



LARAMIE COUNTY COMMUNITY COLLEGE

PHYSICAL THERAPIST ASSISTANT PROGRAM HANDBOOK

Rev. 10/02/2025

Contents

Welcome!	5
Helpful Contacts: Laramie County Community College	5
Helpful Contacts: School of Health Sciences & Wellness	6
Program History and Accreditation	7
Mission Statement	7
PTA Program Philosophy	7
I. Physical Therapist Assistant Program Overview	8
A. The Physical Therapist Assistant	8
B. Program Goals and Objectives	8
C. Program Description	9
D. Program Expectations	9
E. Physical Therapist Assistant Curriculum	9
F. PTAT Course Descriptions	10
II. PTA Program Admission	12
A. Physical Therapist Assistant Program Admissions Policy	12
B. Physical Therapist Assistant (PTA) Program Admissions Procedure	12
C. Transfer into the PTA Program	15
D. Readmission to the PTA Program	15
III. Retention within the PTA Program	16
A. Required Performance Criteria	16
B. Holistic Evaluation of Student Performance	17
C. Routine Student Conferences and Advising	18
D. Interventional Student Conferences	18
E. Remediation Activities and Progressive Discipline	19
IV. Graduation Criteria	21
V. Student Resources at Laramie County Community College	21
A. Withdrawal or Leave of Absence	21
B. Student Accommodations	21
C. Learning Commons	22
D. Financial Aid	22
E. Library Access	22
F. Computer Access	23
G. Licensure/Certification	23
H. Career Services	23

I. Additional Resources	23
VI. Professionalism and Student Responsibilities	23
A. Professionalism	23
B. Academic Integrity	25
C. Dress Code	25
D. Attendance Policy	26
E. Electronic Devices	27
F. Classroom Expectations	27
G. Laboratory Expectations	28
H. Crisis Management and Medical Emergencies	30
I. Off-Campus Experiences, Personal Property, & Material Safety Data Sheet	31
J. Clinical Experiences	31
K. Student Record-Keeping	31
VII. General Program Policies.....	32
A. Grading System	32
B. PTAT Course Audit Policy	32
C. Field Trips and Off-Campus Learning	32
D. Program Costs	32
E. Confidentiality/Data Protection and Student Records	33
F. Immunization, Background Checks, & Drug Screening	34
G. Certification in Cardio-Pulmonary Resuscitation (CPR)	36
H. Insurance.....	36
I. Standard Precautions.....	36
J. Complaints	36
VIII. Clinical Education.....	37
A. Critical Resources for Clinical Education and the Practice of Physical Therapy	38
B. Education Tips for the Clinical Instructor	38
C. Guidelines and Responsibilities of Clinical Education Sites, Clinical Coordinators, and Clinical Instructors	38
D. Education Affiliation Agreements	43
E. Arrangement of Clinical Experiences	43
F. Placement of Students at Clinical Sites	44
G. Student Readiness for Clinical Experiences	45
H. Clinical Education Competencies	45
I. Required Performance Criteria	46

J.	School Closures and Inclement Weather	48
K.	Student Clinical Education Policies	48
L.	Responsibilities of the Clinical Faculty	54
M.	Clinical Faculty Rights and Privileges	55
N.	Patient Rights	56
	HANDBOOK: PART 2 APPENDIX, FORMS, AND RESOURCES	57
	Appendix A: Resources for Students	62
	<i>STUDENT PHYSICAL THERAPIST ASSISTANT (SPTA) CLINICAL ROTATION REQUEST FORM</i>	63
	<i>CLINICAL SITE INFORMATION REQUEST FORM</i>	64
	<i>STUDENT INFORMATION SHEET</i>	66
	<i>LCCC STUDENT PHYSICAL THERAPIST ASSISTANT TIMECARD</i>	67
	<i>QUICK START GUIDE FOR CPI WEB TRAINING MODULES</i>	68
	Appendix B: Resources for CCCEs and CIs	72
	<i>STUDENT PHYSICAL THERAPIST ASSISTANT ORIENTATION FORM</i>	73
	<i>CLINICAL INCIDENT REPORT</i>	74
	<i>APTA GUIDELINES FOR SUPERVISION OF THE STUDENT PTA</i>	75
	<i>FIVE-MINUTE FEEDBACK FORM</i>	78
	<i>WEEKLY ASSESSMENT AND PLANNING FORM</i>	79
	<i>CLINICAL INSTRUCTOR (CI) EVALUATION RUBRIC</i>	80
	<i>CLINICAL SITE VISIT RECORD</i>	82
	<i>PTA CURRICULUM SPREADSHEET</i>	84
	<i>PTA PROGRAM MASTER SKILLS LIST</i>	91
	Appendix C: Clinical Practice Standards	93
	<i>APTA GUIDELINES TO PROMOTE EXCELLENCE IN CLINICAL EDUCATION PARTNERSHIPS</i>	105
	<i>ESSENTIAL FUNCTIONS FOR PHYSICAL THERAPIST ASSISTANT STUDENTS</i>	108
	Appendix D: Required Student Forms	109
	<i>PATIENT CONFIDENTIALITY AGREEMENT</i>	110
	<i>PHYSICAL THERAPIST ASSISTANT PROGRAM ESSENTIAL FUNCTIONS VERIFICATION</i>	111
	<i>VIDEOTAPE/PHOTOGRAPH CONSENT AND AGREEMENT</i>	112
	<i>STUDENT STATEMENT OF UNDERSTANDING AND LIABILITY RELEASE</i>	113
	<i>STATEMENT OF HANDBOOK AGREEMENT</i>	114
	<i>CORE ABILITIES IN PROFESSIONAL DEVELOPMENT AS PHYSICAL THERAPIST ASSISTANTS</i>	115
	Appendix E: Additional Forms	128
	<i>PROGRAM ONBOARDING & IMMUNIZATION REQUIREMENTS</i>	129

<i>GUEST LECTURER INFORMATION AND OBSERVATION FORM</i>	<i>130</i>
<i>ROUTINE STUDENT CONFERENCE/ADVISING</i>	<i>131</i>
<i>INTERVENTIONAL (RELEARNING) STUDENT CONFERENCE/ADVISING.....</i>	<i>132</i>
<i>OUT OREADMISSION APPLICATION FORM</i>	<i>133</i>
<i>PAPER VERSION OF PTA CLINICAL PERFORMANCE INSTRUMENT (CPI) 3.0.....</i>	<i>134</i>

Welcome!

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

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

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

Helpful Contacts: Laramie County Community College

Campus Operator	307.778.5222
Health Sciences & Wellness School	307.778.1140
Fax	877.399.1547
Admissions/Enrollment Services	307.778.1212
Out of state	800.522.2993
Financial Aid	307.778.1215
Office of Student Accommodations (OSA)	307.778.1359
TTY Number	307.778.1266
Veterans Affairs Office	307.778.4396
Campus Safety	307.630.0645 / 307.630.0866
Bookstore	307.778.1114
Library	307.778.1205
Student Success Center (HUB)	307.778.4315

Helpful Contacts: School of Health Sciences & Wellness

Vice President of Academic Affairs

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

Dean Health Sciences & Wellness School

Dr. Karen Bowen, PhD, RN
Office: HSW 336
Phone: 307.778.1111
Email: kbowen@lccc.wy.edu

PTA Program Director/Instructor

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

PTA Clinical Education Coordinator/Instructor

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

Campus Security

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

Health Sciences & Wellness Administrative Assistant

Holly Stevenson
Office: HS 330
Phone 307.778.1140
Email: hstevenson@lccc.wy.edu

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

The college has a designated person to monitor compliance and to answer any questions regarding the college's nondiscrimination policies. Please contact: Title IX and ADA Coordinator, Suite 205, Clay Pathfinder Building, 1400 E College Drive, Cheyenne, WY 82007, 307.778.1144, NDS@lccc.wy.edu. Contact information for the regional Office for Civil Rights is: Office for Civil Rights, Denver Office, U.S. Department of Education, Cesar E. Chavez Memorial Building, 1244 Speer Boulevard, Suite 310, Denver, CO 80204-3582, 303.844.5695, OCR.Denver@ed.gov

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

Program History and Accreditation

Laramie County Community College (LCCC) in Cheyenne, WY began serving students on May 1, 1968, to help fill the need for academic, career and community service/continuing education in the county. LCCC, as the sponsoring institution, is currently fully accredited by the Higher Learning Commission of the North-Central Association of Colleges and Schools.

Laramie County Community College received approval from the Wyoming Community College Commission, the state agency charged with oversight from community colleges in the State of Wyoming, to confer the Associate of Applied Science (AAS) degree in Physical Therapist Assistant (PTA) in June 2007. The community built a new Health Sciences building which opened in January of 2009 enabling the PTA program to have a space to occupy. The program graduated its first class in 2010.

The PTA Program at LCCC provides students with a curriculum consistent with the guidelines of The Higher Learning Commission of the North-Central Association of Colleges & Schools and the Commission on Accreditation in Physical Therapy Education (CAPTE) that constitutes current content that is appropriate for an entry-level physical therapist assistant.

The Physical Therapist Assistant (PTA) at Laramie County Community College (LCCC) is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 3030 Potomac Avenue, Suite 100, Alexandria, Virginia 22305-3085; telephone: 703-706-3245; email: accreditation@apta.org; website: www.capteonline.org. If needing to contact the program/institution directly, please call 307.778.1198 or email blarsen@lccc.wy.edu.

Mission Statement

The primary mission of the Physical Therapist Assistant (PTA) program at Laramie County Community College (LCCC) is to provide a high-quality education in physical therapy in order to produce certified, professional, ethical, and competent practitioners in the field with a strong potential for advancement and leadership.

PTA Program Philosophy

The Physical Therapist Assistant (PTA) program philosophy is committed to a high standard of educational excellence while promoting learner responsibility, effective communication, critical thinking, and collaboration. We educate entry level PTA practitioner generalists that adhere to professional, ethical, and legal guidelines of the profession to serve our communities. Our students are focused on safe and effective care. We strive for excellence in all aspects of student education. Student learning is focused on the theory, knowledge, and application of clinical skills essential to the entry level PTA. The curriculum is designed for the optimal use of technical innovation, hands-on learning, and thorough practical clinical education. This structure drives our emphasis on technology and communication to facilitate learning in the classroom and the clinic. Graduates will meet the diverse needs of employers and the community while providing high quality patient care under the direction and supervision of a physical therapist.

I. Physical Therapist Assistant Program Overview

A. The Physical Therapist Assistant

The Physical Therapist Assistant (PTA) is a skilled health care worker who assists the physical therapist in providing physical therapy treatment interventions to patients and/or clients in a variety of practice settings. Duties of the PTA are varied and may include, the rehabilitation of adult and pediatric clients with orthopedic, neurological, traumatic injuries, and various medical conditions through the application of physical modalities, exercise programs, gait training, functional activities, and patient education. Licensure is required in all fifty states as well as the District of Columbia, Puerto Rico, and the U.S. Virgin Islands.

If you plan to apply for a PTA license/certificate in a state besides Wyoming, you should contact the physical therapy regulatory agency for that state regarding licensure requirements.

<https://www.fsbpt.org/Free-Resources/Licensing-Authorities-Contact-Information> provides access to previously mentioned licensing authorities.

B. Program Goals and Objectives

Goals

The PTA program seeks to prepare students to assume a professional and active role within the physical therapy community. The program will:

1. Produce PTAs prepared to competently meet the entry level duties of a PTA in a variety of settings.
2. Produce PTAs prepared to successfully complete the National Physical Therapy Examination (NPTE).
3. Develop and deliver an integrated academic program leading to the successful completion of the guidelines developed by the Higher Learning Commission of the North-Central Association of Colleges and Schools, and The Commission on Accreditation in Physical Therapy Education (CAPTE).
4. Promote the importance of continued personal and professional development through life-long learning and membership in professional organizations and advance the recognition of the field of physical therapy and the role of the PTA within that field.
5. Contribute to the health and well-being of the community by engaging students and faculty in outreach activities, clinical partnerships, interprofessional education, and health promotion initiatives.
6. Explore innovative curriculum delivery models, including competency-based education, problem-based learning, hybrid and hyflex learning, to enhance accessibility and meet the evolving needs of students and the profession.

Objectives (graduates will be able to):

1. Work under the direction and supervision of a physical therapist in a safe, ethical, legal, and professional manner.
2. Implement a comprehensive treatment plan under the direction and supervision of a physical therapist (PT).
3. Recognize and implement the use of interventions based on outcomes for patients in a variety of settings.
4. Demonstrate effective oral, written, and non-verbal communications skills with the patient, Physical Therapist, health care personnel and others in a competent manner.
5. Successfully integrate concepts from the pre-requisite course work, basic sciences, and PTA programming into physical therapy practice.

6. Demonstrate a commitment to life-long learning, evidence-based practice, and ongoing professional growth and quality improvement in physical therapy practice.

C. Program Description

The Physical Therapist Assistant (PTA) Program has been designed as an integrated five-semester curriculum to promote learning and development so that the graduate will be able to practice as an entry level PTA upon graduation. In the current format, students complete at least five (5) pre-requisite classes prior to admission to the program. After admission to the program, students must complete a curriculum of academic and clinical study designed to lead to the Associate of Applied Science (AAS) Degree that includes integrated general education course requirements. Students are required to complete 72 credit hours to graduate. Students admitted to the PTA Program will complete their didactic and clinical education in five semesters (including one summer semester). Some pre-requisites and some theory courses may be presented online, in person, web enhanced, or hybrid format through a Learning Management System (LMS). Students are expected to have computer skills and access that enables them to participate in online courses. Access to the computer lab is part of the LCCC student fees.

D. Program Expectations

The Physical Therapist Assistant (PTA) Program curriculum is highly structured, involving traditional, hybrid, and online coursework, in classrooms, labs, and clinical facilities, as well as a considerable amount of personal study. Class, lab, and clinical schedules may include Saturday and/or evening dates/times. Program faculty will work to ensure that competency in skills and knowledge gained in the classroom and lab, will adequately prepare students for clinical experiences.

Expectations of students by the PTA Program include, but are not limited to:

- Being available and on time for class or clinic as scheduled.
- Preparing in advance for class/lab activities.
- Providing your own transportation to assigned clinical sites.
- Providing your own housing during assigned clinical experiences.
- Always demonstrating professional behavior.
- Complying with all policies and procedures within the college, school, and program.

E. Physical Therapist Assistant Curriculum

Upon completion of the PTA educational experience at LCCC you will be awarded the Associate in Applied Science (AAS) degree and will be eligible to sit for the National PTA Board Exam for Licensure/Certification nationwide. In Wyoming, all PTAs must take and pass the exam to practice as a Physical Therapist Assistant.

Prerequisites		Credits/Lecture/Lab/Clinical
ENGL 1010	English Composition	3/3/0/0
HLTK 1200	Medical Terminology	2/2/0/0
MATH 1000	Problem Solving <i>or higher</i>	3/3/0/0
STRT 1000	College Success	3/3/0/0
ZOO 2015	Human Anatomy <i>or ZOO 2010 Anatomy & Physiology I</i>	4/2/2/0
TOTAL PREREQUISITE CREDIT HOURS		15 credit hours
Spring I		
COMM 1015	Foundations of Communication	3/3/0/0

HLTK 2510	Pathophysiology	2/2/0/0
PTAT 1600	Intro to Physical Therapist Assistant	3/3/0/0
PTAT 1700	Functional Kinesiology for the PTA	4/2/2/0
ZOO 2025 Human Physiology <i>or</i> ZOO 2020 Anatomy & Physiology II		4/2/2/0
TOTAL SEMESTER CREDIT HOURS		16 credit hours

Summer I		
PTAT 1650	Advanced Patient Skills for the PTA	4/2/2/0
PTAT 1720	Therapeutic Exercise for the PTA	4/2/2/0
PTAT 1740	Cardiac Rehabilitation for the PTA	2/1/1/0
TOTAL SEMESTER CREDIT HOURS		10 credit hours

Fall II		
EDST 2420	Human Lifespan Development	3/3/0/0
PTAT 1660	Therapeutic Procedures for the PTA	3/2/1/0
PTAT 1820	Orthopedics for the PTA	4/2/2/0
PTAT 2970	PTA Clinical Practicum I	7/0/0/7
TOTAL SEMESTER CREDIT HOURS		17 credit hours

Spring II		
POLS 1000 <i>or</i> HIST 1211 <i>or</i> HIST 1221 <i>or</i> HIST 1251 <i>or</i> ECON 1200		3/3/0/0
PTAT 1800	Neurology for the PTA	3/1.5/1.5/0
PTAT 1840	Special Rehabilitation for the PTA	1/.5/.5/0
PTAT 2971	PTA Clinical Practicum II	7/0/0/7
TOTAL SEMESTER CREDIT HOURS		14 credit hours
TOTAL DEGREE CREDIT HOURS		72 credit hours

F. PTAT Course Descriptions

PTAT 1600 Introduction to Physical Therapy 3 credits
Students examine the field of Physical Therapy (PT) from the development of the profession to current clinical practices. Students discuss the role of the PTA, ethical and legal issues that guide practice, psychosocial aspects of healthcare, specialty areas of PT practice, components of the plan of care, and patient care essentials. Students practice oral and written communication skills including essential documentation skills. Prerequisite: admission to the Physical Therapist Assistant program.

PTAT 1650 Therapeutic Procedures I/Lab 4 credits
Students explore and develop skills involving the principles and practices of physical therapy including performing range of motion assessment and measurements, assessing posture, monitoring vital signs, implementing universal precautions, performing and assessing body mechanics during a variety of activities, performing transfers for a variety of patient populations, assessing wheelchair fitting, utilizing assistive devices, developing edema management programs, assessing and applying compression wraps, and demonstrating a variety of taping procedures. Prerequisite: admission to the Physical Therapist Assistant Program.

PTAT 1660 Therapeutic Procedures II/Lab 3 credits
Students examine the principles and practices of physical therapy including assessment and measurement of pain and inflammation as it relates to the use of modalities. The students also assess and apply a variety of modalities including: thermal agents, cryotherapy, ultrasound, infrared, electrical stimulation (TENS, FES, IFC, EMG, and Biofeedback), diathermy, mechanical traction, manual traction, iontophoresis, and phonophoresis. Prerequisite: completion of PTAT 1720.

PTAT 1720 Therapeutic Exercise/Lab 4 credits

Students explore the theory, principles, and implementation of therapeutic exercise programs for a variety of patient populations. In addition, they apply specific strategies for stretching (sustained hold, contract/relax, strain/counter strain), strengthening (isometrics, isotonic, open/closed chain, resistive exercises, weight training, aquatics), and balance and coordination activities. Students also examine theories of motor control and motor learning, and implement these theories into clinical practice. Lab activities will involve therapeutic exercise programs set up, joint mobilizations, and Proprioceptive Neuromuscular Facilitation (PNF) techniques and implementation in the clinical setting. Prerequisite: completion of PTAT 2030.

PTAT 1740 Cardiac Rehabilitation/Lab 2 credits

Students explore an in-depth description of cardiopulmonary rehabilitation and develop skill to read and assess basic EKGs (normal and pathological), identify cardiac protocols, assess and monitor common cardiopulmonary conditions, review cardiac and pulmonary circuitry, identify cardiac precautions for variety of patient populations, develop a comprehensive treatment program for patient with cardiopulmonary conditions, assess and perform postural drainage, and establish endurance and wellness programs for healthy and diseased individuals. Students explore an in-depth description of cardiopulmonary rehabilitation and develop skills to implement cardiac protocols, assess and monitor common cardiopulmonary conditions, identify cardiac precautions for a variety of patient populations, and perform postural drainage techniques. Students will design fitness and wellness programs for healthy and diseased individuals. Prerequisite: completion of PTAT 2030.

PTAT 1800 Neurology/Lab 3 credits

Students examine multiple pathologies of the nervous system including stroke, demyelinating diseases, spinal cord injury, Parkinson's disease, cerebral palsy, and traumatic brain injuries (TBI). In addition, students contrast normal structures and function of the nervous system, including motor control center of the brain and spinal tracts, to a nervous system with specific impairments. Students also develop skills to assess, treat, and manage the neurologically impaired patient based on clinical signs and symptoms of neurological disorders across the lifespan. Prerequisite: completion of PTAT 2970.

