

APTA Governance

Code of Ethics

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PREAMBLE

This Code of Ethics of the American Physical Therapy Association sets forth principles for the ethical practice of physical therapy. All physical therapists are responsible for maintaining and promoting ethical practice. To this end, the physical therapist shall act in the best interest of the patient/client. This Code of Ethics shall be binding on all physical therapists.

PRINCIPLE 1

A physical therapist shall respect the rights and dignity of all individuals and shall provide compassionate care.

PRINCIPLE 2

A physical therapist shall act in a trustworthy manner towards patients/clients, and in all other aspects of physical therapy practice.

PRINCIPLE 3

A physical therapist shall comply with laws and regulations governing physical therapy and shall strive to effect changes that benefit patients/clients.

PRINCIPLE 4

A physical therapist shall exercise sound professional judgment.

PRINCIPLE 5

A physical therapist shall achieve and maintain professional competence.

PRINCIPLE 6

A physical therapist shall maintain and promote high standards for physical therapy practice, education and research.

PRINCIPLE 7

A physical therapist shall seek only such remuneration as is deserved and reasonable for physical therapy services.

PRINCIPLE 8

A physical therapist shall provide and make available accurate and relevant information to patients/clients about their care and to the public about physical therapy services.

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PRINCIPLE 9

A physical therapist shall protect the public and the profession from unethical, incompetent, and illegal acts.

PRINCIPLE 10

A physical therapist shall endeavor to address the health needs of society.

PRINCIPLE 11

A physical therapist shall respect the rights, knowledge, and skills of colleagues and other health care professionals.

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APTA Guide for Professional Conduct

Purpose

This Guide for Professional Conduct (Guide) is intended to serve physical therapists in interpreting the Code of Ethics (Code) of the American Physical Therapy Association (Association), in matters of professional conduct. The Guide provides guidelines by which physical therapists may determine the propriety of their conduct. It is also intended to guide the professional development of physical therapist students. The Code and the Guide apply to all physical therapists. These guidelines are subject to change as the dynamics of the profession change and as new patterns of health care delivery are developed and accepted by the professional community and the public. This Guide is subject to monitoring and timely revision by the Ethics and Judicial Committee of the Association.

Interpreting Ethical Principles

The interpretations expressed in this Guide reflect the opinions, decisions, and advice of the Ethics and Judicial Committee. These interpretations are intended to assist a physical therapist in applying general ethical principles to specific situations. They should not be considered inclusive of all situations that could evolve.

PRINCIPLE 1

A physical therapist shall respect the rights and dignity of all individuals and shall provide compassionate care.

1.1 Attitudes of a Physical Therapist

- A. A physical therapist shall recognize, respect, and respond to individual and cultural differences with compassion and sensitivity.
- B. A physical therapist shall be guided at all times by concern for the physical, psychological, and socioeconomic welfare of patients/clients.

- C. A physical therapist shall not harass, abuse, or discriminate against others.

PRINCIPLE 2

A physical therapist shall act in a trustworthy manner towards patients/clients, and in all other aspects of physical therapy practice.

2.1 Patient/Physical Therapist Relationship

- A. A physical therapist shall place the patient/client's interest(s) above those of the physical therapist. Working in the patient/client's best interest requires knowledge of the patient/client's needs from the patient/client's perspective. Patients/clients often come to the physical therapist in a vulnerable state and normally will rely on the physical therapist's advice, which they perceive to be based on superior knowledge, skill, and experience. The trustworthy physical therapist acts to ameliorate the patient's/client's vulnerability, not to exploit it.
- B. A physical therapist shall not exploit any aspect of the physical therapist/patient relationship.
- C. A physical therapist shall not engage in any sexual relationship or activity, whether consensual or nonconsensual, with any patient while a physical therapist/patient relationship exists. Termination of the physical therapist/patient relationship does not eliminate the possibility that a sexual or intimate relationship may exploit the vulnerability of the former patient/client.
- D. A physical therapist shall encourage an open and collaborative dialogue with the patient/client.
- E. In the event the physical therapist or patient terminates the physical therapist/patient relationship while the patient continues to need physical therapy services, the physical therapist should take steps to transfer the care of the patient to another provider.

2.2 Truthfulness

A physical therapist has an obligation to provide accurate and truthful information. A physical therapist shall not make statements that he/she knows or should know are false, deceptive, fraudulent, or misleading. See Section 8.2.C and D.

2.3 Confidential Information

- A. Information relating to the physical therapist/patient relationship is confidential and may not be communicated to a third party not involved in that patient's care without the prior consent of the patient, subject to applicable law.

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B. Information derived from peer review shall be held confidential by the reviewer unless the physical therapist who was reviewed consents to the release of the information.

C. A physical therapist may disclose information to appropriate authorities when it is necessary to protect the welfare of an individual or the community or when required by law. Such disclosure shall be in accordance with applicable law.

2.4 Patient Autonomy and Consent

A. A physical therapist shall respect the patient's/client's right to make decisions regarding the recommended plan of care, including consent, modification, or refusal.

B. A physical therapist shall communicate to the patient/client the findings of his/her examination, evaluation, diagnosis, and prognosis.

C. A physical therapist shall collaborate with the patient/client to establish the goals of treatment and the plan of care.

