DOCUMENT RESUME

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ABSTRACT

This publication contains a number of materials related to the Blackhawk Technical College (Wisconsin) Physical Therapist Assistant (PTA) program. Contents include a schedule and curriculum outline for the PTA I course; a brochure on the associate degree program; curriculum outline for the associate degree program; and admission procedures and standards. The physical therapist assistant supervision information packet consists of introductory comments on issues of supervision, legal practice, and reimbursement; a reprint of the article, "The PTA Role and Functions"; references on the role of the PTA; American Physical Therapy Association policy statements related to PTAs; and standards of ethical conduct for the PTA and guide for conduct of the affiliate member. The Wisconsin and Illinois Medical Practice Acts and Wisconsin Medical Assistance Administrative Code follow. The student uniform policy and criteria for clinical facilities are also provided. Course materials are provided for introduction to PTA, PTA I, PTA II, and clinical PTA I. Components of these materials include prerequisites; course description; time requirements; and a chart relating competency statements with corresponding content outline and learning activities. Clinical evaluation forms for clinical physical therapist assistant II and III are included. These forms provide for the rating of key indicators of each designated skill. (YLB)

PHYSICAL THERAPIST ASSISTANT CURRICULUM DEVELOPMENT

CURRICULUM MATERIALS

Blackhawk Technical Institute

Janesville, WI

Blackhawk Technical Institute

Central Campus
6004 Prairie Rd., P.O. Box 5009
Janesville, WI 53547
(608) 758-4121

Beloit Adult Center
157 W. Grand Ave.
Beloit, WI 53511
(608) 365-6637

Airport Center
Highway 51 South
Janesville, WI 53545
(608) 758-4121

Decatur Center
County Trunk F
Brodhead, WI 53520
(608) 897-4358

North Center
1740 Highway 14 West
Janesville, WI 53545
(608) 758-4464

Dr. James C. Catania
District Director

November 19, 1987

Dear Clinical Sites,

Enclosed are the following:

1. Schedule and curriculum outline for Physical Therapist Assisting I.
2. Blackhawk Technical College Physical Therapist Assistant Brochures.
3. Admission Procedures.
4. American Physical Therapy Association, Physical Therapist Assistant Supervisor and Information Packet.
5. Wisconsin and Illinois Medical Practice Acts.
6. Wisconsin Medical Assistance Administrative Code.
7. Dress Code.
8. Code of Ethics for Physical Therapist Assistant.
9. Criteria for Clinical Facility Selection.

Stay tuned. More mailings next week.

Iline Larson, P.T.
Program Coordinator,
Physical Therapist Assistant Program

Spring, 1988

BLACKHAWK TECHNICAL COLLEGE
PHYSICAL THERAPIST ASSISTANT PROGRAM

PHYSICAL THERAPIST ASSISTANT I

DATE:	SUBJECT:
Jan. 11-13	Lec. Intro. to course, Body Mechanics, Moving in Bed, Principles of Positioning
	Lab. Body Mechanics, Moving Patients in Bed
Jan. 18-20	Lec. Therapeutic Positioning
	Lab. Structured paractice in and discussion of positioning patients: supine, sidelying, prone, sitting
Jan. 25-27	Lec. Goniometry Principles
	Lab. Goniometry: cervical, trunk, hip, knee, scapula, shoulder, elbow, forearm
Feb. 1-3	Lec. Muscle Testing Principles EXAM: Body Mechanics/Positioning (2/1/88)
	Lab. Goniometry: ankle, foot, toes, wrist, hand, fingers; MFT: neck, trunk, hip, knee
Feb. 8-10	Lec. Intro. to Posture Principles Normal Posture
	Lab. MFT: scapula, shoulder, elbow, forearm EXAM: Goniometry (2/8/88)
Feb. 15-17	Lec. General posture concepts, posture deviations and potential causes
	Lab. MFT: ankle, foot, toes, wrist, hand, fingers, thumb; Posture: plumbline analysis

Feb. 22-24	Lec.	Introduction to principles of Therapeutic Exercise Techniques
	Lab.	Posture: Muscle length and miscellaneous diviation checks EXAM: Muscle function testing (2/22/88)
Feb. 29-March 2	Lec.	Passive, active, active assistive, resistive exercise
	Lab:	Draping, PROM, AROM, AAROM, Restive ROM
March 7-9	Lec:	Factors affecting exercise: gravity, oxygen intake; static and dynamic contractions
	Lab:	Static and dynamic contractions
Narch 14-18		SPRING BREAK
March 21-23	Lec:	Power, strength, endurance exercise, PRE's; progression of exercise
	Lab:	PRE; General exercise overview
March 28-30	Lec:	Sitting, standing, and lift transfers
	Lab:	Transfers
April 4-6	Lec:	Special transfers (car, toilet, tub/shower); introduction to gait
	Lab:	EXAM: Posture/exercise (4/6/88)
April 11-13	Lec:	Joint/muscle activity during gait
	Lab:	Normal gait EXAM: Transfers (4/13/88)
April 18-20	Lec:	Measuring and gait training with assistive devices
	Lab:	Measuring and gait training with assistive devices

April 25-27	Lec:	Vital Signs EXAM: Exercise, transfers, normal gait (4/25/88)
	Lab:	Gait training, continued; vital signs
May 2-4	Lec:	Principles of bandaging, application of slings; Introduction to principles of traction
	Lab:	EXAM: Bandaging, Gait Training (5/2/88)
May 9-11	Lec:	Cervical and lumbar traction Principles of Tilt Table
	Lab:	Application of slings; cervical and lumbar traction
May 16-18	Lec:	Tilt Table; Semester Preview
	Lab:	Traction, Tilt Table EXAM: Vital Signs, Bandaging/slings (5/16/88)
May 23-25	Lec:	EXAM: Final (5/24/88)
	Lab:	EXAM: Traction (5/23/88) EXAM: Tilt Table (5/25/88)

BLACKHAWK TECHNICAL COLLEGE
SERVICE OCCUPTIONS DIVISION
PHYSICAL THERAPIST ASSISTANT PROGRAM

524-110 Physical Therapist Assistant I - 6 credits; 120 hours/semester
This course prepares the student in body mechanics, transfer techniques, therapeutic exercise, gait training, and basic commonly used treatment and re-assessment techniques. The appropriate pathophysiology and patient response are emphasized. Prerequisite - 524-100. Pre or co-requisites 524-105 and 524-115.

Instructor: Christine Milbrandt

Instructor Office Hours: By appointment

Required Texts:

Muscle Testing - Techniques of Manual Examination,
5th Edition
by Daniels/Worthingham

Therapeutic Exercise for Body Alignment and Function,
2nd Edition
by Daniels and Worthingham

Therapeutic Exercise - Foundations and Techniques,
by Carolyn Kisner

Manual for Physical Agents,
3rd Edition
by Karen Hayes

Patient Evaluation Methods for the Health Professional,
by Duesterhaus Minor

Patient Care Skills
by Duesterhaus Minor

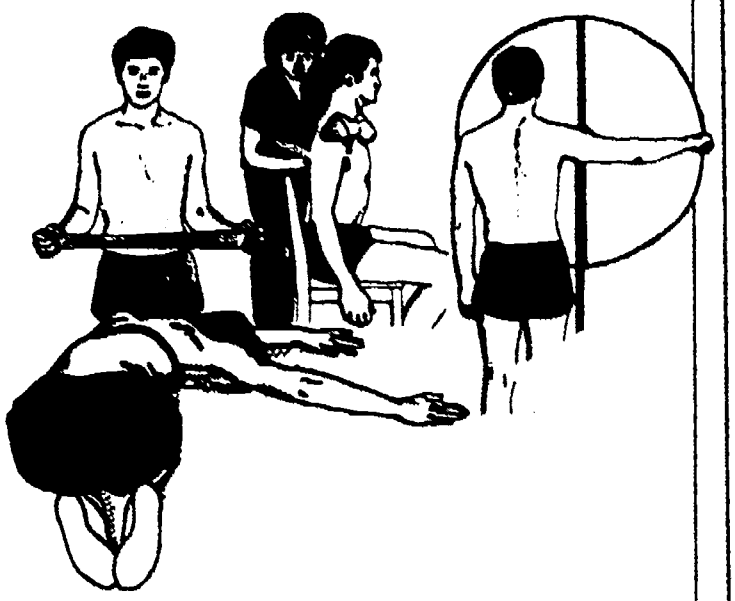
Grading Scale:

A	97	-	100
A-	93	-	96
B+	91	-	92
B	87	-	90
B-	85	-	86
C+	82	-	84
C	78	-	81
C-	75	-	77
D+		74	
D	71	-	73
D-		70	
F	0	-	69

Determination of Course Grade:

Lecture exams	2	@	10%	=	20%
Mid Term					25%
Final					25%
Lab Exams	3	@	6%	=	18%
-goniometry					
-MFT					
-posture/exercise					
Lab Exams	2	@	3%	=	6%
-transfers					
-gait training					
Lab Exams	3	@	2%	=	6%
-vital signs, bandaging/slings					
-traction					
-tilt table					
			Total		100

PHYSICAL THERAPIST ASSISTANT



BLACKHAWK TECHNICAL INSTITUTE

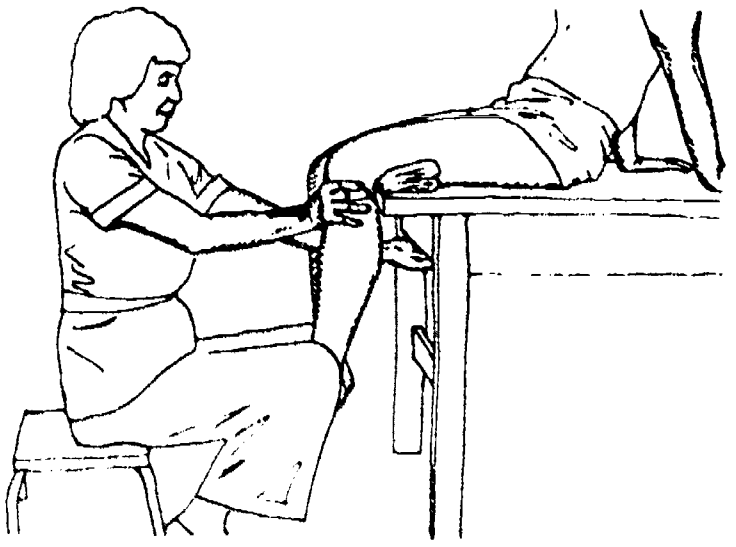
PHYSICAL THERAPIST ASSISTANT

Two-Year Associate Degree

Physical Therapist Assistants administer treatments to patients working under the direction of and as assistant to a Physical Therapist. This would include administering non-complex active and passive manual therapeutic exercises, therapeutic massages, and heat, light, sound, water, and electrical modality treatments such as ultrasound, electrical stimulation, ultraviolet, infared, and hot and cold packs to treat patients with relativity stable conditions.

Other duties would include administering traction; instructing, motivating and assisting patients in learning and improving functional activities; observing patients and analyzing data, fitting patients, adjusting and training them in the use of orthoses, protheses and supportive devices; and performing clerical tasks.

Although it is extremely difficult to identify growing or emerging health occupations, the outlook for Physical Therapist Assistants is positive. With health care appearing to be an expanding field according to the Bureau of Labor Statistics and based on the assumption that the over age 65 population will increase by 26% in the next decade, the occupation of Physical Therapist Assistant is projected to increase by 68%!



CORE COURSES

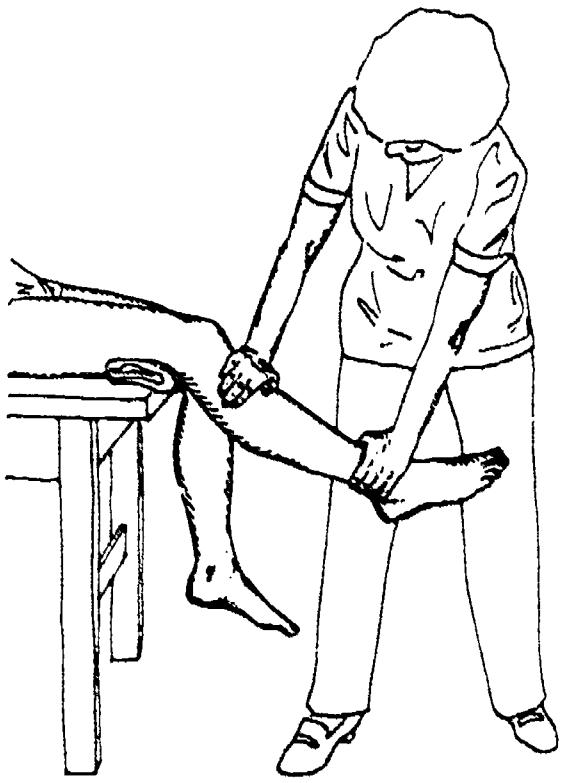
Course No.	Title	Cr.
524-100	Introduction to Phys. Ther. Asst.	1
524-105	Kinesiology	4
524-110	Physical Therapist Asst. I	6
524-115	Clinical Phys. Ther. Asst. I	2
524-120	Phys. ther. Asst. II	5
524-125	Clinical Phys. Ther. Asst. II	6
524-140	Life-Span Applications	3
524-130	Phys. Ther. Asst. III	4
524-135	Clinical Phys. Ther. Asst. III	6
524-150	Issues and Trends	1
524-145	Phys. Ther. Asst. IV	2

SUPPORT COURSES

Course No.	Title	Cr.
806-131	Anatomy & Physiology I	4
809-151	Psychology of Human Relations	3
801-151	Communication Skills I	3
806-140	Physics	3
809-153	Social Institutions or	
809-170	Introduction to Sociology	3
806-108	Anatomy & Physiology II	2
801-153	Communication Skills II	3
809-120	Developmental Psychology	3
	Electives	6

Note: Program includes a Summer Session

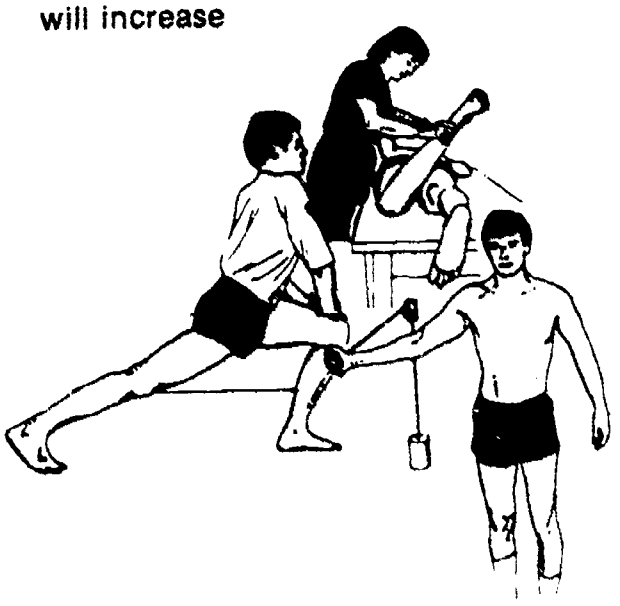
Helpful to successful completion of the Physical Therapist Assistant program would be a good background in the basic sciences--physics, biology and chemistry, plus math courses such as algebra and trigonometry. Also, prospective students who have performed volunteer work or worked in a health care setting and who have a genuine desire to help people would find this program to their liking.



DID YOU KNOW THAT....

- the national professional organization, the American Physical Therapy Association, has established that individuals using the title physical therapist assistant, must be qualified with an associate degree

- because of the high demands on physical therapists and proposed increased educational requirements, it is projected that the utilization of physical therapist assistants will increase



COUNSELING/CAREER ASSESSMENT

Blackhawk Tech offers educational and occupational counseling. Individuals who may desire to explore their various options may make an appointment with a counselor. In addition, the Career Planning Program (CPP) offers persons a chance to lelarn more about how their experiences, abilities and interests can lead to the best career choices. The CPP evaluations are offered at regularly scheduled times. When making a career choice you may elect to attend Blackhawk Tech as a full or part-time student.

FINANCIAL AID

Students attending Blackhawk Tech may apply for financial assistance, but this should be done well in advance of the start of the semester. In order to determine eligibility, a Family Financial Statement (FFS) must be completed and filed. In addition, a number of special private grants and scholarships are available through the Blackhawk Tech Foundation, Inc. and other organizations. Contact BTI's Financial Aid Office for further information. Veteran's Assistance can also be obtained through BTI.

PLACEMENT OPPORTUNITIES

A placement service is offered through Blackhawk Tech at the Central Campus in the Student Services area. Every effort is made to locate employment for graduates in the area they desire to settle. Blackhawk Tech's overall placement rate over the past ten years has exceeded 90%, with over 80% placed in jobs directly related to what they trained for.

BLACKHAWK TECHNICAL INSTITUTE

Serving Rock & Green Counties

6004 Prairie Road
Janesville, Wisconsin 53547
Phone (608) 756-4121

Blackhawk Technical College
Physical Therapist Assistant

Course No.	Course Title	Credits
First Semester		
806-131	Anatomy and Psyiology I	4
809-151	Psychology of Human Relations	3
801-151	Communication Skills I	3
806-140	Physics	3
809-153	Social Institutions	3
524-100	Introduction to PTA	1
		17
Second Semester		
806-108	Anatomy and Physiology II	2
524-105	Kinesiology	4
524-110	PTA I	6
524-115	Clinical PTA I	2
	Elective (Med Term)	3
		17
Summer		
524-120	PTA II (9 weeks)	5
	Elective	3
		8
Third Semester		
524-130	PTA III	4
809-120	Growth and Development	3
801-153	Communication Skills II	3
524-125	Clinical PTA II	6
		16
Fourth Semester		
	(1st 9 weeks)	
524-140	Life-Span Applications	3
524-150	Issues and Trends (1st 9 weeks)	1
524-145	PTA IV (1st 9 weeks)	2
524-135	Clinical PTA III (2nd 9 weeks)	6
		12

Total Credits 70

BLACKHAWK TECHNICAL COLLEGE
PHYSICAL THERAPIST ASSISTANT
ASSOCIATE DEGREE PROGRAM

TECHNICAL CORE

524-100 Introduction to Physical Therapist Assistant 1 cr. This course introduces the student to the history, legal and ethical issues, the roles of the team members, and the professional organizations involved in physical therapy. An overview of physical therapy facilities as well as health care models and systems are included. Medical terminology, abbreviations, and charting techniques are discussed. Principles of psychology, sociology, and communication are applied to the care of patients with physical disabilities. Co - or prerequisities - Psychology of Human Relations and Communication Skills I.

524-110 Physical Therapist Assistant I - 6 cr. This course prepares the student in body mechanics, transfer techniques, therapeutic exercise, gait training, and basic commonly used treatment and re-assessment techniques. The appropriate pathophysiology and patient response are emphasized. Prerequisite - 524-100. Pre or co- requisites 524-105 and 524-115.

524-115 Physical Therapist Assistant Clinical I - 2 cr. Students will apply concepts and skills learned in Physical Therapy Assistant I (524-110) to direct patient care in selected clinical affiliations. Prerequisites - 524-100, 806-131, 806-140, Pre or co - requisites: 806-108, 524-105, 524-110.

524-120 Physical Therapist Assistant II - 5 cr. The course focuses on identification of common amputations, amputee exercise routines, and stump care; the use of deep and superficial heat in selected patient treatments; application of therapeutic massage; pathophysiology and treatment of orthopaedic conditions; the use of intermittent compression devices in peripheral vascular disease; therapeutic cold modalities; specialized exercise regimes; and application of ultraviolet radiation. Selected medical conditions seen in physical therapy are discussed. Prerequisites - 524-110, 524-115, and 524-105.

TECHNICAL CORE - CONT'D

524-125 Physical Therapist Assistant Clinical II - 6 cr.
Students will apply concepts and skills learned in Physical Therapy Assistant II (524-120) to direct patient care in selected clinical settings. Prerequisites - 524-110, 524-115 and 524-120. Pre or co- requisite - 524-130.

524-130 Physical Therapist Assistant III - 4 cr.
This course covers therapeutic electricity, functional muscle stimulation, and techniques of pain management. Pathophysiology and treatment for central nervous system dysfunction are studied. Principles of orthotics and seated positioning mobility are covered, as are cardiopulmonary pathologies and treatment; an overview of various medical conditions is included. Pre-requistes - 524-120. Pre or co- requisites - 524-125.

524-135 Physical Therapist Assistant Clinical III - 6 cr.
During this terminal full time clinical experience, students will apply concepts and skills learned in all previous academic and clinical coursework. Experiences will be offered in selected clinical settings; specialty areas are included. Prerequisites - 524-130 and 524-125. Pre- or co- requisite - 524-140, 524-145, and 524-150.

524-140 Life-Span Applications - 3 cr.
Identification is made of normal and abnormal growth and development patterns throughout the life-span. Selected neuromuscular and systemic pediatric conditions are described and neuro-physiological and orthopedic pediatric treatment routines are introduced. The normal aging process, the pathology of aging, and the psycho-social aspects of geriatric are emphasized. Prerequisite 809-120, 524-130, 524-125. Pre or co- requisites - 524-145, 524-150, and 524-135.