PTAT 1820 Orthopedics 4 credits

Students identify and assess common orthopedic conditions and analyze findings to implement intervention strategies and develop comprehensive treatment plans under the direction and supervision of a physical therapist. Students participate in case studies common to orthopedic conditions including amputations. Students learn to progress physical therapy plans of care for a variety of orthopedic and postsurgical conditions. Prerequisite: completion of PTAT 1720.

PTAT 1840 Specialty Rehabilitation/Lab 1 credit

Students will explore an in-depth overview of specialty areas of physical therapy practice including burns, chronic pain, geriatrics, lymphedema, pediatrics, vestibular rehabilitation, women's health, and wound care. Students will utilize assessment tools specific to these areas of specialty to develop intervention strategies for improvements in function and to minimize disability. Prerequisite: completion of PTAT 2970.

PTAT 2030 Functional Kinesiology/Lab 4 credits

Students explore the application of human anatomy to the study of human movement patterns. Students identify normal versus abnormal movement with the use of posture analysis, gait analysis, functional movement, and sport activities. Students will apply information demonstrated for data collection including manual muscle testing, goniometry measurements, and palpation techniques to the

application in the physical therapy field. Prerequisite: admission into the Physical Therapist Assistant program.

PTAT 2970 PTA Clinical Practicum I

7 credits

This course provides the students with selected experiences to provide practical clinical experience under the direct supervision of a physical therapist/physical therapist assistant. The clinical experience gives students the opportunity to correlate didactic course work with clinical skills. Students are required to complete the 280-hour clinical at an affiliate site that provides physical therapy services. Prerequisite: completion of PTAT 1720.

PTAT 2971 PTA Clinical Practicum II

7 credits

This course provides the students with selected experiences to provide practical clinical experience under the direct supervision of a physical therapist/physical therapist assistant to meet entry-level PTA requirements. The clinical experience gives students the opportunity to correlate didactic course work with clinical skills. Students are required to complete the 280-hour clinical at an affiliate site that provides physical therapy services. Prerequisite: completion of PTAT 2970.

II. PTA Program Admission

A. Physical Therapist Assistant Program Admissions Policy

Admission to the Physical Therapist Assistant (PTA) Program is open to all academically qualified students. The program has a capacity of twenty (20) students and a competitive admissions process. Program Admissions criteria are set forth by the PTA Program Director, PTA Faculty, PTA Advisory Committee, Admissions Committee, HSW Dean, and CAPTE guidance. The criterion set forth in the Application Information and Process are available online at <http://lccc.wy.edu/programs/physicalTherapistAssistant/apply>.

Note: “Academically qualified students” are defined as students who have completed the prerequisite courses with a grade of “C” or better, have been accepted to LCCC, and have a 2.5 cumulative GPA or better in their overall college grade point average (GPA).

PTA Program admission is contingent upon successful completion of any in-progress prerequisites. Failure to complete these courses will result in the voiding of admission.

The pre-requisites for entry into the PTA program are as follows:

- MATH 1400 - College Algebra or higher
- ENGL 1010 - English Composition I
- ZOO 2010 - Anatomy/Physiology or ZOO 2015 Human Anatomy
- STRT 1000 College Success or COMM 2010 - Public Speaking
- HLTK 1200 - Medical Terminology

B. Physical Therapist Assistant (PTA) Program Admissions Procedure

LCCC PTA Application:

- For the most current and accurate application information, please refer to the official website (<https://lccc.wy.edu/programs/PTAAApply>). The details provided below are for reference purposes.
- The PTA Program uses the LCCC Health Sciences and Wellness (HSW) Common Program Application.

- New applications are available online each summer, all application materials are due during the Fall semester with classes beginning in the following Spring semester
 - Late applications may be accepted if seats are still available.
- Interested students may contact the HSW Administrative Assistant or reach out to the PTA Program Director.

Student Selection:

- Selection of new students is completed within 30 days of the application deadline.
 - The LCCC PTA program notifies applicants their admission status by email and in writing.
- The PTA admissions committee (comprised of PTA Program Director and Clinical Coordinator) reviews applications and determines admission status by scoring applicants on several criteria, including:
 - Grade point average (GPA)
 - Prerequisite coursework
 - Complete receipt of application
 - Additional criteria listed on the program application

Alternate/Waitlist Policy

1. If the PTA Program reaches its capacity, qualified applicants whose score did not earn acceptance may be placed on a waitlist.
2. Waitlisted students are eligible for admission if a seat in the program becomes available.
3. Waitlisted students cannot register for PTA core courses unless a position opens.
4. If a position becomes available, waitlisted students will be notified and admitted to the class. These notifications are sent in writing, via email, and/or by phone.

Applicant Scoring Table

The PTA Program Selection Committee awards grade-based points based on the number of credit hours per course, in-progress courses are scored at two points per credit. The following table provides an outline of scoring processes. For the most current and accurate application information, please refer to the official website (<https://lccc.wy.edu/programs/PTAAApply>). The details provided below are for reference purposes.

Item ¹	Points	
MATH 1400 College Algebra or higher (3 credits)	4(A), 3(B), 2(C)	X 3
ENGL 1010 English Composition (3 credits)	4(A), 3(B), 2(C)	X 3
ZOO 2010 Anatomy & Physiology I or ZOO 2015 Human Anatomy (4 credits) ²	4(A), 3(B), 2(C)	X 4
STRT 1000 Strategies for Success (3 credits) or COMM 2010 Public Speaking (3 credits) ²	4(A), 3(B), 2(C)	X 3
HLTK 1200 Medical Terminology (2 credits)	4(A), 3(B), 2(C)	X 2
Prerequisite GPA	6(≥ 3.5 GPA), 5(≥ 3.0 GPA), 4 (≥ 2.5 GPA)	X 4
ZOO 2020 Anatomy & Physiology II	4(A), 3(B), 2(C)	X 4

or ZOO 2025 Human Physiology (4 credits) ²		
POLS 1000 American and Wyoming Government ^{2,3} or ECON 1200 Economics, Law, and Government or HIST 1211 U.S. History to 1865 or HIST 1221 U.S. History 1865 to Present or HIST 1251 Wyoming History (3 credits)	4(A), 3(B), 2(C)	X 3
EDST 2420 Human Lifespan Development (3 credits)	4(A), 3(B), 2(C)	X 3
HLTK 2510 Pathophysiology (2 credits)	4(A), 3(B), 2(C)	X 2
COMM 2010 Public Speaking (3 credits) or STRT 1000 Strategies for Success (3 credits)	4(A), 3(B), 2(C)	X 3
Overall College GPA	6(3.5 or above), 5(3.0 or above), 4 (2.5 or above), X 4	
Previous College Degree(s)	10 Points for a Bachelor Degree	
Employment in a Physical Therapy department/clinic, as PT Aide, six months or more	20 Points	
Other employment in a related healthcare field	10 Points	
Pre-Admission Observation: Total Hours ⁴	15 Points (80 hours or more), 10 Points (40 hours or more), 5 Points (20 hours)	
Physical Therapy Observation: Evaluation Average	12 points max	
Cover and Resume	30 Points max	
1st Reference Form	12 Points max	
2nd Reference Form	12 Points max	
3rd Reference Form	12 Points max	
TOTAL POINTS POSSIBLE:	301	

¹ If any single course has been repeated, the most recent attempt will be used to score the application.

² Whenever multiple courses are accepted, scoring prioritizes the course with the higher grade.

³ State statutory requirement.

⁴ Work-related experiences will not be accepted as observation/volunteer experience beyond the initial 20 hours.

Tie-Breaking Process:

In case of identical applicant scores, the PTA Program Director makes the final decision using the following tie-breaking criteria:

1. Residence within the LCCC service area
2. Prerequisite GPA
3. Overall GPA
4. Observation evaluation scores
5. Reference letter scores

C. Transfer into the PTA Program

At the discretion of the HSW Dean and the PTA Program Director, a student may transfer from a physical therapist or physical therapist assistant program, provided the student meets the following requirements:

1. The applicant meets the definition of “academically qualified”
2. The applicant completes the LCCC and PTA Program application and registration procedures
3. The applicant agrees to the transition plan developed by PTA program faculty. Transfer planning will be similar to readmission application, see below.

Transfer students must complete the material from all the LCCC courses in which they enroll, even if the student has already completed similar coursework in another PT or PTA program. Additional information can be found in 3.18 & 3.18P of the LCCC Policy and Procedure manual (<https://www.lccc.wy.edu/about/policiesProcedures/3studentServices.aspx>).

D. Readmission to the PTA Program

Eligibility for Readmission

Readmission is not guaranteed, permitted only once, and evaluated on a case-by-case basis. All requests for program readmission must be submitted four months prior to their desired readmission date. Students who are suspended or disqualified from the program or from LCCC are not eligible for readmission without Program Director approval. Students suspended or disqualified for ethical violations or unprofessional conduct will not be eligible for readmission to the program.

Each PTA program course may be repeated only once. Failure in more than one core course disqualifies the student from program readmission. Additionally, suspended or disqualified students, may be placed on a decelerated success plan. See [Retention within the PTA Program](#) for more information.

Admission for re-entering students will be filled in the following sequence:

1. Former LCCC student who withdrew in good standing.
2. Successful challenge by students from another accredited PTA Program who withdrew in good standing.

Note: “Good standing” is defined as a student who has met all previous program requirements and is not in violation of any program or college policies, procedures, or ethical requirements. If a student is not in good standing, discretion lies with the PTA Program Director and Dean. It is the student’s responsibility to prove that the previous violations have been resolved; both the PD and Dean must believe that the student will not willfully violate the College’s or PTA Program’s procedures again.

Readmission/Transfer Process

Readmission to the program is offered to academically qualified students in “good standing” with LCCC and the PTA program based on several factors, including but not limited to:

1. Recommendation by the Program Director and HSW Dean.
2. Review of student files by the PTA Admissions Committee.
3. Prior clinical, classroom, and laboratory performance.
4. Professional behaviors demonstrated while in the PTA program and/or interim.
5. Remedial work completed by the student and satisfaction of any requirements outlined including clinical skills check -off and readmission examination addressing previous coursework.

6. Proper and timely completion of all LCCC and program requirements including expectations outline in relevant Performance Improvement Plans of either a non-academic (e.g., attendance, safety, communication, etc.) or academic nature (e.g. completion of remediation and relearning experience, meeting with faculty and LCCC support personnel, etc.)
7. Scores on Readmission application (see *Student Handbook Appendix* for more information).
8. Space available within the program.

ALL students seeking readmission or transfer into the program must:

1. Meet the same academic and professional requirements as the cohort they wish to join.
2. Submit a Readmission application (see *Student Handbook Appendix* for more information).
3. Complete a new drug test, criminal background check, and meet immunization, TB screening, and CPR requirements as outlined in CastleBranch and in accordance with HSW policy.
4. Students will be required to demonstrate proficiency in physical therapy skills learned up to the point of entering a decelerated success plan, withdrawal, or leave of absence from the PTA program by completing the clinical skills check-off and a readmission examination. Failure on these assessments will result in ineligibility for readmission

III. Retention within the PTA Program

Individuals may have unique needs, capabilities, and experiences. A key to success in the PTA program is to recognize and address areas for improvement. Successful students take responsibility for strengthening any deficiencies. LCCC offers resources to support you, including help with study habits, test-taking strategies, reading skills, and time management. Seek help early and make use of the assistance available. We are dedicated to helping you achieve your educational goals. Upon acceptance into the program, students will meet regularly with the Program Director and Clinical Coordinator, who will work together as faculty mentors to support your success. See [Routine Student Conferences and Advising](#).

A. Required Performance Criteria

Ensuring safe and competent clinicians is essential to the LCCC PTA Program. Therefore, to progress in the program, students are expected to:

1. Maintain the standards of conduct set by LCCC, HSW, and APTA.
2. Maintain acceptable background checks and drug screens throughout the program and during all related activities.
3. Keep clinical clearance documentation up to date, including immunizations and TB screenings, in the designated document storage system
4. Maintain a cumulative GPA of 2.5 or higher on a 4.0 scale.
5. Earn minimum grade of “C” for each general education and technical (program) coursework within the degree map. Earning a “C” in a PTAT course requires the following minimums:
 - a. 75% or higher on all competency and skill checks.
 - i. When completing practical examinations, a 0 on any safety element will result in an automatic failure for that practical skill check.

- ii. No student can progress in the program if they've required additional attempts for more than half of the psychomotor assessments completed in a given semester.
- b. 75% or higher weighted average on all exams for each given course.
 - i. Remediation and relearning opportunities will begin whenever a student exhibits difficulty in their PTA course coursework. See [Interventional Student Conferences](#)
- 6. Pass each clinical experience (practicum) course.

Students must meet competencies outlined in each course syllabus and pass all didactic courses in sequence to progress and enter clinical experiences. *Further details on each of the above criteria are included in the following subsections.*

B. Holistic Evaluation of Student Performance

Academic and Clinical Faculty assess students' cognitive, psychomotor, and affective performance using various methods. These domains, and their assessment are explained below.

Affective Domain (A): Involve attitudes, work ethic, professional conduct, and communication. Affective skills are developed as students learn and practice professional behaviors. These behaviors may be discussed, practiced, or reinforced through various activities students perform.

Cognitive Level 1 (C1): Involves learning activities where students prepare to recall information.

Activities at this level typically include tasks like labeling, identifying, describing, or listing.

Cognitive Level 2 (C2): Requires deeper engagement with the material, encouraging students to apply, analyze, synthesize, and evaluate information. Students may encounter questions like "What would I do if...?" or "How do I solve...?" Tasks at this level often involve analyzing, synthesizing, comparing/contrasting, assessing, and applying knowledge.

Psychomotor Skills (P): Involve hands-on skills that students acquire through physical practice. Activities at this level typically involve demonstrating, performing, or implementing specific techniques.

Domains of Learning			
DOMAIN	MODE	EXAMPLES	ASSESSMENT TOOLS
<i>Cognitive [Remembering]</i>	Thought/Thinking	Recalling, Describing, Listing, Labelling	preparation assignment, discussion, survey, quiz, exam
<i>Cognitive [Creating]</i>	Thought/Thinking	Creating, Judging, Analyzing, Synthesizing	case study, project, portfolio, presentation
<i>Psychomotor</i>	Actions, Doing	Demonstrate, Performing, Copy, Implement	self and peer assessment, video reflection, skill checks, simulated patient care
<i>Affective</i>	Reflection, Emotion, Self-Evaluation	Awareness, Responding, Valuing	Discussion, journaling, attendance, simulated patient care

Students may wish to review the PTA Program Master Skills List (in the Student Handbook Appendix) at the beginning of each semester. Detailed skill check criteria is posted in the learning management system (LMS) for each PTAT course.

Course Sequence and Program Continuity

Students attempting to schedule co-requisite courses must ensure that they do not conflict with required PTA classes, labs, and clinical education experiences.

PTA courses are sequential, requiring continuous enrollment in the appropriate order. As a result, failure to meet course or term requirements prevents progression and will result in suspension or disqualification from the PTA Program.

Any lapse in program continuity will require successful demonstration of SPTA knowledge and skills learned in the program. This demonstration may include auditing lab skills courses, taking comprehensive exams, retaking skill checks, and/or retaking program courses. (See [Readmission to the Program](#) for more information.)

C. Routine Student Conferences and Advising

Because of the varied demands of the practice of the Physical Therapist Assistant (PTA), the program requires considerable communication between the instructors and the students. Feedback is provided in the form of grades, assignment feedback, practical exams, evaluations, clinical instruction, and student conferences. The program has two types of student conferences: routine and interventional.

Routine Student Conferences

Routine conferences are generally scheduled with program faculty near the time of registration for the next term or during the selection of clinical sites (see [Clinical Education: Arrangement of Clinical Experiences](#)). Students may request additional conferences at any time online or in person.

In these meetings, faculty and students discuss general academic and clinical progress. Routine student conference notes may be collected (as needed) and will be signed by the student/advisor as needed (Please see *Handbook Part 2* for an example form.)

D. Interventional Student Conferences

Interventional Student Conferences

Interventional student conferences are held as needed when students experience academic, behavioral, or professional difficulties. These will begin whenever a student exhibits difficulty in their PTA course coursework, such as scoring < 75% on an exam or skill check. Interventional conferences are intended to assist the student the standards set by the program. The specific issue of concern will be addressed, and a performance improvement plan (PIP) may be formulated if it is determined that such a plan is necessary to address identified difficulties. Failure to resolve previously identified concerns may result in progressive discipline up to disqualification.

Interventional student conference notes will be collected by faculty and signed by the student/faculty as needed (Please see *Handbook Part 2* for an example form.) For more information on the non-academic expectations of PTA students, please see: [VI. Professionalism and Student Responsibilities](#).

E. Remediation Activities and Progressive Discipline

Relevant Definitions:

Performance Improvement Plan (PIP): A written warning issued to identify either a pattern of unsatisfactory conduct or a single violation of the PTA program Handbook, Health Sciences and Wellness (HSW) division, Laramie County Community College (LCCC), or clinical facility policies. Students are required to meet with faculty and/or the program director to discuss the identified conduct concerns and plan to address these areas. Additional staff and faculty may be included in the meeting as appropriate.

The PIP will outline specific instances of unsatisfactory conduct, with references to relevant HSW, PTA program, and LCCC policies, rules, or regulations allegedly violated, along with a specified timeframe for follow-up. The student's signature on the PIP is not required for the PIP to take effect. The faculty or program director will store the document in the student's file and the student will receive a copy via their LCCC email.

If necessary, the faculty or program director may determine that further disciplinary actions are warranted. These actions could include suspension or disqualification from the PTA program.

Probation: Students placed on a Performance Improvement Plan (PIP) are on probation within the PTA program. This probationary status reflects the need for improvement in specific areas identified by faculty or program director. While on probation, students are expected to actively participate in all outlined corrective actions within the PIP to demonstrate satisfactory progress. Failure to resolve issues at this disciplinary level will result in suspension and/or disqualification of the student from the PTA Program.

Suspension: Suspension is a temporary removal from the PTA program due to noncompliance with PTA Program, Health Sciences and Wellness (HSW) division, Laramie County Community College (LCCC), or clinical partner policies and procedures. During suspension, the student is prohibited from participating in all PTA program activities, including classes, clinical learning experiences, and lab sessions. Suspension may be enacted immediately when a student's behavior or actions pose a potential risk to patients, clinical staff, other students, or themselves. Suspension remains in effect until the student meets with faculty and/or the program director to resolve the issues of concern. Absences incurred during suspension are unexcused, and the student will receive zero points for any missed assignments or experiences. Failure to engage in the resolution process may lead to further disciplinary action, up to and including disqualification from the program.

Decelerated Success Plan: Any student required to repeat a course will be placed in a decelerated success plan. On a case-by-case basis, suspended or disqualified students may also be placed a decelerated plan. Decelerated success plans require students to take all co-requisite courses according to an approved timeline prior returning to the program. The faculty or program director will store the document in the student's file and the student will receive a copy via their LCCC email. See also [Withdrawal or Leave of Absence](#).

Disqualification: Disqualification is the removal of a student from the PTA program due to significant or repeated noncompliance with PTA Program, Health Sciences and Wellness (HSW) division, Laramie County Community College (LCCC), or clinical partner policies and procedures. Disqualified students seeking re-entry must follow the policies outlined in [Readmission to the Program](#).

Note: Additional action may be taken by Laramie County Community College, these policies are outlined in the LCCC Student Handbook and Policies and Procedures Manual. Students wishing to appeal a decision should follow Policy 2.16 of the previously mentioned manual.

Progressive Discipline Process

Progressive discipline is utilized to assist the student in correcting issues that may negatively impact program progression, graduation, and/or clinical readiness. We expect that the student will resolve identified issues at the lowest disciplinary level whenever possible. Following inappropriate conduct by a student:

1. The faculty will meet with the student to discuss the matter and inform the student of the specific conduct that is deemed inappropriate. A verbal warning concerning the inappropriate behavior will be given to the student and a written record of the behavior will be placed in the student's program file.
2. If the student does not redress the stated concern(s), the faculty member will meet or speak with the student a second time, a written warning will be given with documentation of a performance improvement plan (PIP). A deadline for definite measurable improvement to be demonstrated by the student is typically included.
3. If satisfactory improvement is not demonstrated before the deadline, additional disciplinary action may be taken up to and including disqualification of the student from the PTA program. Repeated warnings or an initial concern of sufficient severity may result in immediate probation or disqualification.