D. A physical therapist shall use sound professional judgment in informing the patient/client of any substantial risks of the recommended examination and intervention.

E. A physical therapist shall not restrict patients' freedom to select their provider of physical therapy.

PRINCIPLE 3

A physical therapist shall comply with laws and regulations governing physical therapy and shall strive to effect changes that benefit patients/clients.

3.1 Professional Practice

A physical therapist shall comply with laws governing the qualifications, functions, and duties of a physical therapist.

3.2 Just Laws and Regulations

A physical therapist shall advocate the adoption of laws, regulations, and policies by providers, employers, third party payers, legislatures, and regulatory agencies to provide and improve access to necessary health care services for all individuals.

3.3 Unjust Laws and Regulations

A physical therapist shall endeavor to change unjust laws, regulations, and policies that govern the practice of physical therapy. See Section 10.2.

PRINCIPLE 4

A physical therapist shall exercise sound professional judgment.

4.1 Professional Responsibility

- A. A physical therapist shall make professional judgments that are in the patient/client's best interests.
- B. Regardless of practice setting, a physical therapist has primary responsibility for the physical therapy care of a patient and shall make independent judgments regarding that care consistent with accepted professional standards. See Sections 2.4 and 6.1.
- C. A physical therapist shall not provide physical therapy services to a patient/client while his/her ability to do so safely is impaired.
- D. A physical therapist shall exercise sound professional judgment based upon his/her knowledge, skill, education, training, and experience.
- E. Upon accepting a patient/client for physical therapy services, a physical therapist shall be responsible for: the examination, evaluation, and diagnosis of that individual; the prognosis and intervention; re-examination and modification of the plan of care; and the maintenance of adequate records, including progress reports. A physical therapist shall establish the plan of care and shall provide and/or supervise and direct the appropriate interventions. See Section 2.4.
- F. If the diagnostic process reveals findings that are outside the scope of the physical therapist's knowledge, experience, or expertise, the physical therapist shall so inform the patient/client and refer to an appropriate practitioner.
- G. When the patient has been referred from another practitioner, the physical therapist shall communicate pertinent findings and/or information to the referring practitioner.
- H. A physical therapist shall determine when a patient/client will no longer benefit from physical therapy services. See Section 7.1.D.

4.2 Direction and Supervision

- A. The supervising physical therapist has primary responsibility for the physical therapy care rendered to a patient/client.

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- B. A physical therapist shall not delegate to a less qualified person any activity that requires the professional skill, knowledge, and judgment of the physical therapist.

4.3 Practice Arrangements

- A. Participation in a business, partnership, corporation, or other entity does not exempt physical therapists, whether employers, partners, or stockholders, either individually or collectively, from the obligation to promote, maintain and comply with the ethical principles of the Association.
- B. A physical therapist shall advise his/her employer(s) of any employer practice that causes a physical therapist to be in conflict with the ethical principles of the Association. A physical therapist shall seek to eliminate aspects of his/her employment that are in conflict with the ethical principles of the Association.

4.4 Gifts and Other Consideration(s)

- A. A physical therapist shall not invite, accept, or offer gifts, monetary incentives, or other considerations that affect or give an appearance of affecting his/her professional judgment.
- B. A physical therapist shall not offer or accept kickbacks in exchange for patient referrals. See Sections 7.1.F and G and 9.1.D.

PRINCIPLE 5

A physical therapist shall achieve and maintain professional competence.

5.1 Scope of Competence

A physical therapist shall practice within the scope of his/her competence and commensurate with his/her level of education, training and experience.

5.2 Self-assessment

A physical therapist has a lifelong professional responsibility for maintaining competence through on-going self-assessment, education, and enhancement of knowledge and skills.

5.3 Professional Development

A physical therapist shall participate in educational activities that enhance his/her basic knowledge and skills. See Section 6.1.

PRINCIPLE 6

A physical therapist shall maintain and promote high standards for physical therapy practice, education and research.

6.1 Professional Standards

A physical therapist's practice shall be consistent with accepted professional standards. A physical therapist shall continuously engage in assessment activities to determine compliance with these standards.

6.2 Practice

- A. A physical therapist shall achieve and maintain professional competence. See Section 5.
- B. A physical therapist shall demonstrate his/her commitment to quality improvement by engaging in peer and utilization review and other self-assessment activities.

6.3 Professional Education

- A. A physical therapist shall support high-quality education in academic and clinical settings.
- B. A physical therapist participating in the educational process is responsible to the students, the academic institutions, and the clinical settings for promoting ethical conduct. A physical therapist shall model ethical behavior and provide the student with information about the Code of Ethics, opportunities to discuss ethical conflicts, and procedures for reporting unresolved ethical conflicts. See Section 9.

6.4 Continuing Education

- A. A physical therapist providing continuing education must be competent in the content area.
- B. When a physical therapist provides continuing education, he/she shall ensure that course content, objectives, faculty credentials, and responsibilities of the instructional staff are accurately stated in the promotional and instructional course materials.
- C. A physical therapist shall evaluate the efficacy and effectiveness of information and techniques presented in continuing education programs before integrating them into his or her practice.