524-105 Kinesiology - 4 cr.
Of normal posture, gait patterns, and body mechanics. Critical thinking skills are encouraged so as to analyze the locations, relationships, and functions of the musculo-skeletal systems. The central nervous system's influence on muscle tone and the integration of muscle action to produce motion are also examined. Goniometry as an evaluation tool is also introduced. Prerequisites - 806-131, 524-100, and 806-140. Pre or co- requisite 524-110, 524-115.

TECHNICAL CORE - CONT'D.

524-145 Physical Therapist Assistant IV - 2 cr.
This course focuses on the role of the Physical Therapist Assistant as a facilitator in assisting the patient to achieve optimum health, mobility and independence. Interpersonal relationships, the teaching/learning process and discharge planning are emphasised. An indepth case study is required to complete this course. Prerequisites - 524-130, 524-125. Pre or co- requisites - 524-140, 524-150, and 524-135.

524-150 Issues and Trends - 1 cr.
Explore the current trends involving the health care system, role of the professional organization, legal and ethical implications, and legislation. Projections of future directions in the profession in light of influence from the past will be explored. Learn to organize departmental operations, charting procedures, and responsibilities as a member of the health care team. Varieties of reimbursement systems and their impact on health care delivery are included. Components of job seeking skills are discussed. Prerequisites - 524-130, 524-125. Pre or co-requisites - 524-140, 524-145, and 524-135.

*****General Education course descriptions are available in the school catalogue.

PHYSICAL THERAPIST ASSISTANT PROGRAM

ADMISSION PROCEDURES AND STANDARDS

Introduction

Procedures and policies for Blackhawk Technical Institute are as outlined in the school catalog, in the student handbook, and on program brochures.

Supplementary procedures and standards for admission of students into the clinical courses of the Physical Therapist Assistant program are necessary because of the large number of applicants and limited capacity for clinical experience.

The number of students to be admitted to Introduction to Physical Therapist Assistant will be determined each year based on available physical facilities and clinical sites as well as the needs of the community for Physical Therapist Assistant graduates. The recommendation of the Advisory Committee will also be considered.

Requirements for Admission to Physical Therapist Assistant Program

1. High school graduate or recognized equivalency. (Must include content in biology and alegbra.)
2. Satisfactory completion of pre-entrance testing.

Procedure

1. Beginning October 1st, students desiring to enroll in Introduction to Physical Therapist Assistant (524-100) for the following fall term must file an "Application for Clinical Physical Therapist Assistant" (if enrolled in pre-clinical classes) or "Application for Admission" (if presently not enrolled in pre-clinical classes.) Qualified applicants will be given priority for admission based on the date of completed application. When the class is filled, applicants will be placed on a waiting list.

2. Transcripts of all high school, GED, technical institute or college credits must be on file.

3. Interviews will be scheduled to share and clarify information.

4. Final acceptance into the clinical courses will be contingent upon receipt of acceptable student health and insurance forms.

Pre-clinical

The Physical Therapist Assistant program consists of four semesters and a summer session. Because enrollment in the clinical physical therapist assistant courses is limited, students may elect to extend the program to three or more years.

The following courses are offered through the General Education Department and may be taken prior to enrollment in clinical physical therapist assistant courses.

Course No.	Title	Credits
806-131	Anatomy & Physiology I	4
809-151	Psychology of Human Relations	3
801-151	Communication Skills I	3
806-140	Physics	3
809-153	Social Institutions or	
809-170	Introduction to Sociology	3
806-108	Anatomy & Physiology II	2
801-153	Communication Skills II	3
809-120	Growth & Development	3
	Electives	6

Remedial work is available for those applicants who have not had biology or algebra in high school. Contact a school counselor for information.

PHYSICAL THERAPIST ASSISTANT

SUPERVISION

INFORMATION PACKET

INFORMATION PACKET ON PHYSICAL THERAPIST ASSISTANT SUPERVISION

Table of Contents

INTRODUCTORY COMMENTS ON ISSUES OF SUPERVISION, LEGAL PRACTICE, AND REIMBURSEMENT RELATED TO THE PHYSICAL THERAPIST ASSISTANT

Physical therapist assistants work under the direction and supervision of a physical therapist. Questions regarding what tasks and functions a physical therapist assistant may perform must be reviewed from several perspectives, including the prevailing description of legal practice and ethical guidelines.

Legal perspective

The practice of physical therapy is regulated in all fifty states and the District of Columbia by legislative action and is defined in statutes, rules and regulations as a physical therapy practice act. While physical therapists are licensed in all fifty states and the District of Columbia, physical therapist assistants are licensed, certified, or registered in 34 states (see attached information from the 1985 APTA State Licensure Information File). In those 34 states, the occupational category of physical therapist assistants is defined in the statute, rules or regulations of the physical therapy practice act and the legal scope of practice of the assistant is set forth. The frequency and nature of supervision required of the assistant is also described. When questions arise regarding what tasks a physical therapist assistant may perform, or how frequently an assistant must be supervised, the first step in answering the question should be to consult the state practice act. If you have any difficulty interpreting the rules or regulations, contact a member of the state licensing agency for an interpretation.

In the remaining 16 states, the practice of the physical therapist assistant is not defined in state law. The state practice act may mention the physical therapist assistant as an occupational class of worker and may indicate that they work under the supervision of a licensed physical therapist.

Ethical perspectives

Another perspective to examine when considering these issues is to identify the characteristics of ethical behavior that have been agreed upon by people in the field. Physical therapist assistants who are members of the American Physical Therapy Association are required to abide by the Standards of Ethical Conduct for the Physical Therapist Assistant and the Guide for Conduct of the Affiliate Member (enclosed). These standards are not binding on anyone who is not a member of the Association, but might provide guidance for decision making regarding physical therapist assistants' work or supervision. Likewise, policies established by the Association's board of directors or House of Delegates, applies to physical therapist and assistant members of the Association. Several of these policies have been included to provide information on the education and supervision of the physical therapist assistant.

Reimbursement perspective

Occasionally questions arise regarding the regulations for supervision of physical therapist assistants for purposes of reimbursement under Medicare guidelines. Medicare regulations specify different amounts of supervision required in different types of health care settings. Summary sheets of

information have been included that list the Medicare regulations regarding supervision of the physical therapist assistant in various settings.

Medicare Requirements for Supervision of Physical Therapist Assistants

Under the Medicare program varying degrees of supervision of the physical therapist assistant are required depending upon the setting in which care is delivered. The following is designed to delineate these varying requirements in a concise and summary form:

Skilled Nursing Facility

Rehabilitation Agencies

Home Health Agencies

Physical Therapists in Independent Practice

Hospitals

SNFs

The Conditions specify that specialized rehabilitation services be provided by qualified therapists or by qualified assistants or other supportive personnel under the supervision of qualified therapists (Section 405.1126 (a)).

"Supervision" is defined as:

> "Authoritative procedural guidance by a qualified person for the accomplishment of a function or activity within his sphere of competence, with initial direction and periodic inspection of the actual act of accomplishing the function or activity. Unless otherwise stated in regulations, the supervisor must be on the premises if the person does not meet assistant-level qualifications specified in these definitions."

The conditions do not provide "otherwise;" consequently, there must be initial direction and periodic inspection and it is required that the physical therapist be on the premises only if the person requiring supervision is not a qualified physical therapist assistant.

Rehabilitation Agencies

A qualified physical therapist must be present or readily available to offer needed supervision to the physical therapist assistant when physical therapy services are provided on or off the organization's premises. Where a qualified physical therapist is not on the premises during all hours of operation, patients are scheduled in such a manner as to ensure the physical therapist's presence when specific skills are needed. When physical therapy services are provided off the premises by a qualified physical therapist assistant, such services are provided under the supervision ofa qualified physical therapist who makes an onsite supervisory visit at least once every 30 days (Section 405.1718 (a)).

"Supervision" is defined as:

> "Authoritative procedural guidance by a qualified person for the accomplishment of a function or activity within such person's sphere of competence, with initial direction and periodic inspection of the actual act o: accomplishing the function or activity. Unless otherwise stated in the Part 405, such qualified person must be on the premises if the person performing th· function or activity does not meet assistant-level qualifications as specified in this section."

The conditions do not provide "otherwise;" consequently, there must be initial direction and periodic inspection and it is required that the physical therapist be on the premises only if the person requiring supervision is not a qualified physical therapist assistant.

Home Health Agencies

The conditions specifiy that physical therapy services be given by a qualified physical therapist or by a qualified physical therapist assistant under the supervision of a qualified physical therapist.

"Supervision" is defined in the conditions as:

> "Authoritative procedural guidance by a qualified person for the accomplishment of a function or activity with initial direction and periodic inspection of the actual act of accomplishing the function or activity. Unles otherwise provided in this subpart, the supervisor must be on the premises if the person does not meet qualifications for assistants specified in the definitions in this section."

Nowhere in this section of the Conditions are there provisions "otherwise," consequently, there must be initial direction, periodic inspection and it is required that the physical therapist be on the premises only if the person requiring supervision is not a qualified physical therapist assistant.

Physical Therapists in Independent Practice

Physical therapy services must be provided by, or under the supervision of, a qualified physical therapist (Section 405.1734 (b)).

"Supervision" is defined as:

> "The presence, at all times, of a qualified physical therapist when physical therapy services are rendered in the physical therapist's office or in the patient's place of residence" (Section 405.1731 (c)).

Hospitals

The Conditions of Participation state if physical therapy services are offered, the services are given by or under the supervision of a qualified physical therapist.

No further mention of "supervision" is made in the hospital conditions of participation and no definition of "supervision" is offered.

PART 2: Education

THE PTA [redacted] ROLE & FUNCTION

An Analysis in Three Parts

By Frances A. Lupi-Williams

Support personnel are not new to physical therapy. If one surveys the literature, one will find that articles addressing the training and use of such personnel appeared 30 years ago. Dr. Worthingham reminded us that physical therapists were active in teaching families to carry out treatment programs, which included exercise, in treatment regimens that were followed at the Harvard Infantile Paralysis Clinic before 1920 (*Physical Therapy* 45:112, 1965).

In 1949, the APTA House of Delegates passed the first resolution concerning the use of nonprofessional personnel (*Physical Therapy* 45:124, 1965). An unpublished study done by the APTA in April 1959 revealed that 80 percent of the physical therapists practicing in the United States used volunteer or unsalaried nonprofessionals (*Physical Therapy* 45:118, 1965). In the early 1960s we began to see a wealth of articles appearing in the Journal that dealt with the increasing need for physical therapy services and discussions on how this need could best be met. The level of consciousness of PTs was being nudged up the ladder. This campaign to awaken the creative instincts followed in the wake of a statement issued by the APTA Board of Directors in 1961, which addressed the concept of formal, on-the-job training for nonprofessional personnel (*Physical Therapy* 45:124, 1965). In fact, aide training programs were in existence long before that. Highland View Hospital in Cleveland instituted one in the early 1950s.

The PTA Issue

But the driving force that finally brought the issue to a head was a small group of people who had the foresight to recognize that PTs could no longer be all things to all people—that the same person could not, because of time constraints, evaluate and plan patient programs, expand services, and provide more inclusive and specialized care while continuing to provide the total treatment program. As a result of this vision of what PTs really should be doing, a resolution was introduced in the 1964 APTA House of Delegates. The resolution requested that a committee be appointed to investigate the use of nonprofessional personnel and that they be charged to develop a policy proposal that would reflect the APTA's stand "... regarding title, responsibility, education, training, supervision, regulation, and all other areas related to nonprofessional personnel" (*Physical Therapy* 47:31, 1967). Three years later, in 1967, the House adopted the first policy statement regarding the training and use of the physical therapy assistant. In September, 1967, the first two PTA schools were opened. Two years later, the first physical therapist assistants entered the work force.

Now, 15 years later, we find that the basic concepts remain the same. But there *have* been some changes:

1. We have moved away from the term "nonprofessional," and now refer to PTAs and aides as support personnel.
2. Instead of Physical *Therapy* Assistant, the official title has become Physical *Therapist* Assistant. It was felt that this more clearly defined the function of the PTA, by delineating who PTAs were assisting.
3. The policy statement itself came under study in 1979, when it was pointed out that this exercise was long overdue. The revised policy statement was adopted by the 1981 House of Delegates. Major revision centered around the areas of functions and supervision, and basically reflected more specificity. We had a better handle on who PTAs were, what they could and should be doing, and what the responsibilities of the PT were in regard to them.
4. Curricula, which even in the most stable of times should never be static, changed to keep abreast of the myriad of new techniques that continually crop up and the suggestions from the increasing number of physical therapists who were using assistants to their fullest capabilities.
5. The general philosophy and acceptance level on the part of the PTs has been a most rewarding change. Those of us who have been involved in the education of assistants since the earlier years, remember very vividly the uphill battle. But, there is nothing more heartwarming than seeing an "old die-hard, anti-assistant therapist" do an about-face. It is probably the single most important factor that has made it all worthwhile.

The greatest growth in the number of PTA programs occurred in the early years. Between 1967 and 1972, 32 programs were developed (*Physical Therapy* 52:1300-1307, 1972). Currently, there are 58 accredited and 5 developing curricula for the education and training of PT assistants in the United States.

PTA Education Guidelines

The original guidelines for training and education, as promulgated by the APTA in 1967, set forth standards in regard to faculty, clinical facility, administration, finances, student selection, academic facility, and curriculum content. This became the bible for earlier programs because it clearly delineated those activities that the graduate PT assistant should be prepared to do: activities such as patient preparation; performance of standardized procedures as delegated by the PT in the application of heat, cold, light, and sound modalities, traction, and massage; training and assisting the patient in preplanned exercises, ambulation, functional activities, and application and use of assistive or supportive devices; and in

assistance to the physical therapist in the areas of evaluation, gait analysis, complex treatment procedures, and recording of standardized information.

The 1967 guidelines made it quite clear that basic knowledge in subjects such as anatomy, physiology, functional anatomy, pathology, concepts and scope of physical therapy as part of the allied health profession, communications skills, and delivery of health care be included. It also mandated that PT assistants not only learn skills in regard to treatment procedures, but that they develop understanding of the reasons for the use of these techniques. This remains, to this day, the single most distinguishing difference between the assistant and the on-the-job trained aide. It is of interest to note, also, that the suggested percentages set forth in the technical course work implied that 40 to 45 percent of the time should be spent in directed clinical experience.

Another area that the first guidelines addressed remains relatively unchanged, and that is in regard to supervisory relationships. The assistant is responsible to and supervised by the physical therapist. The physical therapist continues to be responsible for such things as interpretation of referrals; initial, ongoing, and discharge evaluation of patients; treatment program planning and revision; and the selection of those aspects of the treatment program that can and should be delegated to the assistant.

Revised Guidelines

As mentioned earlier, the 1967 policy statement recently underwent study and was somewhat revised in its 1981 adopted form. The major change was in the area of functions. This area was expanded to include more specific job skills in addition to an updating of newer PT assistant responsibilities that have evolved in more recent years. These include performance without interpretation of selected measurement procedures such as joint range of motion, gross strength of muscle groups, and length and girth of body parts. Another major addition is in specifying that the assistant can modify treatment procedures if indicated by patient response and within limits of the plan of care. These additions represent the changes in philosophy regarding use and more importantly reflect the standards and criteria for accreditation of education programs.

PTA Resource Material

Physical therapists who are interested in expanding their treatment services to include employment of assistants will find that there are information sources that are readily available to them. These sources will provide a wealth of information not only on what assistants are being trained to do, but also what they are doing currently in a variety of work settings.

Probably the first place to start is with the "APTA Policy Statement on the Education and Utilization of the Physical Therapist Assistant" (House of Delegates, 1981). This document has been discussed already, but in brief review, it contains information on education, functions, supervisory relationships, regulation, continued competence, and affiliation.

A second and less readily available source would be the "Standards for Accreditation of Physical Therapy Educational Programs" (Accreditation Handbook, APTA, 1979), in particular Standard VI. This standard lists the curriculum plan criteria and provides a comprehensive view of the competencies that PT assistants should attain by the time they have completed the academic and clinical program. These competencies deal with treatment programs and include modality and procedure skills; safety; patient and family interaction; written, oral and nonverbal communication skills; patient status recognition ability; and knowledge of the health care system and the basic principles of authority, responsibility, and supervisory processes.

The Red Book

A third and extremely comprehensive and valuable source to any physical therapy service, with or without PT assistants, is the publication *Competencies in Physical Therapy: An Analysis of Practice* (APTA and Coursewares, Inc, 1981), better known as the "Red Book." This is a book that is based on a Department of Labor study of physical therapy tasks and a supplemental survey done by APTA. Information was obtained from more than 800 facilities including home health agencies, skilled nursing facilities, self-employed practitioners, hospitals, and rehabilitation centers. Several hundred tasks were identified and subsequently combined and grouped by APTA into seven major categories, only four of which have been analyzed. These four categories are Planning of Services, Implementation of Patient Care Services, Implementation of Educational Services, and Implementation of Administrative Services.

There are several things that make the Red Book unique and extremely useful. First of all, one should understand that it is truly an analysis of practice as it exists in the "real world." It contains information not on what PTs and PTAs are educated and trained to do or what they *should* be doing; it delineates what they *are* doing. One should also bear in mind that much of what physical therapy is cannot be defined in terms of competencies, eg, professional attitude, evolving skills, and creative problem-solving. Another unique feature is that it is an excellent source book for planning staff development programs, continuing education topics, and self-assessments.

Figure 1 will give you an idea of how one of the major categories Implemen-

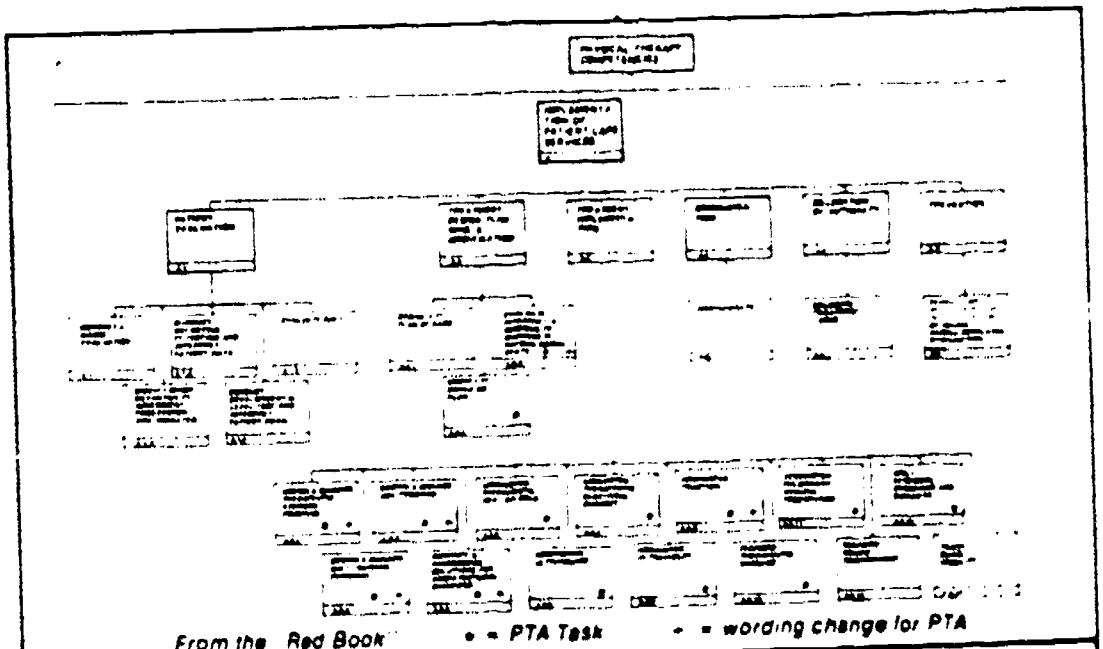


Fig. 1. Detail of Physical Therapy Competencies chart showing [illegible] category of Implementation of Patient Care Services. "•" tasks that are performed by PTAs and PTs; "◦" tasks that are retained for PTAs (eg, "Design and Manage Gait Training Program" is the [illegible] level, "Implement Gait Training Techniques" is the PTA level). Reprinted from Competencies in Physical Therapy: An Analysis of Practice.

proficient, sometimes relatively quickly, because they already have the necessary knowledge base. How can we expect assistants to be adequate in the delivery of these specialized treatment procedures?

Assisting in a variety of settings

However, physical therapist assistants are more than adequate for doing what their name implies. They can assist the physical therapist in these complex procedures. While in school, they should be exposed to a general overview of many, if not most, of the techniques used in evaluation. For example, they may learn what manual muscle testing grades mean and how this scale applies to positioning for exercise routines. They are somewhat familiar with basic philosophy and are able to recognize, and in some isolated cases use, some facilitating or inhibiting techniques that have sprung from the neurophysiological approaches. The assistant student who, during the earlier part of training, becomes upset because the PT is "slapping the patient around" learns to recognize that the therapist was simply facilitating movement. The assistant is extremely skillful in taking vital signs and recognizing fatigue and distress, and therefore could be an integral part of a cardiopulmonary service. But interpreting referrals, evaluating patients, and designing treatment and service programs remain the responsibilities of the physical therapist.

The PTA schools produce graduates that are skilled in the general aspects of patient care. In addition, these graduates have the ability to transfer that skill from one work setting to another, to build on a very firm foundation, to help to design the superstructure. One need only to refer back to *Physical Therapy* to find several articles on how assistants are being used in various work settings. A bibliography of references on the role of assistants is available from APTA headquarters. Another useful reference would be the APTA guidelines for supervision of the physical therapist assistant in home health settings (published in Vol 1, No. 1, *Clinical Management*).