The PD may place a student on PTA Program suspension or disqualify the student from the program for several reasons. Examples include, but are not limited to, the following:

1. Failure to meet the criteria established by the College as written in the LCCC Academic Probation Policy found in the LCCC Student Handbook.
2. Failure to meet the criteria established by the PTA Program and outlined in this handbook, including *Required Performance Criteria*.
3. Inability to maintain the physical, emotional, or mental health necessary to function in the program. Students may be referred to the Counseling and Campus Wellness office (<http://www.lccc.wy.edu/services/counseling/> | 307.778.4397 | Clay Pathfinder Building 207)
4. Failure to meet the program attendance policy outlined in this handbook and relevant syllabi.
5. Participation in substandard, unethical, or inappropriate conduct including, but not limited to:
 - a. Possessing or using alcohol or any mood-altering substance(s) or chemical(s) on the premises of LCCC or clinical education sites. This includes attending class or clinical education while under the influence. Refer to HSW School Policies for details.
 - b. Unexcused and/or excessive absenteeism and/or falsification of sick time. Please refer to the section, *Attendance Policy*, for more information.
 - c. Grossly unethical or unprofessional behavior.
 - d. Gross carelessness regarding safety of patients or colleagues.
 - e. Dishonesty, cheating, plagiarism, or theft.
 - f. Release of confidential information regarding patients and/or clinical education site personnel or activities.

- g. HIPAA/FERPA (Health Insurance Portability and Accountability Act/Family Educational Rights and Privacy Act) violations.
6. As the Core Abilities Assessment (see *Student Handbook Appendix*) reflects behaviors necessary for success as a physical therapist assistant in the clinical environment, failure to demonstrate progress in the Core Abilities, or failure to meet the specific behavior levels by the defined target dates, may result in program probation or disqualification (see [Clinical Education](#) and the *Student Handbook Appendix* for more information).

IV. Graduation Criteria

Upon successful completion of the progression and retention criteria, Laramie County Community College (LCCC) will grant an Associate of Applied Science (AAS) Degree in Physical Therapist Assistant (PTA). To earn this credential, students must also complete:

1. Credit courses: Students are required to complete all program general education and technical (program) coursework with a minimum grade of “C” for each course as outlined in this manual and the relevant syllabi.
2. Clinical education: Students are required to pass all clinical education course requirements outlined in this manual and the relevant syllabi. This requirement includes achieving “entry level” in criteria by the conclusion of their final clinical practicum.
3. Cumulative capstone examination: Students are required to score at least a 600/800 (75%) on a pre-approved NPTE practice exam. (e.g., FSBPT PEAT or NPTE-Final Frontier)
4. Captone (TREX) transition experience: Includes career development, portfolio creation, ethical training, and examination preparation.
5. Compliance with all other LCCC graduation requirements.

V. Student Resources at Laramie County Community College

A. Withdrawal or Leave of Absence

Students considering a leave of absence or withdrawal from the program should discuss the matter with the PTA Program Director and/or their advisor prior to the withdrawal process.

Withdrawal: Withdrawal refers to the formal process of a student exiting a course or the program. This requires the student to follow the college’s approved withdrawal process, which involves notifying their student success coach and instructor to avoid remaining on the course roster and receiving a grade based on completed work. The withdrawal process should be initiated by the student and is outlined in the college catalog.

Leave of Absence: A leave of absence is a temporary, approved break from the program, requested by the student and documented in writing. Ideally, this is submitted in the semester prior to the absence. This absence can last up to one year, allowing the student to retain their place in the program upon return. If a student’s leave extends beyond one year, they must reapply to the program, following the policies outlined in [Readmission to the Program](#).

B. Student Accommodations

[Office of Student Accommodations \(OSA\)](#)

The Office of Student Accommodations (OSA) plans for and provides services for students with disabilities. The OSA office is in the Clay Pathfinder Building Room 207. They can be contacted via phone at 307.778.1359 (TTY: 307.778.1266) or email at OSA@lccc.wy.edu.

Students with documented disabilities may request reasonable accommodation. The student must still be able to adequately meet all technical standards and critical elements of the PTA profession and this program. To receive accommodation, a student must:

1. Initiate a request for services through the Office of Student Accommodations (OSA) in person or online at <http://www.lccc.wy.edu/services/disability/index.aspx>.
2. Provide documentation verifying the disability.
3. Follow the plan as determined after consultation with the Office of Student Accommodations (OSA).

Please refer to the LCCC Catalog for more information regarding services available for students with disabilities.

Pregnancy Policy

All LCCC, PTA program, and clinical site policies, as well as the obstetrician's recommendations, will be followed. Any student requiring accommodation is directed to the Office of Student Accommodations.

Clinical Education

For information regarding accommodations by clinical partners, see [Student Accommodations during Clinical Education](#).

C. Learning Commons

The LCCC Learning Commons promotes student learning through a comprehensive program of academic support services via the Student Success Center (SSC) and Writing & Communications Center (WCC). The Student Success Center (307.778.4315) is in the Ludden Library and provides free tutoring and assistance with time management, study skills, and test taking strategies. The Writing & Communications Center (307.778.1311) is in Ludden Library Room 430 and provides free writing, reading, and public speaking/communication support. Students who feel they are having difficulty in any course should not hesitate to contact the SSC or WCC.

D. Financial Aid

To assist students in meeting college costs, LCCC offers a comprehensive program of student financial aid. Students are encouraged to speak with the Financial Aid Office (307.778.1215) early to discuss financial assistance options. For more information on eligibility and application procedures, inquire in person at the Financial Aid Office located in the Clay Pathfinder Building, online at <http://www.lccc.wy.edu/services/financialaid/index.aspx>, or via email to financialaid@lccc.wy.edu.

E. Library Access

The LCCC Ludden Library (307.778.1206) has a variety of holdings appropriate for the PTA Program. The library's online publication database located at <http://lccc.wy.edu/library> provides access to many physical therapy and other medical journals. The library also has subscriptions to the following physical therapy journals: *Physical Therapy*, *New England Journal of Medicine*, *Journal of Orthopedic and Sports Physical Therapy*, *Journal of the American Medical Association*, *Australian Journal of Physiotherapy*, *Annals of Internal Medicine*, and *Archives of Physical Medicine and Rehab*.

The library also has reserved holdings for the PTA Program including relevant textbooks, and treatment tables which may be used when the PTA laboratory is closed.

F. Computer Access

Owning a laptop is not a requirement of the PTA Program. Computer access is available in the library and in other computer labs throughout campus. When available, laptop computers may be checked out from the LCCC Ludden Library. Wireless internet is available on campus. Please refer to the [LCCC Student Policy Handbook](#) for appropriate computer use guidelines.

G. Licensure/Certification

Graduates of an accredited PTA Program are eligible to sit for the National Physical Therapy Examination (NPTE). Licensure is required in all fifty states as well as the District of Columbia, Puerto Rico and the U.S. Virgin Islands and graduates are required to take the NPTE prior to seeking licensure. Please see the Rules and Regulations set forth by the State of Wyoming Board of Physical Therapy (Promulgated by authority under the Wyoming Physical Therapy Practice Act, w.s. 33-25-101 through w.s. 33-25-115). This information can be obtained by contacting the Wyoming Board of Physical Therapy, 2001 Capitol Avenue, Room 104, Cheyenne, WY 82002 | (307) 777-5403 | <http://physicaltherapy.wyo.gov/>.

The LCCC Ludden Library retains a list of NPTE study materials which students may access free of charge.

H. Career Services

Laramie County Community College has several resources to assist with finding employment in the field of physical therapy. First, students may visit the [LCCC Career Services](#) (<https://www.lccc.wy.edu/services/careercenter/>) and Career Coach (lccc.wy.edu/careercoach) for trainings and job openings. Additionally, your LCCC Student Success Coach is available to assist with resumes/interviewing skills, job searches, etc. This help center is in the Clay Pathfinder Building. They can also be reached by using the [Navigate app in myLCCC to schedule an appointment](#) or by calling 307.778.1212.

Lastly, a bulletin board in the PTA lab will also post current PTA job openings that the program has received from employers.

I. Additional Resources

Program faculty may allow students to borrow books and other materials from their personal libraries. Students should follow the borrowing procedures set up by the individual faculty member and return the materials promptly.

PTA lab spaces may also be used for group study when classes are not being held with PTA faculty permission or during open lab time. There are also student study areas in the Health Sciences building and at various locations around campus.

VI. Professionalism and Student Responsibilities

A. Professionalism

Professional behavior by students is always expected. At a minimum, students will be formally assessed on professional standards when in the classroom, laboratory, and clinical settings. Follow all college and program-specific policies, including those related to electronic devices, privacy, and safety and maintain a professional demeanor in all interactions, both on and off campus.

American Physical Therapy Association's (APTA) Code of Ethics

Student Physical Therapist Assistants (SPTAs) are expected to exhibit professional, legal, and ethical behavior always, including during class, laboratory, and clinical education experiences. Additionally, faculty, students, and their clinical instructors are expected to abide by ethical guidelines set forth in the American Physical Therapy Association's (APTA) Code of Ethics. The appendix to this handbook includes *APTA's Standards of Practice for Physical Therapy*, *Standards of Ethical Conduct for the Physical Therapist Assistant*, and the *Core Values for the Physical Therapist and Physical Therapist Assistant*. These are also available via the APTA web site: (<http://www.apta.org>). For more information on how these rules apply to clinical education experiences, see the [clinical education](#) section of this handbook.

Abilities-Based Self Assessment

PTA students will assess themselves on core abilities throughout the program and report their findings to PTA faculty. Each ability is an attribute, characteristic or behavior that are not explicitly part of the profession's technical skills but are still required for success in the profession. These eleven abilities, and stress management, are included in the assessment of student safety and readiness to engage in clinical education.

Throughout the PTA curriculum, students will self-assess their abilities in these areas using the following as a guideline for self-reflection. These abilities are:

1. Commitment to Learning
2. Interpersonal Skills
3. Cultural Competence
4. Communication Skills
5. Effective Use of Time and Resources
6. Use of Constructive Feedback
7. Problem Solving
8. Professionalism
9. Personal Responsibility
10. Critical Thinking
11. Stress Management

Faculty will provide oral and written feedback regarding professional behaviors each semester. Copies of written reflections and feedback will be placed in the student file and in Canvas LMS. If a student is not demonstrating professional behaviors at an appropriate level, students (with faculty supervision) may develop a plan for improvement. Significant deficits in professional behavior with no improvement may result in probation, suspension, or disqualification. See [Progressive Discipline](#).

Expected Core Abilities (Professional Behaviors) levels are:

- End of Spring 1 Semester: All Core Abilities (Professional Behaviors) at least at level 2 ("beginning" level)

- End of Summer 1 Semester III: 50% of Core Abilities (Professional Behaviors) at level 3 (“developing” level) or higher
- End of Fall 1 Semester: all Core Abilities (Professional Behaviors) at level 3 (“developing” level) or higher
- End of Spring 2 Semester: all Core Abilities (Professional Behaviors) at level 5 (“entry”) level or higher

B. Academic Integrity

The PTA Program abides by the LCCC Academic Rights and Responsibility as outlined in the LCCC Catalog. Your future role in this profession relies on your ability to provide accurate, ethical, and responsible physical therapy services. Academic dishonesty, plagiarism, or cheating includes, but is not limited to:

1. Copying from another student’s assignment or exam
2. Using material during a test not authorized by the instructor
3. Downloading and/or distributing quiz/exam content.
4. Stealing, buying, or otherwise obtaining all or part of an administered/unadministered test or information about said test.
5. Using media devices or other resources not allowed during online exams which require Lockdown Browser/Respondus Monitor (camera)
6. Selling, giving, or otherwise supplying to another any coursework to fulfill an academic requirement (e.g. quizzes, exams, reports, or assignments.)
7. Submitting nearly identical work that one has previously received credit for in another course, without the prior approval of the instructor.
8. Plagiarizing content by not acknowledging the source(s) of information or not paraphrasing content and using the author’s words as your own without the use of quotations. (Students are required to use APA format in citing all sources.)
9. Using incorrectly formatted references that result in sources that are either inaccessible, non-existent, or irrelevant to the topic.
10. Submitting work generated by others or generative artificial intelligence (AI). Note: The use of artificial intelligence in supplementing or replacing the clinical decision-making of a student is not permitted without permission from the course instructor.

Dishonesty, plagiarism, or cheating in any form is subject to disciplinary action. These actions include, but are not limited to, a failing grade for the test or assignment, a failing grade for the course, probation or disqualification from the PTA program, and/or dismissal from the college. See [Progressive Discipline](#).

Additional information about academic integrity at LCCC is provided in the [Syllabus Addendum](#). [LCCC’s Administrative Procedure 3.16P](#) pertains to academic integrity and is applicable to all classes at the College.

C. Dress Code

Physical Therapist Assistant (PTA) students are in pre-professional training and appearance is governed by standards that may be different from the rest of the campus. At all times, personal hygiene must conform to health, sanitation, and safety standards. Therefore, students are expected to be well groomed, clean, and neat.

Classroom Attire:

- Wear comfortable, appropriate clothing.
- Clothing with inappropriate language, symbols, or disruptive pictures is not permitted.

Lab Attire:

- Wear loose-fitting clothing that allows easy access to the body parts being discussed.
- Recommended attire: Shorts and a T-shirt. Sweatshirts and sweatpants may be worn over these.
- For trunk or upper quadrant anatomy sessions:
 - Females: tank top, halter top, sports bra, or similar garment.
 - Males: tank top, or similar garment, shirtless as appropriate.
- Safe patient handling may also require the use of close-toed shoes, when this is necessary, your instructor(s) will provide prior notice.
- “Clinical attire” may be requested by instructors for final skill checks, including appropriate footwear and name tag.

Clinical Attire:

- Wear an official college name tag with SPTA designation (provided) on a lanyard (student-purchased) during all clinical experiences.
- Professional clothing is required; specific requirements vary by clinical site.
- General Recommended clinical attire (each clinical site may vary)
 - Top: Collared shirt, polo shirt, button down shirt, or professional blouse.
 - Bottoms: Khakis, slacks with clean, supportive professional shoes.
 - Alternative: clean, well-maintained scrubs

Failure to comply with dress code standards will result in removal from class, lab, or clinical experience with an unexcused absence until resolution is satisfactory to the Program Director and Dean of HSW.

D. Attendance Policy

Consistent attendance is critical for success in the PTA Program. Attendance in lectures, labs, and clinical courses is essential for safe and effective patient care. Attendance is a key factor in evaluating professional behavior and class participation.

Expectations Summary:

- Students should be punctual and prepared for all scheduled learning experiences on and off campus. Preparation will often include the completion of Entry Tickets. Additional detail regarding required preparation for laboratory experiences are outlined in [Laboratory Expectations: Preparation & Punctuality](#).
- Students are responsible for adjusting travel time for weather conditions to arrive on time.
- A minimum of 90% attendance is required for each course component to receive a passing grade.
- Students must notify instructors of expected absences. *Further requirements for attendance, and communication with clinical instructors can be found in [Student Clinical Education Policies](#).*

Entry Tickets:

Quizzes, assignments, etc., that demonstrate learning and competency essential to the class or clinical session may be required before class begins. Students may be restricted from class and/or clinical experiences without these items. Requirements for class participation will be outlined in the course syllabus and identified during course orientation.

Notification of Absence:

- Notify the instructor in person, by phone, or by email before any anticipated absence.
- The instructor has the discretion to excuse absences for personal or family medical emergencies, with appropriate documentation. Vacations do not qualify as excused absences.

Missing Assignments:

- To ensure accountability while maintaining integrity of the grading process, any assignment that is not submitted by the deadline or receives a score below 75% must be resubmitted to demonstrate mastery of the material. While resubmission is required, the original score for missing or low-scoring work will remain unchanged.
- Students are responsible for arranging make-up work with the instructor. However, the instructor will determine the timing and method of make-up work on an individual basis.

Missing Exams:

- Instructors may refuse to give a make-up exam if proper notification procedures are not followed.
- Make-up exams or quizzes may differ from the original to maintain academic integrity.
- Students are responsible for arranging make-up work with the instructor. However, the instructor will determine the timing and method of make-up exams on an individual basis.

E. Electronic Devices

During Learning Experiences:

- Turn off or silence all electronic devices, including cell phones and pagers, during lectures and labs.
- During clinical experiences and field trips, devices should be turned off to respect clinical faculty.
- You may check your phone during scheduled breaks or between classes.
- Audio or video recording is only allowed with the instructor's written permission.
- If you are expecting an urgent call, inform the instructor before class.

During Testing:

- Devices with internet access are not allowed during testing.
- Calculators may be permitted for certain quizzes/tests/exams.

F. Classroom Expectations

To facilitate an optimal learning environment and respect for other learners and the instructor(s), the following behaviors are expected in the classroom and laboratory:

1. Follow all published policies and procedures and instructor's verbal directions, including those listed in the course syllabi.
2. Arrive in a timely manner and have their learning materials organized and ready by the scheduled class start time.
3. Remain in the classroom/laboratory during the entire class session. Regular breaks will be scheduled and announced. If a student must leave the classroom prior to the scheduled break, please exit as unobtrusively as possible. Students are responsible for any material covered while they are absent from the classroom.
4. Direct all discussion and questions to/through the instructor unless otherwise instructed.

5. Food and drinks are allowed in the classroom unless otherwise instructed by the instructor.
 - a. Students are responsible for maintaining a clean and sanitary workspace; spills must be cleaned immediately.
 - b. Food and drinks must be kept away from lab equipment, electronics, and clinical supplies at all times.
 - c. Beverages must be in sealed, leak-proof containers that remain closed when not in use and will not spill if tipped.
 - d. If issues with cleanliness or safety arise, food and drink privileges may be adjusted as needed.
6. No students are allowed in the laboratory outside posted open lab times unless the instructor or lab assistant grant prior permission. The PTA lab is for student use and may be scheduled for individual or group study when not in use by a PTA class.
7. On occasion, classes may need to be rescheduled. Efforts will be made to reschedule at a time when the majority of students can attend.
8. In the event a faculty member must cancel a class session, it is the faculty member's responsibility to notify the Program Director (PD) and the HSW School Administrative Assistant. The PD or administrative assistant will post a class cancellation notification for students outside the scheduled classroom. The Program Director or other faculty members will notify the class via email if there is sufficient time. If the class session is to be made up, it is the responsibility of the faculty member to schedule the make-up session in communication with those involved (students, room scheduler, PD, etc.)
9. Students are expected to comply with [Electronic Devices](#) Policy.

The PTA Program faculty members have a responsibility to ensure that all PTA students have an adequate background, including competence in technical skills. The faculty must ensure that each student is able to utilize these skills and knowledge in a safe, effective, and competent manner. Learning experiences in the PTA Program are arranged sequentially, to ensure that added information, knowledge, and skills are integrated with previously introduced material. In addition, the curriculum includes opportunities for collaborative and interdisciplinary learning, where interaction between and among students and faculty are critical components of the students' learning.

G. Laboratory Expectations

Students are encouraged to utilize HS 302 for additional independent practice, skill development, and review during open lab. Open lab (periods of independent or guided study outside of class) will be scheduled at a regular time each week. Open labs can be used for practicing PTA skills, for peer skills checks, and for skills checks with faculty.

An open lab schedule will be announced during the first week of each semester. Open lab times will have a student and/or faculty member assigned to provide supervision. Additional open lab times with faculty are available upon request.

It is the PTA Program's expectation that the lab will be maintained in a safe and orderly fashion. Out of respect and as a professional responsibility, each student must:

1. Maintain professional behavior and privacy standards
2. Arrive prepared and punctual to all lab sessions
3. Replace equipment in its proper location.
4. Put refuse in available receptacles and clean treatment surfaces. See:
5. Clean, dry, fold and put linens and pillows in the appropriate cabinet.