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6.5 Research

- A. A physical therapist participating in research shall abide by ethical standards governing protection of human subjects and dissemination of results.
- B. A physical therapist shall support research activities that contribute knowledge for improved patient care.
- C. A physical therapist shall report to appropriate authorities any acts in the conduct or presentation of research that appear unethical or illegal. See Section 9.

PRINCIPLE 7

A physical therapist shall seek only such remuneration as is deserved and reasonable for physical therapy services.

7.1 Business and Employment Practices

- A. A physical therapist's business/employment practices shall be consistent with the ethical principles of the Association.
- B. A physical therapist shall never place her/his own financial interest above the welfare of individuals under his/her care.
- C. A physical therapist shall recognize that third-party payer contracts may limit, in one form or another, the provision of physical therapy services. Third-party limitations do not absolve the physical therapist from making sound professional judgments that are in the patient's best interest. A physical therapist shall avoid underutilization of physical therapy services.
- D. When a physical therapist's judgment is that a patient will receive negligible benefit from physical therapy services, the physical therapist shall not provide or continue to provide such services if the primary reason for doing so is to further the financial self-interest of the physical therapist or his/her employer. A physical therapist shall avoid overutilization of physical therapy services. See Section 4.1.H.
- E. Fees for physical therapy services should be reasonable for the service performed, considering the setting in which it is provided, practice costs in the geographic area, judgment of other organizations, and other relevant factors.
- F. A physical therapist shall not directly or indirectly request, receive, or participate in the dividing, transferring, assigning, or rebating of an unearned fee. See Sections 4.4.A and B.
- G. A physical therapist shall not profit by means of a credit or other valuable consideration, such as an unearned commission, discount, or gratuity, in connection with the furnishing of physical therapy services. See Sections 4.4.A and B.

- H. Unless laws impose restrictions to the contrary, physical therapists who provide physical therapy services within a business entity may pool fees and monies received. Physical therapists may divide or apportion these fees and monies in accordance with the business agreement.
- I. A physical therapist may enter into agreements with organizations to provide physical therapy services if such agreements do not violate the ethical principles of the Association or applicable laws.

7.2 Endorsement of Products or Services

- A. A physical therapist shall not exert influence on individuals under his/her care or their families to use products or services based on the direct or indirect financial interest of the physical therapist in such products or services. Realizing that these individuals will normally rely on the physical therapist's advice, their best interest must always be maintained, as must their right of free choice relating to the use of any product or service. Although it cannot be considered unethical for physical therapists to own or have a financial interest in the production, sale, or distribution of products/services, they must act in accordance with law and make full disclosure of their interest whenever individuals under their care use such products/services.
- B. A physical therapist may receive remuneration for endorsement or advertisement of products or services to the public, physical therapists, or other health professionals provided he/she discloses any financial interest in the production, sale, or distribution of said products or services.
- C. When endorsing or advertising products or services, a physical therapist shall use sound professional judgment and shall not give the appearance of Association endorsement unless the Association has formally endorsed the products or services.

7.3 Disclosure

A physical therapist shall disclose to the patient if the referring practitioner derives compensation from the provision of physical therapy.

PRINCIPLE 8

A physical therapist shall provide and make available accurate and relevant information to patients/clients about their care and to the public about physical therapy services.

8.1 Accurate and Relevant Information to the Patient

- A. A physical therapist shall provide the patient/client accurate and relevant information about his/her condition and plan of care. See Section 2.4.

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- B. Upon the request of the patient, the physical therapist shall provide, or make available, the medical record to the patient or a patient-designated third party.
- C. A physical therapist shall inform patients of any known financial limitations that may affect their care.
- D. A physical therapist shall inform the patient when, in his/her judgment, the patient will receive negligible benefit from further care. See Section 7.1.C.

8.2 Accurate and Relevant Information to the Public

- A. A physical therapist shall inform the public about the societal benefits of the profession and who is qualified to provide physical therapy services.
- B. Information given to the public shall emphasize that individual problems cannot be treated without individualized examination and plans/programs of care.
- C. A physical therapist may advertise his/her services to the public. See Section 2.2.
- D. A physical therapist shall not use, or participate in the use of, any form of communication containing a false, plagiarized, fraudulent, deceptive, unfair, or sensational statement or claim. See Section 2.2.
- E. A physical therapist who places a paid advertisement shall identify it as such unless it is apparent from the context that it is a paid advertisement.

PRINCIPLE 9

A physical therapist shall protect the public and the profession from unethical, incompetent, and illegal acts.

9.1 Consumer Protection

- A. A physical therapist shall provide care that is within the scope of practice as defined by the state practice act.
- B. A physical therapist shall not engage in any conduct that is unethical, incompetent or illegal.
- C. A physical therapist shall report any conduct that appears to be unethical, incompetent, or illegal.
- D. A physical therapist may not participate in any arrangements in which patients are exploited due to the referring sources' enhancing their personal incomes as a result of referring for, prescribing, or recommending physical therapy. See Sections 2.1.B, 4, and 7.

PRINCIPLE 10

A physical therapist shall endeavor to address the health needs of society.

10.1 Pro Bono Service

A physical therapist shall render pro bono publico (reduced or no fee) services to patients lacking the ability to pay for services, as each physical therapist's practice permits.