Conclusion

In conclusion, I'd like to introduce the issue of postbaccalaureate entry level for physical therapy and its projected effect on assistant-level programs. Many people have asked me if this means that assistant education will be raised to the baccalaureate level. My answer, without exception, is an emphatic *No!* To do so would put the profession right back into the bag that we struggled so long to find a way out of. Our profession will always need assistants, and that assistant should remain basically a technician, or "A worker who has learned many of the skills of the craftsman and enough of the theory of the professional so that he can provide support to the profession." (Definition provided by the Commission on Science Education of the American Association for the Advancement of Science.) As Viola Robbins so aptly stated almost 20 years ago, "To have an assistant is a challenge . . . The physical therapist must become a good leader. This takes self-development and a critical evaluation of what physical therapists do." (*Physical Therapy* 45:116, 1965).

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THE [redacted] ROLE & FUNCTION

PART 2: [redacted] Practice Setting: A PTA's [redacted]

By Sylvia James

The purpose of this report is to present an overview of the use of the physical therapist assistant in a general practice setting and to present the physical therapist assistant's ideas about their role. Sources of information for this report include interviews with physical therapist assistants and physical therapy department supervisors from acute care hospitals and private practices. Some of the supervisors were not working with PTAs when this report was written. I also interviewed chairmen of the physical therapist assistant programs in California and reviewed data gathered from a survey by the [redacted]ater Los Angeles District Physical Therapist Assistant Task Force.

Role and Function of the Physical Therapist Assistant

The role and function of the physical therapist assistant in the Los Angeles area vary widely depending on factors such as department policy, philosophy, and previous experience with PTAs as well as with the clinical experience of each PTA. In some centers, the duties of a physical therapist assistant may be limited and narrowly defined, while in others, the PTA may be assigned a patient load with full treatment responsibilities allowed by the scope of practice and the assistant's educational background.

The following is a list of PTA duties compiled from interviews and surveys conducted in the greater Los Angeles area. Patient-related duties may include administration of physical therapy as delegated by the supervising physical therapist in such areas as:

- Heat and cold modalities
- Massage
- Therapeutic exercise
- Gait training and fitting/adjusting ambulation equipment
- Electrical stimulation
- Biofeedback
- Wound care
- Altering patient treatment within specified goals and boundaries
- Patient and family education

In some centers, after more specialized training, expanded duties may include:

- ECG interpretation
- Mat classes
- Antigravity lumbar traction application
- Other specific center needs

In all centers, physical therapist assistants work only under a physical therapist's evaluation, treatment plan, and goals. Charting is limited to progress notes and treatment summaries.

Non-patient-related duties may include:

- Documentation and maintenance of accurate treatment records
- Participation in quality assurance studies, peer reviews, chart audits, or other problem-oriented studies
- Attending and reporting at chart rounds
- Preparation of and participation in in-service training and case studies
- Training and supervision of other PTAs and PTA students
- Scheduling
- Preparation of daily charge slips and billing reports

Quality of Care

The quality of patient care has been enhanced by the use of the PT-PTA team. Expense for physical therapy can be controlled by using staff roles to maximum benefit. For example, the PTA can provide excellent routine patient care while the PT is able to provide evaluation, specialized procedure, case consultation, and clinical research.

Assistants are educated in professional ethics and are trained to recognize problems and warning signs. The physical therapist assistant is taught to recognize the signs that a patient is ready to prog-

proficient, sometimes relatively quickly, because they already have the necessary knowledge base. How can we expect assistants to be adequate in the delivery of these specialized treatment procedures?

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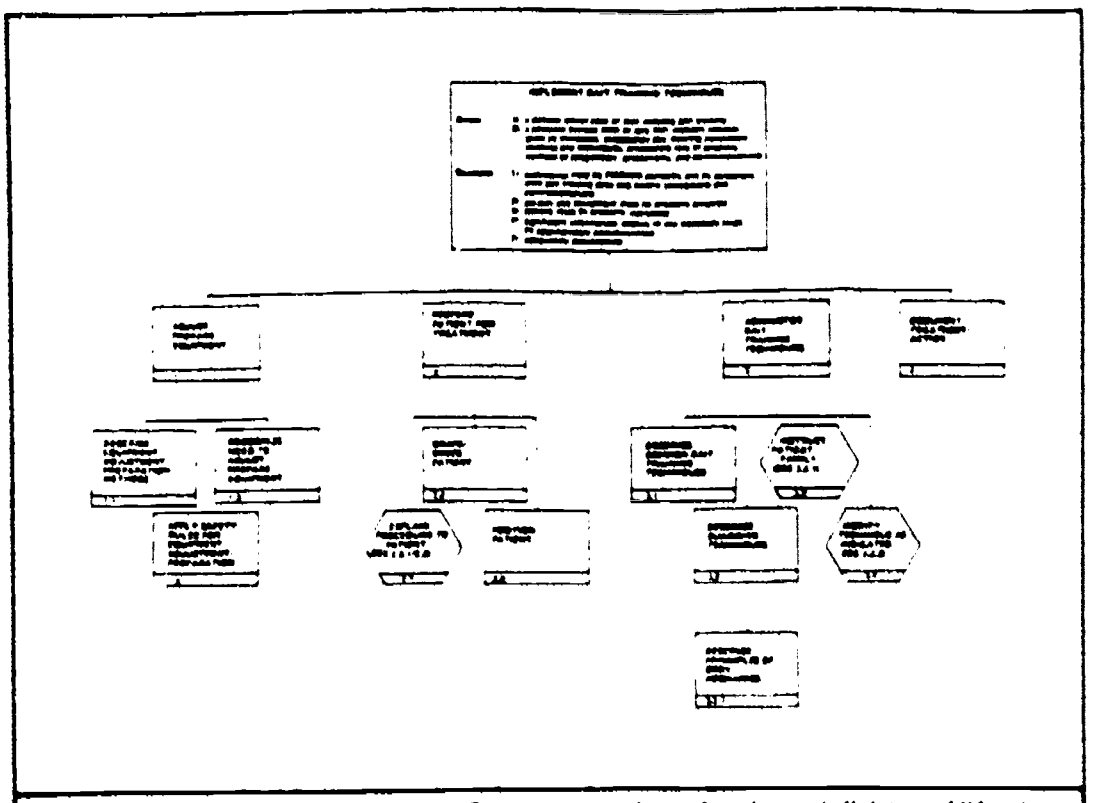

Fig. 2. Physical Therapist Assistant Competency chart showing subdivision of "Implement Gait Training Techniques." (Reprinted from Competencies in Physical Therapy: An Analysis of Practice.")

tation of Patient Care Services, has been divided into subareas. The chart also shows the intricate way the tasks relate to one another. Implementation of Patient Care Services is the category that all identified PTA tasks fall into. The asterisks that appear in the lower boxes relate to the fact that these are tasks that are performed by PTAs as well as by PTs. The + indicates that there is a wording change for assistants, eg, "Design and Manage Gait Training Program" becomes "Implement Gait Training Techniques" under PTA competencies.

Each of the areas identified here is broken down further (Fig. 2). This gives one a very specific idea in regard to all of the criteria that the PTA must be proficient in to be considered competent in gait training techniques. These include adjust/prepare equipment, prepare patient for treatment, administer gait training techniques, and document treatment action. Each of these criteria is then broken down again so that there is very little doubt about the skills that are necessary for one to be competent in the procedure of gait training.

Physical therapist assistant educators who are interested in having their curricula address the "real" tasks of physical therapy (and I like to think that most of us are), use the Red Book in curriculum evaluation and revision. It is an excellent compilation, even in its incomplete form, of what assistants must learn in order to be successful in practice. Physical therapists employing assistants should use it because it can help to form the basis of job descriptions and enhance the understanding of the role of assistants in the field today.

A fourth resource document is your *State Practices Act*, if it has been revised to incorporate the legal parameters for PTAs. Not all states have come this far—at present, only 26 have. State laws governing the practice of assistants are as diverse as are the state cultural and economic pictures. In 1978, the physical therapy licensure board of the APTA conducted a survey, the results of which provide interesting comparative information on passing scores, failure rates, and basic educational requirements, among other things. At that time, the area in which there was most agreement between states was in basic educational requirements. All states that currently regulate the practice of assistants list graduation from a board- or APTA-approved school as a requirement. In 1978, only five states had an equivalency clause. Some states have very specific supervisory regulations and indicate ratios that must be adhered to. Some allow the assistant to supervise physical therapy aides and others do not. Some even delineate specific requirements that the physical therapist must have in order to qualify for the hiring and supervising of assistants. The APTA supports mandatory licensing or registration of PTAs and recommends that in those states that have not done so, only graduates of accredited schools be employed.

A fifth source would be the APTA's *Code of Ethics and Guide for Professional Conduct*, including the "Guide for Conduct of the Affiliate Member." Certain standards of this guide address the issues of decision-making and supervisory relationships. Though rather general in nature, it clearly points out the assistant's responsibility regarding patients, peers, performance of services, and supervision.

What the PTA Is Not

Rather than discuss further what PTAs are trained in, perhaps it would be more appropriate to address the issue of what they are not trained to do. Physical therapist assistants are not junior PTs. The educational programs are not designed to prepare these people at a uniform level that is a certain percentage below that of the professional curriculum. Physical therapists should not be dismayed if assistants have more skill in, for example, the areas of heat and cold application or in the implementation of some therapeutic exercise routines, such as established total hip protocols or planned knee rehabilitation programs. As products of a curriculum that is basically skill oriented and that contains many more hours of laboratory practice than professional curricula do, how could they not be better prepared to perform more routine tasks?

Consider, for a moment, the process of patient evaluation. According to *Webster's Dictionary*, "to evaluate" is to examine and judge. While the process of examining could imply simply following routine procedures, it also implies deciding which procedures should be followed when faced with a condition containing many variables. (Recall how quickly we learned that all strokes are not the same.) And once that decision is made, evaluation requires interpreting the results and transcribing those results to an appropriate treatment plan that eventually will lead to a realistic goal. Choosing the correct procedures, interpreting the results of those procedures, and envisioning a realistic, long-range goal requires knowledge, understanding, and most importantly, judgment that is based in often complicated scientific theory that only in-depth study of the basic sciences will provide. Assistants do not have this required knowledge base.

Other examples that follow the same premise concern certain newer neurophysiologic, orthopedic, and cardiopulmonary approaches. Physical therapists return to the postgraduate arena in order to gain proficiency in these specialized techniques, and they are able to become

the signs that a patient is ready to progress or that a patient requires motivation in his program. The PTA knows the justification for these changes and can readily report these signs to the physical therapist.

Physical therapist assistants are able to participate in continuing education courses to increase their knowledge and skills and thereby become assets to the profession and the individual centers. There are an increasing number of continuing education seminars being provided for PTAs whose emphasis is geared toward the interest and background of the PTA.

Supervisory Needs and Problems

Some specific information that the PTA needs to know from the physical therapist when being assigned a patient is:

- The main problem needing treatment
- Evaluation findings
- Additional problems
- Precautions and limitations to treatment
- Treatment plan
  specifically, what the PT will do and specifically what the PTA is expected to do
- Treatment goals
  short-term goals and expectations
  long-term goals and expectations

The precise duties may vary with the trust in the competency of the physical therapist assistant, the PTA's experience, the difficulty of treatment, and limitation of the patient's abilities

Some centers have reported that having the physical therapist assistant present at the time of the initial evaluation has saved time for the PT, the PTA, and the patient. The PTA may assist the PT by recording some of the evaluation measurements. The patient is introduced to the PTA from the outset, and the PTA need not take extra time to build rapport with the patient. The PTA also has a sense of being brought in on the ground level with the patient. This method allows for a continuity of care because the PTA may assume an immediate takeover of care of the patient after the PT has finished the evaluation.

Employee Satisfaction

Interviews with PTAs in the Los Angeles area revealed that many assistants are satisfied with staying at the assistant level. Seventy-four percent of assistants surveyed reported that their present position was what they expected it to be and that they were satisfied with their present job. However, when asked whether they believed that they were overtrained for the position, 33 percent responded that they were overtrained, 32 percent said that they were undertrained, 14 percent thought that they were neither over nor undertrained, and the remainder said that they felt both under and overtrained at different times, depending on what they were doing.

Although most of the assistants surveyed reported being satisfied with their present positions, some sources of frustration and dissatisfaction were listed. The items most frequently cited were:

- Limited level of promotion at the assistant level.
- Lack of a career ladder.
- Limited salary level.
- Difficulty of acceptance into PT school in this area.
- Utilization below the level of training and competence.
- Misconceptions and nonacceptance of the PTA by staff members.

Some of the centers and PTAs interviewed suggested solutions to the above mentioned sources of frustration and dissatisfaction that they found particularly effective:

- Improve the lines of communication on all staff levels.
- Use more structure with the new staff member role at first.
- Encourage the PTA to participate in all appropriate facets of departmental responsibility
- Provide in-service training by PTAs and other staff members on the role and function of the PTA within the department
- Expand knowledge of the role and utilization of PTAs within the physical therapist's educational program.

Successful Integration of New Staff Level into Existing Center

As the awareness of the PTA's skills and abilities spreads throughout the physical therapy department, utilization of the PTA will expand from narrow provision of only specific services to full usage of the role. Attitudes of the staff members and of the assistant determine success or failure of this integrative process. Responsibility for role development, clarification, job description, and duties are best performed as a team process. Prior negative experience with a physical therapist assistant may warrant open discussion of problems and solutions worked out by both staff and administrative members of the center

Conclusion

Use of the physical therapist assistant in the greater Los Angeles area varies widely depending on several factors. Lev of care, supervisory needs, employee sa isfaction, and successful integration of th PTA into a center were reviewed. Solu tions to some of the sources of frustratio and dissatisfaction mentioned were dis cussed. Most physical therapist assis tants interviewed stated that they wer satisfied with their positions. Finally, on important point is clear: The efficient usi of the PTA in the general practice setting necessarily leads to an improved quality of patient care.

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THE [redacted] ROLE & FUNCTION

PART 3: A Job Description

By Patrice Murphy

Jefferson County Schools Physical Therapist Assistant Job Description

The Physical Therapist Assistant

—administers physical therapy to students in school system program while under the direction of and as assistant to the physical therapist

Typical Duties

—administers such noncomplex, active, and passive manual therapeutic exercises as relaxation positioning, general handling, and ball and mat exercises.

—instructs, motivates, and assists students in learning and improving such functional activities as transfers, preambulation and ambulation, feeding, and ADL.

—observes students during treatments, compiles and evaluates data such as student's responses to treatment and progress, and then reports orally or in writing to the physical therapist.

—fits students for, makes adjustments of, and trains students in use and care of orthoses, prostheses, and supportive devices such as crutches, walkers, and wheelchairs.

—assists physical therapist in design and building of adaptive equipment (eg, seating).

—confers with members of physical therapy staff, other health teams, and school staff members in conference to

exchange, discuss, and evaluate information for planning, modifying, and coordinating treatment programs.
—gives orientation to new physical therapist assistants and directs and gives instructions to physical therapy aides.
—performs various clerical tasks such as taking inventory, ordering supplies, answering telephones, taking messages, and filling out forms.
—may monitor therapy programs administered by classroom aides and other school personnel.
—assists in and attends other school and therapy-oriented activities (eg, Handicap Awareness Day and Special Olympics).
—may assist in the training and evaluation of clinical education of the student physical therapist.
—may assist in the planning, development, and conducting of in-service education.

Also note:
school hours are 7:45 AM–3:15 PM with a 30-minute lunch break.
—please assist in classroom wherever needed, especially during bus arrivals and departures and at feeding times.
—please attend all school and therapy meetings, in-services, and workshops
—please help everyone clean up from the usual school day.

Special Education Classification
—multiply handicapped (MH)—includes severely and profoundly retarded
—orthopedically impaired (OI)—and other health impaired (OHI)
—educable mentally retarded (EMR)
—trainable mentally retarded (TMR)
—emotionally conflicted (EC)
—learning disabled (LD)
—gifted (GF)

Physical and Occupational Therapy Services Available
—screening
—evaluation
—direct treatment—student's therapy program is provided by a PT or PTA* (under direction of a PT), usually 1 to 2 times weekly in a 30-minute to 1-hour session. A classroom teacher, aide, physical education instructor, or other support personnel may follow through on the program daily.
—indirect treatment or consult—following evaluation if through use of "Criteria for Priority Bases for Service Delivery" it is determined that student shall receive therapy services on consult basis only. Consultation services are usually defined as a presentation of evaluation results to student, his/her family, and appropriate school personnel, and recommendations for home and classroom program. Therapist usually makes contact with school and/or family concerning program follow-through on monthly basis.

Suggested Caseload for Therapists in School Setting
PT—no more than 10 priority schools† and student numbers not to exceed 20. Consult Schools‡ and students will vary not to exceed 35 in number.
PTA—caseload will mainly consist of MH and OI students in need of direct treatment services. Number of schools will depend on location of students.
OT—no more than 10 priority schools, and student number not to exceed 50. Consult schools and students will vary in number.
COTA—caseload will mainly consist of MH and LD students in need of direct treatment services. Number of schools will depend on location of students.

**Use of assistants in the school setting enhances therapy program effectiveness by increasing frequency of treatment available to the student and assuring the type of program follow-through that takes place.*
†Priority schools are those schools that the PT or OT visit on a regular (weekly) basis.
‡Consult schools are schools the PT or OT visit infrequently (4 - 6 times a year) for evaluation and follow-up.

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REFERENCES ON THE ROLE OF THE PHYSICAL THERAPIST ASSISTANT

Compiled by: Phyllis M. Quinn, M.Ed.

1. Aldag JC, Martin MF: Physical therapist assistant selection and academic success. Physical Therapy 55:747, 1975

2. American Physical Therapy Association "Policy Statement on the Education and Utililzation of the Physical Therapist Assistant." House of Delegates, 1981

3. Are any of the physical therapist assistant programs that have been or are being developed gearing themselves toward evening classes to open the opportunity for our aides to have upward mobility? Physical Therapy 51:949, 1971

4. Blood, H: Ad Hoc Committee to Study the Utilization and Training of Nonprofessional Assistants. Physical Therapy, Annual Report, 47(11) part 2:31-39, 1967

5. Blood H: Supportive personnel in the health-care system. Physical Therapy 50:173, 1970

6. Canan B: What changes are predicted for the physical therapist assistant in the 1980's? Physical Therapy 60:312, 1980

7. Gossett RL: Assistant utilization: A pilot study. Physical Therapy 53:502, 1973

8. Holmes TM: Supportive personnel and supervisory relationships. Physical Therapy 50(8):1165-1171, 1970

9. Is the physical therapist assistant program an effective step for entry into baccalaureate program? Physical Therapy 52:94, 1972

10. Is there any information on the utilization of assistants who have been employed? Physical Therapy 52:581, 1972

11. Killen MB: Supportive personnel in physical therapy. Physical Therapy 47:483, 1967

12. Kolb ME: Crossroads - 1964. Physical Therapy 44:971-977, 1964

13. Larson CW, Davis ER: Following up the physical therapist assistant graduate: A curriculum evaluation process. Physical Therapy 55:601, 1975

14. Lovelace-Chandler V, Lovelace-Chandler B: Employment of physical therapist assistants in a residential state school. Physical Therapy 59:1243-1246, 1979

15. May BJ: Curricular patterns in physical therapist assistant education. Physical Therapy 51:919, 1971

16. Must a physical therapist be on the premises when an assistant is treating a patient? Physical Therapy 52:787, 1972

17. Perry, JV: Professionalism in physical therapy. Physical Therapy 44:429-434, 1964

18. Policy review: Supervision of assistant in home health setting. Clinical Management in Physical Therapy 1(1):14-15, 1981

19. Rutan FM: Implication of assistant - training programs for physical therapy: On licensure. Physical Therapy 48:999, 1968

20. Rutan FM: State law changes for the physical therapy assistant. Physical Therapy 49:852, 1969

21. Standards for physical therapist assistant education. Approved by the Board of Directors, June 1972. Physical Therapy 52:948, 1972

22. Watts NT: Task analysis and division of responsibility in physical therapy. Physical Therapy 51(31):23-35, 1971

23. White BC: Physical therapy assistants: Implications for the future. Physical Therapy 50:674, 1970.

24. Worthingham CA: Nonprofessional personnel in physical therapy. Physical Therapy 45(2):112-115, 1965

ADOPTED BY H OF D 1981

APTA POLICY STATEMENT ON THE EDUCATION AND UTILIZATION OF TFE PHYSICAL THERAPIST ASSISTANT

Definition:

The physical therapist assistant is a technical health care worker who is a graduate of a program accredited by an agency recognized by the Secretary of the Department of Education and/or the Council on Postsecondary Accreditation, and who performs selected physical therapy procedures and related tasks under the direction and supervision of a physical therapist.

Education:

1. The educational program for the physical therapist assistant is accredited by an agency recognized by the Secretary of the department of Education and/or the Council on Postsecondary Accreditation.

2. The educational program for the physcial therapist assistant is provided by an institution of higher education accredited by a recognized agency.

3. The associate degree program is the degree program for the physical therapist assistant. The curriculum includes course work which may be credited toward requirements leading to a higher degree.

4. The program is administered by a physical therapist who has the responsibility and authority for its development and direction.