Professional Behavior & Privacy

- Always demonstrate professional behavior; NO horseplay is allowed.
- Maintain focus on assigned tasks to maximize learning opportunities.
- Proactively request additional support and practice time if needed to achieve skill competency.
- Collaborate with peers to ensure successful team-based learning and preparation for clinical practice.
- During practice sessions, students may role-play as patients or PTAs. *Students should be prepared to allow access to the entire treatment area or body region when needed.* Privacy will be respected, and modesty will be retained as appropriate using draping methods.
- When acting as a patient, communicate relevant safety information and feedback to the student clinician
- Adhere to the electronic devices policy and refrain from unauthorized transmission of photos or videos

Safe Use of Laboratory Equipment

Students are often given assignments that require the use of equipment or computers without direct faculty supervision. This use may occur in the PTA lab, the library, or in another location at LCCC. Care of this equipment is essential, and students are requested to leave the equipment in good repair. If problems arise during the use of equipment, it should be reported immediately to a PTA Program faculty member.

- All classroom and lab equipment are property of Laramie County Community College (LCCC) and are not for personal use.
- Students are expected to exercise safety and good judgment when using all college equipment. Intentionally or recklessly causing physical harm is grounds for immediate suspension (see HSW handbook.)
- Reckless activity with equipment in any course will result in a failing grade in a course.
- Students are responsible for obtaining faculty/staff approval before initiating any thermal, mechanical, or electrical intervention.
- Electrical equipment and modalities may only be administered under direct faculty supervision. Students must confirm with the instructor or lab assistant that the correct parameters are set before beginning treatment with any device or modality.
- During unsupervised practice, equipment must remain powered off at all times.
- All lab equipment and supplies must be returned to their proper place of storage after use.
- No equipment may leave the lab without faculty approval. Students may not remove equipment from LCCC under any circumstances.

Cleanliness & Organization

- Plinths, mats, and other treatment surfaces will be cleaned using a bactericidal agent after each use (anti-bacterial wipes are supplied).
- The hydrocollator will be cleaned a minimum of every six months, per the hydrocollator cleaning procedure suggested by the manufacturer.
- PTA faculty members are responsible for assuring the infection control policies are enforced in their labs.

Laundry Usage

To keep laundry costs at a minimum, students should conserve laundry by doing the following in lab courses:

- Place towels, pillowcases, and sheets that have contacted hair and skin in the dirty laundry bin.
- Towels, pillowcases, and sheets that were used for positioning may be folded and returned to the laundry cart to be used again
- Place any towels, pillowcases, or sheets that are soiled with dirt, sweat, or other body fluids, mineral oil, alcohol, ultrasound gel, or e-stim gel in the dirty laundry bin.

Preparation & Punctuality

- Students are expected to arrive on time for all lab sessions, wearing lab attire already on.
- Bring all necessary texts, equipment, and course notes as directed by the instructor.
- Utilize changing areas located in the respective Men's/Women's restrooms near the PTA Program Lab.
- Notify faculty of any medical condition(s) or medication(s) that could impair performance and follow appropriate medical guidelines for infectious diseases.
- Inform the instructor promptly of any anticipated absences and take responsibility for arranging makeup work or assessments.
- PTA Program students are expected to notify academic faculty (and clinical faculty when participating in clinical education experiences) of any medical condition(s) and/or medication(s) taken that could potentially impair or alter the student's safe and effective performance during any educational experiences.
- Students contracting an infectious disease during the time they are enrolled in the PTA Program must report that fact to program faculty and follow appropriate medical guidelines to minimize the risk of transmission.

H. Crisis Management and Medical Emergencies

Crisis Management

- Students will follow college policies in the event of a building evacuation. These policies can be found in the LCCC Crisis Management Plan. A copy of this plan will be kept in HS 302, the PTA Program Laboratory.
- Equipment user manuals are kept in the PTA Program Laboratory, room HS 302.

Medical Emergencies

Students and faculty are expected to respond quickly to an emergency. Universal methods of treatment common to most emergencies are listed:

- If someone else is in the room, ask him/her to report the emergency to a faculty member or college staff. If appropriate, call for medical assistance (dial 9-911 on campus phones) or have someone else call.
- Assess vital signs and begin CPR, if appropriate.
- A first aid kit is located in the PTA Program Laboratory, Room HS 302.
- An automated external defibrillator (AED) is located in the HSW building on the first floor next to the restrooms.
- Security can be reached 24/7 at 307.630.0645 or 307.630.0866.

I. Off-Campus Experiences, Personal Property, & Material Safety Data Sheet

Off Campus Experiences

Students are responsible for the cost and liability of travel to and from off-campus experiences, including field trips, off-campus lab sessions, clinical education, and service-learning projects. See: [Field Trips and Off-Campus Learning](#).

To participate in Clinical Education, students must complete required [Immunization, Background Checks, & Drug Screening](#). See the relevant section with [General Program Policies](#) for more information.

Personal Property and Valuables

Laramie County Community College (LCCC) and the PTA Program do not accept responsibility for loss of personal items. Theft does occur on campus, and students should secure their valuables accordingly. All lost items should be reported to the PD and campus safety.

Material Safety Data Sheet (MSDS)

A listing of all hazardous substances found at LCCC can be found in the Material Safety Data Sheet (MSDS) Manual located through myLCCC account. MSDS for all hazardous substances used in the PTA lab are kept in the lab as well.

J. Clinical Experiences

Students are expected to attend all clinical experiences. Clinical experience schedules are arranged in advance by the Academic Coordinator of Clinical Education. Please see [Clinical Education](#) for more information on clinical experiences.

K. Student Record-Keeping

It is important that you be well informed about your academic program. To accomplish this task, students should maintain the following items in their files:

- LCCC's [Catalog](#) and [Student Handbook](#)
- LCCC's Schedule for each semester enrolled.
- [LCCC's Physical Therapist Assistant Student Handbook](#) 1 and 2
- LCCC's Health Sciences & [Wellness School Policies](#) (HSW School Policies)
- Personal records of [Immunization, Background Checks, & Drug Screening](#).

All students at LCCC are subject to the policies of the College as found in the LCCC Catalog, LCCC Student Handbook, Health Sciences & Wellness School Policies, and the Physical Therapist Assistant Program Student Handbook. These College and PTA Program documents have been developed as additional information resources for you.

Student Information Changes

Changes to student information including email address, mailing address, phone number, and/or legal name are to be reported in writing to the College and the Physical Therapist Assistant Program office as

soon as possible. The program is not responsible for inability to contact the student(s) when changes have not been reported.

VII. General Program Policies

A. Grading System

The Physical Therapist Assistant Program is consistent with all LCCC Health Science & Wellness School curriculum and is as follows:

A = 92-100%

B = 83-91%

C = 75-82%

F = 74% or lower

B. PTAT Course Audit Policy

No audits of the PTA Program courses are allowed unless the Program Director gives written permission.

C. Field Trips and Off-Campus Learning

At times within the PTA Program, students and faculty may travel off campus for departmental related field trips. PTA Program faculty will accompany and supervise students during all off-campus program activities, such as laboratory experiences or field trips. However, program faculty do not accompany students to their clinical experiences.

The following procedures apply for field trips:

1. Travel Request Forms must be filled out by faculty prior to traveling.
2. All LCCC student travel policies are applicable during the trip.
3. Students participating in field trips are required to sign the “Waiver of Liability Assumption of Risk, and Indemnity Agreement – On/Off Campus Activities” form prior to the activity.
4. Faculty and students have the right to a clean and safe environment for off-campus field trip experiences.
 - a. The program is responsible for establishing off-campus educational experiences that support the curriculum and student learning.
 - b. The off-campus facility is responsible for providing an educational experience that supports student learning.
 - c. If faculty and/or students do not feel the setting supports the appropriate learning environment, they may terminate the experience until the facility is able to remediate the situation or another setting is established.

D. Program Costs

The following is the estimated cost of the program following acceptance as a student physical therapist assistant (SPTA) at Laramie County Community College. Student incidental cost may vary significantly. All figures are estimated. Please see the LCCC catalog for more specifics. In addition to these fees, students should budget for the cost of completing the NPTE (\$485) and obtaining their PTA license (\$190 in Wyoming.) Please note: in instances where a student needs to repeat a course or re-enter the program, additional fees and requirements may be incurred to ensure patient safety. These costs may include, but are not limited to, remedial training, updated background checks and drug screens, renewed

immunizations, and new access fees for course materials and resources. These measures are essential to ensure students are fully prepared and safe to provide patient care in clinical settings.

Note: Annual costs are estimates and may be subject to increases. Students should contact the program for further information related to costs.

	Year 1	Year 2	Total
Annual Tuition Public Institution, In-district, or In-state student:	\$2,730.00	\$3,255.00	\$5,985.00
Annual Tuition Public Institution, WUE student:	\$4,108.00	\$4,898.00	\$9,006.00
Annual Tuition Public Institution, Out-of-district, or Out-of-state student:	\$8,190.00	\$9,765.00	\$17,955.00
Annual Tuition Private Institution Student:	N/A	N/A	N/A
Annual institutional fees for a full-time student in the technical phase of the program [Includes general institutional fees, i.e., health insurance, recreation, etc.]	\$1,267.50	\$1,511.25	\$2,778.50
Total expected cost of other program- related expenses [Includes: required texts, laboratory fees, and other program costs for the entire technical program.]	\$513.00	\$501.00	\$1,014.00
Total Cost of the Program [Includes: tuition, fees, other program costs for the entire technical program]			\$9,777.50

E. Confidentiality/Data Protection and Student Records

Confidentiality and Data Protection

In keeping with LCCC's FERPA Policy, the PTA Program will maintain privacy/confidentiality in the following manner:

1. Grades will be posted using the online learning management system (LMS), which requires students to sign in using an individual password.
2. All exams, quizzes, and assignments will be returned in a manner that does not expose the grade to the public and is accessed online.
3. Feedback is provided after skill checks and practical exams with only the student and instructor(s) present. When helpful, instructors will obtain permission if they would like to provide feedback in front of other students.
4. Clinical faculty must follow the data privacy policies of LCCC and the PTA Program.
5. Requests for student information from any government agency will be referred to the Registrar's Office.
6. Students will sign a confidentiality agreement which applies to maintaining the privacy and confidentiality of patients during all clinical experiences.
7. During the first semester of the PTA program, students are instructed in basic HIPAA (Health Insurance Portability and Accountability Act) policies and procedures for proper use and handling of confidential patient/client information. Additional information on HIPAA may be accessed at the US Department of Health & Human Services' website <https://www.hhs.gov/hipaa/>.

Student Files Maintained by PTA Program:

- The PTA program will store department/student forms, consent forms, waivers of liability, contracts, correspondence, and clinical education performance evaluations.
- Stored in: PTA Program Director's office or ACCE's office (for clinical education) which remain locked whenever unoccupied.
- Online copies of exams and assignments: stored in Canvas LMS database.
- Immunization, background checks, health records: stored in CastleBranch.
- Retention Policy:
 - employment: 1-year post-graduation
 - Basic student information: available up to 5 years.

Student Rights:

- Student access files: whenever the director or faculty member is present. Please make an appointment or visit during published office hours.
- Detailed in the LCCC Student Handbook: [LCCC Student Handbook](#) (available online).

Liability and Consent

Students within the PTA program is expected to perform a variety of physical therapy procedures on each other and on patients for educational purposes. This participation is especially important to the learning process. Students must sign the *Release and Waiver of Liability*, the *Student Statement of Understanding and Liability Release*, and the *Statement of Agreement* forms prior to practicing laboratory skills (see appendix). These forms, along with the *Physical Therapist Assistant Program Essential Functions Verification* form, will remain in effect during the student's tenure in the PTA Program. All forms will be kept in the student file in the PTA Program Director's office and stored electronically. See appendix for a sample form.

The *Release and Waiver of Liability* is also used by any "patients" that may visit the PTA lab and participate in hands on demonstrations for student learning.

Photography and Videography Consent

Students may be video recorded or have digital pictures taken of them, both of which may be used only for educational purposes. Prior to practicing any laboratory skills, students should sign the *Videotape/Photograph Consent Form*.

However, if a student wishes to photograph or videotape a patient for educational purposes, they must follow the *policies and procedures of the clinical education site* for confidentiality and for obtaining consent.

F. Immunization, Background Checks, & Drug Screening

Students enrolled in a Health Sciences & Wellness (HSW) Division Program at LCCC participate in clinical training as an essential element of their studies. To protect the health of students, patients, employees, and others, and to comply with standards established by the affiliated healthcare providers, the College requires all students enrolled to provide dates of current immunization against certain vaccine preventable diseases, and the date and results of current tuberculosis (TB) screening before the student is eligible to participate in clinical training, unless an exception applies.

All Wyoming Hospitals with whom LCCC has Educational Affiliation contracts require drug screens and background checks for all people who provide services that involve direct contact with patients and

residents. LCCC has assumed responsibility to perform these screens with a contracted partner. This information is communicated to students via mail/e-mail prior to the beginning of the first semester. It is the students' responsibility to comply with the screening process prior to entering the program. Additionally, all students accepted into a health professions program at LCCC are subject to random drug screening. Failure to comply may result in voiding acceptance into the program. All fees related to background checks and drug screens are the responsibility of the student.

LCCC has partnered with CastleBranch to complete the background checks and coordinate the drug screenings through SAMHSA certified laboratories. Our website (www.lcccconpliance.com) will be open to submissions in the fall of each year. You will need to enter the system, complete the data entry process, and pay your bill no later than **December 3** (date subject to change). Upon receipt of your Chain of Custody form, you must submit your urine sample no later than **January 7** (date subject to change). The system accepts credit cards and money orders, and the cost is \$218 (subject to change). The cost includes your background check, initial drug screen, and your participation in our random drug screening program.

The following searches are required for students beginning clinical experience programs through Laramie County Community College, based on your residential history and all names used for the last seven years:

1. County Criminal History Record Check
2. Social Security Number Trace
3. Nationwide Criminal Search
4. Nationwide Sex Offender Registry Search
5. Office of Inspector General
6. Excluded Parties Listing System
7. 10 Panel Drug Screen

The following disqualifying offenses will prevent admission:

- A conviction for any felony involving violence, sexual offenses, child abuse, or elder abuse (no time limit)
- Any felony conviction in the last seven years
- Any misdemeanor in the last seven years involving violence, sexual offenses, child abuse, or elder abuse
- Registered sex offenders (no time limit)
- OIG/GSA and Medicaid Sanctions (no time limit)
- Any student who is currently on probation, parole, or under any type of deferred sentencing guidelines. Students who have successfully completed the terms of a deferred adjudication agreement will not be disqualified.
- Positive drug test

The following potentially disqualifying event may prevent admission:

- Except as applies above, any misdemeanor in the last seven years will be evaluated based on the nature of the offense, length of time since the offense occurred, etc. The student may be asked to provide more information which will be evaluated by the Dean on a case-by-case basis and may still prevent admission. The decision of the Dean is final.

If any applicant feels the criminal background check or drug screen is inaccurate, they may appeal the decision to the Dean of the Health Sciences and Wellness School and request a review of the report and/or decision.

G. Certification in Cardio-Pulmonary Resuscitation (CPR)

The student is responsible for submitting a photocopy, front and back, of a signed current CPR card to the Physical Therapist Assistant (PTA) Program Director by the date specified. It must be an American Heart Association CPR certification, and it must be earned at the Health Provider level. It is the student's responsibility to maintain and provide proof of current certification throughout the program.

H. Insurance

It is advised that students carry their own health insurance during the program including all full-time clinical education experiences. Some clinical sites may require students to carry health insurance while performing a clinical experience at their facility. It is the students' responsibility to obtain the required insurance. LCCCC provides general comprehensive liability insurance covering bodily injury and property damage liability with a professional liability endorsement which includes professional services coverage for faculty and students of LCCC while students are involved in clinical education. However, the program recommends that students and alumni obtain their own liability insurance as well.

Please see [VIII. Clinical Education: Accidents](#) for information regarding student access to and responsibility for the cost of emergency services in off-campus educational experiences.

I. Standard Precautions

Information on "Standard Precautions" will be provided in the first semester of the program in PTAT 1600 Introduction to Physical Therapy and during PTAT 1650 Therapeutic Procedures I. Content includes but is not limited to:

- HIV
- Hepatitis B
- Universal Precautions/Infection Control
- Chain of Infection
- Proper Hand Washing Technique

All students must demonstrate a satisfactory understanding of this information by passing a test and a skill check on standard precautions during PTAT 1600 and PTAT 1650.

Additional requirements regarding COVID-19 are updated through the HSW policies.

J. Complaints

Filing Complaints

In accordance with LCCC Policy 9.7 and Procedure 9.7P, the PTA Program maintains specific procedures for handling complaints that fall outside the realm of due process. This policy ensures that complaints are addressed systematically and thoroughly, with appropriate documentation and follow-up.

Students, patients, clinical sites, employers, and community members may submit complaints about a student, faculty, staff, or the program in general through multiple channels:

1. In-person reporting to appropriate program personnel
2. Through program-initiated surveys for students, alumni, clinical partners, and employers
3. Online submission at <https://lccc.wy.edu/about/feedback.aspx>
4. Direct email to the PTA Program Director, Brendon Larsen PTA MEd, at blarsen@lccc.wy.edu
5. Direct email to the HSW Dean, Karen Bowen, PhD, RN, at kbowen@lccc.wy.edu

Accreditation-Related Complaints

Complaints regarding accreditation of the PTA Program should be addressed directly to the Commission for Accreditation for Physical Therapy Education (CAPTE):

Commission for Accreditation for Physical Therapy Education
3030 Potomac Ave., Suite 100
Alexandria, VA 22305-3085
Phone: 703.706.3245
Email: accreditation@apta.org

Complaint Resolution Process

As outlined in LCCC Procedure 9.7P, complaints follow a structured resolution process:

1. Initial Reporting: Complaints regarding student or graduate performance should be first addressed to the PTA Program Director.
2. Secondary Reporting: Unresolved complaints or complaints about the PTA Program and/or Program Director will be directed to the Dean of the Health Sciences & Wellness School. For complaints involving a LCCC Student, this reporting stage will involve the Dean of Students
3. Formal Resolution: All formal complaints will be processed according to the timeline and procedures established in LCCC Procedure 9.7P, which specifies a 60-day resolution period (including appeals).

Documentation and Record Maintenance

In compliance with LCCC's institutional policies and CAPTE accreditation requirements, all complaints will be documented, including the projected outcome, and kept on file at the program facility for a period of five years.

Prohibition Against Retaliation

In accordance with LCCC Policy 9.7, no retaliation will occur to the individual filing the complaint against the PTA Program or Laramie County Community College. This protection extends to all stakeholders, including students, clinical partners, employers, and community members.

VIII. Clinical Education

Welcome to clinical education! We hope the contents of this section will assist you in providing a high-quality clinical education experience for the clinical instructor and the student. Clinical education is a vital part of the physical therapist assistant (PTA) curriculum. It allows an opportunity for the student to fully integrate and implement the didactic knowledge and skills learned in the program coursework into the clinical environment.

The purpose of this section of the handbook is to provide guidelines and information for all who are involved in the clinical education experience including the Academic Coordinator of Clinical Education/Directors of Clinical Education (ACCE/DCE), Clinical Instructor (CI), Center Coordinator of

Clinical Education (CCCE), Faculty, Program Director, Dean of Health Science and Wellness School, and Students.

A. Critical Resources for Clinical Education and the Practice of Physical Therapy

1. The Practice Act for the State of Wyoming may be found at <https://physicaltherapy.wyo.gov/rules>
2. To access the Rules and Regulations for the State of Wyoming, Board of Physical Therapy, visit <https://rules.wyo.gov/Search.aspx?Agency=062>, check the “Current Rules” box, and choose the following:
 - Agency: Physical Therapy, Board of (062)
 - Program: Physical Therapy, Board of (001)
3. Supervision Regulations is found in the Student Handbook Appendix, *APTA Guidelines for Supervision of the Student PTA* Clinical Performance Instrument (CPI) is accessible at <https://cpi.apta.org/login> using your log in identification and password.
4. Confidentiality and HIPAA guidelines are found at <https://www.hhs.gov/hipaa/index.html> with program-specific policies found under [Confidentiality/Data Privacy in this handbook](#).