10.2 Individual and Community Health

- A. A physical therapist shall be aware of the patient's health-related needs and act in a manner that facilitates meeting those needs.
- B. A physical therapist shall endeavor to support activities that benefit the health status of the community. See Section 3.

PRINCIPLE 11

A physical therapist shall respect the rights, knowledge, and skills of colleagues and other healthcare professionals.

11.1 Consultation

A physical therapist shall seek consultation whenever the welfare of the patient will be safeguarded or advanced by consulting those who have special skills, knowledge, and experience.

11.2 Patient/Provider Relationships

A physical therapist shall not undermine the relationship(s) between his/her patient and other healthcare professionals.

11.3 Disparagement

Physical therapists shall not disparage colleagues and other health care professionals. See Section 9 and Section 2.4.A.

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UCA Graduate Bulletin: Description of Core Courses

<http://www.uca.edu/gbulletin/04/40406.html>

5370 PATHOLOGY I Principles, pathogenesis, and mechanisms common in disease processes. Relevance of mechanisms and consequences of clinical manifestations of disease to physical therapy practice and the impact of disease processes across the life span stressed.

5403 HUMAN PHYSIOLOGY A comprehensive survey of physiology as the scientific basis of clinical practice. Includes general principles and a systems approach as a basis for the processes of examination, evaluation, development of diagnoses and prognoses, and intervention for neuromuscular, musculoskeletal, cardiopulmonary, and integumentary disorders, and screening for disease in other systems.

5505 GROSS ANATOMY Structured aspects of the human body. Lecture and laboratory of prosected cadavers.

6240 PATHOLOGY II A continuation of Pathology I with concentration on diseases of organ systems. An understanding of the manifestations, impact on rehabilitation, and recognition of emergencies and conditions requiring medical intervention are emphasized in this course.

6250 PHARMACOLOGY IN PHYSICAL THERAPY Principles and application of medical therapeutics in a rehabilitation setting, emphasizing general principles and a systems approach to drugs used in patients receiving physical therapy.

6305 FUNDAMENTAL SKILLS IN PHYSICAL THERAPY INTERVENTION

The study and practice of body mechanics, patient transfers and positioning techniques, gait, bed mobility, use of special equipment in the patient care environment, activities of daily living, the prescription, fitting, application and use of wheelchair and other assistive devices, accessibility and architectural barriers and other selected topics related to patient care in physical therapy.

Prerequisite: Acceptance into PT program.

6314 NEUROPHYSIOLOGICAL PRINCIPLES OF MOTOR CONTROL Study of the neurological control of human movement from the level of the motor neuron to the cerebral cortex. Emphasis on the interaction of central nervous system mechanisms governing movement.

6316 THERAPEUTIC AGENTS Application and physiological principles of physical agents, mechanical modalities, and massage in patient treatment. Emphasis on utilization of these therapeutic agents based on patient diagnosis, practical applications, physiological effects, indications, contraindications, and scientific evidence. Prerequisite: Acceptance into PT program.

6336 PSYCHOSOCIAL ASPECTS OF PHYSICAL DISABILITY Study of the effect of illness and hospital environments on a patient and methods of maintaining effective therapist-patient relationships.

6340 RESEARCH DESIGN IN PHYSICAL THERAPY Study of nomenclature and principles used in research.

6353 INDEPENDENT STUDIES Study of general principles through data collection, results, analysis, and the drawing of conclusions. Prerequisites: PTHY 6340, admission to Professional Curriculum in Physical Therapy, and graduate standing.

6401 KINESIOLOGY I Study of selected structural and functional properties of anatomical structures of the human body. Biomechanical analyses and evaluation techniques of muscle testing, goniometry, and sensory testing all applied to normal and pathological human motion. Prerequisite: Admission to PT program.

6402 KINESIOLOGY II Study of selected structural and functional properties of anatomical structures of the human body. Biomechanical analyses and evaluation techniques of muscle testing, goniometry, posture and gait analysis, applied to normal and pathological human motion. Continuation of PTHY 6401 Kinesiology I. Prerequisite: PTHY 6401 Kinesiology I.

6405 THERAPEUTIC EXERCISE Application and physiological principles of therapeutic exercise, biofeedback, and stretching in patient treatment. Emphasis is on development of and progression through an exercise intervention based on patient diagnosis, practical applications, physiological effects, indications, contraindications, and scientific evidence. Prerequisite: Acceptance into PT program.

6424 CLINICAL ADMINISTRATION AND MANAGEMENT The study of administration and management principles and practice. Lectures, discussion, independent study, and seminars will be utilized to support students in acquiring knowledge, skills and appreciation for administration and management.

6501 NEUROSCIENCE An analysis of the structure and function of the human peripheral, central, and autonomic nervous system, including laboratory study of specimens of human brain and spinal cord. A variety of neuropathologies are analyzed as a basis for understanding nervous system functions. Prerequisite: BIOL 3370 or equivalent.

7106 EDUCATIONAL ROLES IN PHYSICAL THERAPY Prepares students for educational roles in (a) patient/client related instruction (the process of informing, educating, and/or training patients-clients, families, caregivers and others); (b) clinical instruction for students; (c) professional /community-related instruction; and (d) emerging instructional technologies.