5. The program's curriculum is designed to enable the graduate to meet the entry level competencies of the physical therapist assistant.

Functions:

The physical therapist assistant's functions, performed under the direction and supervision of a physical therapist include:

1. Application of physical therapy procedures to patients through:

   a. use of therapeutic exercise, mechanical traction, therapeutic massage, compression, heat, cold, ultraviolet, water, and electricity;

   b. measurement and adjustment of crutches, canes, walkers, and wheelchairs, and instruction in their use and care;

   c. instruction, motivation and assistance to patients and others in: improving pulmonary function, learning and improving functional activities such as pre-ambulation, transfer, ambulation, and daily living activities; and the use and care of orthoses, prostheses, and supportive devices;

   d. performance, without interpretation, of selected measurement procedures such as range of joint motion, gross strength of muscle groups, length and girth of body parts, and vital signs;

   e. modification of treatment procedures as indicated by patient response and within the limits specified in the plan of care, and reporting orally or in writing to the physical therapist;

f. communication with members of physical therapy staff and other health team members, individually and in conference, to provide patient information.

2. Participation in routine administrative procecures required for a physical therapy service.

Supervisory Relationships:

1. The physical therapist assistant works within a physical therapy service administered by a physical therapist.

2. As a supervisor of the physical therapist assistant, the physical therapist is responsible for the following activities, regardless of the setting in which service is given:

   a. interpretation of practitioner's referrals
   b. initial evaluation of the referred patient
   c. development of the treatment plan and program, including the long and short-term goals
   d. assessment of the competence of the physical therapist assistant to perform assigned tasks
   e. selection and delegation of the appropriate portions of the treatment plan and program
   f. identification and documentation of precautions, special problems, contraindications, goals, anticipated progress, and plans for reevaluation
   g. direction and supervision of the physical therapist assistant in the delegated functions
   h. reevaluation of the patient and adjustment of the treatment plan, final evaluation of the patient and discharge planning
   i. designation or establishment of channels of written and oral communication

3. The physical therapist assistant is obligate to:

   a. work within a physical therapy service under the direction and supervision of a physical therapist
   b. obtain, when necessary, the direction and supervision of the physical therapist

4. There are established guidelines and procedures which define the functions and responsibilities of the different levels of physical therapy personnel and the supervisory relationship inherent to the function of the service.

5. Supervision of the physical therapist assistant by the physical therapist includes observation of the application of physical therapy procedures, conferences related to patient progress, verbal reports of progress, and written reports. The closeness and frequency of supervision depends upon the:

   a. complexity of the needs of the patients under care
   b. performance level of the physical therapist assistant
   c. proximity of professional supervision in event of emergencies or critical events
   d. type of setting in which service is provided

In a physical therapy service where the physical therapist and the assistant are not continuously within the same physical setting, greater emphasis must be placed on supervision through frequent oral and written reports. Frequent observation of the care rendered must also be included in order for supervision to be effective.

6. Direction of the physical therapist assistant consists of communicating the treatment plan and program which includes: long- and short-term goals, precautions, special problems, contraindications, identification of physical therapy procedures delegated to the physical therapist assistant, anticipated rate of patient progress, and plans for reevaluation of the patient.

Regulation:

1. The physical therapist assistant is individually credentialed by the legal jurisdiction where employed.

2. In those legal jurisdictions that do not require individual credentialing of the physical therapist assistant, the physical therapist employs only those physical therapist assistants who are graduates of accredited programs.

3. The APTA supports mandatory individual credentialing for the physical therapist assistant.

Continued Competence:

1. The physical therapist assistant is obligated to maintain competence at or above the level determined to assure safe and effective patient practise.

2. The nature and quantity of continued education is an individual matter and depends upon identified needs and goals.

3. As the supervisor of the physical therapist assistant, the physical therapist is responsible for promotion of opportunities for continued competence of the physical therapist assistant.

4. The physical therapist assistant is responsible to seek out and to take advantage of opportunities for continued competence.

Affiliation:

The graduate physical therapist assistant who meets the membership qualifications prescribed by the Board of Directors is eligible for affiliate membership in the American Physical Therapy Association.

DIRECTION AND SUPERVISION IN PHYSICAL THERAPY SERVICES:

Direction and supervision are essential in the provision of quality physical therapy services. The degree of direction and supervision necessary for assuring quality physical therapy services is dependent upon many factors, including the education, experience, and responsibilities of the parties involved, as well as the organizational structure in which the physical therapy services are provided. Supervision whether provided directly or delegated should be readily available to the individual being supervised.

A physical therapy service should be directed by a physical therapist who has demonstrated qualifications based on education and experience, and accepts the inherent responsibilities. The physical therapist director must 1) establish guidelines and procedures which will delineate the functions and responsibilities of all levels of physical therapy personnel in the service and the supervisory relationships inherent to the functions of the service and the organization, 2) assure that the objectives of the service are efficiently and effectively carried out within the framework of the stated purpose of the organization and in accordance with safe physical therapy practice, and 3) interpret administrative policies, act as a liaison between line staff and administration, and foster the professional growth of the staff.

Written standards of practice and performance criteria should be available for all levels of physical therapy personnel in a physical therapy service. Regularly scheduled performance appraisals should be conducted by the supervisor based on these standards of practice and performance criteria.

Delegated responsibilities must be commensurate with the qualifications, including experience, education and training, of the individuals to whom the responsibilities are being assigned. When the physical therapist delegates patient care responsibilities to physical therapist assistants or other supportive personnel the physical therapists holds responsibility for supervision of the physical therapy program. Regardless of the setting in which the service is given; the following responsibilities must be borne solely by the physical therapist:

1. Interpretation of referrals when they are available.

2. Initial evaluation, including problem identification.

3. Development of a plan of care which is based on the initial evaluation and which includes the physical therapy treatment goals.

4. Determination of the appropriate portions of the program to be delegated.

5. Delegation and instruction of the services to be rendered by the physical therapist assistant or other supportive personnel, including, but not limited to, specific treatment program, precautions, special problems, or contraindicated procedures.

6. Timely review of treatment documentation and re-evaluation of the patient, treatment goals and revision of the plan of care when indicated.

7. Accountability for documentation of physical therapy treatment and dissemination of written and oral reports.

When the physical therapist and the physical therapist assistant are not continuously within the same physical setting, greater emphasis in directing the assistant must be placed upon oral and written reporting.

When supervising the physical therapist assistant in the home health setting, the following requirements must be observed:

1. A qualified physical therapist must be accessible by telecommunications to the physical therapist assistant at all times while the physical therapist assistant is treating patients.

2. An initial visit must be made by a qualified physical therapist for evaluation of the patient and establishment of a plan of care.

3. A joint visit by the physical therapist and physical therapist assistant must be made on the first physical therapist assistant visit to the patient.

4. At least once every 6 physical therapist assistant visits, there must be a joint on-site visit or a treatment visit rendered by the physical therapist. The physical therapist assistant must be supervised on-site by the physical therapist at least once every 30 calendar days. Every 6 physical therapist assistant visits or every 30 days a documented conference with the physical therapist assistant outlining current treatment goals and program modifications must occur. The physical therapist must make the final visit to terminate the plan of care.

5. A supervisory visit should include:

   a. A complete on-site functional assessment.
   b. On-site review of activities with appropriate revision or termination of plan of care.
   c. Assessment of utilization of outside resources.

APTA STATE LICENSURE INFORMATION FILE
METHOD OF REGULATION FOR PHYSICAL THERAPIST ASSISTANTS

STATE NAME	LICENSE	CERTIFY	REGISTER
Alabama	yes	no	no
Alaska	yes	no	no
Arizona	no	no	no
Arkansas	yes	yes	yes
California	no	no	yes
Colorado	no	no	no
Connecticut	no	no	no
Delaware	yes	no	no
District of Columbia	no	no	no
Florida	yes	no	no
Georgia	yes	no	no
Hawaii	no	no	no
Idaho	no	no	yes
Illinois	no	no	no
Indiana	no	yes	no
Iowa	no	no	no
Kansas	no	yes	yes
Kentucky	no	yes	no
Louisiana	no	no	no
Maine	yes	no	yes
Maryland	yes	no	no
Massachusetts	yes	no	no
Michigan	no	no	no
Minnesota	no	no	no
Mississippi	no	no	no
Missouri	no	no	no
Montana	no	no	no
Nebraska	no	yes	no
Nevada	yes	yes	yes
New Hampshire	no	no	yes
New Jersey	yes	no	yes
New Mexico	yes	no	no
New York	no	yes	yes
North Carolina	yes	no	no
North Dakota	yes	no	no
Ohio	yes	no	no
Oklahoma	yes	no	no
Oregon	yes	no	no
Pennsylvania.	no	no	yes
Puerto Rico	yes	no	yes
Rhode Island	no	no	no
South Carolina	yes	no	no
South Dakota	no	no	yes
Tennessee	yes	yes	no
Texas	yes	no	no
Utah	no	no	no
Vermont	yes	no	no
Virginia	yes	no	no
Washington	no	no	no
West Virginia	yes	no	no
Wisconsin	no	no	no
Wyoming	no	no	yes

Guide for Conduct of the Affiliate Member

PURPOSE

This Guide is intended to serve physical therapist assistants who are affiliate members of the American Physical Therapy Association in the interpretation of the *Standards of Ethical Conduct for the Physical Therapist Assistant*, providing guidelines by which they may determine the propriety of their conduct. These guidelines are subject to change 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 Judicial Committee of the Association.

INTERPRETING STANDARDS

The interpretations expressed in the Guide are not to be considered all inclusive of situations that could evolve under a specific standard of the *Standards of Ethical Conduct for the Physical Therapist Assistant* but reflect the opinions, decisions, and advice of the Judicial Committee. While the statements of ethical standards apply universally, specific circumstances determine their appropriate application. Input related to current interpretations, or situations requiring interpretation, is encouraged from APTA members.

STANDARD 1

Physical therapist assistants provide services under the supervision of a physical therapist.

1.1 Supervisory Relationships
Physical therapist assistants are required to work under the supervision and direction of a qualified physical therapist who is properly credentialed in the jurisdiction in which he/she practices.

1.2 Performance of Service
A. Physical therapist assistants are not to initiate or alter a treatment program without prior evaluation by and approval of the supervising physical therapist.
B. Physical therapist assistants are not to interpret data relating to a patient's disability.
C. Physical therapist assistants are not to respond to inquiries that require the assessment of patient progress or prognosis. Such inquiries are to be referred directly to the supervising physical therapist.
D. Physical therapist assistants may communicate with members of physical therapy staff and other health team members, individually and in conference, to provide patient information other than described in 1.2 C above.

STANDARD 2

Physical therapist assistants respect the rights and dignity of all individuals.

2.1 Attitudes of Physical Therapist Assistants
A. Physical therapist assistants are to recognize that each individual is different from all other individuals and to be tolerant of and responsive to those differences.
B. Physical therapist assistants are to be guided at all times by concern for the dignity and welfare of those patients entrusted to their care.
C. Physical therapist assistants are to be responsive to and supportive of colleagues and associates.

2.2 Request for Release of Information
Physical therapist assistants are to refer all requests for release of confidential information to the supervising physical therapist.

2.3 Protection of Privacy
Physical therapist assistants must treat as confidential all information relating to the personal conditions and affairs of the persons whom they serve.

STANDARD 3

Physical therapist assistants maintain and promote high standards in the provision of services.

3.1 Solicitation of Patients
Physical therapist assistants are not to solicit patients.

3.2 Information About Services
Physical therapist assistants are not to use, or participate in the use of, any form of communication containing a false, fraudulent, misleading, deceptive, unfair, or sensational statement or claim.

3.3 Organizational Employment
Physical therapist assistant are obligated to advise their employer(s) of any employer practice which causes them to be in conflict with the *Standards of Ethical Conduct for the Physical Therapist Assistant*.

3.4 Endorsement of Equipment
Physical therapist assistants are not to endorse equipment or exercise influence on patients or families to purchase or lease equipment except as directed by a physical therapist acting in accord with the stipulation in paragraph 5.3.A. of the *Guide for Professional Conduct*.

3.5 Consumer Protection
Physical therapist assistants are to report any conduct which appears to be unethical or illegal.

STANDARD 4

Physical therapist assistants provide services within the limits of the law.

4.1 Supervisory Relationships
Physical therapist assistants are to comply with all aspects of law. Regardless of the content of any law, physical therapist assistants are to provide services only under the supervision and direction of a qualified physical therapist who is properly credentialed in the jurisdiction in which he/she practices.

4.2 Representation
Physical therapist assistants are not to hold themselves out as physical therapists.

STANDARD 5

Physical therapist assistants make those judgments that are commensurate with their qualifications as physical therapist assistants.

5.1 Patient Supervision
Physical therapist assistants are to report all untoward patient responses to the supervising physical therapist or designee.

5.2 Patient Safety
Physical therapist assistants may refuse to carry out treatment procedures that they believe to be not in the best interest of the patient.

5.3 Qualifications
Physical therapist assistants are not to carry out any procedure that they are not qualified to provide.

5.4 Discontinuance of Treatment Program
Physical therapist assistants are to discontinue immediately any treatment procedures which in their judgment appear to be harmful to the patient.

5.5 Continued Education
Physical therapist assistants are to continue participation in various types of educational activities which enhance their skills and knowledge and provide new skills and knowledge.

STANDARD 6

Physical therapist assistants give the welfare of patients their highest regard.

6.1 Financial Considerations
Under no circumstances are physical therapist assistants to place their own financial interest above the welfare of their patients.

6.2 Exploitation of Patients
Physical therapist assistants are not to participate in any arrangements in which patients are exploited. Such arrangements include situations where referring sources enhance their personal incomes as a result of referring for, delegating, prescribing or recommending physical therapy services.

Issued by Judicial Committee
American Physical Therapy Association
October 1981

Amended January 1983
January 1994

American Physical Therapy Association
1111 North Fairfax Street
Alexandria, VA 22314

Standards of Ethical Conduct for the Physical Therapist Assistant

PREAMBLE

Physical therapist assistants are responsible for maintaining and promoting high standards of conduct. These Standards of Ethical Conduct for the Physical Therapist Assistant shall be binding on physical therapist assistants who are affiliate members of the Association.

STANDARD 1

Physical therapist assistants provide services under the supervision of a physical therapist.

STANDARD 2

Physical therapist assistants respect the rights and dignity of all individuals.

STANDARD 3

Physical therapist assistants maintain and promote high standards in the provision of services.

STANDARD 4

Physical therapist assistants provide services within the limits of the law.

STANDARD 5

Physical therapist assistants make those judgments that are commensurate with their qualifications as physical therapist assistants.

STANDARD 6

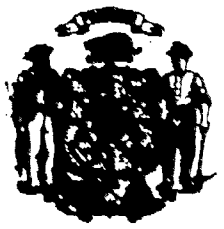
Physical therapist assistants give the welfare of patients their highest regard.

Adopted by House of Delegates
June 1982

State of Wisconsin

Department of Regulation and Licensing

Medical Examining Board



MEDICAL PRACTICE ACT

1975 Edition

cause to reprimand the holder or to limit, suspend or revoke such license or certificate.

History: 1975 c. 383, 421; 1977 c. 418 ss. 845, 846, 929 (41).

Note: Chapter 383, laws of 1975, which repealed and recreated chapter 448 of the statutes contains a statement of legislative policy in section 1. See the 1975 session law volume.

448.02 Authority. (1) LICENSE. The board may grant licenses, including various classes of temporary licenses, to practice medicine and surgery, to practice podiatric medicine and surgery and to practice physical therapy.

(2) CERTIFICATE. The board may certify physician's assistants.

(3) INVESTIGATION; HEARING; ACTION. The board shall investigate allegations of unprofessional conduct by persons holding a license or certificate granted by the board. A finding by a panel established under s. 655.02 or by a court that a physician has acted negligently is an allegation of unprofessional conduct. After the investigation, if the board finds that there is probable cause to believe that the person is guilty of unprofessional conduct, the board shall hold a hearing on such conduct. The board may, when it finds a person guilty of unprofessional conduct, warn or reprimand that person, or limit, suspend or revoke any license or certificate granted by the board to that person. The board shall comply with rules of procedure for such investigation, hearing and action promulgated under s. 440.03 (1).

(a) The board may limit a license or certificate for a period not to exceed 5 years. A person whose license or certificate is limited shall be permitted to continue practice upon condition that the person will refrain from engaging in unprofessional conduct; that the person will appear before the board or its officers or agents at such times and places as may be designated by the board from time to time; that the person will fully disclose to the board or its officers or agents the nature of the person's practice and conduct; and that the person will cooperate with the board during the entire period of limitation.

(b) Unless a suspended license or certificate is revoked during the period of suspension, upon the expiration of the period of suspension the license or certificate shall again become operative and effective. However, the board may require the holder of any such suspended license or certificate to pass the examinations required for the original grant of the license or certificate before allowing such suspended license or certificate again to become operative and effective.

(4) SUSPENSION PENDING HEARING. The board may summarily suspend any license or certificate granted by the board for a period not to exceed 30 days pending hearing, when the board has in its possession evidence establishing probable cause to believe that the holder of such license or certificate has violated the provisions of this chapter and that it is necessary to suspend such license or certificate immediately to protect the public health, safety or welfare. The holder of such license or certificate shall be granted an opportunity to be heard during the determination of probable cause. The board may designate any of its officers to exercise the authority granted by this subsection to suspend summarily a license or certificate, but such suspension shall be for a period of time not to exceed 72 hours.

(5) VOLUNTARY SURRENDER. The holder of any license or certificate granted by the board may voluntarily surrender the license or certificate to the secretary of the board at any time.

(6) RESTORATION OF LICENSE. The board may restore any license or certificate which has been voluntarily surrendered or revoked under any of the provisions of this chapter, on such terms and conditions as it may deem appropriate.

History: 1975 c. 383, 421; 1977 c. 418.

Wisconsin medical examining board does not deny due process by both investigating and adjudicating charge of professional misconduct. Withrow v. Larkin, 421 US 35.

448.03 License required to practice; exceptions; use of titles; civil immunity. (1) LICENSE REQUIRED TO PRACTICE. No person may practice medicine and surgery, podiatry or physical therapy, or attempt to do so or make a representation as authorized to do so, without a license granted by the board.

(2) EXCEPTIONS. Nothing in this chapter shall be construed either to prohibit, or to require a license or certificate under this chapter for any of the following:

(a) Any person lawfully practicing within the scope of a license, permit, registration, certificate or certification granted to practice professional or practical nursing under ch. 441, to practice chiropractic under ch. 446, to practice dentistry or dental hygiene under ch. 447, to practice optometry under ch. 449 or under any other statutory provision, or as otherwise provided by statute.

(b) The performance of official duties by a physician of any of the armed services or federal health services of the United States.

(c) The activities of a medical student, podiatry student, physical therapy student or physician's assistant student required for such student's education and training; or the activities of a medical school graduate required for training as required in s. 448.05 (2).

(d) Actual consultation or demonstration by licensed physicians, podiatrists or physical therapists of other states or countries with licensed physicians, podiatrists or physical therapists of this state.

(e) Any person providing patient services as directed, supervised and inspected by a physician or podiatrist who has the power to direct, decide and oversee the implementation of the patient services rendered.

(f) Any person assisting a physical therapist in practice under the direct, immediate, on premises supervision of such physical therapist.

(g) Ritual circumcision by a rabbi, or the practice of Christian Science.

(h) The gratuitous domestic administration of family remedies.

(i) Any person furnishing medical assistance or first aid at the scene of an emergency.

(3) USE OF TITLES. (a) No person not possessing the degree of doctor of medicine may use or assume the title "doctor of medicine" or append to the person's name the letters "M.D.".

(b) No person not possessing the degree of doctor of osteopathy may use or assume the title "doctor of osteopathy" or append to the person's name the letters "D.O.".

(c) No person not a podiatrist may designate himself or herself as a podiatrist or use or assume the title "doctor of surgical chiropody" or "doctor of podiatry" or "doctor of podiatric medicine" or append to the person's name the words or letters "doctor", "Dr.", "D.S.C.", "D.P.M." or "foot doctor" or "foot specialist" or any other title, letters or designation which represents or may tend to represent the person as a podiatrist.

(d) No person not a physical therapist may designate himself or herself as a physical therapist or use or assume the title "physical therapist" or "physiotherapist" or "physical therapy technician" or append to the person's name the letters "P.T.", "P.T.T." or "R.P.T." or any other title, letters or designation which represents or may tend to represent the person as a physical therapist.

(e) No person may designate himself or herself as a "physician's assistant" or use or assume the title "physician's assistant" or append to the person's name the words or letters "physician's assistant" or "P.A." or any other titles, letters or designation which represents or may tend to represent the person as a physician's assistant unless certified as a physician's assistant by the board.

(4) DEFINITION. In this section, "the scene of an emergency" means areas not within the confines of a hospital or other institution which has hospital facilities or the office of a person licensed or certified under this chapter.

(5) CIVIL LIABILITY; CERTAIN MEDICAL PROCEDURES. No person licensed or certified under this chapter shall be liable for any civil damages resulting from such person's refusal to perform sterilization procedures or to remove or aid in the removal of a human embryo or fetus from a person if such refusal is based on religious or moral precepts.

History: 1975 c. 383, 421; 1977 c. 164.