B. Education Tips for the Clinical Instructor

1. The Clinical Instructor should review the PTA Clinical Performance Instrument (CPI) with the student at the beginning of the clinical rotation. This is done to familiarize the CI and the student with the individual skills and their objectives. The Clinical Instructor can then identify which skills the facility is usually able to address. The CI and the student then design learning experiences to facilitate mastery of the identified skills.
2. Scheduling a formal meeting at least once a week to review the student’s progress and goals to be addressed the next week is recommended.
3. It is helpful to have a student information packet to mail to the student prior to the affiliation. Information that is helpful includes:
 - Confirmation of the dates of the rotation
 - Name of the Clinical Instructor and the CCCE
 - Time the student should report to the clinic
 - Dress code for the facility
 - Directions to the facility and PT department
 - Parking information
 - Direct phone number to the PT department
 - Medical forms, if needed
 - Any orientation the student may need prior to seeing patients (HIPAA, standard precautions, etc).
 - Meals - is there a cafeteria or does the students need to bring a lunch?
 - Housing information, if applicable
 - Any information on other tests the student may require (background check, drug test, etc.)
 - Any additional orientation information you want the student to read prior to the start of the clinical rotation

C. Guidelines and Responsibilities of Clinical Education Sites, Clinical Coordinators, and Clinical Instructors

APTA's Guidelines to Promote Excellence in Clinical Education Partnerships are endorsed by the American Physical Therapy Association's House of Delegates as a resource to highlight the following criteria for selection of clinical education and clinical instructors. The program recognizes the full document in its entirety and should be understood by all parties involved in clinical education including the Program Director, Director of Clinical Education (DCE)/Academic Coordinator of Clinical Education (ACCE), Center Coordinator of Clinical Education (CCCE), Clinical Instructor, and student. This document, and other resources, can be found in the Student Handbook Appendix

Clinical Education Sites

1. The philosophies of the clinical education site and provider of physical therapy for patient/client care and clinical education are compatible with that of the academic program.
2. Clinical education experiences for students are planned to meet specific objectives of the academic program, the provider of physical therapy, and the individual student.
 - a. Planning for students should take place through communication among the CCCE, CI, and ACCE/DCE.
 - b. A thorough orientation to the clinical education program and the personnel of the clinical education site should be planned for students.
 - c. Opportunities for discussion of strengths and weaknesses should be scheduled on a continual basis.
3. Physical therapy personnel provide services in an ethical and legal manner.
 - a. All physical therapists and physical therapist assistants provide services in an ethical and legal manner as outlined by the standards of practice, the state/jurisdictional practice act, clinical education site policy, and APTA positions, policies, standards, codes, and guidelines.
 - b. The clinical education site policies are available to the personnel and students.
4. The clinical education site is committed to the principle of equal opportunity and affirmative action as required by federal legislation.
5. The clinical education site demonstrates administrative support of physical therapy clinical education.
 - a. A written clinical education agreement, in a format acceptable to both parties, exists between each academic program and each clinical education site.
 - b. The clinical education site demonstrates support for the participation of its personnel in clinical education activities.
 - c. A clinical education program manual exists, which might include, but should not be limited to, structure of the program, roles and responsibilities of personnel, quality improvement mechanisms, policies and procedures, sample forms, and a listing of current academic program relationship.
6. The clinical site has a variety of learning experiences available to students.
 - a. Students in clinical education are primarily concerned with delivery of services to patients/clients; therefore, the provider of physical therapy must have an adequate number and variety of patients/clients.
 - b. The clinical education site will provide, if available and appropriate, opportunities for students to participate in other patient/client-related experiences, including but not limited to attendance on rounds, planning conferences, observation of other health professionals, and medical procedures, and health promotion, prevention, and wellness programs.
 - c. Other learning experiences should include opportunities in practice management (e.g., indirect patient/client care). For physical therapist assistant students, these opportunities may include education, administration, and social responsibility and advocacy.

7. The clinical site provides an active, stimulating environment appropriate to the learning needs of the student.
8. Work to ensure reasonable accommodation and support services are available to students.
9. The physical therapy personnel are adequate in number to provide an educational program for students.
 - a. Direct clinical supervision of a physical therapist assistant student is delegated to a physical therapist or a physical therapist/physical therapist assistant team.
 - b. Physical therapist responsibilities for patient/client care, teaching, critical inquiry, and community service permit adequate time for supervision of physical therapy students.
10. A Center Coordinator of Clinical Education is selected based on specific criteria.
11. Physical therapy clinical instructors are selected based on specific criteria.
12. Special expertise of clinical education site personnel is available to students.
13. The clinical education site encourages clinical educator (CI and CCCE) training and development.
14. The clinical education site supports active career development for personnel.
15. Physical therapy personnel are active in professional activities.
16. The provider of physical therapy has an active and viable process of internal evaluation of its affairs and is receptive to procedures of review and audit approved by appropriate external agencies and consumers.

Clinical Instructors

Clinical Instructors (CIs) are individuals who provide clinical instruction and supervision when students are engaged in the clinical education portion of the curriculum. CIs are considered PTA Program clinical faculty members but are not employed by LCCC. The CI demonstrates clinical competence and a willingness to share his/her insights and rationales related to patient care. Clinical Instructors are responsible for understanding the information contained within the LCCC PTA Handbook and the Guidelines for Clinical Education endorsed by the APTA. The responsibilities of the CI are as follows:

1. The clinical instructor (CI) demonstrates clinical competence, and legal and ethical behavior that meets or exceeds the expectations of members of the profession of physical therapy.
 - a. The CI is a PT or PTA.
 - b. The CI has at least one year of clinical experience.
 - c. The CI graduated from an accredited program.
 - d. The CI is licensed, registered, or certified in those states where applicable.
 - e. The CI demonstrates clinical competence, professional skills, and ethical behavior.
2. The CI demonstrates effective communication skills.
 - a. The CI defines performance expectations for students.
 - b. The CI and student collaborate to develop mutually agreed-on goals and objectives for the clinical education experience.
 - c. The CI provides feedback for students.
 - d. The CI confers and consults with the ACCE/DCE regarding student learning needs and progress towards meeting objectives.
 - e. The CI consults with the ACCE regarding unsatisfactory progress of the student immediately upon observation of behavior.
 - f. The CI may contact the Dean of the Health Sciences & Wellness Division with any complaints regarding the ACCE or PTA Program Director. The CI should contact the PTA Program Director with any complaints involving the LCCC PTA Program or ACCE.
 - g. When a patient or member of the public has a complaint or concern regarding a PTA student or the LCCC PTA Program, the CI is responsible for giving the individual the name, title, and phone number of the LCCC Dean of Health Sciences & Wellness School.

3. The CI demonstrates effective behavior, conduct, and skill in interpersonal relationships.
4. The CI demonstrates effective instructional skills.
 - a. Demonstrate an interest in teaching and in continuing education.
 - b. Orientate the student to the facility and to all safety parameters for the clinical site.
 - c. The CI collaborates with the student to plan learning experiences.
 - d. The CI demonstrates knowledge of the students' academic curriculum, level of didactic preparation, current level of performance, and the goals of the clinical education experience.
5. The CI demonstrates effective supervisory skills.
 - a. CI provides direct clinical supervision of a physical therapist assistant student.
 - b. The CI and students both participate in ongoing formative evaluation.
 - c. Cumulative evaluations are provided at least at midterm and at the completion of the clinical education experience and include student self-assessments.
6. The CI demonstrates effective assessment and evaluation skills.
 - a. The CI familiarizes herself or himself with the student's evaluation instrument prior to the clinical education experience.
 - b. The CI recognizes and documents students' progress, identifies areas of entry-level competence, areas of distinction, and specific areas of performance that are unsafe, ineffective, or deficient in quality.
 - c. The CI completes requested assessments which may include assessment of ACCE, self, and student.

Clinical Coordinators of Clinical Education (CCCE)

Each clinical site with three or more PTs and PTAs should have a designated CCCE who is responsible for coordinating the assignments and student activities. CCCEs are responsible for understanding the information contained within the LCCC PTA Handbook and the Guidelines for Clinical Education endorsed by the APTA. The responsibilities of the CCCE are as follows:

1. The Center Coordinator of Clinical Education (CCCE) has specific qualifications and is responsible for coordinating the assignments and activities of students at the clinical education site.
 - a. The CCCE delegates clinical supervision of students to staff PTs or PTAs.
2. The CCCE demonstrates effective communication and interpersonal skills.
 - a. The CCCE interacts effectively and fosters collegial relationships with personnel internally and external to the clinical education sites, including students, clinical education site personnel, and representatives of the academic program.
 - b. The CCCE performs administrative functions between the academic program and clinical education site, including but not limited to, completion of the clinical center information forms (CCIF), clinical education agreements, student placement forms, and policy and procedures manual.
 - c. The CCCE is knowledgeable about the affiliated academic programs and their respective curricula and disseminates the information to the clinical education site personnel.
 - d. The CCCE should contact the PTA Program Director with any complaints involving the PTA Program. The CCCE should contact the Dean of the Health Science & Wellness School with any complaints regarding the ACCE or Program Director.
3. The CCCE demonstrates effective instructional skills.
 - a. The CCCE serves as a resource for the CI for establishing goals and objectives, setting up learning experiences and evaluating student performance.
 - b. The CCCE plans and implements activities that contribute to the professional development of the CIs.

- c. The CCCE, in conjunction with CIs, plans and implements alternative or remedial learning experiences for students experiencing difficulty.
- d. The CCCE, in conjunction with the CIs, plans and implements challenging clinical learning experiences for students demonstrating distinctive performance.
- e. The CCCE, in conjunction with CIs plans and implements learning experiences to accommodate students with special needs.
- f. The CCCE informs the CI of all pertinent information from the affiliated schools.
- 4. The CCCE demonstrates effective supervisory skills.
 - a. The CCCE supervises the educational planning, clinical experiences, and performance evaluation of the CI(s)/student(s) team.
- 5. The CCCE demonstrates effective performance evaluation skills.
 - b. The CCCE completes the requested assessment which may include assessment of ACCE, self, and clinical site.
- 6. The CCCE demonstrates effective administrative and managerial skills.
 - a. The CCCE is responsible for the management of a comprehensive clinical education program.
 - 1. The clinical education program includes, but is not limited to, the program's goals and objectives, the learning experiences available and the logistical details for student placements, and a plan for CI training, evaluation, and development.
 - 2. The CCCE implements a plan for program review and revision that reflects the changing health care environment.
 - b. The CCCE advocates for clinical education with the clinical education site's administration and the physical therapy providers.
 - c. The CCCE serves as the clinical education site's formal representative and liaison with academic programs.
 - 1. Activities include scheduling; providing information, documentation, and orientation to incoming students; and maintaining records of student performance, CI qualifications, and clinical education site resources.
 - d. The CCCE facilitates and maintains the necessary documentation to affiliate with academic programs.
 - 1. The CCCE maintains current information, including clinical site information forms (CSIF), clinical education agreements, and policy and procedure manuals.

Academic Coordinator for Clinical Education (ACCE)/Director of Clinical Education (DCE)

One member of the PTA program faculty is responsible for coordinating the clinical education portion of the program curriculum. The ACCE/DCE works directly with the other program faculty, clinical faculty, and students to provide learning experiences which will help the students develop clinical competence. The ACCE/DCE is responsible for the following:

- 1. Development of clinical education sites.
- 2. Coordinate and provide clinical instructor development activities.
- 3. Assessment and determination of student readiness for clinical experience in collaboration with program faculty.
- 4. Meet with students to discuss clinical site selection.
- 5. Set up and schedule clinical assignments for students.
- 6. Ensure that students get a variety of clinical experiences.
- 7. Meet with students to discuss goals related to clinical education.
- 8. Coordination of all clinical education experiences.
- 9. Maintain and update clinical site contracts and database.

10. Maintain and update a Clinical Affiliation Agreements database in collaboration with the contracts department on an annual basis.
11. Maintain and update the Clinical Education section of student Handbook and relevant sections of the Student Handbook Appendix.
12. Provide updated Clinical Education Handbook to all clinical sites and students.
13. Provide all forms and information to clinical sites and clinical instructors.
14. Contact clinical sites by phone mid-way through clinical experiences.
15. Schedule site visits.
16. Serve as a resource for the student and the clinical instructor.
17. Confer with student and clinical instructor regarding student learning needs and progress towards meeting objectives.
18. Keep students and clinical instructors informed on APTA and state specific regulations and rules that guide clinical practice.
19. Facilitate conflict resolution and problem-solving strategies.
20. Assess student overall clinical education performance based on methods of evaluation.
21. Contact and secure new clinical sites and complete all appropriate paperwork.
22. Ensure that a Clinical Affiliation Agreement between LCCC and the clinical site is reviewed and renewed biannually/annually, as set forth in the respective agreement, by academic and clinical faculty, in collaboration with LCCC's contracts department.
23. Ensure that clinical education sites receive a copy of LCCC's liability insurance on an annual basis if required in the specific clinical contractual agreement(s).
24. Ensure that clinical instructors meet selection criteria.
25. Complete self-assessment and solicit feedback from faculty using designated assessment tools.

D. Education Affiliation Agreements

An Educational Affiliation Agreement must be signed by both the clinical site and LCCC prior to a student being assigned to the facility. This agreement includes a statement regarding general and professional liability and insurance. This agreement automatically rolls over from year to year within the agreement's timeline. Either LCCC or clinical sites can terminate this agreement with written notice. All Educational Affiliation Agreements originate in the office of the Contracting and Procurement Director at LCCC:

Abbie Connally
Phone: 307.778.1280
Fax: 307.778.4300
aconnally@lccc.wy.edu

E. Arrangement of Clinical Experiences

Requests for Clinical Practicum I and II placements are sent to the Clinical Coordinators of Clinical Education (CCCE) by June 1st of each year for placements in the Fall Semester and the following Spring Semester. The clinical sites that are available to accept students are compiled into a list made available for students to view. The ACCE is responsible to assign students to clinical sites. The CCCE is responsible for pairing students and clinical instructors.

Laramie County Community College, the sponsoring institution, is fully authorized to provide clinical education ("practicums") and online education through the National Council for State Authorization Reciprocity Agreements (NC-SARA) (<https://lccc.wy.edu/academics/online/state-authorization.aspx>) and is careful to only assign students to jurisdictions which participate in NC-SARA.

F. Placement of Students at Clinical Sites

The PTA Program's Academic Clinical Coordinator of Education (ACCE) makes all clinical assignments in consultation with the Program Director (PD). Clinical placements are designed to expose the student to different physical therapy settings. The goal is for the students to attain the skills needed for entry level practice as a Physical Therapist Assistant (PTA).

All students must complete two (2), seven (7) week, full-time clinical practicums in the second year of the program. The first practicum occurs during the last fall semester of the program. The second practicum occurs during the last spring semester of the program.

Each student must have a minimum of 25% inpatient experience during at least one of the clinical education experiences. Additionally, we seek that students will receive an education reflective of contemporary practice of physical therapy, including management of patients/clients with diseases and conditions representative of those commonly seen in practice across the lifespan and the continuum of care.

Students are offered a variety of clinical experiences in both inpatient and outpatient settings. Prior to assignments being finalized, students are invited to submit their top five site preferences. In addition to student preferences, factors such as professional interests, previous experience, and program needs are taken into consideration.

Students who have successfully uploaded all Castle Branch requirements (with the exception of vaccinations that are not yet available at the time of submission (e.g. annual influenza vaccine)) may be given priority consideration in site assignment, as this demonstrates early readiness for clinical placement. While early completion does not guarantee assignment to a preferred site, it allows for greater flexibility in placement decisions and may improve the likelihood of receiving one of the requested sites.

Special consideration or accommodation may be granted if a student submits a written request at least ninety (90) days prior to the start of the clinical experience, provided that contractual arrangements can be made within the appropriate time frame. Students may also request placement at a clinical site outside of the region. Such requests will be reviewed on a case-by-case basis, with consideration given to prior clinical experiences and the relevance of the requested site to potential employment following graduation.

All clinical experiences are assigned at the discretion of the Program Director (PD) and the Academic Coordinator of Clinical Education (ACCE). While every effort is made to match students with appropriate

Clinical schedules are determined by the academic faculty in close collaboration with the clinical faculty. Students may not rearrange clinical assignments. Special situations should be discussed with the ACCE and the Program Director.

Students should not contact the clinical facilities to obtain a clinical assignment. Students may, however, discuss expanding the network of clinical partners with the ACCE. If, after this discussion, the student and ACCE determine that there are viable opportunities for new clinical sites, the student may contact a potential clinical partner to complete the *Clinical Site Information Request Form* located in the Student Handbook Appendix. If a student contacts a clinical site directly to request a specific clinical placement,

please contact the PTA Program ACCE. Students are only placed at facilities in which there is a current, unexpired, written educational affiliation agreement in place.

Students are expected to complete at least one of the clinical education experiences outside the Cheyenne area. For clinical education placements, all expenses incurred (transportation, meals, housing, etc.) are the students' responsibility unless they are provided for (all or in part) by the clinical facility.

Students will not be placed at any clinical site or company where they have been employed in the past unless it is determined that the site would be particularly advantageous to the students' learning.

G. Student Readiness for Clinical Experiences

Once the program director has confirmed student compliance with the [Required Performance Criteria](#), the ACCE, in consultation with other PTA program faculty, assesses each student's readiness prior to clinical experiences in PTAT 2970 and PTAT 2971. This assessment will determine student readiness and includes:

1. Academic status, including prior or current academic probations.
2. Clinical evaluations and performance from previously completed clinical experiences.
3. Ability to perform physical therapy treatments in a safe/effective manner.
4. Skill competency demonstrated on practical exams and skills checks.
5. Performance adequately in all didactic work.
6. Status of the student's Core Abilities

Safety regarding patient care is a priority of this program. To ensure that the student is able to perform in a safe manner that minimizes risk to patients, self, and others, the PTA faculty considers all of the areas listed above. In addition, all practical exams are monitored regarding safety criteria, including retakes. Students may also be

The students are notified, in writing, if they are placed on program probation or if they are denied a clinical placement.

H. Clinical Education Competencies

A. PTAT 2970 PTA Clinical Practicum I Course Competencies

1. Demonstrate intermediate performance in key clinical competencies, including professionalism, ethical and legal practice, communication, inclusivity, clinical reasoning, therapeutic exercise, functional training, and documentation.
2. Provide safe and effective interventions based on the physical therapists' examination, evaluation, diagnosis, prognosis, and plan of care with direct personal supervision less than 50% of the time working with patients with simple conditions and less than 75% of the time working with patients with complex conditions while maintaining 50% of a full-time physical therapist assistant's patient care workload.
3. Demonstrate involvement in interprofessional practice through observation of a service or treatment outside of the physical therapy field.
4. Educate other individuals on the practice of physical therapy.
5. Engage professionally in the clinical environment by demonstrating open communication with the supervising physical therapist, collaborating under their guidance with the healthcare team.
6. Develop a plan to prepare for and complete the national licensure exam, including key dates, associated costs, and effective study strategies.

B. PTAT 2971 PTA Clinical Practicum II Course Competencies

1. Demonstrate entry-level performance in key clinical competencies, including professionalism, ethical and legal practice, communication, inclusivity, clinical reasoning, therapeutic exercise, functional training, application of devices and equipment, and documentation
2. Provide safe and effective interventions based on the physical therapists' examination, evaluation, diagnosis, prognosis, and plan of care with general supervision by physical therapist for simple and complex conditions while maintaining 100% of a full-time physical therapist assistant's patient care workload in a cost-effective manner with direction and supervision from the physical therapist
3. Demonstrate involvement in interprofessional practice through observation of a service or treatment outside of the physical therapy field
4. Educate other individuals on the practice of physical therapy
5. Engage professionally at an entry-level in the clinical environment by initiating open communication with the supervising physical therapist and necessary collaboration with the healthcare team
6. Articulate how skills learned at Laramie County Community College apply to career or transfer. (TREX)
7. Create a post-graduation plan. (TREX)
8. Demonstrate readiness for entry-level practice by passing a cumulative, capstone exam integrating knowledge and skills acquired throughout the PTAT program.

I. Required Performance Criteria

In addition to completing the [Required Performance Criteria](#) outlined in [III. Retention within the PTA Program](#), clinical experiences will be graded with two primary categories: Clinical Proficiency and Course Assignments.

Clinical Proficiency: Assessed through a satisfactory/unsatisfactory grading scale. Evaluation is based on the successful demonstration of clinical skills as measured by the Clinical Performance Instrument (CPI).