7109 OUTCOMES ASSESSMENT IN PHYSICAL THERAPY Assessing clinical management outcomes for the purpose of preparing the student for reflective practice. Use of a capstone project for the student to present the appropriate management of a patient treated by the student during clinical affiliation incorporating supporting evidence for all aspects of patient management (examination, evaluation, diagnosis, prognosis, intervention, and outcomes).

7203 PATIENT MANAGEMENT I Introduction to the Guide to Physical Therapist Practice and health care models of patient management. Introduction to evidence based practice, theory and different sources of knowledge, legal practice standards (HIPAA and confidentiality), critical thinking and

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decision making as it related to clinical practice. Emphasis will be placed on taking a comprehensive patient history and analyzing patient cases. Included in the course will be observation of physical therapy in the clinical setting and analysis of the observation experience.

7205 PROFESSIONALISM IN PHYSICAL THERAPY Discussion of contemporary topics affecting and influenced by physical therapy. Issues that deal with professionalization and socialization will be discussed. The structure and role of professional organizations in physical therapy will be presented.

7208 PATIENT MANAGEMENT II Builds on information on the patient management model presented in Patient Management I by placing the emphasis on documentation, including the influence of the different reimbursement entities. Introduces students to examination, evaluation, diagnosis, prognosis, and plan of care as these relate to patient management and appropriate documentation in the health care environment.

7210 INTEGUMENTARY SYSTEM: PRINCIPLES AND PRACTICE Systemic approach to the examination of the integumentary system. Prevention, pathology and diagnosis related precautions will be examined. Analysis of wound etiology and management will be emphasized in the classroom and laboratory.

7228 CLINICAL EDUCATION PRACTICUM I IN PHYSICAL THERAPY The first in a series of full-time supervised clinical education experiences with emphasis in professional behaviors and physical therapy practice patterns. The clinical experiences are designed to allow the student to practice didactic and clinical skills in a variety of practice environments.

7303 DIFFERENTIAL DIAGNOSIS AND CLINICAL REASONING IN PHYSICAL THERAPY Emphasis on selected components of professional practice in physical therapy related to performance of medical screening, differential diagnosis, prognosis, and plan of care; engaging in evidence based practice; and making use of frameworks of clinical reasoning and decision making.

7328 CLINICAL EDUCATION PRACTICUM II IN PHYSICAL THERAPY The second in a series of full-time supervised clinical education experiences with emphasis in professional behaviors and physical therapy practice patterns. The clinical experiences are designed to allow the student to practice didactic and clinical skills in a variety of practice environments.

7405 MUSCULOSKELETAL PHYSICAL THERAPY II The management of the patient/client with spinal dysfunction and peripheral nerve injury including examination, evaluation, diagnosis, prognosis, and intervention (including manual therapy). Instruction will also consist of planning and implementing intervention programs including prevention, wellness, exercise, manual therapy, industrial, and other orthopedic physical therapy concepts.

7408 CLINICAL ELECTROPHYSIOLOGICAL INTERVENTION A study of the instrumentation, techniques of application, and clinical uses of electricity and electrotherapeutic modalities in physical therapy intervention for selected impairments and conditions. Emphasis is placed on clinical decision making regarding selection and application of an electrotherapeutic device in an effective and clinically acceptable manner based on patient diagnosis, knowledge of the instrumentation, indications, contraindications, physiological effects of the treatment, goals of the patient, and scientific evidence. Course includes introduction to electroneuromyography.

7410 NEUROMUSCULAR PHYSICAL THERAPY: COMPLEX Evaluation and treatment of patients with multiple trauma, generalized weakness, and specific disabilities or disease processes including multiple trauma, amputations, spinal cord injuries, diabetes mellitus, Guillain-Barre' Syndrome, post-polio syndrome, multiple sclerosis, Parkinson's disease, cancer, Charcot-Marie Tooth, and amyotrophic lateral sclerosis. The principles of orthotics and prosthetics design and management are also presented.

7505 MUSCULOSKELETAL PHYSICAL THERAPY I The management of the patient/client with dysfunction in the extremities including examination, evaluation, diagnosis, prognosis, and intervention (including manual therapy). Instruction will also consist of planning and implementing intervention programs including prevention, wellness, exercise, manual therapy, and other orthopedic physical therapy concepts.

7515 NEUROMUSCULAR PHYSICAL THERAPY: INFANCY TO ADOLESCENCE Physical therapy management of children with birth or acquired conditions affecting motor control and function. Focus placed on motor development, conditions, patient examination, evaluation, motor diagnosis, prognosis, and interventions. Theoretical foundations are reviewed. Environmental contexts are considered.

7516 NEUROMUSCULAR PHYSICAL THERAPY: ADULT Study of specific progressive and non-progressive neuromuscular disorders and appropriate examination and treatment strategies based on the patient/client management model. A systems approach to examination and intervention in the adult will be used. Neuromuscular aging will be discussed as related to locomotion and recovery following a neuromuscular insult or injury.

7520 CARDIOPULMONARY PRINCIPLES AND PRACTICE A comprehensive survey of cardiopulmonary practice patterns, including examination (history taking, tests, and measures), evaluation for cardiopulmonary disorders, developing a diagnosis and prognosis, applying rational interventions for cardiopulmonary disorders, and secondary prevention of functional limitations and disability related to cardiopulmonary disorders.