448.04 Classes of license; certificate of licensure. (1) CLASSES OF LICENSE. (a) *License to practice medicine and surgery.* A person holding a license to practice medicine and surgery may practice as defined in s. 448.01 (9).

(b) *Temporary license to practice medicine and surgery.* 1. An applicant for license to practice medicine and surgery who has passed an examination satisfactory to the board, or who is a graduate of a medical school in this state, and who more than 30 days prior to the date set by the board for the holding of its next examination has complied with all the requirements of s. 448.05 (2) and (7) may, at the discretion of the board, be granted a temporary license to practice medicine and surgery. Such temporary license shall expire 60 days after the next examination for license is given or on the date following the examination on which the board grants or denies such applicant a license whichever occurs first, but the temporary license shall automatically expire on the first day the board begins its examination of applicants after granting such license, unless its holder submits to examination on such date. The board may require an applicant for temporary licensure under this subdivision to appear before a member of the board for an interview and oral examination. A temporary license shall be granted under this subsection only once to the same person.

2. An applicant who is a graduate of a foreign medical school and who, because of noteworthy professional attainment, is invited to serve on the academic staff of a medical school in this state as a visiting professor, may be granted a temporary license to practice medicine and surgery if found by the board to be of good professional character. Such license shall remain in force only while the holder is serving full-time on the academic staff of a medical school, and the holder's entire practice is limited to the duties of the academic position. Such license shall expire 2 years after its date of granting and may be renewed at the discretion of the board. The board may require

WISCONSIN ADMINISTRATIVE CODE

Rules of the
Wisconsin Medical Assistance Program
(Medicaid) Title XIX

Health and Social Services
Chapters HSS 101 - 108

Bureau of Health Care Financing
Division of Health
Department of Health and Social Services
P.O. Box 309
Madison, WI 53701-0309

(5) NON-COVERED SERVICES. Consultations between providers regarding a diagnosis or treatment are not covered services.

Note: For more information on non-covered services, see s. HSS 107.03.

History: Cr. Register, February, 1986, No. 362, eff. 3-1-86.

HSS 107.16 Physical therapy. (1) COVERED SERVICES. (a) *General.* Covered physical therapy services are those medically necessary modalities, procedures and evaluations enumerated in pars. (b) to (d), when prescribed by a physician and performed by a qualified physical therapist (PT) or a certified physical therapy assistant under the direct, immediate, on-premises supervision of a physical therapist. Specific services performed by a physical therapy aide under par. (e) are covered when provided in accordance with supervision requirements under par. (e) 3.

(b) *Evaluations.* Covered evaluations, the results of which shall be set out in a written report to accompany the test chart or form in the recipient's medical record, are the following:

1. Stress test;

2. Orthotic check-out;

3. Prosthetic check-out;

4. Functional evaluation;

5. Manual muscle test;

6. Isokinetic evaluation;

7. Range-of-motion measure;

8. Length measurement;

9. Electrical testing:

a. Nerve conduction velocity;

b. Strength duration curve — chronaxie;

c. Reaction of degeneration;

d. Jolly test (twitch tetanus); and

e. "H" test;

10. Respiratory assessment;

11. Sensory evaluation;

12. Cortical integration evaluation;

13. Reflex testing;

14. Coordination evaluation;

15. Posture analysis;

16. Gait analysis;

17. Crutch fitting;

18. Cane fitting;

19. Walker fitting;

20. Splint fitting;

21. Corrective shoe fitting or orthopedic shoe fitting;

22. Brace fitting assessment;

23. Chronic-obstructive pulmonary disease evaluation;

24. Hand evaluation;

25. Skin temperature measurement;

26. Oscillometric test;

27. Doppler peripheral-vascular evaluation;

28. Developmental evaluation:

a. Millani-Comparetti evaluation;

b. Denver developmental;

c. Ayres;

d. Gessell;

e. Kephart and Roach;

f. Bazelton scale;

g. Bailey scale; and

h. Lincoln Osteretsky motion development scale;

29. Neuro-muscular evaluation;

30. Wheelchair fitting — evaluation, prescription, modification, adaptation;

31. Jobst measurement;

32. Jobst fitting;

33. Perceptual evaluation;

34. Pulse volume recording;

35. Physical capacities testing;

36. Home evaluation;

37. Garment fitting;

38. Pain; and

39. Arthrokinematic.

(c) *Modalities*. Covered modalities are the following:

1. Hydrotherapy:

a. Hubbard tank, unsupervised; and

b. Whirlpool;

2. Electrotherapy:

a. Biofeedback; and

b. Electrical stimulation — transcutaneous nerve stimulation, medcolator;

3. Exercise therapy:

a. Finger ladder;

b. Overhead pulley;

c. Restorator;

d. Shoulder wheel;

e. Stationary bicycle;

f. Wall weights;

g. Wand exercises;

h. Static stretch;

i. Elgin table;

j. N-k table;

k. Resisted exercise;

l. Progressive resistive exercise;

m. Weighted exercise;

n. Orthotron;

o. Kinetron;

p. Cybex;

q. Skate or powder board;

r. Sling suspension modalities; and

s. Standing table;

4. Mechanical apparatus:

a. Cervical and lumbar traction; and

b. Vasoneumatic pressure treatment;

5. Thermal therapy:

a. Baker;

b. Cryotherapy — ice immersion or cold packs;

c. Diathermy;

d. Hot pack — hydrocollator pack;

e. Infra-red;

f. Microwave;

g. Moist air heat; and

h. Paraffin bath.

(d) *Procedures.* Covered procedures are the following:

1. Hydrotherapy:

a. Contrast bath;

b. Hubbard tank, supervised;

c. Whirlpool, supervised; and

d. Walking tank;

2. Electrotherapy:

a. Biofeedback;

b. Electrical stimulation, supervised;

c. Iontophoresis (ion transfer);

d. Transcutaneous nerve stimulation (TNS), supervised;

e. Electrogalvanic stimulation;

f. Hyperstimulation analgesia; and

g. Interferential current;

3. Exercise:

a. Peripheral vascular exercises (Beurger-Allen);

b. Breathing exercises;

c. Cardiac rehabilitation — immediate post-discharge from hospital;

d. Cardiac rehabilitation -- conditioning rehabilitation program;

e. Codmans's exercise;

f. Coordination exercises;

g. Exercise — therapeutic (active, passive, active assistive, resistive);

h. Frenkel's exercise;

i. In-water exercises;

j. Mat exercises;

k. Neurodevelopmental exercise;

l. Neuromuscular exercise;

m. Post-natal exercise;

n. Postural exercises;

o. Pre-natal exercises;

p. Range-of-motion exercises;

q. Relaxation exercises;

r. Relaxation techniques;

s. Thoracic outlet exercises;

t. Back exercises;

u. Stretching exercises;

v. Pre-ambulation exercises;

w. Pulmonary rehabilitation program; and

x. Stall bar exercise;

4. Mechanical apparatus:

a. Intermittent positive pressure breathing;

b. Tilt or standing table;

c. Ultra-sonic nebulizer;

d. Ultra-violet; and

e. Phonophoresis;

5. Thermal:

a. Cryotherapy - ice massage, supervised;

b. Medcosonulator; and

c. Ultra-sound;

6. Manual application:

a. Acupressure, also known as shiatsu;

b. Adjustment of traction apparatus;

c. Application of traction apparatus;

d. Manual traction;

e. Massage;

f. Mobilization;

g. Perceptual facilitation;

h. Percussion (tapotement), vibration;

i. Strapping — taping, bandaging;

j. Stretching;

k. Splinting; and

l. Casting;

7. Neuromuscular techniques:

a. Balance training;

b. Muscle reeducation;

c. Neurodevelopmental techniques — PNR, Rood, Temple-Fay, Doman-Delacato, Cabot, Bobath;

d. Perceputual training;

e. Sensori-stimulation; and

f. Facilitation techniques;

8. Ambulation training:

a. Gait training with crutch, cane or walker;

b. Gait training for level, incline or stair climbing; and

c. Gait training on parallel bars; and

9. Miscellaneous:

a. Aseptic or sterile procedures;

b. Functional training, also known as activities of daily living — self-care training, transfers and wheelchair independence;

c. Orthotic training;

d. Positioning;

e. Posture training;

f. Preprosthetic training — desensitization;

g. Preprosthetic training — strengthening;

h. Preprosthetic training — wrapping;

i. Prosthetic training;

j. Postural drainage; and

k. Home program.

(e) *Physical therapy aide services.* 1. Services which are reimbursable when performed by a physical therapy aide meeting the requirements of subds. 2 and 3 are the following:

a. Performing simple activities required to prepare a recipient for treatment, assist in the performance of treatment, or assist at the conclusion of treatment, such as assisting the recipient to dress or undress, transferring a recipient to or from a mat, and applying or removing orthopedic devices;

Note: Transportation of the recipient to or from the area in which therapy services are provided is not reimbursable.

b. Assembling and disassembling equipment and accessories in preparation for treatment or after treatment has taken place;

Note: Examples of activities are adjustment of restorator, N.K. table, cybex, weights and weight boots for the patient, and the filling, cleaning and emptying of whirlpools.

c. Assisting with the use of equipment and performing simple modalities once the recipient's program has been established and the recipient's response to the equipment or modality is highly predictable; and

Note: Examples of activies are application of hot or cold packs, application of paraffin, assisting recipient with whirlpool, tilt table, weights and pulleys.

d. Providing protective assistance during exercise, activities of daily living, and ambulation activities related to the development of strength and refinement of activity.

Note: Examples of activities are improving recipient's gait safety and functional distance technique through repetitious gait training and increasing recipient's strength through the use of such techniques as weights, pulleys, and cane exercises.

2. The physical therapy aide shall be trained in a manner appropriate to his or her job duties. The supervising therapist is responsible for the training of the aide or for securing documentation that the aide has been trained by a physical therapist. The supervising therapist is responsible for determining and monitoring the aide's competency to perform assigned duties. The supervising therapist shall document in writing the modalities or activities for which the aide has received training.

3. a. The physical therapy aide shall provide services under the direct, immediate, one-to-one supervision of a physical therapist. In this subdivision, "direct immediate, one-to-one supervision" means one-to-one supervision with face-to-face contact between the physical therapy aide and the supervising therapist during each treatment session, with the physical therapy aide assisting the therapist by providing services under subd. 1. The direct immediate one-to-one supervision requirement does not apply to non-billable physical therapy aide services.

b. The department may exempt a facility providing physical therapy services from the supervision requirement under subpar. a if it determines that direct, immediate one-to-one supervision is not required for specific assignments which physical therapy aides are performing at that facility. If an exemption is granted, the department shall indicate specific physical therapy aide services for which the exemption is granted and shall set a supervision ratio appropriate for those services.

Note: For example, facilities providing significant amounts of hydrotherapy may be eligible for an exemption to the direct, immediate one-to-one supervision requirement for physical therapy aides who fill or clean tubs.

4. Physical therapy aides may not bill or be reimbursed directly for their services.

(2) SERVICES REQUIRING PRIOR AUTHORIZATION. (a) *Definition.* In this subsection, "spell of illness" means a condition characterized by a demonstrated loss of functional ability to perform daily living skills, caused by a new disease, injury or medical condition or by an increase in the severity of a pre-existing medical condition. For a condition to be classified as a new spell of illness, the recipient must display the potential to reachieve the skill level that he or she had previously.

(b) *Requirement.* Prior authorization is required under this subsection for physical therapy services provided to an MA recipient in excess of 45 treatment days per spell of illness, except that physical therapy services provided to a MA recipient who is a hospital inpatient or who is receiving

physical therapy services provided by a home health agency are not subject to prior authorization under this subsection.

Note: Physical therapy services provided by a home health agency are subject to prior authorization under s. HSS 107.11 (2).

(c) *Conditions justifying spell of illness designation.* The following conditions may justify designation of a new spell of illness:

1. An acute onset of a new disease, injury or condition such as:

a. Neuromuscular dysfunction, including stroke-hemiparesis, multiple sclerosis, Parkinson's disease and diabetic neuropathy;

b. Musculoskeletal dysfunction, including fracture, amputation, strains and sprains, and complications associated with surgical procedures; or

c. Problems and complications associated with physiologic dysfunction, including severe pain, vascular conditions, and cardio-pulmonary conditions.

2. An exacerbation of a pre-existing condition, including but not limited to the following, which requires physical therapy intervention on an intensive basis:

a. Multiple sclerosis;

b. Rheumatoid arthritis; or

c. Parkinson's disease.

3. A regression in the recipient's condition due to lack of physical therapy, as indicated by a decrease of functional ability, strength, mobility or motion.

(d) *Onset and termination of spell of illness.* The spell of illness begins with the first day of treatment or evaluation following the onset of the new disease, injury or medical condition or increased severity of a pre-existing medical condition and ends when the recipient improves so that treatment by a physical therapist for the condition causing the spell of illness is no longer required, or after 45 treatment days, whichever comes first.

(e) *Documentation.* The physical therapist shall document the spell of illness in the patient plan of care, including measurable evidence that the recipient has incurred a demonstrated functional loss of ability to perform daily living skills.

(f) *Non-transferability of treatment days.* Unused treatment days from one spell of illness may not be carried over into a new spell of illness.

(g) *Other coverage.* Treatment days covered by medicare or other third-party insurance shall be included in computing the 45-day per spell of illness total.

(h) *Department expertise.* The department may have on its staff qualified physical therapists to develop prior authorization criteria and perform other consultative activities.

Note: For more information on prior authorization, see s. HSS 107.02 (3).

(3) OTHER LIMITATIONS. (a) *Plan of care for therapy services.* Services shall be furnished to a recipient under a plan of care established and periodically reviewed by a physician. The plan shall be reduced to writing before treatment is begun, either by the physician who makes the plan available to the provider or by the provider of therapy when the provider makes a written record of the physician's oral orders. The plan shall be promptly signed by the ordering physician and incorporated into the provider's permanent record for the recipient. The plan shall:

1. State the type, amount, frequency and duration of the therapy services that are to be furnished the recipient and shall indicate the diagnosis and anticipated goals. Any changes shall be made in writing and signed by the physician, the provider of therapy services or the physician on the staff of the provider pursuant to the attending physician's oral orders; and

2. Be reviewed by the attending physician in consultation with the therapist providing services, at whatever intervals the severity of the recipient's condition requires, but at least every 90 days. Each review of the plan shall be indicated on the plan by the initials of the physician and the date performed. The plan for the recipient shall be retained in the provider's file.

(b) *Restorative therapy services.* Restorative therapy services shall be covered services, except as provided in sub. (4) (b).

(c) *Maintenance therapy services.* Preventive or maintenance therapy services shall be covered services only when one of the following conditions are met:

1. The skills and training of a therapist are required to execute the entire preventive and maintenance program;

2. The specialized knowledge and judgment of a physical therapist are required to establish and monitor the therapy program, including the initial evaluation, the design of the program appropriate to the individual recipient, the instruction of nursing personnel, family or recipient, and the necessary re-evaluations; or

3. When, due to the severity or complexity of the recipient's condition, nursing personnel cannot handle the recipient safely and effectively.

(d) *Evaluations.* Evaluations shall be covered services. The need for an evaluation or re-evaluation shall be documented in the plan of care. Evaluations shall be counted toward the 45-day per spell of illness prior authorization threshold.

(e) *Extension of therapy services.* Extension of therapy services shall not be approved beyond the 45-day per spell of illness prior authorization threshold in any of the following circumstances:

1. The recipient has shown no progress toward meeting or maintaining established and measurable treatment goals over a 6-month period, or the recipient has shown no ability within 6 months to carry over abilities gained from treatment in a facility to the recipient's home;

2. The recipient's chronological or developmental age, way of life or home situation indicates that the stated therapy goals are not appropriate for the recipient or serve no functional or maintenance purpose;

3. The recipient has achieved independence in daily activities or can be supervised and assisted by restorative nursing personnel;

4. The evaluation indicates that the recipient's abilities are functional for the person's present way of life;

5. The recipient shows no motivation, interest, or desire to participate in therapy, which may be for reasons of an overriding severe emotional disturbance;

6. Other therapies are providing sufficient services to meet the recipient's functioning needs; or

7. The procedures requested are not medical in nature or are not covered services. Inappropriate diagnoses for therapy services and procedures of questionable medical necessity may not receive departmental authorization, depending upon the individual circumstances.

(4) NON-COVERED SERVICES. The following services are not covered services:

(a) Services related to activities for the general good and welfare of recipients, such as general exercises to promote overall fitness and flexibility and activities to provide diversion or general motivation;

(b) Those services that can be performed by restorative nursing, as under s. HSS 132.60 (1) (b) through (d);

(c) Activities such as end-of-the-day clean-up time, transportation time, consultations and required paper reports. These are considered components of the provider's overhead costs and are not covered as separately reimbursable items;

(d) Group physical therapy services; and

(e) When performed by a physical therapy aide, interpretation of physician referrals, patient evaluation, evaluation of procedures, initiation or adjustment of treatment, assumption of responsibility for planning patient care, or making entries in patient records.

Note: For more information on non-covered services, see s. HSS 107.03.

History: Cr. Register, February, 1986, No 362, eff. 3-1-86.

HSS 107.17 Occupational therapy. (1) COVERED SERVICES. Covered occupational therapy services are the following medically necessary services when prescribed by a physician and performed by a certified occupational therapist (OT) or by a certified occupational therapist assistant (COTA) under the direct, immediate, on-premises supervision of a certified occupational therapist or, for services under par. (d), by a certified occupational therapist assistant under the general supervision of a certified occupational therapist pursuant to the requirements of s. HSS 105.28 (2):

(a) Motor skills, as follows:

1. Range-of-motion;

2. Gross/fine coordination;

3. Strengthening;

STATE OF ILLINOIS

DEPARTMENT OF REGISTRATION AND EDUCATION

THE ILLINOIS PHYSICAL THERAPY REGISTRATION ACT

Ill. Rev. Stat. 1977, Ch. 111, Secs. 4201 to 4231.

GARY L. CLAYTON
ACTING DIRECTOR

Printed in 1978 by Authority of the State of Illinois

(The numbers appearing hereinbelow in parenthesis preceding section numbers are references to sections of Chapter 111 of Ill. Rev. Stat. 1977.)

An Act in relation to Physical Therapy (Approved Aug. 3, 1951), as amended.

(4201.) Section 1. Definitions.) As used in this Act:

(1) "Physical Therapy" means the evaluation or treatment of a person by the use of therapeutic exercise, the physical properties of heat, cold, water, radiant energy, electricity, sound, air, massages and the rehabilitative procedures with or without assistive devices, for the purposes of preventing, correcting, or alleviating a physical or mental disability. Physical therapy includes: (a) performances of specialized tests of neuromuscular function, (b) administration of specialized treatment procedures, (c) interpretation of referrals from physicians and dentists, (d) establishment and modification of physical therapy treatment programs, and (e) supervision or teaching of physical therapy. Physical therapy does not include radiology or electrosurgery.

(2) "Physical Therapist" means a person who practices physical therapy and who delegates patient care activities to supportive personnel.

(3) "Department" means the Department of Registration and Education.

(4) "Director" means the Director of the Department of Registration and Education.

(5) "Assistant Director" means the Assistant Director of the Department of Registration and Education.

(6) "Superintendent" means the Superintendent of Registration of the Department of Registration and Education.

(7) "Committee" means the Board of Physical Therapists' examiners approved by the Director. Amended by Act eff. Oct. 1, 1975.

(4202.) Section 2. Practice without registration forbidden--Exception.) No person shall after the date of August 31, 1965 begin to practice physical therapy in this State or hold himself out as being able to practice this profession, unless he is registered in accordance with the provisions of this Act.

This Act does not prohibit: (1) Any person licensed in this State under any other Act from engaging in the practice for which he is licensed. (2) The practice of physical therapy by those persons who have met all of the qualifications as provided in Sections 6, 7 and 8 of this Act, until the next examination is given for physical therapists and the results thereof have been made public, providing such practice shall be under the supervision of a physician, or dentist, or a registered

physical therapist. Anyone failing to pass said examination shall not again practice physical therapy until such time as an examination has been successfully passed by such person. (3) The practice of physical therapy for a period not exceeding 6 months by a person who submits satisfactory evidence to the Committee that he is in this State on a temporary basis to assist in a case of medical emergency or to engage in a special physical therapy project, and who meets the qualifications for a physical therapist as set forth in Sections 6 and 7 of this Act. (4) One or more registered physical therapists from forming a professional service corporation under the provisions of the "Professional Service Corporation Act", approved September 15, 1969, as now or hereafter amended, and registering such corporation for the practice of physical therapy. (5) Supportive personnel from performing patient care activities under the supervision and direction of the registered physical therapist. Excluded from such patient care activities are the following procedures: the performance of specialized tests of neuromuscular function, the administration of specialized treatment procedures, the interpretation of referrals from physicians and dentists, and the establishment and modification of physical therapy treatment programs. (6) Under the direction of a registered physical therapist, the practice of physical therapy which is included in their program of study while enrolled in schools of physical therapy approved by the Committee by students preparing to be physical therapists or physical therapist assistants.
Amended by Act eff. Aug. 31, 1976.