1. *Clinical Practicum I (Initial Clinical Experience)*: Final ratings on the CPI are expected to reflect progression along the continuum, with a minimum of intermediate clinical performance. Students must achieve satisfactory ratings in 9 out of 11 criteria and have no unresolved performance concerns, unsafe events, or incidents to receive a satisfactory score in clinical proficiency.
2. *Clinical Practicum II (Final Clinical Experience)*: Students are expected to achieve entry-level ratings for all 11 performance criteria on the CPI (where applicable, and subject to review by the PD and ACCE). Students must also successfully pass the Capstone exam to receive a satisfactory score.

Unsatisfactory clinical proficiency: Occurs with failure to meet 9 out of the 11 performance criteria on the CPI for the initial clinical experience and 11 out of the 11 criteria for the final clinical experience OR failure to meet red flag and safety standards on the CPI, following the above Evaluation of Clinical Proficiency

A Note on CPI Ratings: The CPI rating scale is designed to reflect a continuum of performance ranging from "Beginning Performance" to "Beyond Entry-Level Performance." Student performance should be described in relation to one or more of the five anchors. The rating scale is NOT a visual analog scale. To place the rating on an anchor, all the conditions of that level of the rating must be satisfied as provided

in the description for each of the anchors. Students and CIs use the PTA CPI to rate the student on eleven (11) performance criteria.

Course Assignments: All course assignments are expected to be timely, complete, and reflect high-quality work.

Evaluation of Clinical Proficiency.

Evaluation of Clinical Proficiency is determined by the Academic Coordinator, based on stated syllabus policies and consultation with the PTA Program Director, CCCE, and CI. This assessment includes:

1. Clinical Instructor Evaluation:
 - a. The Physical Therapist Assistant Clinical Performance Instrument (CPI) is used to assess clinical competence.
 - b. Written comments and notation of any "Performance Concern(s), Unsafe Event(s), or Incident(s)," if any.
2. Performance Concerns:
 - a. Reported performance concerns, unsafe events, or incidents indicate unacceptable performance for the clinical experience.
3. Documentation of Concerns:
 - a. If concerning or unsafe behavior is noted, the CI must provide written comments, additional documentation (e.g., critical incident form, learning contract), or place a phone call to the ACCE.
4. Pattern and/or Resolution of Concerns:
 - a. Whether the concerns were addressed and resolved in a timely manner by the student or if this aligns with a recurring issues observed in previous clinical or academic work.
5. Impact on Patient Care:
 - a. Analysis of how identified concerns affect patient care, safety, and the student's ability to achieve entry-level performance by graduation.
6. Complexity of the Clinical Site:
 - a. Consideration of the uniqueness or complexity of the clinical education site.
7. Syllabus Outcomes:
 - a. Evaluation of whether all course syllabus outcomes were achieved.

Evaluation of Course Assignments

Course assignments are assessed through an A-F grading scale. Evaluation is based on the completion and quality of all assignments specified in the course syllabus and assessed according to the relevant rubric.

Determining a Final Grade

To pass each clinical course, students must achieve the [Clinical Education Competencies](#) and required performance criteria in both clinical proficiency and course assignments of the respective clinical practicum. The final decision regarding successful completion of the clinical experience is made by the ACCE in consultation with the CCCE, CI, and PD.

When unsatisfactory performance is noted, the ACCE meets with the student and CI to discuss the reason for the grade. Recommendations are made for the remediation of the problem(s), if available. The student is placed on PTA Program probation and may be disqualified from the program.

Questions about student performance will be addressed through the policies outlined in this handbook.

J. School Closures and Inclement Weather

Holidays and School Closures

Not all clinical education sites recognize the same holidays as LCCC. *Due to the expected availability of college personnel when students are engaged with our partners, we cannot allow students to meet our course requirement on days when the College is closed.* Students must follow the clinical education site schedule for holidays, unless the college is fully closed. This includes Thanksgiving, Winter, and Spring breaks as long as the college is open. LCCC maintains a calendar at <https://www.lccc.wy.edu/academics/calendar/index.aspx>.

When a clinical site remains open for regularly scheduled business during a holiday, the student is to perform their clinical education duties during those days. If the clinical education site is closed for a holiday, the student will also have that day off.

Students may continue clinical experiences during days following the close of the semester provided the College is open and the student's achievement to date falls within the parameters of earning an "I" or Incomplete grade.

Inclement Weather

Inclement weather is a way of life in this part of the country, especially during the winter months. If a clinical education facility closes for regular business due to inclement weather, the student is to call or email the ACCE as per the absenteeism policy. It will not be considered an absence if the clinical education site is closed due to inclement weather and the ACCE is notified; however, the day/time must be made up.

If the student is unable to get to the site because of poor weather conditions, closed roads, or other unforeseen circumstances, both the CI and the ACCE must be notified as safely possible.

K. Student Clinical Education Policies

Delegation

In accordance with Wyoming state law governing the practice of physical therapy, the following activities may not be delegated to a Student Physical Therapist Assistant (SPTA): *patient/client initial examination, intervention planning, initial intervention, and initial or final documentation.*

Documentation

Any documentation written by the student must be signed with the student's full name followed by the title Student Physical Therapist Assistant (SPTA). All documentation must be read and co-signed by a licensed physical therapist and/or certified physical therapist assistant. PTA students are expected to be asked to perform only those duties that are routinely delegated to PTAs and are within their scope of practice. For more information regarding student supervision, see the Student Handbook Appendix: *Resources for CCCEs and CIs.*

Student Responsibilities

Each student has two clinical experiences throughout the two years of the PTA Program. The students are involved in clinical site selection by being able to express their top five choices for placement. The students are guaranteed a clinical placement. However, the students must realize there are no guarantees for clinical placements because of the number of other classmates involved, other disciplines/schools needing clinical sites, the clinical sites scheduling, and the need for a well-rounded clinical experience by each student.

The student's responsibilities are as follows:

1. Once the site has been assigned for a particular student, the student may contact the clinical site to obtain information related to housing, parking, and departmental policies and procedures prior to the start of the clinical experience.
2. Transportation and lodging arrangements and costs (including if a clinical experience course must be repeated or extended).
3. Wear professional attire, including a lab coat if required by that clinical site.
4. Adhere to all policies and procedures of the assigned clinical site.
5. Act in an ethical and legal manner always.
6. Identify and actively seek needed learning experiences to meet goals and objectives.
7. Confer and consult with the CI, CCCE, and ACCE regarding learning needs, progress, and/or concerns.
8. Display professionalism and responsibility.
9. Complete ACCE Performance Assessment, Evaluation of Clinical Experience and Instruction, and the Clinical Performance Instrument at midterm and final for self-assessment.

Attendance and Absenteeism

Attendance is required for the entire clinical experience. All absences must be made up apart from the official closing of the clinical education site's physical therapy department. All effort should be made to avoid missing any clinical time. If clinical time is missed, every effort to make up for that time should be made and arranged with the CI. All make-up time must be made during the clinical rotation for time that was missed, if possible. If it is not possible to make up for the missed time, the student, ACCE, and CI/clinical site will attempt arrangements based on the circumstances. All make-up time must be documented on the student's time record as time made up for a specific date. Each clinical rotation week is defined as 40 hours. ACCCE and CI approval are required for any week where a student plans to complete fewer than the required 40 hours.

Absences and tardiness: will be monitored through communication between the ACCE, CI, and student. Timecards should accurately reflect all absences and hours spent in clinical time.

1. The student must report any absences to the CI and ACCE 30 minutes prior to the time the student is due to arrive at the clinical site. The student must call the CI. The student can contact the ACCE by e-mail or phone.
2. If a student fails to notify the CI of absence or tardiness, the CI should notify the ACCE and make note of it on the student's time record. If the CI has any concerns regarding the professional behavior of the student (excessive absences or tardiness), the ACCE should be contacted as soon as possible. The PTA faculty will contact the student to discuss the absenteeism/tardiness problems and possible remedies. If needed, independent study assignments or other ways to "make-up" missed time may be arranged.

Breaks: Students are required to take a 30-minute break during the day. The 30-minute break may not count toward clinical hours. Timecards should reflect the actual amount of time spent on clinical experience, excluding time spent on break(s).

Required Clinic Duration:

Clinical Practicum I	280 hours or seven weeks, whichever is longer.
Clinical Practicum II	280 hours or seven weeks, whichever is longer.

Timecards: Timecards are available to students at the beginning of each clinical experience. Each timecard is to be labeled with the student's name and the dates for which the card is used. Each student is to write down the total hours spent at the facility on appropriate clinical education tasks each day. These timecards are to be signed by the CI and the student must turn them in to the ACCE with the other required clinical paperwork at the end of the internship.

Professional Behavior

Professional behavior by students is always expected. Students are expected to follow professional standards when in the classroom, laboratory, and clinical settings. Guidelines for these standards are as follows:

1. *Core Abilities (located in appendix):* Eleven specific professional behaviors, called “Core Abilities (Professional Behaviors)” are assessed throughout the PTA Program curriculum. Students will self-assess these professional abilities during final clinical experience. Additionally, they will review it with their clinical instructor whenever need for improvement is identified.
2. *American Physical Therapy Association (APTA) Standards of Ethical Conduct for the Physical Therapist Assistant (located in appendix)*

Clinical instructors provide oral and written feedback regarding professional behaviors through the CPI, verbal feedback, and Core Abilities as appropriate. If a student is not demonstrating professional behaviors at an appropriate level, the faculty member and the student will develop a plan for improvement. Serious deficits in professional behavior with no improvement may result in program probation or disqualification.

Professional Appearance

A student is expected to set an example of cleanliness, tidiness, and professionalism in the clinical assignment area. Professional appearance is regarded as an important aspect of a student's overall effectiveness. Students are expected to be always kept neat and clean. Special attention should be given to personal hygiene and dress in the clinic areas.

Hair must always be clean and neat while in clinic. Hair must be worn back away from and out of the face. Beards and mustaches must be short and neatly trimmed. Nails must be clean and short. Nails should be shorter than fingertips when viewed from the palm side. The only jewelry which should be worn in clinic areas are watches, wedding rings, and stud type earrings. This is for the safety of the student and the patients. Students should avoid wearing excessive perfume, colognes, or after shaves in their clinical experiences sites as patients and/or staff may be allergic to them.

Students are expected to comply with the dress code for each clinical facility. Unless otherwise noted by the facility's dress code, students should wear professional street clothes and comfortable closed-toe shoes. Professional street clothes typically will include a shirt with sleeves, a tie (for males), dress slacks

or khaki-type pants (no jeans), sturdy low-heeled shoes with a closed toe, socks, and a watch with a second hand. A white lab coat may be worn in some facilities. Athletic shoes are acceptable if they are neat, clean, and professional looking. Given today's fashions and the level of physical activity required in most PT settings, it is recommended that students check their appearance from all angles and positions to ensure that clothing ensures freedom of movement, remains in position, and does not expose undergarments or inappropriate body parts at any time. If available and compliant with the site's dress code, students may wear a PTA program polo shirt.

Name Tags & SPTA Identification

A name tag (student ID) is to be always worn by all students while at clinical education sites. Wearing the name tag ensures proper identification for security purposes and entitles the student access to the premises. The name tag is also a necessary communication tool as the student meets a variety of people, including patients and staff. The facility may require that the student wear a facility name tag as well.

All students must identify themselves as "student physical therapist assistants" when first interacting with a patient. Please note, all patients have the risk-free right to refuse student participation in treatment or observation.

Student Preparedness

Students are expected to come to the clinic prepared for that day. Preparedness includes reading any assigned material, researching expected skills or diagnoses, preparing assignments on time, and bringing necessary books and materials to clinic.

Confidentiality

Students are expected to always maintain confidentiality standards in the clinical setting. It is unethical to share information with other individuals regarding patients/clients, facilities, clinical instructors, or classmates. This includes placing the patient's name or other identifying item on case study reports, class presentations; etc.; failing to obtain written permission to utilize pictures or videos of a patient in presentations or talking about patients to your classmates. Violation of this policy may result in probation or withdrawal from the PTA Program.

During the first semester of the PTA program, students are instructed in basic Health Insurance Portability and Accountability Act (HIPAA) policies (visit US Department of Health and Human Services HIPAA guidelines at: <https://www.hhs.gov/hipaa/index.html>) and procedures for proper use and handling of confidential patient/client information. They are also required to view online information from the Wyoming State Health Department and pass a Knowledge Assessment at 70% proficiency, prior to their first clinical education course. This information is made available by the Wyoming Department of Health (<http://wdh.state.wy.us/main/hipaa.html>). The CI should give the student instruction in site-specific HIPAA procedures at the start of each clinical experience.

Prior to the start of the first Clinical Affiliation, students are required to sign a Confidentiality Agreement (located in the Student Handbook Appendix: *Required Student Forms*). This agreement will be considered in force for the rest of the student's tenure in the PTA Program.

Clinical Site Onboarding

In addition to the requirements listed below, many clinical partners will have additional onboarding requirements. All pre-clinical onboarding requirements (Background Checks/Drug Screens, CPR Certification, Immunizations, and site-specific requirements) must be completed no later than 4 weeks prior to the start of the rotation. Failure to complete requirements will result in a delayed start date and may delay graduation.

Background Checks/Drug Screens

All students are required to have drug screens and background checks completed prior to providing services that involve direct contact with patients and residents. An individual, who is disqualified from having direct patient contact because of the background study and/or drug screen, will not be permitted to participate in a clinical education placement. Inability to participate in a clinical education placement required by the academic program could result in ineligibility to qualify for a degree in this program. Various clinical sites may require additional background checks and drugs screens according to their policies and procedures.

CPR/Immunization Requirements

1. Each student must have a current American Heart Association Health Care Provider BLS CPR certification upon entering their clinical experiences. Students are required to show proof of this certification prior to attending clinical experiences.
2. Required immunizations must be current and kept up to date. Students are required to show proof of immunization during program orientation in the first semester of the program. Students are required to show proof of immunizations that require annual renewal. Required immunizations include:
 - a. MMR
 - b. Hepatitis B
 - c. Varicella
 - d. Tetanus
 - e. PPD (TB)
 - f. Flu Shot (annual renewal)
 - g. Color vision exam
 - h. COVID-19*

Although students are not required to have health insurance, it is highly encouraged. Students should be aware that some clinical education sites may require students to have additional immunizations and/or health insurance.

*Many, but not all, of our clinical partners have included COVID-19 in their list of clinical clearance requirements, with limited exemptions available for students and employees.

Accidents

Students are required to understand the safest methods of properly performing treatment procedures and operation of equipment before undertaking them. Students are responsible for the cost of their individual medical care that may result from an accident while in the clinic. In the event of an accident, please have the student complete an incident form and notify the ACCE of the incident.

All accidents occurring while in the clinic that result in patient injury, hospital personnel injury, personal injury, and/or damage to equipment must be reported to the clinical instructor (CI) immediately.

Students are also required to fill out a facility incident report which can be found in the HSW Handbook or by contacting the ACCE.

Student Accommodations during Clinical Education

LCCC affirms the rights of students with disabilities to equal opportunity and treatment in all aspects of education. Reasonable accommodation will be made that will enable students with disabilities to enjoy equal educational opportunities. To receive accommodation, a student must:

1. Initiate a request for services through the campus Disabilities Coordinator (located in the Clay Pathfinder Building).
2. Provide documentation verifying the disability.
3. Follow plan as determined after consultation with campus Disabilities Coordinator.

The accommodation(s) will be implemented at the earliest possible date. If consultation with the student and the College does not identify an appropriate accommodation, the student shall be notified in writing of the program's inability to reasonably accommodate the student's special needs.

Early Termination of Clinical Experience

The PTA Program ACCE and the LCCC PTA program faculty may remove the student from the clinical site if it appears that the student is performing incompetently or poses a safety threat to the patients/clients or staff of the clinical site. This decision will be made based on input from the CI and/or CCCE. The ACCE will meet with the student either in person or by phone within twenty-four hours to explain the reasons for removal from the clinical area and to inform the student that he/she is failing. Please keep the ACCE informed of any potential problems. If you feel the student must be removed from your clinic, contact the ACCE or PTA Program Director immediately.

Following this action, an informal meeting with the student, ACCE, CI and/or CCCE, and PTA Program Director will be convened as soon as possible to discuss the student's status. If the removal from the clinical setting is upheld because of this meeting, the student receives a failing grade in the clinical component of the course and may be disqualified from the program. Even if a student is not removed from a clinical experience, failure to meet the standard clinical objectives by the end of the semester may also result in failure of that clinical education course.

Student Grievance Procedure

The LCCC Physical Therapist Assistant Program is committed to assisting students in finding fair and equitable solutions to grievances, questions, misunderstandings, or discrimination issues. Students are encouraged to address their concerns at each step with clinical faculty, PTA program faculty, and LCCC administration.

- First, students should bring concerns to their Clinical Instructor (CI), who often has direct knowledge and is best positioned to assist in resolving the matter.
- If a solution is not reached with the CI, the student should consult the Center Coordinator of Clinical Education (CCCE), who may seek input from the Academic Coordinator of Clinical Education (ACCE).
- If further resolution is needed, the student should discuss the matter with the PTA Program ACCE.
- If unsatisfactory solutions persist, the student should contact the PTA Program Director (PD).

- As a final step, if no resolution is reached with the PD, the student may bring the matter to the Dean of the Health Sciences & Wellness School. Refer to [Complaints](#) in this handbook.

Clinical Reassignment

When a student is on a clinical experience but is unable to complete the required hours, an alternative clinical may be provided. Reasons a student may be unable to complete these hours include, but will not be limited to, the following: (1) family crisis, (2) health status (3) conflict with the Clinical Instructor, and/or (4) lack of patients at clinical site. The ACCE and PTA Program Director will decide on an individual basis whether the student will be provided with a clinical reassignment.

A student will be allowed only one opportunity during the PTA Program to be considered for a clinical reassignment. The student will not be allowed a clinical reassignment if they are on PTA Program probation, and they must be off PTA Program probation prior to clinical reassignment.

Knowledge of Program and College Policies and Procedures

The PTA program abides by Laramie County Community College (LCCC) policies. The most current college policies can be found at <http://www.lccc.wy.edu/academics/policies/index.aspx>.

Students are expected to have a working knowledge of the content of the LCCC PTA Program Handbook, which is provided annually during the spring semester. After reviewing the handbook, students will sign and date the “Student Handbook Agreement” (see appendix: *Required Student Forms*), which is an agreement where the student states they understand the content of the handbook and agree to abide by the policies and procedures set forth during their tenure as a PTA student. Students will also be able to access the PTA Program Handbook on the PTA Program home page <http://www.lccc.wy.edu/programs/physicalTherapistAssistant/index.aspx>.

The PTA Program Handbook is reviewed and revised annually by program faculty. To ensure all program policies are consistent with those of the College, the handbook is reviewed annually by the Dean of the Health Sciences & Wellness Division and periodically the VP of Student Services and/or the VP of Instruction. Program faculty will consider input for manual revisions from students, college administration, the PTA program advisory committee, and clinical faculty. When changes are made after the initial publication of each year’s Clinical Education Handbook, PTA Program students and LCCC administration will be notified of the updates. The Handbook will be available in Health Sciences & Wellness Administrative Assistant’s office, the Health Science & Wellness School Dean’s office, and the PTA Program Director’s office.

L. Responsibilities of the Clinical Faculty

Clinical Affiliation Agreement

Only clinical facilities with current, unexpired, written Clinical Affiliation Agreements in place will be utilized for the placement of students. A Clinical Affiliation Agreement is drafted specific to the facility upon establishment of clinical site and signed by representatives from the college and the facility. Renewal contracts are completed as needed for contracts that are not on automatic renewal.

Equipment and Facility Safety

All clinical facilities are expected to have policies concerning safety regulations governing the use of equipment and the storage and use of any hazardous materials. These policies should be reviewed with

students affiliated with that facility. Equipment should be inspected regularly, and safety regulations should be posted and reviewed periodically.

Confidentiality

All clinical facilities are expected to have policies on the confidentiality of records and other personal information. Additionally, there should be facility policies concerning the informed consent of patients seen by the student. Facility guidelines on the use of human subjects for educational purposes should also exist at each facility. These policies should be reviewed with the students affiliating at that facility.