7528 CLINICAL EDUCATION PRACTICUM III IN PHYSICAL THERAPY The third in a series of full-time supervised clinical education experiences with emphasis in professional behaviors and physical therapy practice patterns. The clinical experiences are designed to allow the student to practice didactic and clinical skills in a variety of practice environments.

7529 CLINICAL EDUCATION PRACTICUM IV IN PHYSICAL THERAPY The fourth in a series of full-time supervised clinical education experiences with emphasis in professional behaviors and physical therapy practice patterns. The clinical experiences are designed to allow the student to practice didactic and clinical skills in a variety of practice environments.

7530 CLINICAL EDUCATION PRACTICUM V IN PHYSICAL THERAPY The fifth in a series of full-time supervised clinical education experiences with emphasis in professional behaviors and physical therapy practice patterns. The clinical experiences are designed to allow the student to practice didactic and clinical skills in a variety of practice environments.

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Electives

7304 SPORTS I Provides the knowledge and skill required to treat the injured athlete successfully and to develop/implement a sports physical therapy program. Also presented are topic areas which have been identified as advanced clinical competencies, including analyzing evidence-based intervention.

7305 SCIENTIFIC BASES FOR MOTOR CONTROL AND DEVELOPMENT An advanced course addressing theories of motor development from birth to death. Students combine concepts regarding movement pattern changes during the life span with research evidence regarding physiological and anatomical systems.

7306 SPORTS II Provides advanced knowledge and skill including anatomy, biomechanics, pathomechanics, evaluation, specific pathologies, immediate management, rehabilitation, prevention, and sport/injury relationship of the hip, knee, ankle, foot, and related soft tissue.

7308 UPPER QUARTER AND CERVICAL SPINE Study of advanced evaluation and treatment of the cervical spine. An eclectic approach to the cervical spine will be presented with specific emphasis on the osteopathic model as an approach to spine function and dysfunction. Treatment will emphasize manual interventions such as muscle energy and direct and indirect mobilization.

7309 LUMBOPELVIC DYSFUNCTION Study of advanced evaluation and treatment of the lumbar spine. An eclectic approach to the lumbar spine will be presented with specific emphasis on the osteopathic model as an approach to spine function and dysfunction. Treatment will emphasize manual interventions such as muscle energy and direct and indirect mobilization. In addition, strengthening, lumbar stabilization, and neuro-dynamics will be discussed.

7310 PROFESSIONAL LEADERSHIP IN PHYSICAL THERAPY An advanced course addressing current and future professional, legal, and ethical issues related to physical therapy practice, education, and research. Students will examine evolving roles of professional leadership as affected by such factors as changing societal demands, trends in health care, government regulations, and the expanding body of knowledge. These experiences will prepare students for leadership roles as change agents in the profession.

7311 DEVELOPMENTAL ANATOMY A course in developmental anatomy with special emphasis on the interrelationships inherent in developing systems, including molecular, morphogenic, genetic, and neural aspects of control mechanisms.

7312 SPORTS III Presents a regional perspective of upper extremity function as it relates to athletes. Students analyze research related to physical therapy for upper extremity sports injuries.

7315 COLLEGE TEACHING IN PHYSICAL THERAPY: PROBLEMS AND ISSUES An advanced course addressing problems and issues in teaching physical therapy course work. Students will explore the literature on college teaching in general and then focus specifically on the uniqueness of the professional roles of faculty members in physical therapy. Students are expected to have clinical or academic teaching experience prior to enrollment.

7316 ADVANCED BIOMECHANICAL AND KINESIOLOGICAL ANALYSIS This course emphasizes electromyographic (EMG) recording instruments and techniques commonly used in kinesiological and biomechanical studies and includes the use of EMG in motor unit training, biofeedback, and myoelectrics. Students perform, compare, and evaluate intramuscular and surface EMGs relative to variables such as muscle length, tension, and type of contraction.

7320 EFFICACY RESEARCH IN PHYSICAL THERAPY: PROBLEMS AND ISSUES An advanced course designed to examine clinical research as a method of answering questions in a systematic and objective way to analyze clinical outcomes, methods of practice, and relationships among clinical phenomena.

7321 EFFICACY IN PHYSICAL THERAPY PRACTICE This course provides a supervised advanced clinical experience in physical therapy using research-based assessment and intervention.

7322 EFFICACY IN PHYSICAL THERAPY PRACTICE I This course is the first part of a two-part course examining sources of knowledge for effectiveness in patient/client management for the four practice areas: musculoskeletal, neuromuscular, integumentary, and cardiopulmonary. In part one, students study systems for evaluating evidence and knowledge--through networked activities (requiring computer), readings, lectures/discussions--and for applying concepts to patient screening, examination, evaluation, assessment, diagnosis, and prognosis. The course is required for post-professional students. On demand.

7323 EFFICACY IN PHYSICAL THERAPY PRACTICE II This course is the second part of a two-part course examining sources of knowledge for effectiveness in patient/client management for the four practice areas: musculoskeletal, neuromuscular, integumentary, and cardiopulmonary. In part two, students study systems for evaluating evidence and knowledge--through networked activities (requiring computer), readings, lectures/discussions--and for applying concepts to the plan of care, interventions, and outcomes assessment. The course is required for post-professional students. On demand.