(4203) Section 3. Powers and duties of the Department.) Subject to the provisions of this Act, the Department shall:

1. Prescribe rules defining what constitutes a school of physical therapy reputable and in good standing.

2. Adopt rules providing for the establishment of a uniform and reasonable standard of instruction and maintenance to be observed by all schools of physical therapy which are approved by the Department; and determine the reputability and good standing of such schools of physical therapy by reference to compliance with such rules, provided that no school of physical therapy that refuses admittance to applicants solely on account of race, color or creed shall be considered reputable and in good standing.

3. Prescribe and publish rules for a method of examination of candidates for registered physical therapists and for issuance of certificates authorizing candidates upon passing examination to practice as registered physical therapists.

4. Conduct examinations to ascertain the qualifications and fitness of applicants for certificates of registration as registered physical therapists, and pass upon the qualifications of applicants for reciprocal licenses, certificates and authorities

5. Conduct hearings on proceedings to revoke or refuse renewal of licenses, certificates or authorities of persons who are registered under this Act and revoke or refuse to renew such licenses, certificates or authorities.

6. Formulate rules required for the administration of this Act.

7. The Director shall, during the month of April of every year, publish a list of registered physical therapists authorized to practice physical therapy in the State and shall mail a copy of that list to each physical therapist registered in the State. This list shall show the name of every living registrant, his last known place of business and last known place of residence and the date and number of his certificate of registration as a registered physical therapist. Any interested person in the State is entitled to obtain a copy of that list on application to the Director and payment of such amount as may be fixed by him, which amount shall not exceed the cost of the list so furnished. Amended by Act eff. Oct. 1, 1975.

(4204.) Section 3.1. Administrative Procedure Act--Application.) The Illinois Administrative Procedure Act is hereby expressly adopted and incorporated herein as if all of the provisions of such Act were included in this Act, except that the provision of paragraph (c) of Section 16 of The Illinois Administrative Procedure Act, which provides that at hearings the licensee has the right to show compliance with all lawful requirements for retention, or continuation or renewal of the license, is specifically excluded, and for the purposes of this Act the notice required under Section 10 of The Administrative Procedure Act is deemed sufficient when mailed to the last known address of a party. Added by act eff. Oct. 1, 1977.

(4205.) Section 4. Action by Committee.) None of the functions, powers or duties enumerated in Section 3 shall be exercised by the Department except upon the action and report in writing of a majority of the Committee.

(4206.) Section 5. Duties and functions of Director and Committee.) The Director shall appoint the Committee, which shall be composed of 4 registered physical therapists and one physician licensed to practice medicine in all its branches. In making committee appointments the Director shall give consideration to recommendations made by professional organizations of physical therapists and physicians. Each member shall be registered or licensed, as the case may be, and practicing in Illinois, provided, however, that the Department in appointing the physical therapy members of the first committee appointed under this Act may appoint any practicing physical therapist who possesses the qualifications required by this Act. Four members shall be actively engaged in physical therapy at the time of appointment and each shall have had a minimum of 5 years' experience as a physical therapist. One member shall be a licensed physician authorized to practice medicine in all of its branches. The members shall be appointed for a term of 5 years except that the 5 members first appointed under this Act shall be appointed for a term of one, 2, 3, 4, and 5 years as designated by the Director, unless sooner removed by the Director. No member shall be eligible for reappointment for more than 2 full terms, and any appointment to fill a vacancy shall be for the unexpired portion of the term. The Director may remove any member for cause at any time prior to expiration of his term. The Committee shall carry out functions delegated to it by the Department. Amended by Act approved Aug. 23, 1965.

(4207.) Section 6. Age, character and citizenship.) A person desiring a certificate of registration as a physical therapist shall be at least twenty years of age, of good moral character and temperate habits, a citizen of the United States or who has made a declaration of intention to become a citizen and, having made such declaration of intention, has filed a petition for naturalization within thirty days after becoming eligible to do so.

In determining moral character under this Section, the Department may take into consideration any felony conviction of the applicant, but such a conviction shall not operate automatically as a complete bar to registration.
Amended by Act eff. July 23, 1971.

(4208.) Section 7. Educational and professional requirements.) A person having the qualifications prescribed in Section 6 shall be qualified to receive a certificate of registration as a registered physical therapist if he:

(1) Has graduated from a high school or secondary school approved by the Department, or an equivalent course of study as determined by an examination approved by the Department; and

(2) Has: (a) completed at least 60 semester hours of work including satisfactory courses in biology and the physical sciences in a college or university approved by the Department; or

(b) Graduated from a school of physical education approved by the Department; or

(c) Graduated from a school of nursing approved by the Department; and

(3) Has completed to the satisfaction of the Department an approved course in physical therapy given in a school of physical therapy approved by the Department, such school being established in a medical school, hospital, college or university approved by the Department, which course shall embrace the following:

Subjects	Minimum Semester Hours	or	Minimum Clock Hours	Qualifications of Instructors
1. Applied Sciences			210	Physician
Anatomy	6		30	or other
Pathology	3		150	instructor
Physiology	6		15	qualified in
Psychology	1			specialty
2. Procedures			65	Physician or
Electrotherapy	3		165	qualified
Thermotherapy	5			physical
1 H.U.V.)				therapist
Hydro V.S.)				
Short Waves)			55	
Massage	2		210	
Therapeutic Exercise	6			
3. Physical therapy as applied to:				Physician for theory and
Medicine			90	qualified
Neurology	6			physical thera-
Surgery				pist for
Orthopedics				practice
4. Professional Orientation Ethics, Administration, History	2		30	Qualified Physical Therapist
5. Tests and Measurements	3		105	Physician or other qualified in specialty
6. Clinical practice	8		600	Physician and qualified physical therapist

(4) Has passed to the satisfaction of the Department an examination conducted to determine his fitness for practice as a physical therapist, or is entitled to be registered without examination as provided in Sections 9 and 10 of this Act. Amended by Act approved Aug. 23, 1965.

(4209.) Section 8. Application for registration.) Whoever desires to obtain a certificate of registration as a physical therapist shall apply to the Department in writing, on forms prepared and furnished by the Department. Each application shall contain proof of the particular qualifications required of the applicant, shall be verified by the applicant under oath or affirmation, and shall be accompanied by the required fee.

(4210.) Section 9. Registration of physical therapists now practicing.) The Department shall register, without examination as a physical therapist any person who (1) is a registered physical therapist on the 31st day of August, 1965 without the payment of any fee; (2) on the 31st day of August, 1965 has met the requirements listed in Section 7, Subsections 1, 2, and 3 of this Act, and was practicing physical therapy on August 31, 1965; (3) is a person serving in the Armed Forces on August 31, 1965, who was practicing physical therapy in Illinois prior to August 31, 1965, who meets the

qualifications set forth in Section 7 of this Act, and who applies for a certificate of registration within 3 months after discharge, separation, or release from the Armed Forces; and (4) the Department shall issue a certificate of registration without examination to practicing physical therapists if application is made before December 31, 1966, when evidence satisfactory to the Department is presented that such person meets the qualifications set forth in Section 7 of this Act, or in the judgment of the Department has the equivalent training or experience and that such person was practicing physical therapy in Illinois on August 31, 1965. Amended by Act approved Aug. 23, 1965.

(4211.) Section 10. Reciprocity.) The Department may, in its discretion, register as a physical therapist, without examination, on payment of the required fee, an applicant for registration who is a physical therapist registered under the laws of another state or territory, or of another country, if the requirements for registration of physical therapists in the state or territory or country in which the applicant was registered were at the date of his registration substantially equal to the requirements in force in this state on that date. Amended by Act approved Aug. 23, 1965.

(4212.) Section 11. Examinations--Failure or refusal to take examination.) The Department shall examine applicants for registration as physical therapists at such times and places as it may determine. At least 2 examinations shall be given during each calendar year. The examination shall embrace such subjects as are taught in approved schools of physical therapy and shall include practical demonstrations and written and oral tests.

If an applicant neglects, fails or refuses to take an examination for registration under this Act within 3 years after filing his application, the fee paid by the applicant shall be forfeited to the Department and the application denied. However, such applicant may thereafter make a new application for examination, accompanied by the required fee.
Amended by Act eff. July 1, 1969.

(4213.) Section 12. Registration.) The Department shall register as physical therapist each applicant who proves to the satisfaction of the Department his fitness for registration under the terms of this Act. It shall issue to each person registered a certificate of registration, which shall be prima facie evidence of the right of the person to whom it is issued to represent himself as a registered physical therapist, subject to the conditions and limitations of this Act.

(4214.) Section 13. Renewal of certificates.) Every registered physical therapist who, and, every professional service corporation registered to practice physical therapy that, continues in active practice shall, during the month of July in 1976 and each even-numbered year thereafter renew his, or its, certificate and pay the required fee. Every certificate of registration which has not been renewed before August 1 of any even-numbered year shall expire on that date.
Amended by Act eff. Jan. 1, 1976.

(4215.) Section 14. Restoration of expired certificates.) A registered physical therapist whose certificate of registration has expired may have it reinstated immediately on payment of all lapsed renewal fees and the required reinstatement fee if not more than five years have elapsed since the date of expiration. Any registered physical therapist who has permitted his certificate to expire for more than five years may have his certificate restored by making application to the Department and filing proof acceptable to the Department of his fitness to have his certificate of registration restored and by paying the required restoration fee.

However, any registrant whose certificate of registration has expired while he has been engaged (1) in the federal service in active duty with the Army of the United States, the United States Navy, the Marine Corps, the Air Force, the Coast Guard, or the State Militia called into the service or training of the United States of America, or (2) in training or education under the supervision of the United States preliminary to induction into the military service, may have his certificate of registration restored without paying any lapsed renewal fees or restoration fee, if within two years after termination of such service, training or education, other than by dishonorable discharge, he furnishes the Department with an affidavit to the effect that he has been so engaged and that his service, training or education has been so terminated. Amended by Act approved July 15, 1963.

(4216.) Section 15. Refusal, suspension or revocation of certificate, causes, resumption of practice after suspension for mental illness.) The Department may refuse to renew, may suspend or may revoke any certificate of registration for any of the following causes or combination of them:

(1) Willfully violating or knowingly assisting in the violation of any law of this State relating to the use of habit forming drugs;

(2) Willfully violating or knowingly assisting in the violation of any law of this State relating to the practice of abortion;

(3) The obtaining of, or attempting to obtain, a certificate of registration by bribery or by false or fraudulent representation;

(4) Gross negligence in the practice of professional physical therapy;

(5) Continued practice by a person knowingly having an infectious, communicable or contagious disease;

(6) Habitual drunkenness, or habitual addiction to the use of morphine, cocaine or other habit forming drug;

(7) Conviction in this or another State of any crime which is a felony under the laws of this State or conviction of a felony in a federal court, if the Department determines, after investigation, that such person has not been sufficiently rehabilitated to warrant the public trust;

(8) Failure to file a petition for naturalization within 90 days after becoming eligible to do so, or, if a petition has been filed, to become a citizen of the United States under the Naturalization Act within 90 days thereafter; or

(9) Having treated or undertaken to treat ailments of human beings otherwise than by physical therapy, as defined in this Act, or having practiced or undertaken to practice physical therapy as a registered physical therapist independently of the prescription, direction and supervision of a person licensed in this State to practice medicine in all of its branches or any system or method of treating human ailments without the use of drugs or medicines and without operative surgery or dentistry.

The entry of an order by any circuit court establishing that any person holding a certificate of registration under this Act is a person in need of mental treatment operates as a suspension of his certificate of registration. That person may resume his practice only upon a finding by the Committee that he has been determined to be recovered from mental illness by the court and upon the Committee's recommendation to the Director that he be permitted to resume his practice.
Amended by Acts eff. Oct. 1, 1976.

(4217.) Section 16. Procedure for revocation or suspension--Citation and hearing.) Certificates may be revoked or suspended only in the manner provided by this Act. The Department may on its own motion and shall on the verified complaint in writing of any person, if such complaint or such complaint together with evidence, documentary or otherwise, presented in connection therewith shall make a prima facie case, investigate the actions of any person holding or claiming to hold a certificate. Before suspending or revoking any certificate, the Department shall issue a citation notifying the registrant of the time and place when and where a hearing of the charges shall be had. The citation shall contain a statement of the charges or shall be accompanied by a copy of the written complaint if such complaint has been filed. The citation shall be served on the registrant at least ten days prior to the date therein set for the hearing, either by delivery of it personally to the registrant or by mailing it by registered mail to his last known place of residence, provided that in any case where the registrant is now or may hereafter be required by law to maintain a place of business in this State and to notify the Department of the location thereof the citation may be served by mailing it by registered mail to the registrant at the place of business last described by him in such notification to the Department. At the time and place fixed in the citation, the Committee shall proceed to a hearing of the charges and both the registrant and the complainant shall be accorded ample opportunity to present, in person or by counsel, such statements, testimony, evidence and argument as may be pertinent to the charges or to any defense thereto. The Committee may continue the hearing from time to time. If the Committee shall not be sitting at the time and place fixed in the citation or at the time and place to which a hearing has been continued, the Department shall continue the hearing for a period not to exceed thirty days.

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(4218.) Section 17. Witnesses, taking testimony, oaths.) The Department may subpoena and bring before it any person in this State and take testimony either orally or by deposition, or both, with the same fees and mileage allowance and in the same manner as in civil cases in circuit courts.

The Director, assistant director, superintendent and any member of the Committee shall each have power to administer oaths to witnesses at any hearing relating to this Act which the Department is authorized by law to conduct. Amended by Act approved Aug. 24, 1965.

(4219.) Section 18. Courts may require attendance of witnesses and production of books and papers.) Any circuit court or any judge thereof, upon the application of the registrant or complainant or of the Department may, by order duly entered, require the attendance of witnesses and the production of relevant books and papers before the Department in any hearing relative to the application for or refusal, recall, suspension or revocation of certificate of registration, and the court or judge may compel obedience to its or his order by proceedings for contempt. Amended by Act approved Aug. 24, 1965.

(4220.) Section 19. Record of proceedings.) The Department, at its expense, shall provide a stenographer to take down the testimony and preserve a record of all proceedings at the hearing of any case wherein a certificate is revoked or suspended. The citation, complaint and all other documents in the nature of pleadings and written motions filed in the proceedings, the transcript of testimony, the report of the Committee and the orders of the Department shall be the record of the proceedings. The Department shall furnish a transcript of such record to any person interested in the hearing upon payment therefor of one dollar per page for each original transcript and fifty cents per page for each carbon copy thereof ordered with the original; provided, that the charge for any part of such transcript ordered and paid for previous to the writing of the original record thereof shall be fifty cents per page for each carbon copy.
Amended by Act eff. July 23, 1971.

(4221.) Section 20. Report of findings and recommendations--Motion for rehearing.) The Committee shall present to the Director a written report of its findings and recommendations. A copy of such report shall be served upon the registrant, either personally or by registered mail as provided in Section 16 for the service of the citation. Within twenty days after such service, the registrant may present to the Department his motion in writing for a rehearing, specifying the particular grounds therefor. If the registrant orders and pays for a transcript of the record as provided in Section 19, the time elapsing thereafter and before such transcript is ready for delivery to him shall not be counted as part of such twenty days.

(4222.) Section 21. Restoration of certificate.) At any time after the suspension or revocation of any certificate, the Department may restore it to the registrant without examination, on the written recommendation of the Committee.

C4

(4223.) Section 22. Review under Administrative Review Act.) All final administrative decisions of the Department hereunder shall be subject to judicial review pursuant to the provisions of the "Administrative Review Act", approved May 8, 1945, and all amendments and modifications thereof, and the rules adopted pursuant thereto. The term "administrative decision" is defined as in Section 1 of the "Administrative Review Act".

(4224.) Section 23. Certification of record or other appearance in proceeding for review.) The Department shall not be required to certify any record to the Court or file any answer in Court or otherwise appear in any Court in a Judicial review proceeding, unless there is filed in the Court with the complaint a receipt from the Department acknowledging payment of the costs of furnishing and certifying the record which costs shall be computed at the rate of 20 cents per page of such record. Exhibit shall be certified without cost. Failure on the part of the Plaintiff to file such receipt in Court shall be grounds for dismissal of the action.
Amended by Act eff. July 23, 1971.

(4225.) Section 24. Order of revocation or suspension as prima facie evidence--Conclusiveness.) An order of revocation or suspension, or a certified copy thereof, over the seal of the Department and purporting to be signed by the Director shall be prima facie evidence that:

1. Such signature is the genuine signature of the Director.

2. That such Director is duly appointed and qualified.

3. That the Committee and the members thereof are qualified to act. Such evidence may be rebutted.

(4227.) Section 26. Fees.)

1. The fee for examination to determine an applicant's fitness to receive a certificate of registration as a registered physical therapist is $35.00. No further fee shall be charged for issuing the certificate of registration.

2. The fee to be paid upon the renewal of a certificate of registration as a registered physical therapist is $15.

3. A registered physical therapist under this Act who actively practices physical therapy in a foreign jurisdiction and pays to it the required fee for a certificate or renewal thereof authorizing the practice of physical therapy therein shall not be required to pay an annual fee in Illinois to renew his or her certificate of registration nor shall provisions 5 and 6 hereinafter set forth apply during the time for which fee to a foreign jurisdiction is paid.

4. An applicant for a certificate of registration as a registered physical therapist who is registered or licensed under the laws of another jurisdiction shall pay a fee of $35.00.

5. The fee to be paid for the reinstatement of a certificate of registration which has expired for not more than 5 years is $5.00, plus all lapsed renewal fees.

6. The fee to be paid for the restoration of a certificate of registration as a registered physical therapist which has expired for more than 5 years is $37.50.

7. The fee to be paid by a professional service corporation filing its application for registration to practice physical therapy is $35.00.

8. The fee for renewal of a certificate of registration issued to a professional service corporation practicing physical therapy is $7.50. Amended by Act eff. Jan. 1, 1976.

(4228.) Section 27. Offenses, sentence.) Each of the following acts is a Class B misdemeanor:

1. The use of any words, abbreviations, figures or letters with the intention of indicating practice as a registered physical therapist without a valid certificate as a registered physical therapist issued under this Act.

2. The practice of physical therapy by a registered physical therapist except under the prescription, direction, and supervision of a person licensed to practice medicine in all of its branches or any system or method of treating human ailments without the use of drugs or medicines and without operative surgery.

3. The obtaining of, or attempting to obtain, a certificate of registration by bribery, or by fraudulent representation.

4. The making of any willfully false oath or affirmation required by this Act. Amended by Act eff. Jan. 1, 1973.

(4229.) Section 28. Partial invalidity.) If any portion of this Act is held invalid, such invalidity shall not affect any other part of this Act which can be given effect without the invalid portion.

(4230.) Section 29. Short title.) This Act may be known and cited as the "Illinois Physical Therapy Registration Act."

(4231.) Section 30. Public Policy.) It is declared to be the public policy of this State, pursuant to paragraphs (h) and (i) of Section 6 of Article VII of the Illinois Constitution of 1970, that any power or function set forth in this Act to be exercised by the State is an exclusive State power or function. Such power or function shall not be exercised concurrently, either directly or indirectly, by any unit of local government, including home rule units, except as otherwise provided in this Act.
Added by Act eff. Sept. 5, 1974.

BLACKHAWK TECHNICAL COLLEGE
PHYSICAL THERAPIST ASSISTANT PROGRAM

STUDENT UNIFORM POLICY

1. The uniform as worn in the clinical setting consists of street clothing per the following specifications:

   a) Dark slacks without rivets, not excessively worn, no dresses or skirts, no blue jeans.

   b) Blouses/tops or shirts without writing, not excessively worn.

   c) Shoes with rubber soles that tie, no tennis shoes.

   d) Jewelry: watch with sweep second hand encouraged; wedding ring permitted; no dangling earrings.

2. White lab jacket ordered through Blackhawk Technical College Physical Therapist Assistant program is required.

3. Blackhawk Technical College student patch should be worn on left sleeve of lab coat at shoulder level.

4. Name pin ordered through Blackhawk Technical College Physical Therapist Assistant program is required.

5. Make-up and hair must be modest and not exaggerated in style. Appropriateness to be determined by instructor.

6. Hair for both males and females is to be neat and clean. Hair below the shoulders must be secured away from the face.

7. Beards and mustaches must be clean and trimmed.

8. Fingernails should be approximately fingertip length, even and clean. Clear or natural nail polish may be worn.

9. Please be considerate of the fact that the odor of strong perfume, shaving lotion, cigarette smoke or body odor is offensive to many patients.

UTILIZATION OF PHYSICAL THERAPY SUPPORTIVE PERSONNEL:

A Scenario by the Judicial Committee of the Wisconsin Physical Therapy Association, Inc.

The following scenario is provided as a practical illustration of the physical therapist's legal and ethical responsibility in the utilization of supportive personnel in direct patient care.

Let's suppose that you are one of several staff physical therapists who work at the same clinic facility during the week and that each of you take turns to provide coverage for the weekend. As the physical therapist scheduled to work this Saturday, you will have two physical therapy aides and a physical therapist assistant to supervise during an 8:00 a.m. to Noon workshift. The four of you work closely together during the week and know the Plans of Care for and tolerance levels of each of the clients who has been scheduled for treatment on this particular Saturday morning.

Typically, the first half hour between 8:00 - 8:30 a.m., the hydrotherapy area is "readied", Clients are transported to the department and other preliminary steps are taken to prepare for efficient and effective treatments which begin promptly at 8:30 a.m. On this particular Saturday morning, the physical therapist has car trouble and calls ahead to notify the supportive staff that s/he will be "a little late". What subsequent actions would now be **Legal** and **ethical** for the supportive personnel to pursue? Should treatments be started as scheduled assuming that the physical therapist is **soon** to arrive or should the appointments be rescheduled to allow for direct, on premise supervision by the physical therapist once s/he does make it to the clinic?