Supervision

All clinical facilities are expected to provide direct supervision of students to ensure patient safety and to enable the successful completion of the program's educational objectives. All students require on-site supervision by a licensed physical therapist or a physical therapist/physical therapist assistant team. Preferably, this should be the student's assigned clinical instructor. If the clinical instructor is unavailable on-site, another licensed person who is on-site must be assigned to that student for that time. The clinical instructor should have adequate release time to adequately supervise the student and be available for questions, assistance, and mentoring. All supervisory clinical faculty are expected to demonstrate positive role modeling for the students. If there is no PT in the building for part of the day when the student is on their clinical experience, the student may perform non-patient care clinic duties such as chart reviews, assignments on reference materials, documentation, in-service preparation, and observation of other health care practitioners. Students should contact the ACCE immediately if supervision does not follow these guidelines.

Complaints

Refer to [Complaints \(General Program Policies\)](#) in this handbook.

M. Clinical Faculty Rights and Privileges

The LCCC PTA Program values the clinical faculty who are involved with the clinical education of our students. CCCEs and CIs are entitled to rights and privileges because of their participation with the LCCC PTA Clinical Education Program. All CCCEs and CIs are invited to participate in the LCCC PTA Advisory meetings. The agenda of these meetings includes such items as review of curricular changes within the PTA program, review of program assessments including the CPI used in clinical education, and a question-and-answer session with the PTA Program Faculty. Additionally, topics that have been identified in assessments or through interviews and observations made by the ACCE will be discussed.

The LCCC PTA Program is required to determine the professional development needs of the clinical faculty members with the intention to facilitate continued growth and development of clinical faculty in their role as clinical educators. Clinical faculty are encouraged to complete relevant assessments from the APTA Guidelines and Self-Assessment for Clinical Education on an annual basis (found in appendix: *Clinical Practice Standards*.) These assessments are related to the ACCEs, Clinical Instructors, CCCEs, and Clinical Education sites. These assessments will be available in online format for clinical staff to complete at their convenience during the assessment period. Clinical staff will also be asked to complete a brief survey of professional development needs.

LCCC PTA Program academic faculty members are available to provide in-services for any affiliating clinical facility on mutually agreed upon topics. This in-service could be on clinical education topics or

other physical therapy information. Contact the PTA Program Director if your facility is interested in arranging for an in-service.

Clinical faculty will be given the opportunity to use PTA Program departmental resources. Departmental resources are in the PTA Program laboratory and in program faculty offices. Please contact the PTA Program Director for a list of available departmental resources.

N. Patient Rights

Patients have the risk-free right to refuse student participation in treatment or observation. They also have the right to report concerns or complaints as outlined in [Complaints \(General Program Policies\)](#) earlier within this handbook.



LARAMIE COUNTY COMMUNITY COLLEGE

PHYSICAL THERAPIST ASSISTANT PROGRAM

HANDBOOK: PART 2 APPENDIX, FORMS, AND RESOURCES

Table of Contents

Welcome!.....	5
Helpful Contacts: Laramie County Community College.....	5
Helpful Contacts: School of Health Sciences & Wellness	6
Program History and Accreditation	7
Mission Statement	7
PTA Program Philosophy.....	7
I. Physical Therapist Assistant Program Overview	8
A. The Physical Therapist Assistant	8
B. Program Goals and Objectives.....	8
C. Program Description	9
D. Program Expectations	9
E. Physical Therapist Assistant Curriculum	9
F. PTAT Course Descriptions	10
II. PTA Program Admission.....	12
A. Physical Therapist Assistant Program Admissions Policy.....	12
B. Physical Therapist Assistant (PTA) Program Admissions Procedure.....	12
C. Transfer into the PTA Program	15
D. Readmission to the PTA Program	15
III. Retention within the PTA Program	16
A. Required Performance Criteria	16
B. Holistic Evaluation of Student Performance.....	17
C. Routine Student Conferences and Advising.....	18
D. Interventional Student Conferences.....	18
E. Remediation Activities and Progressive Discipline	19
IV. Graduation Criteria	21
V. Student Resources at Laramie County Community College	21
A. Withdrawal or Leave of Absence	21
B. Student Accommodations.....	21
C. Learning Commons	22
D. Financial Aid	22
E. Library Access.....	22
F. Computer Access	23
G. Licensure/Certification.....	23
H. Career Services.....	23

I. Additional Resources	23
VI. Professionalism and Student Responsibilities	23
A. Professionalism	23
B. Academic Integrity	25
C. Dress Code	25
D. Attendance Policy	26
E. Electronic Devices	27
F. Classroom Expectations	27
G. Laboratory Expectations	28
H. Crisis Management and Medical Emergencies	30
I. Off-Campus Experiences, Personal Property, & Material Safety Data Sheet	31
J. Clinical Experiences	31
K. Student Record-Keeping	31
VII. General Program Policies.....	32
A. Grading System	32
B. PTAT Course Audit Policy	32
C. Field Trips and Off-Campus Learning	32
D. Program Costs	32
E. Confidentiality/Data Protection and Student Records	33
F. Immunization, Background Checks, & Drug Screening	34
G. Certification in Cardio-Pulmonary Resuscitation (CPR)	36
H. Insurance.....	36
I. Standard Precautions.....	36
J. Complaints	36
VIII. Clinical Education.....	37
A. Critical Resources for Clinical Education and the Practice of Physical Therapy	38
B. Education Tips for the Clinical Instructor	38
C. Guidelines and Responsibilities of Clinical Education Sites, Clinical Coordinators, and Clinical Instructors	38
D. Education Affiliation Agreements	43
E. Arrangement of Clinical Experiences	43
F. Placement of Students at Clinical Sites	44
G. Student Readiness for Clinical Experiences	45
H. Clinical Education Competencies	45
I. Required Performance Criteria	46

J.	School Closures and Inclement Weather	48
K.	Student Clinical Education Policies	48
L.	Responsibilities of the Clinical Faculty	54
M.	Clinical Faculty Rights and Privileges	55
N.	Patient Rights	56
HANDBOOK: PART 2 APPENDIX, FORMS, AND RESOURCES.....		57
Appendix A: Resources for Students		62
	<i>STUDENT PHYSICAL THERAPIST ASSISTANT (SPTA) CLINICAL ROTATION REQUEST FORM</i>	<i>63</i>
	<i>CLINICAL SITE INFORMATION REQUEST FORM.....</i>	<i>64</i>
	<i>STUDENT INFORMATION SHEET</i>	<i>66</i>
	<i>LCCC STUDENT PHYSICAL THERAPIST ASSISTANT TIMECARD</i>	<i>67</i>
	<i>QUICK START GUIDE FOR CPI WEB TRAINING MODULES</i>	<i>68</i>
Appendix B: Resources for CCCEs and CIs		72
	<i>STUDENT PHYSICAL THERAPIST ASSISTANT ORIENTATION FORM.....</i>	<i>73</i>
	<i>CLINICAL INCIDENT REPORT</i>	<i>74</i>
	<i>APTA GUIDELINES FOR SUPERVISION OF THE STUDENT PTA</i>	<i>75</i>
	<i>FIVE-MINUTE FEEDBACK FORM</i>	<i>78</i>
	<i>WEEKLY ASSESSMENT AND PLANNING FORM</i>	<i>79</i>
	<i>CLINICAL INSTRUCTOR (CI) EVALUATION RUBRIC.....</i>	<i>80</i>
	<i>CLINICAL SITE VISIT RECORD</i>	<i>82</i>
	<i>PTA CURRICULUM SPREADSHEET</i>	<i>84</i>
	<i>PTA PROGRAM MASTER SKILLS LIST</i>	<i>91</i>
Appendix C: Clinical Practice Standards		93
	<i>APTA GUIDELINES TO PROMOTE EXCELLENCE IN CLINICAL EDUCATION PARTNERSHIPS</i>	<i>105</i>
	<i>ESSENTIAL FUNCTIONS FOR PHYSICAL THERAPIST ASSISTANT STUDENTS</i>	<i>108</i>
Appendix D: Required Student Forms		109
	<i>PATIENT CONFIDENTIALITY AGREEMENT</i>	<i>110</i>
	<i>PHYSICAL THERAPIST ASSISTANT PROGRAM ESSENTIAL FUNCTIONS VERIFICATION.....</i>	<i>111</i>
	<i>VIDEOTAPE/PHOTOGRAPH CONSENT AND AGREEMENT</i>	<i>112</i>
	<i>STUDENT STATEMENT OF UNDERSTANDING AND LIABILITY RELEASE</i>	<i>113</i>
	<i>STATEMENT OF HANDBOOK AGREEMENT</i>	<i>114</i>
	<i>CORE ABILITIES IN PROFESSIONAL DEVELOPMENT AS PHYSICAL THERAPIST ASSISTANTS</i>	<i>115</i>
Appendix E: Additional Forms		128
	<i>PROGRAM ONBOARDING & IMMUNIZATION REQUIREMENTS.....</i>	<i>129</i>

<i>GUEST LECTURER INFORMATION AND OBSERVATION FORM</i>	<i>130</i>
<i>ROUTINE STUDENT CONFERENCE/ADVISING</i>	<i>131</i>
<i>INTERVENTIONAL (RELEARNING) STUDENT CONFERENCE/ADVISING.....</i>	<i>132</i>
<i>OUT OREADMISSION APPLICATION FORM</i>	<i>133</i>
<i>PAPER VERSION OF PTA CLINICAL PERFORMANCE INSTRUMENT (CPI) 3.0.....</i>	<i>134</i>

Appendix A: Resources for Students

STUDENT PHYSICAL THERAPIST ASSISTANT (SPTA) CLINICAL ROTATION REQUEST FORM

LARAMIE COUNTY COMMUNITY COLLEGE (LCCC)

Physical Therapist Assistant (PTA) Program

Name: _____

Date: _____

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

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

Additional Comments:

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

Name of Site: _____

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

CLINICAL SITE INFORMATION REQUEST FORM

LARAMIE COUNTY COMMUNITY COLLEGE (LCCC)

Physical Therapist Assistant (PTA) Program

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

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

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

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

ADDITIONAL COMMENTS:

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

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

Student's Name: _____

Phone: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact

Name: _____ Phone: _____

Student Strengths:

- 1.
- 2.
- 3.

Student Weaknesses:

- 1.
- 2.
- 3.

Student Goals:

- 1.
- 2.
- 3.

Other information student would like you to know:

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

Course #: _____ **Course Title** _____ **Semester:** _____

[illegible]

QUICK START GUIDE FOR CPI WEB TRAINING MODULES

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

This document contains instructions on how to access the required:

- I. *APTA CPI 3.0 CI/SCCCE Training*
-

PT and PTA *CPI New User Training Modules*

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

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

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



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

Difficulty in Accessing the CPI Training?

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

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

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

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

Changing PT CPI Web Password:

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

Problems with Accessing PT or PTA CPI Web?

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

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

DEFINITIONS OF PERFORMANCE CRITERIA & RATING SCALE ANCHORS

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

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

PTA CPI: Rating Scale Anchors

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

For more detail, refer to the paper version of the CPI available at the end of this handbook.

Appendix B: Resources for CCCEs and CIs

STUDENT PHYSICAL THERAPIST ASSISTANT ORIENTATION FORM

LARAMIE COUNTY COMMUNITY COLLEGE (LCCC)

Physical Therapist Assistant (PTA) Program

Student Name: _____

Clinical Site: _____

Date of Orientation: _____

CI Name: _____

To verify completion, the Clinical Instructor (CI) puts a check mark in each box and signs the bottom of the form. The student will sign the form and upload it to the designated drop box in Canvas. The final two items should be shared with the Center Coordinator of Clinical Education or Supervising PT.

Facility

- ☐ Tour of Building
- ☐ Orientation to clinic: review of equipment, supplies, and workspace
- ☐ Assigned personal/professional space use areas
- ☐ Organizational structure of the facility, including the PT or Rehabilitation Department
- ☐ Emergency procedures of the clinical facility/hospital reviewed
- ☐ Facility infection control procedures
- ☐ Confidentiality requirements reviewed
- ☐ Professional appearance and behavior expectations of the facility
- ☐ Facility ID badge and parking permit issued (students should at least wear LCCC ID badge)
- ☐ Clinical schedule (including weekend/evening coverage and percentage of IP/OP treatment)
- ☐ Meal schedule (students must receive a 30-minute break)

Discussion of Learning Objectives and Responsibilities

- ☐ Facility's clinical education manual (if applicable)
- ☐ Clinical education expectations within facility (explain entry-level caseload for new graduate PTAs)
- ☐ Discuss student's strengths and weaknesses
- ☐ Discuss student learning preferences
- ☐ Review of facility documentation procedures and process
- ☐ Review of the facility billing procedures and process
- ☐ Library or educational resources at facility (if applicable)

LCCC Syllabus, Handbook, and Clinical Instructor Resources

- ☐ Course Syllabus (verify that CI has copy of the syllabus)
- ☐ Clinical Proficiency expectations (either *Intermediate* or *Entry Level* as outlined in the syllabus)
- ☐ LCCC PTA Handbook, *Section VII: Clinical Education* (ensure CI and CCCE have access)
- ☐ LCCC PTA Handbook, *Appendix B: APTA Supervision of Student PTA* (ensure CI and CCCE have access)
- ☐ Submit Online CPI Information Form: <https://tinyurl.com/CPI-LCCC>
- ☐ Schedule week 1 check in phone call with Brendon Larsen: <https://tinyurl.com/LarsenPTA>

Student Signature

Date

Clinical Instructor Signature

Date

CCCE or Supervising PT Signature

Date

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

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

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

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

PTA.LCCC. 9/29/2016

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

APTA GUIDELINES FOR SUPERVISION OF THE STUDENT PTA



Compliance Matters: Supervision Requirements for PTAs & Physical Therapy Students

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

By Sharita Jennings, JD | May 2018

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

Levels of Supervision

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

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

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

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

Factors to Consider

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Who Signs?

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

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

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

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



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

Resources

Levels of Supervision (APTA House of Delegates Position)

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

State Practice Acts

- www.apta.org/Licensure/StatePracticeActs

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

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

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

Student: _____ Date: _____

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

List observed clinical performance or behaviors done well today:

Recommendations for improvement:

Additional comments/follow-up:

CI Signature: _____ Student Signature: _____

PTA.LCCC.1/7/2023

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

WEEKLY ASSESSMENT AND PLANNING FORM

LARAMIE COUNTY COMMUNITY COLLEGE (LCCC)

Physical Therapist Assistant (PTA) Program

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

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

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

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

Areas for future improvement and growth:

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

CI Signature: _____ Student Signature: _____

PTA.LCCC.1/7/2023

CLINICAL INSTRUCTOR (CI) EVALUATION RUBRIC

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

1. Professionalism Indicators					
Criteria	1 - Needs Improvement	2 - Developing	3 - Proficient	4 - Exemplary	Comments
Role Modeling	Rarely demonstrates professional behavior; lacks consistency.	Occasionally demonstrates professional behavior but may lack consistency.	Consistently models professional behavior appropriate to PTA profession.	Serves as a role model of professionalism, exceeding expectations in interactions.	
Patient Interaction	Limited or inappropriate interactions with patients.	Demonstrates appropriate but minimal patient interaction.	Engages respectfully and appropriately with patients.	Builds rapport and fosters trust with patients effectively.	
Commitment to Profession	Does not engage in or model continuing education or professional development.	Occasionally models engagement in continuing education or professional activities.	Models a commitment to professional growth and continuing education.	Actively promotes and inspires continuing education and professional involvement.	
2. Clinical Reasoning					
Criteria	1 - Needs Improvement	2 - Developing	3 - Proficient	4 - Exemplary	Comments
Critical Thinking Support	Rarely encourages student's critical thinking or problem-solving skills.	Occasionally encourages critical thinking but lacks consistency.	Regularly prompts student to think critically and solve problems.	Inspires advanced critical thinking and consistently integrates teaching moments.	
Modeling Reasoning	Rarely models professional clinical reasoning.	Occasionally models clinical reasoning for the student.	Consistently demonstrates clear and professional reasoning.	Provides exemplary reasoning and explains complex cases in an understandable way.	
Feedback on Decision-Making	Provides minimal or no feedback on clinical decisions.	Provides feedback inconsistently or with limited depth.	Consistently provides constructive feedback on clinical decisions.	Provides detailed, actionable feedback that enhances student decision-making skills.	
3. Communication					
Criteria	1 - Needs Improvement	2 - Developing	3 - Proficient	4 - Exemplary	Comments
Clarity of Instruction	Instructions are unclear or confusing.	Provides instructions inconsistently or with limited clarity.	Provides clear and concise instructions most of the time.	Consistently provides clear, concise, and well-organized instructions.	
Feedback Delivery	Feedback is vague, infrequent, or overly critical.	Provides feedback inconsistently or with limited depth.	Regularly delivers constructive and actionable feedback.	Delivers feedback with exceptional clarity, relevance, and supportiveness.	
Active Listening	Rarely listens to or acknowledges student input.	Occasionally listens but may not fully address student concerns.	Consistently listens actively and addresses student input effectively.	Exemplifies active listening and fosters open, meaningful dialogue.	

4. Engagement Observation					
Criteria	1 - Needs Improvement	2 - Developing	3 - Proficient	4 - Exemplary	Comments
Involvement in Learning	Rarely involves student in meaningful learning opportunities.	Occasionally involves student but lacks variety or depth.	Consistently involves student in meaningful learning opportunities.	Actively engages student with diverse, challenging, and well-supported opportunities.	
Adaptability	Fails to adapt teaching to student's learning needs.	Occasionally adjusts teaching style with limited success.	Adapts teaching to meet the student's individual needs effectively.	Exemplifies adaptability and ensures optimal learning experiences for the student.	
Encouraging Independence	Provides minimal opportunity for student independence.	Occasionally encourages independence but with limited structure.	Encourages independence while offering appropriate guidance.	Fosters independence and empowers student decision-making confidently.	

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

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

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

College Representative:	
Date & Location:	

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

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

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

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

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

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

the patient's status to the supervising physical therapist			
Recognizes when the direction to perform an intervention is beyond that which is appropriate for a physical therapist assistant and initiates clarification with the physical therapist	1600	2970	2971
Participates in educating patients and caregivers as directed by the supervising physical therapist	1720	1820, 2970	2971
Provides patient-related instruction to patients, family members, and caregivers to achieve patient outcomes based on the plan of care established by the physical therapist	1720	1820, 2970	2971
Takes appropriate action in an emergency situation	1600	1650, 2970	2971
Completes thorough, accurate, logical, concise, timely, and legible documentation that follows guidelines and specific documentation formats required by state practice acts, the practice setting, and other regulatory agencies	1600	2970	2971
Participates in discharge planning and follow-up as directed by the supervising physical therapist	1600	2970	2971
Reads and understands the health care literature	1600	1820	2970, 2971
Under the direction and supervision of the physical therapist, instructs other members of the healthcare team using established techniques, programs, and instruction materials commensurate with the learning characteristics of the	1600	2970	2971

audience			
Educates others about the role of the physical therapist assistant	1600	2970	2971
Interacts with other members of the health care team in patient-care and non-patient care activities	1600	2970	2971
Provides accurate and timely information for billing and reimbursement purposes	1600	2970	2971
Describes aspects of organizational planning and operation of the physical therapy service	1600	2970	2971
Participates in performance improvement activities (quality assurance)	1600	2970	2971
Demonstrates a commitment to meeting the needs of the patients and consumers	1600	2970	2971
Demonstrates an awareness of social responsibility, citizenship, and advocacy, including participation in community and service organizations and activities	1600	2970	2971
Identifies career development and lifelong learning opportunities	1600, 1720, 2030 (Service Learning)	2970	2971
Recognizes the role of the physical therapist assistant in the clinical education of physical therapist assistant students	1600	2970	2971

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

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

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

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

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

Appendix C: Clinical Practice Standards

Standards of Practice for Physical Therapy



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

Preamble

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

I. Ethical/Legal Considerations

A. Ethical Considerations

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

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

B. Legal Considerations

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

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

II. Administration of the Physical Therapy Service

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

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

B. Organizational Plan

The physical therapy service has a written organizational plan.