7329 APPLICATION OF PHYSICAL THERAPY IN GERIATRICS Study of physical therapy considerations for the geriatric population with emphasis on the physical and psychological changes associated with the aging process. The course surveys the wellness needs of the older individual, the special needs of the disabled aged, and the role physical therapy plays in maintaining functional independence for these populations. The course will add depth and breadth to the concept of life span aging.

7333 OCCUPATIONAL HEALTH AND WORK INJURY MANAGEMENT An integrated approach of service, programs, and treatment regimes provided by physical and occupational therapists for the treatment and prevention of work-related injuries.

7334 AQUATIC THERAPY Study of the basic physical properties of water and their application in therapeutic treatment of patients in a water medium. Proper safety precautions, infection control, and pool maintenance will also be studied.

SECTION G: APPENDICES

7345 **ADVANCED ELECTROPHYSIOLOGICAL ASSESSMENT** Advanced study in the use of nerve conduction and electromyographic techniques in the assessment and evaluation of selected patients. On demand.

7350 **CLINICAL ASSESSMENT OF PERIPHERAL NERVOUS SYSTEM COMPROMISE FOR THE SPORTS, ORTHOPEDIC, AND INDUSTRIAL THERAPIST** Advanced study in assessment of the peripheral nervous system for differentiation of peripheral compromise, radiculopathies, and plexopathies. Localization of peripheral lesions and sites of compromise. On demand.

7360 **ADVANCED EXAMINATION AND EVALUATION IN PEDIATRICS I** A transdisciplinary course to consider the theories and applications of advanced measurement and assessment instruments and procedures used in pediatrics (birth to adolescence). The course is open to students enrolled in graduate study in physical or occupational therapy, speech/language pathology, nursing, and early childhood special education or by permission of the instructor. Students will participate in the selection of relevant assessment instruments to be studied based on current best practice in their respective fields.

7361 **ADVANCED EXAMINATION AND EVALUATION IN PEDIATRICS II** A continuation of PTHY 7360 Advanced Examination and Evaluation in Pediatrics I with emphasis on administration of selected assessment instruments to pediatric clients.

7365 **DIFFERENTIAL DIAGNOSIS IN PHYSICAL THERAPY** This course presents advanced information that will enable a physical therapist to function more efficiently as a primary care giver in the biomedical community. Emphasis will be placed on the advanced integration of information obtained from examination and assessment procedures in order to differentiate conditions appropriate for treatment by physical therapists from pathologies that warrant referral to appropriate specialists. Advanced examination procedures that allow the differentiation of pathological conditions that present with similar symptoms will be stressed.

7380 **GERIATRIC ORTHOPEDICS** Study of the complexities involved in the treatment of musculoskeletal problems in the older adult with an emphasis on injury prevention, wellness, and functional independence. The course is an advanced-level analysis of the current practice guidelines and research to address the orthopedic specificity of the older population.

7388 **LIFESPAN MOTOR DEVELOPMENT** Study of development from birth to death with emphasis on movement pattern changes. Students demonstrate skill in movement assessment of normally developing children and adults, in recognition of pathological development occurring in various diagnostic categories, and in age-appropriate treatment regimens for specific movement disorders.

7390 **ADVANCED ANATOMY** Advanced study of anatomy with emphasis on clinical anatomy of the musculoskeletal system. Students will correlate regional and systemic anatomical knowledge with clinical applications. Students will be introduced to imaging technology and will use cadaver dissection, prosection use, and interpretation of anatomical images to enhance their understanding of diagnostic and treatment techniques.

6354 **TRANSDISCIPLINARY INTERVENTION WITH YOUNG CHILDREN** This course will examine the development of the Individual Family Service Plan (IFSP). Professionals from involved disciplines will

discuss transdisciplinary strategies and materials used with young children with special needs in a variety of settings. Prerequisite: PTHY 6330 or permission of the instructor. Summer.

6343 NEONATAL DEVELOPMENTAL INTERVENTION Roles and functions of a developmental specialist working with neonates. Major neonatal disorders and relevant theoretical approaches applicable to treating these disorders from a family-focused perspective will be emphasized. Prerequisites: Enrollment in graduate PT program or consent of instructor. On demand .

6337 WOUND MANAGEMENT IN PHYSICAL THERAPY A comprehensive survey of integumentary practice patterns, including examination (history of taking tests and measures), evaluation for integumentary disorders, developing a diagnosis and prognosis, applying rational interventions for wounds, primary prevention of integumentary impairment, and secondary prevention of functional limitations and disability related to impaired integumentary integrity. Prerequisite: PTHY 6332 or equivalent. Annually.

6330 TRANSDISCIPLINARY ASSESSMENT OF YOUNG CHILDREN This course will address issues involved in transdisciplinary assessment of children with special needs, ages birth to five, and their families. Procedures for selecting, administering, and interpreting assessment instruments will be discussed. Students will observe and participate in transdisciplinary assessments.

6335 ADVANCED SPINAL CORD INJURY MANAGEMENT Course will include information necessary for students to independently perform an advanced client evaluation and intervention planning for persons with spinal cord injuries. Prerequisite: PTHY 6332. On demand.

