: Dr. Stefanie Anderson
1000 N. Main Street
Findlay, Ohio 45840

The University of Findlay now offers a Federal Bureau of Investigation (FBI) Criminal History Record Check and an Ohio Bureau of Criminal Investigation (BCI) Criminal History Record Check through Campus Security (Office of Campus Safety and Emergency Management), which is located in Lovett Hall, 201 Frazer Street. UF Security is available for background checks Monday – Friday, 8am – 12pm and 1pm – 3pm. The students must FIRST make either an ONLINE payment for the criminal record check(s) using the link: <https://commerce.cashnet.com/acpay?itemcode=AC-FBIBCI> or go to the Business Affairs Accounts Receivable window in Old Main and pay by check, cash or card. This window is open at 8:00 a.m. and closes at 4:00 p.m. weekdays. Once a receipt is received either on paper or electronically, take it to the Security Office for completion of the process. In addition, the student must bring a valid driver's license and provide their Social Security Number. Any additional questions, contact the Office of Campus Security at 419-434-4601.

The cost as of spring 2026 is \$25.00 for the FBI Background Check and \$25.00 for the BCI Background Check.

A list of out-of-state agencies follows. If an agency requests a “code number”, the answer is that the background checks are for personal use and The University of Findlay does not have a code number.

University of Findlay Campus Security has had success with using the code “VCA” for Volunteer Children’s Act, when requesting an FBI background check. For the Ohio state background check (BCI), Campus Security uses the option of “Other” as the code, and types in “PT Clinicals”.

STATE-LEVEL CRIMINAL RECORD AGENCY

Compiled by the PT Program Graduate Assistant as an informal reference tool. This is not official and may contain inaccuracies.

State-level Criminal Background Check					
1	Alabama	Alabama Law Enforcement Agency (ALEA) Alabama Criminal History Record Information (CHRI)	26	Montana	Montana Department of Justice BACKGROUND CHECKS
2	Alaska	Alaska Department of Public Safety, Statewide Services Alaska Criminal Justice Information	27	Nebraska	Nebraska State Patrol Nebraska Criminal History Reports
3	Arizona	Arizona Department of Public Safety (DPS) Criminal History Records	28	Nevada	The Nevada Department of Public Safety Records, Communications and Compliance Division
4	Arkansas	Arkansas Department of Public Safety CRIMINAL BACKGROUND CHECKS	29	New Hampshire	New Hampshire State Police A Division of the New Hampshire Department of Safety
5	California	The California Department of Justice (DOJ) Criminal Records	30	New Jersey	The New Jersey State Police- Department of Law and Public Safety Criminal History Record Information
6	Colorado	Colorado Department of Public Safety Colorado Bureau of Investigation	31	New Mexico	New Mexico Department of Public Safety FINGERPRINTING AND BACKGROUND CHECKS
7	Connecticut	Connecticut State Department of Emergency Services and Public Protection State Bureau of Police Identification	32	New York	New York State Division of Criminal Justice Services Criminal History Records, Background Checks - NY DCJS
8	Delaware	State Bureau of Identification Personal Criminal History Report	33	North Carolina	North Carolina State Bureau of Investigation Background Checks
9	Florida	State of Florida Criminal History Record Check Florida Department of Law Enforcement	34	North Dakota	North Dakota Department of Health & Human Services (ND DHHS) Criminal Background Check
10	Georgia	Georgia Bureau of Investigation Criminal History Record Information	35	Ohio	Ohio Bureau of Criminal Investigation (BCI) Background Check
11	Hawaii	State of Hawaii Criminal Justice Data Center CRIMINAL HISTORY RECORD CHECK	36	Oklahoma	Oklahoma State Bureau of Criminal Investigation (BCI) Criminal History
12	Idaho	Idaho Department of Health and Welfare Idaho Background Check Unit	37	Oregon	Oregon State Police Criminal Justice Information Services (CJIS) Criminal History Record Checks
13	Illinois	Illinois State Police, Bureau of Identification Background Checks	38	Pennsylvania	Pennsylvania State Police Criminal History Background Check
14	Indiana	Indiana State Police ISP Limited Criminal History Report	39	Rhode Island	RHODE ISLAND State Bureau of Criminal Identification (BCI) Background Checks
15	Iowa	Iowa Department of Public Safety CRIMINAL HISTORY RECORD CHECK INFORMATION	40	South Carolina	SC State Law Enforcement Division BACKGROUND CHECKS
16	Kansas	Kansas Bureau of Investigation Kansas Criminal History Record Check	41	South Dakota	The South Dakota Division of Criminal Investigation Identification Background Check Requirements
17	Kentucky	Kentucky State Police BACKGROUND CHECKS	42	Tennessee	State of Tennessee Background Checks
18	Louisiana	Louisiana State Police Department of Public Safety & Corrections, Public Safety Services	43	Texas	Texas Department of Public Safety Crime record division Background Check
19	Maine	Maine Department of Health and Human Services and the Department of Public Safety	44	Utah	Utah Department of Public Safety Background Checks
20	Maryland	Maryland Department of Public Safety & Correctional Services Background check Report	45	Vermont	Department of Public Safety Vermont Crime Information Center Record Checks
21	Massachusetts	Department of Criminal Justice Information Services Massachusetts Criminal Offender Record Information (CORI)	46	Virginia	Virginia State Police Virginia Criminal History Record Check
22	Michigan	Michigan State Police Criminal history Records Criminal Justice Information Center (CJIC)	47	Washington	Washington State Patrol CRIMINAL HISTORY
23	Minnesota	Bureau of Criminal Apprehension A Division of the Minnesota Department of Public Safety	48	West Virginia	West Virginia State Police CRIMINAL RECORD CHECK
24	Mississippi	Mississippi Department of Public Safety. criminal background check	49	Wisconsin	Wisconsin Department of Justice Crime Information Bureau (CIB) Criminal History Information
25	Missouri	The Missouri State Highway Patrol Criminal Record Check	50	Wyoming	Wyoming Division of Criminal Investigation Background Checks