The organizational plan:

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

C. Policies and Procedures

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



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

D. Administration

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

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

E. Fiscal Management

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

The fiscal management plan:

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

F. Improvement of Quality of Care and Performance

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

The improvement plan:

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

G. Staffing

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

The physical therapy service:

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

H. Staff Development

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

The staff development plan:

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

I. Physical Setting

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

J. Coordination

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

III. Patient and Client Management

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

A. Physical Therapist of Record

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

B. Patient and Client Collaboration

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

C. Initial Examination/Evaluation/Diagnosis/Prognosis

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

The physical therapist examination:

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

D. Management Plan and Plan of Care

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

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

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

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

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

E. Intervention

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

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

The intervention:

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

F. Lifelong and Long-Term Patient and Client Relationships

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

Lifelong and long-term patient and client relationships:

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

G. Reexamination

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

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

H. Conclusion of an Episode of Care

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

I. Communication/Coordination/Documentation

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

J. Co-management/Consultation/Referral

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

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

IV. Education

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

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

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

V. Advocacy

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

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

VI. Research

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

The physical therapist:

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

VII. Community Responsibility

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

Explanation of Reference Numbers:

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

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

Last Updated: 8/12/2020

Contact: nationalgovernance@apta.org

Standards of Ethical Conduct for the Physical Therapist Assistant



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

Preamble

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

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

Standards

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

(Core Values: Compassion and Caring, Integrity)

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

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

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

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

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

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

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

©2020 American Physical Therapy Association. All rights reserved.

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

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

(Core Value: Integrity)

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

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

(Core Values: Accountability, Duty, Social Responsibility)

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

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

(Core Value: Excellence)

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

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

(Core Values: Integrity, Accountability)

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



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

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

(Core Value: Social Responsibility)

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

Explanation of Reference Numbers:

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

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

Last Updated: 8/12/2020

Contact: nationalgovernance@apta.org

Core Values for the Physical Therapist and Physical Therapist Assistant



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

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

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

©2021 American Physical Therapy Association. All rights reserved.



- **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.

Explanation of Reference Numbers:

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

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

Last Updated: 12/14/2021

Contact: governancehouse@apta.org

APTA GUIDELINES TO PROMOTE EXCELLENCE IN CLINICAL EDUCATION PARTNERSHIPS



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

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

[Initial:

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

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

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

educational program for students.

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

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

Explanation of Reference Numbers:

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

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

ESSENTIAL FUNCTIONS FOR PHYSICAL THERAPIST ASSISTANT STUDENTS

LARAMIE COUNTY COMMUNITY COLLEGE (LCCC)

Physical Therapist Assistant (PTA) Program

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

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

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

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

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

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

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

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

Appendix D: Required Student Forms

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

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

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

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

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

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

Student Signature

Date

Printed name

Signed original to be kept in student file.

PHYSICAL THERAPIST ASSISTANT PROGRAM ESSENTIAL FUNCTIONS VERIFICATION

LARAMIE COUNTY COMMUNITY COLLEGE (LCCC)

Physical Therapist Assistant (PTA) Program

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

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

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

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

Printed Name of Student

Signature of Student

Date

Nondiscrimination in Employment and Education Opportunity

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

VIDEOTAPE/PHOTOGRAPH CONSENT AND AGREEMENT

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

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

Printed Student Name

Printed Student Signature

Date

STUDENT STATEMENT OF UNDERSTANDING AND LIABILITY RELEASE

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

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

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

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

Printed Student Name

Major

Student Signature

Date

STATEMENT OF HANDBOOK AGREEMENT

LARAMIE COUNTY COMMUNITY COLLEGE (LCCC)

Physical Therapist Assistant (PTA) Program

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

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

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

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

My signature indicates acceptance of this agreement.

Student Signature

Printed Name

Date

CORE ABILITIES IN PROFESSIONAL DEVELOPMENT AS PHYSICAL THERAPIST ASSISTANTS

LARAMIE COUNTY COMMUNITY COLLEGE (LCCC)

Physical Therapist Assistant (PTA) Program

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

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

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

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

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

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

1. Commitment to Learning:

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

1

2

3

4

5

6

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

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

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

Examples of Expectations/Behaviors

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

Demonstrated by:

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

Demonstrates by end of Fall 1 semester

Demonstrated by:

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

Demonstrates at entry-level and beyond

Demonstrated by:

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

Examples and Comments:

2. Interpersonal Skills:

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

1 2 3 4 5 6

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

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

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

Examples of Expectations/Behaviors

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

Demonstrated by:

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

Demonstrates by end of Fall 1 semester

Demonstrated by:

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

Demonstrates at entry-level and beyond

Demonstrated by:

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

Examples and Comments:

3. Cultural Competence:

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

1 2 3 4 5 6

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

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

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

Examples of Expectations/Behaviors

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

Demonstrated by:

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

Demonstrates by end of Fall 1 semester

Demonstrated by:

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

Demonstrates at entry-level and beyond

Demonstrated by:

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

Examples and Comments:

4. Communication Skills:

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

1 2 3 4 5 6

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

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

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

Examples of Expectations/Behaviors

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

Demonstrated by:

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

Demonstrates by end of Fall 1 semester

Demonstrated by:

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

Demonstrates at entry-level and beyond

Demonstrated by:

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

Examples and Comments:

5. Effective Use of Time and Resources:

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

1 2 3 4 5 6

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

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

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

Examples of Expectations/Behaviors

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

Demonstrated by:

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

Demonstrates by end of Fall 1 semester

Demonstrated by:

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

Demonstrates at entry-level and beyond

Demonstrated by:

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

Examples and Comments:

6. Use of Constructive Feedback:

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

1 2 3 4 5 6

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

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

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

Examples of Expectations/Behaviors

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

Demonstrated by:

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

Demonstrates by end of Fall 1 semester

Demonstrated by:

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

Demonstrates at entry-level and beyond

Demonstrated by:

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

Examples and Comments:

7. Problem Solving:

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

1 2 3 4 5 6

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

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

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

Examples of Expectations/Behaviors

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

Demonstrated by:

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

Demonstrates by end of Fall 1 semester

Demonstrated by:

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

Demonstrates at entry-level and beyond

Demonstrated by:

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

Examples and Comments:

8. Professionalism:

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

1 2 3 4 5 6

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

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

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

Examples of Expectations/Behaviors

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

Demonstrated by:

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

Demonstrates by end of Fall 1 semester

Demonstrated by:

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

Demonstrates at entry-level and beyond

Demonstrated by:

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

Examples and Comments:

9. Personal Responsibility:

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

1 2 3 4 5 6

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

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

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

Examples of Expectations/Behaviors

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

Demonstrated by:

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

Demonstrates by end of Fall 1 semester

Demonstrated by:

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

Demonstrates at entry-level and beyond

Demonstrated by:

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

Examples and Comments:

10. Critical Thinking:

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

1 2 3 4 5 6

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

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

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

Examples of Expectations/Behaviors

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

Demonstrated by:

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

Demonstrates by end of Fall 1 semester

Demonstrated by:

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

Demonstrates at entry-level and beyond

Demonstrated by:

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

Examples and Comments:

11. Stress Management:

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

1

2

3

4

5

6

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

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

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

Examples of Expectations/Behaviors

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

Demonstrated by:

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

Demonstrates by end of Fall 1 semester

Demonstrated by:

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

Demonstrates at entry-level and beyond

Demonstrated by:

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

Examples and Comments:

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

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

Student Signature _____ **Date** _____

Faculty Member Signature _____ **Date** _____

Appendix E: Additional Forms

PROGRAM ONBOARDING & IMMUNIZATION REQUIREMENTS

LARAMIE COUNTY COMMUNITY COLLEGE (LCCC)

Physical Therapist Assistant (PTA) Program

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

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

To be Verified by Authorized HSW Staff:

_____ Background Check

_____ Urine Drug Screen

Onboarding Requirements – PTA Handbook:

_____ Patient Confidentiality Agreement

_____ Student Statement of Understanding and Liability Release

_____ PTA Program Essential Functions Verification

_____ Core Abilities Self Assessment

_____ Videotape/Photograph Consent and Agreement

_____ Statement of Handbook Agreement

Onboarding Requirements – HSW Policies:

_____ A. Volunteer Release and Waiver of Liability Form

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

_____ B. Consent for Release of Information

_____ E. Student Confidentiality & Responsibility Statement

_____ C. Compliance with Policies

Immunization Packet:

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

_____ MMR (Measles, Mumps, and Rubella)

_____ FLU SHOT (annual vaccination)

_____ HEPATITUS B

_____ TETANUS (within the last 10 years)

_____ VARICELLA

_____ CPR CARD (BLS through American Heart Association)

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

_____ COVID-19 (as required by clinical partners)

_____ DTT (diphtheria, tetanus, pertussis)

_____ Color Vision Test (as required by clinical partners)

Clinical Preparation and Onboarding Requirements:

_____ Student Information and Goal Sheet

_____ *Completion Date* of CHES Booklet

_____ HSW Student Handbook Agreement

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

GUEST LECTURER INFORMATION AND OBSERVATION FORM

LARAMIE COUNTY COMMUNITY COLLEGE (LCCC)

Physical Therapist Assistant (PTA) Program

Name of Guest Lecturer: _____

Presentation Title (Content): _____

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

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

Years of Experience: _____

Lesson Design and Implementation

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

Content

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

Communication

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

ROUTINE STUDENT CONFERENCE/ADVISING

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

Student: _____ **Semester:** _____

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

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

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

Student Feedback and Self-Reflection:

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

Faculty Signature: _____ Student Signature: _____ Date: _____

Faculty Signature: _____ Student Signature: _____ Date: _____

INTERVENTIONAL (RELEARNING) STUDENT CONFERENCE/ADVISING

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

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

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

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

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

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

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

Faculty Signature: _____ Student Signature: _____ Date: _____

Faculty Signature: _____ Student Signature: _____ Date: _____

OUT OREADMISSION APPLICATION FORM

LARAMIE COUNTY COMMUNITY COLLEGE (LCCC)

Physical Therapist Assistant (PTA) Program

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

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

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

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

Signature

Date

Printed Name

PAPER VERSION OF PTA CLINICAL PERFORMANCE INSTRUMENT (CPI) 3.0

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

Final PTA CPI BARS²

Rating Instructions

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

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

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

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

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

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

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

Professionalism: Legal Practice						
Description: <i>Practices according to legal and professional standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.</i>						
Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	— 1 —	— 2 —	— 3 —	— 4 —	— 5 —	— 6 —
Sample Behaviors (NOT an exhaustive list)	<ul style="list-style-type: none"> • Acknowledges that there are legal and professional practice standards by which they should abide. • Identifies obvious violations of legal and professional practice standards performed by others in the clinical setting. • Adheres to patient/client privacy laws and practice standards (e.g., keeps patient/client documentation systems out of the line of sight of others, speaks in a low volume when discussing a patient's/client's case). • Discusses patient/client information only with others involved with that patient's/client's care. • Identifies cognitive dissonance that can arise during clinical training (i.e., textbook care versus clinical care). 		<ul style="list-style-type: none"> • Articulates most of the legal and professional practice standards related to patient/client care, including federal, state, and institutional regulations. • Gathers some objective information to support questions regarding perceived illegal activity observed in the clinical practice setting. • Reports clinical errors without prompting from CI. • Seeks advice from CI on how to address violations of legal and professional practice standards observed in the clinical setting. • Seeks appropriate sources to report any perceived violations of legal and professional practice standards observed in the clinical setting. 		<ul style="list-style-type: none"> • Practices according to legal and professional standards including federal, state, and institutional regulations related to patient/client care. • Readily identifies violations of legal and professional practice standards. • Gathers objective information to support any questions regarding perceived illegal activity observed in the clinical practice setting. • Answers any questions to support reports of perceived illegal or unprofessional behavior. • Articulates and resolves cognitive dissonance that can arise during clinical training (i.e., textbook care versus clinical care). • Sets an example for other healthcare providers in their daily actions. • Works within the scope of what would be expected of the licensure and practice for their state. 	

Professionalism: Professional Growth						
Description: <i>Accepts and is receptive to feedback; participates in planning and/or self-assessment to improve clinical performance; contributes to the advancement of the clinical setting through educational opportunities; seeks out opportunities to improve knowledge and skills.</i>						
Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry- Level Performance
	1	2	3	4	5	6
Sample Behaviors (NOT an exhaustive list)	<ul style="list-style-type: none"> Seeks guidance from CI for steps to improve their clinical performance and/or clinical practice knowledge. Participates in planning to improve clinical performance and/or clinical practice knowledge. Develops and prioritizes several short- and long-term goals for improving their clinical practice skills. Takes initiative to communicate their clinical practice goals and learning needs to the CI. Accepts feedback without defensiveness. 		<ul style="list-style-type: none"> Identifies areas of strength and areas for growth in an effort to improve their clinical performance and/or clinical practice knowledge. Identifies educational opportunities and resources that are relevant to their clinical setting. Researches diagnoses and treatments encountered in the clinic that are unfamiliar. Revises previously established short- and long-term goals for improving clinical practice skills after participating in additional educational opportunities. Implements new information in the clinical setting and reflects on the effectiveness of different interventions. Provides effective feedback to CI related to clinical mentoring to advocate for their own learning needs. 		<ul style="list-style-type: none"> Self-assesses their clinical performance in an effort to improve patient/client care. Seeks out evidence-based research. Recognizes when referral to or consultation with individuals with greater experience/expertise is warranted in order to meet the patient's/client's needs. Participates in discussions with colleagues to foster their own professional growth or aid in the professional growth of their colleagues. Demonstrates the ability to effectively teach and/or share their professional knowledge. Shares articles or information with their colleagues for educational purposes within their areas of interest or within the needs of the patient/client population. Supports the development of continuing education opportunities for the institution or on a local or national level. Seeks out additional opportunities to improve knowledge and skills that are beyond the day- to-day clinical practice expectations. 	


Interpersonal: Communication

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

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

Interpersonal: Inclusivity

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

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

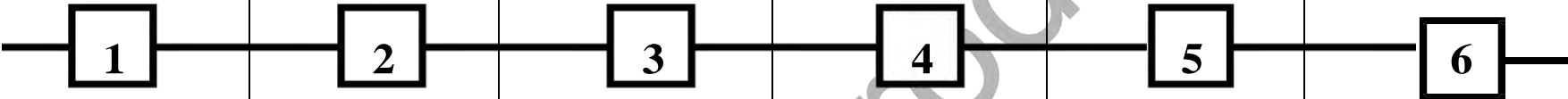
Technical/Procedural: Clinical Reasoning

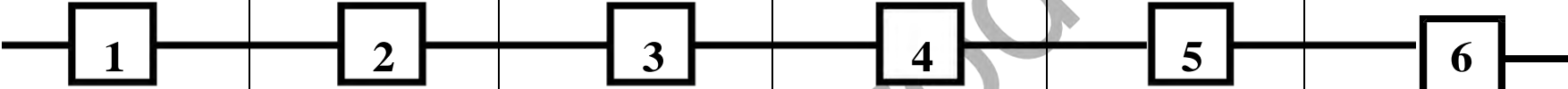
Description: *Strategically gathers, interprets, and synthesizes information from multiple sources to make effective clinical judgments; applies current knowledge and clinical judgement while supporting the physical therapist with clinical activities; ensures patient/client safety during the episode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

Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	1	2	3	4	5	6
Supervision/ Caseload	A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.		A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist's caseload.		A student who is capable of working independently under the direction/supervision of the PT while managing patients/clients with non-complex and complex conditions. The student is capable of maintaining 100% of a full-time, entry-level physical therapist assistant's caseload.	
Sample Behaviors (NOT an exhaustive list)	<ul style="list-style-type: none"> Performs chart review with assistance to determine a patient's/client's continued appropriateness for services. Identifies appropriate medical history and screening questions with assistance to ensure patient/client safety during the episode of care. Works with the CI to identify patient/client impairments, activity limitations, and participation restrictions. Selects basic therapeutic interventions that address the patient's/client's functional limitations. Explains their rationale for treatment choices according to the level of the experience and the didactic material covered up to that point. Articulates clinical thought processes using the International Classification of Functioning, Disability, and Health (ICF) model. Identifies all red flags that contraindicate treatment. Recognizes the need for clarification and seeks assistance from the CI as appropriate. 		<ul style="list-style-type: none"> Collects, interprets, and compares data from multiple sources (e.g., subjective history, objective tests, and measures) for non-complex cases to guide medical screening. Makes sound clinical decisions during treatment interventions when managing patients/clients with non-complex disorders. Identifies progression and regression situations. Uses hypothetico-deductive reasoning to talk through a patient/client case with the CI. Verbalizes rationale to support specific interventions. Demonstrates the ability to use pattern recognition to apply to patient/client cases. Recognizes when a CI needs to be notified based on a patient's/client's progress or reaction to care. 		<ul style="list-style-type: none"> Collects, interprets, and compares data from multiple sources (e.g., subjective history, objective tests, and measures) for complex cases to guide medical screening. Makes sound clinical decisions during treatment interventions when managing patients/clients with complex disorders. Identifies diverse interventions to progress or regress the patient's/client's plan of care. Acknowledges ineffectiveness of chosen interventions based on reflection. Articulates alternative options to provide effective patient/client care. Articulates the benefits and challenges of various treatment options. Provides suggestions to CI regarding changes in the plan of care citing evidence-based resources. Utilizes ongoing professional development and scholarly resources to make clinical decisions. 	

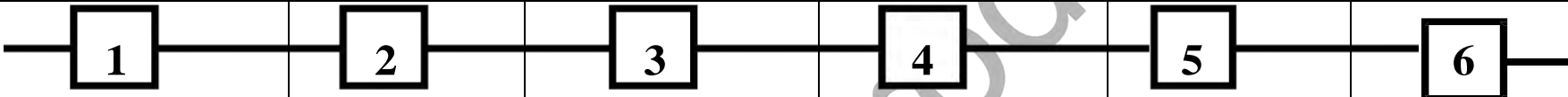
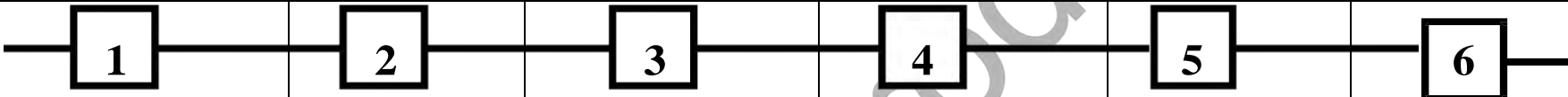
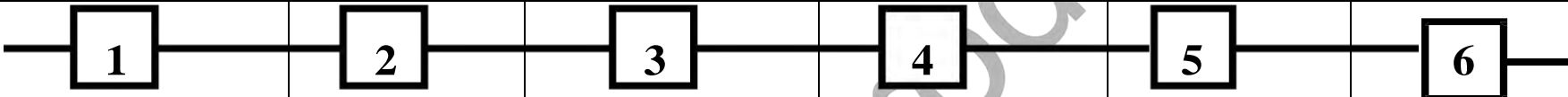
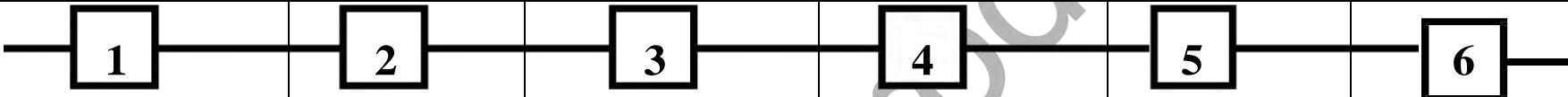
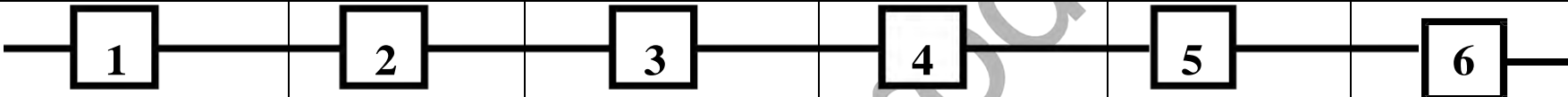
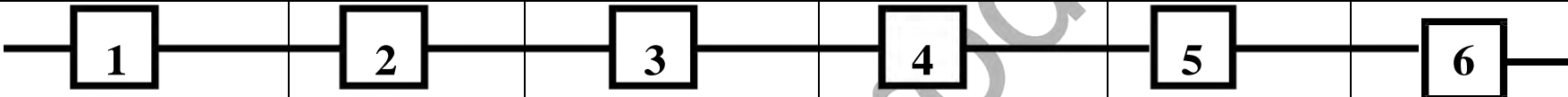
Technical/Procedural: Interventions: Therapeutic Exercise and Techniques

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

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

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

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

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

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