Professional Behavior Reporting Form

Student's Name _____ Date _____

Observer _____

Positive / Negative (circle one)

Setting

Student Action or Behavior

Evaluator Action

GENERIC ABILITIES ASSESSMENT

Supervising Physical Therapist: Utilizing the ten physical therapy specific generic abilities developed by the Physical Therapy Program at the University of Wisconsin-Madison, please rate (by circling the correct item below) your observations of this applicant's performance within your facility. Thank you for making a contribution to our application process.

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

Excellent	Good	Average	Poor	Marginal	Did Not Observe
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Interpersonal Skills: The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community; deal effectively with cultural/ethnic diversity issues.

Excellent	Good	Average	Poor	Marginal	Did Not Observe
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Communication Skills: The ability to communicate effectively (speaking, body language, reading, writing, listening) for varied audiences and purposes.

Excellent	Good	Average	Poor	Marginal	Did Not Observe
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Effective Use of Time and Resources: The ability to obtain the maximum benefit from a minimum investment of time and resources.

Excellent	Good	Average	Poor	Marginal	Did Not Observe
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Use of Constructive Feedback: The ability to identify sources of and seek out feedback; to effectively use and provide feedback for improving personal interaction.

Excellent	Good	Average	Poor	Marginal	Did Not Observe
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Problem-Solving: The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.

Excellent	Good	Average	Poor	Marginal	Did Not Observe
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Professionalism: The ability to exhibit appropriate professional conduct and to represent the profession effectively (attitude, demeanor, and appearance appropriate for health care setting).

Excellent	Good	Average	Poor	Marginal	Did Not Observe
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Responsibility: The ability to fulfill commitments and be accountable for actions and outcomes.

Excellent	Good	Average	Poor	Marginal	Did Not Observe
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Critical Thinking: The ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, illusions, assumptions and hidden assumptions; distinguish relevant from irrelevant.

Excellent	Good	Average	Poor	Marginal	Did Not Observe
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Stress Management: The ability to identify sources of stress and to develop effective coping behaviors (ability to cope with illness & disability, pace, interactions, etc.).

Excellent	Good	Average	Poor	Marginal	Did Not Observe
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Faculty member

Date

Form used by permission: Indiana University Department of Physical Therapy

Generic Abilities Self-Assessment

This Document has been designed to help you assess your present performance, and to create a professional development plan.

Please follow the instructions below. Refer to the example at the bottom of the page as needed.

Instruction:

1. Reflect on your professional behavior using the behavioral criteria for each generic ability as a guide. The generic abilities and behavioral criteria are attached.
2. Assess your performance to date on each of the ten generic abilities by circling B (Beginning), D (Developing), or E (Entry-Level) as it applies to you.
3. Consider feedback you have received from faculty, students, and others. Have you requested feedback?
4. In the box labeled “Comments”, name at least 2 behaviors you would like to work on.
5. In the box labeled “Example”, show where you see yourself now and where you would like to see yourself.
6. In the box labeled “Plan”, describe how you plan to enhance your present performance.
7. Make an appointment with your PT faculty advisor to discuss your professional development plan.

Example:

Professional Behavior	Example	Plan
5. Use of Constructive Feedback B D E Comments: Actively seeks feedback and help <i>Demonstrates a positive attitude about feedback</i>	It’s hard for me to hear constructive feedback, so I don’t really ever ask for it, and I try to get it over with as fast as possible when I do have to hear it. <i>I would like to be able to “use feedback when establishing goals” (D level) and “seeks feedback from clients/others” (E level)</i>	I will use small groups to ask for feedback from other group members and practice hearing it without being defensive. I can apply their feedback in other groups, in classes, and in lab.

Name: _____ Date _____

Professional Behavior	Example	Plan for Development
1. Commitment to Learning B D E Comments:		
2. Interpersonal Skills B D E Comments:		
3. Communication Skills B D E Comments:		
4. Effective Use of Time B D E and Resources Comments:		
5. Use of Constructive Feedback B D E		

Professional Behavior	Example	Plan for Development
6. Problem Solving B D E Comments:		
7. Professionalism B D E Comments:		

LOAN OF UNIVERSITY EQUIPMENT REQUEST
AGREEMENT FORM

Please complete the information below:

Responsible Party: _____

Department/Clinic Name: _____

Address: _____

Telephone: _____ Fax: _____

Email address: _____



Date TO Pick up: _____ Date PICKED UP: _____

Date TO BE Returned: _____ Date RETURNED: _____

Type of Equipment _____ Used For: _____ UCA Tag # _____ Serial # _____

_____, I agree that I will maintain possession and control of the equipment until it is returned to the University and I will not make any repairs or modifications to the equipment. In the event that the equipment is damaged beyond normal wear and tear, lost, and/or stolen, I will immediately contact UCA Department of Physical Therapy, and I agree to be responsible for the replacement or repair costs incurred in repairing or replacement of the loaned equipment mentioned above.

Signature of Borrower Date

Signature of UCA Faculty / Staff Member Date

UCA Board Policy 413 (11/01) University Equipment PT:7/13/06

Department of Physical Therapy
University of Central Arkansas
Physical Therapy Center, Suite 300
201 Donaghey Avenue
Conway, AR 72035
Office: 501-450-5548, Fax: 501-450-5822
Email: pt@uca.edu, Web address: <http://www.uca.edu/pt>