Without debating the experience and skill levels of the supportive personnel in this particular situation, it would be **illegal** but not necessarily **unethical** for the physical therapist to permit the treatments to be provided, in the State of Wisconsin, in his/her absence. Wisconsin law (Medical Practice Act) requires continuous on site supervision by the physical therapist. However, in certain states where the practice act would permit, the delegated treatment could be conducted by the physical therapist assistant and not be considered **unethical** according to A.P.T.A. policy (House of Delegates, June, 1987).

When in doubt, the physical therapist in Wisconsin is best to remain mindful that s/he is **legally bound** to be on the premise whenever physical therapy services are being provided. The following references are suggested for membership review:

1. Standards of Ethical Conduct for the Physical Therapist Assistant. House of Delegates, June, 1987.
2. Direction and Supervision in Physical Therapy Services. House of Delegates, June, 1985.
3. Definition and Utilization of the Physical Therapist Assistant. House of Delegates, June, 1987.

NEW APTA POLICY

Definition and Utilization of the Physical Therapist Assistant

Definition

The physical therapist assistant is a health care worker who assists the physical therapist in the provision of physical therapy. The physical therapist assistant is a graduate of a physical therapist assistant associate degree program accredited by an agency recognized by the Secretary of the Department of Education or the Council on Postsecondary Accredition.

Utilization

The physical therapist assistant is required to work under the direction and supervision of the physical therapist. The physical therapist assistant may perform physical therapy procedures and related tasks that have been selected and delegated by the supervising physical therapist. Where permitted by law, the physical therapist assistant may also carry out routine operational functions, including supervision of the physical therapy aide or equivalent, and documentation of treatment progress. The ability of the physical therapist assistant to perform the selected and delegated tasks shall be assessed on an ongoing basis by the supervising physical therapist.

When the physical therapist and the assistant are not within the same physical setting, the performance of the delegated functions by the physical therapist assistant must be consistent with safe and legal physical therapy practice and shall be predicated on the following factors: complexity and acuity of the patients' needs; proximity and accessibility to the physical therapist; supervision available in the event of emergencies or critical events; and type of setting in which the service is provided.

The physical therapist assistant shall not perform the following physical therapy activities: interpretation of referrals; physical therapy initial evaluation and reevaluation; identification, determination or major modification of plans and goals of treatment; final discharge assessment/evaluation or establishment of the discharge plan; or therapeutic techniques beyond the skill and knowledge of the physical therapist assistant.

— Adopted by APTA House of Delegates, June 1987
From Progress Report 9/87

CRITERIA FOR CLINICAL FACILITIES*

1. The physical therapists who instruct and supervise students in the clinical setting must have been graduated from an accredited program of physical therapy education; hold baccalaureate degrees; be eligible for state licensure and registration in physical therapy; have a minimum of one year's clinical experience, have demonstrated interest in teaching and in continuing education; and be members and participants in the physical therapy professional organization.

2. The facility and its physical therapy service have a philosophy of care compatible with the clinical experience objectives and the philosophy of the educational institution.

3. The physical therapy service has a physical plan and equipment that will provide adequate clinical experience for students.

4. The physical therapy service has sufficient qualified personnel to teach and supervise the student. The personnel have the ability and desire to teach.

5. The staff of the facility demonstrates ethical behavior expected of health-care personnel in total patient management.

6. The physical therapy service is willing to share responsibility for the instruction, supervision, and evaluation of the student with the educational institution.

7. The physical therapy service is willing to conform with the contractual agreement between the educational institution and the clinical facility which delineates the roles and responsibilities of each.

8. Employee benefits offered to the student by the clinical facility are clearly understood by its physical therapy service, the students, and the educational institution.

9. The clinical facility and its physical therapy service are well established and provide sufficient patient contact to develop the kinds of skills desired by the educational institution for the physical therapist assistant. The physical therapy service offers and delivers services of a level of quality which are appropriate for student learning.

*Taken from Guidelines for Physical Therapist Assistant Programs (American Physical Therapy Association)

BLACKHAWK
TECHNICAL INSTITUTE

Route 3, Prairie Road
Janesville, Wisconsin 53545
Telephone: (608) 756-4121

SERVING ROCK AND GREEN COUNTIES

COURSE NUMBER 524-100

COURSE TITLE Introduction to Physical Therapist Assistant

DIVISION: Service Occupations

PROGRAM ASSIGNMENT: Physical Therapist Assistant

PREREQUISITES: 809-151; 801-151

TEST-OUT AVAILABLE: -

COURSE DESCRIPTION:

This course introduces the student to the history, legal and ethical issues, the roles of the team members, and the professional organizations involved in physical therapy. An overview of physical therapy facilities as well as health care models and systems are included. Medical terminology, abbreviations, and charting techniques are discussed. Principles of psychology, sociology, and communication are applied to the care of patients with physical disabilities.

Total Potential Hours of Instruction	18.
Classroom Hours/Week	1.
Lab Hours/Week	.
Shop Hours/Week	.
Clinical or Occupational Hours/Week	.
Field Experience Hours/Week	.
Total Student Hours/Week	1.
Length of Course (Weeks)	18.

AID CODE [ ] CREDIT VALUE 1.

MATERIAL CODE [ ] STATE APPROVAL DATE 1986

ORIGINAL PREPARED BY: C.Milbrandt/I.Larson DATE 1987

REVISIONS BY

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proposal #01862

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BLACKHAWK TECHNICAL COLLEGE

COURSE NUMBER: 524-100

COURSE TITLE: Intro. to Physical Ther[illegible]st Assist

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
UNIT I		
1. Briefly describe the history and development of the Physical Therapy profession.	I. History/development of Physical Therapy.	APTA audio visual "Looking To The Future"
2. Describe physical therapy.	II. Personnel	
	A) Physical Therapy - definition	Handout - APTA education/utilization of PTA
3. Differentiate between rehabilitation and habilitation.	B) Rehabilitation definitions (rehabilitation vs. habilitation)	Physical therapy personnel chart hand-out
4. Compare and contrast the roles of the physical therapist, physical therapist assistant, and physical therapy aide.	C) Definition and role of: 1) PT 2) PTA 3) PT Aide	
5. Describe the relationship of the physical therapy staff to other health care personnel.	D) Definition of & interaction with: 1) M.D. (primary) 2) physiatrist 3) psychologist 4) OT 5) Sp/Lang Pathologist 6) Nursing personnel 7) Social worker 8) Vocational counselling 9) Chaplain 10) Dietetics	Health care team hand-out RMH brochures x 2
6. Discuss supervisory relations.	E) Supervisory concepts	

BLACKHAWK TECHNICAL COLLEGE

COURSE NUMBER: 524-100

COURSE TITLE: Intro.to Physical Therapist Assist.

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
UNIT II 1. State the purpose of health care institutions. 2. List types of health care institutions and state the type of health care they provide. 3. State the role and function of insurance, HMO's, and Medicare within our health care system. 4. Briefly describe socialistic medicine.	I. Purpose of health care institutions II. Types of health care institutions/ type of care provided. A) Hospital 1) general 2) specialized a) primary care b) secondary care c) tertiary care B) Nursing homes/convalescent centers 1) skilled nursing facilities 2) intermediate care facilities C) Community health care centers D) Home health agencies E) Out-patient clinics III. Insurance IV. HMO's V. Medicare VI. Socialistic Medicine	

LACKHAWK TECHN[illegible]L COLLEGE

COURSE NUMBER: 524-100

COURSE TITLE: Intro.to Physical Therapist Assist.

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
NIT III		
1. Outline the structure of the A.P.T.A.	I. Professional Organizations A) APTA structure B) General make-up of APTA 1) Membership 2) Budget 3) Current president 4) House of Delegates 5) Board of Directors 6) National headquarters staff 7) Functions of various committees a) accreditation/education b) PT competencies c) standards/quality assurance d) licensure exams	Structure of APTA hand-out
2. List the functions of APTA.	C) Functions/concerns of APTA 1) Education 2) Research 3) Public Relations 4) Accreditation 5) Practice 6) Legislation	By-laws hand out APTA audio-visual "APTA Works"
3. Identify the services available from professional organizations.	D) Services available 1) Latest information/view-points related to current issues 2) Continuing education 3) Current information related to patient treatment 4) Group insurance policies 5) Professional advancement	

BLACKHAWK TECHNICAL COLLEGE

COURSE NUMBER: 524-100

COURSE TITLE: Intro.to Physical Therapist Assist.

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
4. Differentiate between the professional code of ethics and legal implications of practice.	II. Ethics/Legalities A) Definitions 1) ethics 2) medical ethics 3) legalities	PTA code of ethics handout
5. List 5 factors having legal/ ethical implications on patient interactions.	B) General Considerations 1) patient confidentiality 2) patient privacy 3) discussion of condition or prognosis with patient 4) professional attire/personal cleanliness 5) holistic attitude/respect for patient as a person 6) Unusual or emergency occurrences 7) unattended patients 8) gifts from patients	
	C) Potential ethical issues in physical therapy	APTA journal articles x 4 (on reserve in library)
UNIT IV	I. Stress/Crises	
1. Describe common psychological reactions to illness.	A) Psychologic/Physiologic reactions	
	B) Factors determining response 1) intrinsic 2) extrinsic	
2. Describe the psycho-social aspects of patient care related to individual, cultural, religious and socio-economic differences.	C) Phases of adaptation 1) shock 2) dependency 3) denial 4) turbulence 5) working through	

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
3. Describe implications of verbal and non-verbal communication.	D) Responses of health personnel 1) to disability 2) cultural differences 3) personal differences E) Health professional/patient interactions 1) verbal communication 2) non-verbal communication 3) professional distance	
4. Explain the general preparation of patients, treatment areas and equipment for patient treatment.	II. Treatment preparation A) Patient motivation/role in rehab B) Instructions 1) explanation 2) demonstration C) Preparation steps 1) relevant patient information 2) identification of patient/ introduction of self 3) privacy measures/draping 4) positioning 5) equipment check (if applicable) 6) explanation/instruction 7) initiation of treatment	
5. List 5 factors to be considered during patient treatment.	III. General treatment considerations A) Condition of treatment area B) Linens C) Safety equipment/procedures D) Awareness of patient position and movement E) Knowledge of treatment and procedure F) Needed assistance	

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
6. Describe 4 treatment follow-up steps.	IV. Treatment follow-up A) Patient response to treatment B) Patient clean-up C) Reminder of next visit D) Area clean-up and preparation for next patient	
UNIT V		
1. Identify and utilize abbreviations common to the medical profession, with emphasis on those used in physical therapy.	I. Medical Terminology A) Abbreviations B) Prefixes and suffixes C) Root words D) Common terms	Handouts Definitions of assistance Elements of medical terms Common abbreviations and symbols Definitions
2. Define medical terminology pertinent to physical therapy practice.		
3. Describe basic note writing principles.	II. Note writing A) Reasons for keeping good records B) Information to be included C) Frequency D) Basics of POMR	

BLACKHAWK TECHNICAL COLLEGE
Introduction to Physical Therapist Assistant
524-100

DEFINITIONS OF ASSISTANCE AND INDEPENDENCE

MAXIMUM ASSISTANCE:

The therapist uses a large amount of physical effort when working with a totally dependent patient. The patient attempts to participate but voluntarily only can bear minimal weight through his joints. The therapist is doing more work than the patient. If more than one person is used to assist, the exact number should be stated.

MODERATE ASSISTANCE:

Therapist is required to hold patient at all times, but patient is able to voluntarily bear weight on his joints for short periods of time. The therapist and patient are generally exerting equal amounts of effort to complete the task.

MINIMAL ASSISTANCE:

Therapist must still constantly have patient contact, but the therapist is now compensating for mild to moderate problems of sensation, incoordination, spasticity and/or muscle weakness. Patient is now voluntarily maintaining weight through his joints and is doing more work than the therapist.

STANDBY ASSISTANCE:

Therapist is within an arms length of the patient at all times, and has to stabilize a patient occasionally.

SUPERVISION; VERBAL OR TACTILE CUES:

Therapist never has to hold a patient and yet must be close by at all times to compensate for poor memory and/or judgement.

INDEPENDENCE:

Patient can safely accomplish a complete task with no one in the area and demonstrates cognitive functioning sufficient to carry out a similar task without learning a new set-up.

BLACKHAWK TECHNICAL INSTITUTE
INTRODUCTION TO PHYSICAL THERAPIST ASSISTANT
524-100

ELEMENTS OF MEDICAL TERMS

A. Diagnostic

Suffix	Term	Definition
--emia blood	hyperglycemia	Abnormally high blood sugar
--itis inflammation	carditis arthritis	Inflammation of the heart Joint inflammation
--malacia softening	osteomalacia	Softening of the bones
--megaly enlargement	cardiomegaly hapatomegaly	Enlargement of the heart Enlargement of the liver
--oma tumor	carcinoma sarcoma	Malignant tumor of epithelial tissue Malignant tumor of connective tissue
--osis condition disease	dermatosis neurosis	Any skin condition Functional disorder of nervous system
--pathy disease	myopathy adenopathy	Any disease of a muscle Any glandular disease

B. Operative Suffixes

--ectomy excision	tonsillectomy oophorectomy	Removal of tonsils Removal of an ovary
--desis fixation	arthrodesis tenodesis	Surgical fixation of a joint Fixation of a tendon to a bone

--plasty surgical correction	arthroplasty	Reconstruction operation on a joint
--scopy inspection	bronchoscopy	Examination of bronchi with endoscope
	cystoscopy	Inspection of bladder with cystoscope
--stomy creation of a relatively permanent opening	colostomy	Creation of an opening into the colon thru the abdominal wall
	gastroduodenostomy	Creation of an opening between stomach and duodenum
--tomy incision into	arthrotomy	Incision into the joint
	thoracotomy	Opening of the chest

C. Symptomatic

--algia pain	gastralgia	Epigastric pain
	neuralgia	Pain along course of a nerve
--genic origin	bronchogenic	Originating in the bronchi
	neurogenic	Originating in the nerves
	pathogenic	Disease producing
--lysis break down	hemolysis	Breakdown of red blood cells
	myolysis	Destruction of muscular tissue
--oid like	fibroid	A tumor of fibrous tissue, resembling fibers
--spasm involuntary contractions	enterospasm	Painful intestinal contractions

Roots	Term	Definition
aden-- gland	adenectomy	Excision of a gland
	adenocarcinoma	Malignant tumor of glandular epithelium
angio-- vessel	angiotomy	Dissection of blood vessels
	angitis	Inflammation of the blood vessels or lymphatics
arth-- joint	arthralgia	Pain in the joints
	arthritis	Inflammation of the joints
	arthrology	Science of the joints
broncho-- bronchus	bronchospasm	Spasm of the bronchus
cardi-- heart	cardiac	Pertaining to the heart
	electrocardiogram	Graphic record of heart beat by an electrometer
cerebro-- brain	cerebral	Pertaining to the brain
	cerebromalacia	Softening of the brain
	cerebrospinal	Referring to brain and spinal cord
cephal-- head	cephalad	Toward the head
	cephalic	Pertaining to the head
	cephalitis	Inflammation of the brain
chondr-- cartilage	chondromalacia	Softening of cartilage
	chondroma	A cartilaginous tumor
cost-- rib	costochondral	Pertaining to rib and its cartilage
pneum-- lung	pneumococcus	Microorganism causing pneumonia
	pneumonia	Inflammation of the lung
	pneumothorax	Introduction of air into pleural cavity

proct-- rectum	proctology proctoscopy	Medical specialty dealing with diseases of the rectum Inspection of anus & rectum with the aid of a proctoscope
pyo-- pus	pyogenic pyonephrosis	Pus forming Pus in the renal pelvis
spondyl-- vertebra	spondylitis spondylolisthesis	Inflammation of vertebrae Forward dislocation of lumbar vertebrae
viscer-- organ	viscera	Internal organs

Prefixes	Term	Definition
ab-- from	abductor	Drawing away from a common center, e.g. a muscle
a, an-- without	anesthesia apnea	Without sensation Without breath
ad-- near, toward	adductor adrenal adhesion	Drawing toward a common center Gland above kidney Abnormal joining of surfaces
ante-- before	anteflexion antenatal	Forward displacement of an organ Before birth
anti-- against	antisepsis antipyretic	Exclusion of putrefactive agents A drug that reduces fever
bi-- two, both	biceps bilateral	Two-headed muscle Affecting both sides
co-- together, with	congenital defect connective tissue	Born with a defect Tissue which connects or binds together

contra-- against, opposite	contraindication contralateral	Condition antagonistic to type of treatment Affecting the opposite side of body
dys-- difficulty, bad painful	dysphagia dysphasia dyspnea	Difficulty in swallowing Impairment of speech Labored breathing
endo-- within	endocarditis endocrine gland	Inflammation of the endocardium Ductless gland in which forms an internal secretion
epi-- upon, at, in addition to	epidermis epiphysis	Outer layer of skin Center of ossification at both ends of long bones
ex-- out, away, from	expectoration exudate	Expulsion of mucous from lungs Passage of fluid from inside to outside vessel into tissues in inflammation
hemi-- half	hemiplegia hemianopsia	Paralysis of one half the body Blindness in one half visual field
hyper-- excessive, above	hyperemia hypertension hypertrophy	Increased content of blood in a part High B.P. Increased size of an organ
hypo-- deficient, below	hypoactivity hypoglycemia	Diminished activity Low blood sugar
para-par-- beside, around near, abnormal	parathyroid	Ductless gland near the thyroid
peri-- around, about	pericardium periostitis	Double membranous sac enclosing the heart Inflammation of periosteum

pre-- before in front of	pretracheal precancerous	In front of the trachea Before development of carcinoma
pro-- in front of, before, forward	prognosis prophylaxis	Prediction of the end of disease Prevention of a disease
retro-- backward, behind, back of	retroflexion	To bend backward
semi-- half	semicircular canal semilunar valves	One of three canals in the labyrinth of the ear Half-moon shaped valves of the aorta and pulmonary arteries
sub-- under, beneath	subclavicular subcutaneous	Beneath the clavicle Beneath the skin
super, supra-- above, superior	suprapublic cystotomy	Surgical opening into bladder from above the symphysis pubis
sym, synn-- with together	symphysis pubis	Fusion of public bones medially
trans-- across, over	transection transfusion	Incision across the long axis; cross section Injection of blood from one person into another
tri-- three	tricuspid	Having 3 cusps or points, i.e. tricuspid valve

Terms Pertaining to the Whole Body in Relation to:

Position and Direction

1. afferent - conducting toward a structure
2. anterior or ventral - front of the body
3. caudal - away from the head
4. cephalic - toward the head
5. distal or peripheral - away from the beginning of a structure; away from the center
6. efferent - conducting away from a structure
7. lateral - toward the side
8. medial - toward the median plane
9. posterior or dorsal - back of the body
10. proximal - toward the beginning of a structure

BLACKHAWK TECHNICAL INSTITUTE
INTRODUCTION TO PHYSICAL THERAPIST ASSISTANT
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DEFINITIONS

Acute - Rapid onset, severe symptoms and a short course.

Ambulation - Walking.

Body Mechanics - Practice using the body to its best mechanical advantage.

Catheter - A tube for the evacuation or injecting fluids through a natural passage.

Chronic - Long drawn out; applied to a disease that is not acute.

Contralateral- Opposite side.

Hemiplegia - Paralysis of one half of the body - e.g. right arm, leg and possible right side of trunk.

Hook-line - Position in which patient is supine with hips and knees flexed such that feet are flat on the supporting surface.

Intravenous (IV) - Within or into a vein.

Ipsilateral- Same side.

Long-sitting- Erect sitting with knees extended on supporting surface.

Palpation - Act of feeling with the hand for the purpose of examination.

Paraplegia - Paralysis usually involving lower portion of trunk and both legs.

Plynth - High treatment tables used in physical therapy departments.

Prone - Lying horizontal, with the face downward.

Prosthesis - An artificial part of the body.

Quadriplegia- Paralysis involving all four limbs and the trunk. Degree of such can vary.

Side-lying - Object or patient is lying on its side.

Supine - Back lying with the face upward.

Weight-Bearing Status - Amount of weight the individual is allowed to bear on his extremity (ties).

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COMMON ABBREVIATIONS AND SYMBOLS

Relating to:

1. Disorders of Blood and Blood Forming Organs

CBC	complete blood count
Ht	hematocrit
Hb,Hgb	hemoglobin
H & H	hematocrit and hemoglobin
RBC	red blood count
WBC	white blood count

2. Cardiovascular Disorders

ASHD	arteriosclerotic heart disease
AV	atriovenous, atrioventricular
BP	blood pressure
CAS	cerebral arteriosclerosis
CCU	coronary care unit
CHD	coronary heart disease
CHF	congestive heart failure
CPK	creatine phosphokinase
CPR	cardiopulmonary resuscitation
CV	cardiovascular
CVD	cardiovascular disease
CVP	central venous pressure
ECG	electrocardiogram
HCVD	hypertensive cardiovascular disease
LA	left atrium
LV	left ventricle
MI	myocardial infarction
NSR	normal sinus rhythm
PAC	premature atrial contractions
PAT	paroxysmal atrial tachycardia
PVC	premature ventricular contractions
RA	right atrium
RF	rheumatic fever
RHD	rheumatic heart disease
RV	right ventricle
SA	sinoatrial
SBE	subacute bacterial endocarditis
SGOT	serum glutamic-oxaloacetic transaminase
SGPT	serum glutamic-pyruvic transaminase
SR	sedimentation rate
TIA	transient ischemic attack
VC	vena cava

3. Digestive Disorders

GI	gastrointestinal

4. Endocrine and Metabolic Disorders

ACTH	adrenocorticotrophic hormone
ADH	antidiuretic hormone
ATP	adenosine triphosphate
BMR	basal metabolic rate
ECF	extracellular fluid
FBS	fasting blood sugar
GTT	glucose tolerance test
ICF	intracellular fluid
TSH	thyroid stimulating hormone

5. Gynecological Disorders

D and C	dilation and curettage
GYN	gynecology
IUD	intrauterine device
PID	pelvic inflammatory disease

6. Maternal, antenatal and neonatal conditions

CS	Cesarean section
FHR	fetal heart rate
FHT	fetal heart tone
FTND	full term normal delivery
Grav I, II, III	pregnancy one, two, three, etc.
LMP	last menstrual period
NB	newborn
OB	obstetrics
Para I, II, III,	unipara, bipara, tripara, etc.
	etc.
Rh	rhesus factor

7. Musculosketal Disorders

AIIS	anterior inferior iliac spine
ASIS	anterior superior iliac spine
AC	acromioclavicular
Fx	fracture
GH	glenohumeral
MP	metacarpophalangeal
SI	sacroiliac
SC	sternoclavicular

8. Neurological and Psychiatric Disorders

ANS	autonomic nervous system
CBS	chronic brain syndrome
CNS	central nervous system
CP	cerebral palsy
CSF	cerebrospinal fluid
CVA	cerebrovascular accident
DT	delerium tremens
EEG	electroencephalogram
HNP	herniated nucleus pulposus
LP	lumbar puncture
MS	multiple sclerosis
OBS	organic brain syndrome
PNS	peripheral nervous system

9. Physical Therapy Terms

AC	alternating current
ADL	activities of daily living
AE	above elbow
AK	above knee
APTA	American Physical Therapy Association
BE	below elbow
BK	below knee
DC	direct current
DTR	deep tendon reflex
EMG	electromyogram
IR	infrared
KJ	knee jerk
MED	minimal erythemal dose
MFT	muscle function test
OT	occupational therapist
PNF	proprioceptive neuromuscular facilitation
PRE	progressive resistive exercise
PTB	patellar tendon bearing
RD	reaction of degeneration
ROM	range of motion
SACH	solid ankle cushion heel
SED	suberythemal dose
SLR	straight leg raise
US	ultrasound
UV	ultraviolet

10. Respiratory Disorders

A & P	ausculation and percussion
BS	breath sounds
CO_2	carbon dioxide
COPD	chronic obstructive pulmonary disease
DOE	dyspnea on exertion
FEV	forced expiratory volume
IPPB	intermittant positive pressure breathing
LLL	left lower lobe
LLQ	left lower quadrant
LUQ	left upper quadrant
PFT	pulmonary function test
PND	paroxysmal nocturnal dyspnea
Resp	respiratory
SOB	shortness of breath
TB	tuberculosis
VF	vocal fremitus
URI	upper respiratory infection

11. Systemic Disorders

LE	lupus erythematosus
RA	rheumatoid arthritis
SLE	systemic lupus erythematosus

12. Urogenital Disorders

BUN	blood, urea, nitrogen
Cysto	cystoscopic examination
GU	genitourinary
IVP	intravenous pyelogram
KUB	kidney, ureter, bladder
TUR	transurethral resection
TURP	transurethral resection of the prostate
UA	urine analysis
VD	venereal disease

13. Miscellaneous

aa	of each
ac	before meals
Ad Lib	as much as needed, at discretion
Alt	other
Amp	ampule
ante	before
AP	anterior-posterior
ASA	aspirin
bid	twice a day
BM	bowel movement
BRP	bathroom privileges
C	centigrade
C.A.	chronological age
CA	carcinoma

Miscellaneous Cont'd.

cc	cubic centimeter
CC	chief complaint
cm	centimeter
C/O	complains of
C & S	culture and sensitivity
CXR	chest X-ray
Disc., D/C	discontinued, discharged
DOA	dead on arrival
Dx	diagnosis
EENT	ear, eyes, nose, throat
E.R.	Emergency Room
FH	family history
FUO	fever, unknown origin
GSW	gunshot wound
HEENT	head, ear, eyes, nose, throat
HS	bedtime (hour of sleep)
Hx	history
ICU	Intensive Care Unit
I & O	Intake and Output
IM	intramuscular
IV	intravenous
imp.	impression
(L)	left
LE	lower extremity
M.A.	mental age
Meds	medications
mgm	milligram
NAD	no apparent distress
noc	night
NPO	nothing by mouth
OD	right eye overdose once daily
O.R.	Operating Room
OS	left eye
per	by/through
per os (PO)	by mouth
pc	after meals
P.E.	physical examination
PERRL	pupils equal, round, reactive to light
prn, PRN	whenever necessary, as needed
ppd	packs per day
Pt	patient
qd	every day
qh	every hour
qid	four times a day
(R)	right
R/O	rule out
ROS	review of systems
RTC	return to clinic

Miscellaneous Cont'd.

Rx	treatment
S.H.	social history
stat.	immediately
subq	subcutaneous
tab	tablet
T & A	tonsils and adenoids
tid	three times daily
TPR	temperature, pulse and respiration
UE	upper extremity
V.O.	verbal orders
V.S.	vital signs
W/C	wheelchair
WD, WN	well developed, well nourished
WNL	within normal limits

14. Symbols

♂	male	$\overline{c}$	with
♀	female	$\overline{s}$	without
∟ , ∨	flexion	$\overline{p}$	after
/	extension	$\overline{q}$	every
↓	downward, decrease	~	approximately
↑	upward, increase	>	greater than
=	parallel	<	less than
//	parallel bars		

BLACKHAWK
TECHNICAL INSTITUTE

Route 3, Prairie Road
Janesville, Wisconsin 53545
Telephone: (608) 756-4121

SERVING ROCK AND GREEN COUNTIES

COURSE NUMBER 524-110

COURSE TITLE Physical Therapist Assistant I

DIVISION: Service Occupations

PROGRAM ASSIGNMENT: Physical Therapist Assistant

PREREQUISITES: 524-100
pre or co-requisites 524-105 and 524-115.

TEST-OUT AVAILABLE:

COURSE DESCRIPTION

This course prepares the student in body mechanics, transfer techniques, therapeutic exercise, gait training, and basic commonly used treatment and re-assessment techniques. The appropriate patho-physiology and patient response are emphasized.

Total Potential Hours of Instruction	144.
Classroom Hours/Week	4.
Lab Hours/Week	4.
Shop Hours/Week	
Clinical or Occupational Hours/Week	
Field Experience Hours/Week	
Total Student Hours/Week	8.
Length of Course (Weeks)	18.

AID CODE 10 CREDIT VALUE 6.

MATERIAL CODE 14 STATE APPROVAL DATE 1986

ORIGINAL PREPARED BY	DATE
C. Milbrandt	12/87

REVISIONS BY

BLACKHAWK TECHNICAL COLLEGE
SERVICE OCCUPTIONS DIVISION
PHYSICAL THERAPIST ASSISTANT PROGRAM

524-110 Physical Therapist Assistant I - 6 credits; 120 hours/semester
This course prepares the student in body mechanics, transfer techniques, therapeutic exercise, gait training, and basic commonly used treatment and re-assessment techniques. The appropriate pathophysiology and patient response are emphasized. Prerequisite - 524-100. Pre or co-requisites 524-105 and 524-115.

Instructor: Christine Milbrandt

Instructor Office Hours: By appointment

Required Texts:

Muscle Testing - Techniques of Manual Examination,
5th Edition
by Daniels/Worthingham

Therapeutic Exercise for Body Alignment and Function,
2nd Edition
by Daniels and Worthingham

Therapeutic Exercise - Foundations and Techniques,
by Carolyn Kisner

Manual for Physical Agents,
3rd Edition
by Karen Hayes

Patient Evaluation Methods for the Health Professional,
by Duesterhaus Minor

Patient Care Skills
by Duesterhaus Minor

Grading Scale:

A	97	-	100
A-	93	-	96
B+	91	-	92
B	87	-	90
B-	85	-	86
C+	82	-	84
C	78	-	81
C-	75	-	77
D+		74	
D	71	-	73
D-		70	
F	0	-	69

Determination of Course Grade:

Lecture exams	2	@	10%	=	20%
Mid Term					25%
Final					25%
Lab Exams	3	@	6%	=	18%
-goniometry					
-MFT					
-posture/exercise					
Lab Exams	2	@	3%	=	6%
-transfers					
-gait training					
Lab Exams	3	@	2%	=	6%
-vital signs, bandaging/slings					
-traction					
-tilt table					
			Total		100

BLACKHAWK TECHNICAL INSTITUTE

COURSE NUMBER 524 -110

COURSE TITLE PTA-I

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
UNIT I 1) List two goals of body mechanics. 2) Define center of gravity, line of gravity, base of support. 3) Describe influence of center of gravity, line of gravity, and base of support on stability. 4) Describe equilibrium in standing. 5) Describe 1st and 3rd class levers. 6) Explain how the law of the lever relates to lifting principles. 7) Compare efficiency and inefficiency regarding machines. 8) List four basic rules to use when lifting against gravity. 9) Define friction.	I. Body Mechanics A) Definition and goals of body mechanics B) Definitions: 1) gravity 2) center of gravity (COG) 3) line of gravity (LOG) 4) base of support (BOS) C) COG, BOS in relation to stability, LOG, 1) stability via lowered COG 2) stability via broadened BOS 3) stability via proximity of LOG to center of BOS 4) muscular effort D) Equilibrium in standing E) Levers 1) 1st class 2) 3rd class 3) law of the lever F) Machines - efficiency vs inefficiency G) General rules for lifting against gravity - applications H) Moving against friction 1) definition of friction 2) alternatives to lifting 3) reducing friction for optimum ease of mobility 4) general guidelines for moving against friction	Body Mechanics handout Body Mechanics Transparencies Reading: Patient Care Skills - Chapter

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COURSE NUMBER 524-110

COURSE TITLE PTA-I

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
	I) General considerations for preparing and carrying out moving/lifting of patients J) Possible equipment K) Facilitating patients to move in bed 1) preparation 2) dependent patients - general considerations for moving. a) with draw sheet b) without draw sheet 3) non-depende patients - general considerations for assisted moving	Lab: Structured practice in: A) Moving dependent patient with and without sheet 1) to side of bed 2) to head of bed 3) to foot of bed 4) supine - sidelying 5) supine - prone 6) coming to sit B) Assisting the non-dependent pati: to move. 1) to side of bed 2) supine - sidelying 3) to head of bed 4) supine - prone 5) prone - supine 6) coming to sit
10) State two methods of easing motion when friction is involved. 11) List four considerations for preparation and completion of moving a patient. 12) Describe 2 types of equipment which may be used to assist in lifting patients. 13) Demonstrate correct procedure for moving a dependent patient in bed using a drawsheet.		

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COURSE NUMBER 524-110

COURSE TITLE PTA-I

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
14) Demonstrate correct procedure for moving a dependent patient in bed without a drawsheet. 15) Demonstrate correct procedure for assisting a non dependent patient in bed. 16) State three reasons for positioning a patient therapeutically. 17) Name five potential hazards of incorrect positioning. 18) State four factors which may lead to formation of a decubitus ulcer. 19) Describe the care, prevention, and treatment of pressure sores.	II. Therapeutic Positioning A) Reasons for positioning B) Potential results of incorrect positioning 1) stasis edema 2) calcium loss 3) orthostatic hypotension 4) decreased respiratory capacity 5) delay in balance/equilibrium response 6) joint contractures 7) urinary/bowel disturbances 8) decreased muscle tone 9) decubitus ulcers a) causes i) prolonged pressure ii) shearing force b) contributing factors c) physical manifestations d) importance of observation/palpation e) vulnerable areas on the body f) prevention g) care of decubeti	Reading assignment Patient Care Skills - Chapter 2 Positioning Transparencies

BLACKHAWK TECHNICAL INSTITUTE

COURSE NUMBER 524-110

COURSE TITLE PTA-I

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
	C) Considerations in positioning 1) medical or surgical condition 2) level of consciousness/ psychological state 3) presence of pain 4) sensation/proprioception 5) muscle function 6) spasticity 7) edema 8) skin integrity 9) bowel/bladder continence 10) joint integrity/pre-existing contructures 11) nutritional status 12) body type (obese, thin,average) 13) capability of being responsible for own care D) Possible equipment E) Positioning schedules F) Patient and family education	
20) Demonstrate proper bed positioning techniques for selected disabilities.		Lab: Structured practice in and discussion of positioning patients: A) supine B) sidelying (full or ¼ turn to side) C) prone D) sitting Problem solving examples

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COURSE NUMBER 524-110

COURSE TITLE PTA-I

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
UNIT II	Goniometry for re-assessment I. Definitions A) Goniometry B) Goniometer C) Joint angle D) Angle of pull E) Substitutions II. Reasons for objective measurements of joint range III. Alternatives to using goniometer A) Palmar creases B) Tape measure IV. Role of: A) X-rays B) Photos V. Candidates for ROM VI. Determination of limbs/motions to be measured VII. When to measure VIII. Procedure for measuring IX. Factors/conditions affecting ROM X. Recording A) Pertinent information B) Various recording methods	Reading: Patient Evaluation Methods - pp. 29-34, 93-95 Reading: Patient Evaluation Methods - pp. 64-72, 81-91 Lab I: Structured practice in: ROM measurements for cervical, trunk, hip, and knee including: A) patient positioning B) identification of landmarks C) positioning of stationary arm D) positioning moving arm
1. Perform accurate range of motion measurement of all major body joints using a goniometer.		

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COURSE NUMBER 524-110

COURSE TITLE PTA-I

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
	XI. Introduction to PNF A) History and general description B) Beevor's axiom C) Diagonals - patterns 1) body parts 2) movement combinations D) Advantages to muscles and joints	Lab I: Structured practice in: Cont. E) average ROM F) identification of substitution G) reading the goniometer H) recording measurement Reading: Patient Evaluation Methods - pp. 35-48 Lab II: Structured practice in: ROM measurements for scapula, shoulder, elbow, forearm includin A) patient positioning B) identification of landmarks C) positioning of stationary arm D) positioning moving arm E) average ROM F) identification of substitutior G) reading the goniometer H) recording measurement 73-8 Reading: Patient Evaluation Methods: 49-6 Lab III: Structured practice in: ROM measurements for ankle, foot, toes, wrist, hand, fingers, thum including: A) patient positioning B) identification of landmarks C) positioning of stationary arm D) positioning moving arm E) average ROM F) identification of substitutio G) reading the goniometer H) recording measurement
2. Estimate visually joint range of motion within 10 degrees of the goniometer reading for all major body joints.		
3. Record joint measurement reading accurately.		

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COURSE NUMBER 524-110

COURSE TITLE PTA-I

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
UNIT III 1. Know the fundamental principles in manual muscle testing.	Muscle Testing I. Definition/reasons for manual muscle testing II. General considerations for testing A) Validity/reliability B) Limitations III. Grading system IV. Stabilization V. Screening tests VI. Types of contractions for testing A) Isometric (break test) B) Isotonic VII. Candidates for MFT VIII. Determination of individual or group muscles to be tested IX. When to test X. Procedure for testing XI. Combining with ROM test XII. Recording MFT results	Reading: Muscle Testing - pp. 1-6, 9-11
2. Perform manual muscle test accurately. 3. Record manual muscle test results.		Reading Muscle Testing - pp. 16-70 Lab I: Structured practice in: MFT for neck, trunk, hip, knee, including: A) patient positioning B) utilizing stabilization C) applying resistance D) palpation of muscle E) observation for substitutions F) determining muscle grade G) recording muscle grade

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COURSE NUMBER 524-110

COURSE TITLE PTA-I

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
		Reading: Muscle Testing - pp. 90-125 Lab II: Structured practice in: MFT for scapula, shoulder, elbow, forearm including: A) patient positioning B) utilizing stabilization C) applying resistance D) palpation of muscle E) observation for substitutions F) determining muscle grade G) recording muscle grade Reading: Muscle Testing - pp. 72-88,126- Lab III: Structured practice in: MFT for ankle, foot, toes, wrist, hand, fingers, thumb including: A) patient positioning B) utilizing stabilization C) applying resistance D) palpation of muscle E) observation for substitution F) determining muscle grade G) recording muscle grade

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COURSE NUMBER 524-110

COURSE TITLE PTA-1

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
UNIT IV 1. Postition a patient accurately in relationship to a plumbline for postural analysis. 2. Identify deviations from normal plumbline and symmetrical posture.	Posture I. Definition of posture II. Features of good posture III. Balance/center of gravity in relation to posture IV. Normal plumbline landmarks/normal muscle actions A) Spine 1) normal curves 2) deviations from normal B) Pelvis 1) normal alignment 2) relationship of pelvis to spine C) Hip joint D) Knee joint E) Ankle joint F) Head G) Upper Extremities V. Postural sway VI. General concepts A) Muscle use: small vs. large B) Interplay of agonists/antagonists C) Effects of disalignment at one segment D) Energy expenditure	Reading: Therapeutic Exercise (D/W)- pp. 1-9, 22; Kisner/Colby - pp. 416-426 Reading: Therapeutic Exercise (D/W)- pp.10-13, 15-19, 36; Patient Evaluation Methods-pp.1[illegible] 20 Lab I: A) Plumbline analysis 1) anterior 2) posterior 3) lateral B) Scoliosis screening C) Measuring leg lengths Reading: Patient Evaluation Methods-pp.9 104 106; Therapeutic Exercise(D/ pp.14,18,20-32 Lab II: A) Muscle length tests 1) low back/hamstrings 2) hip flexors/rectus femoris (Thomas test) 3) hip adductors 4) gastrocs 5) pectorals B) Miscellaneous deviation checks 1) genu valgus/varus 2) tibial torsion 3) foot pronation 4) pes planus 5) hallux valgus 6) hammer toes

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COURSE NUMBER 524-110

COURSE TITLE PTA-I

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
	VII. Basic development and its relationship to deviations in children A) Vertebral column B) Scapulae C) Knees D) Feet VIII. Common deviations seen in the elderly A) Spine B) Flexor joints	
3. Explain causes/effects of postural deviations.	IX. General causes for posture deviations A) Injury B) Disease/illness C) Habit D) Environment E) Muscle imbalance F) Psychological/mental attitude	Reading: Therapeutic Exercise (D/W) - pp. 43-72, pp. 78-98; Kisner/Colby - pp. 429-453.
4. Perform and record an accurate postural analysis.	X. Recording posture findings.	Lab III: Possible treatment procedures/techniques for deviations of: A) Head/cervical region B) Spine/scapulae C) Pectorals D) Pelvis/hips E) Knees F) Feet
5. Describe possible corrective measures for given postural deviations.		

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
Unit V	Therapeutic Exercise	
1. Describe exercise and state goals of therapeutic exercise.	I. General Concepts/Definitions A) Exercise-purposeful motion B) Therapeutic exercise - goal directed motion 1) improve ADL 2) decrease pain 3) prevent contractures, increase or maintain ROM 4) increase endurance 5) increase strength 6) improve psychological attitude 7) improve circulation 8) lubrication of joints 9) decrease edema 10) improve respiration 11) improve balance 12) increase relaxation 13) prevent injury	Reading: Kisner/Colby Ch 1; Therapeutic Exercise (D/W) pp. 37, 40-43, 101-103
2. Describe passive exercise, various techniques, and goals.	II. Classifications of exercise A) Passive - movement performed by an external force 1) traditional straight planes, diagonals, physiologic 2) mobilization - physiologic and accessory motions grades I - V	Reading: Kisner/Colby - Ch. 2; Patient Care Skills-pp. 33-36, 39-45, 52-64 Handout: Draping Lab I: Structured practice and instructio in draping for exercise, PROM through straight planes Reading: Kisner/Colby - pp. 147-158

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
	3) Anatomic - pathological limit of motion. 4) Passive lengthening methods a) weight of body b) weights c) manual lengthening procedures 5) Goals a) maintain or increase ROM; prevent contractures or deformity b) joint lubrication c) relieve pain d) sensory/proprioceptive input	
3. Differentiate between active, active assistive, and resistive exercise.	B) Active, active assistive, resistive patient performs muscle contraction 1) active-patient does motion himself 2) active assistive-patient's muscles contract, are not sufficient for movement - patient assisted to do movement 3) resistive - movement overcomes an external load a) contraindications i) unhealed fracture ii) severe cardiac disease iii) severe osteoporosis iv) unhealed sutures v) some respiratory diseases	Lab II: Structured practice and instruction in PROM (cont.), AAROM, AROM, resistive ROM through straight planes
4. Name 5 contraindications for resistive exercise.		Reading: Kisner/Colby - Chapter 3
5. Explain the impact of gravity on joint/muscle actions.	III. Factors influencing exercise A) Gravity 1) assisted 2) eliminated 3) antigravity	

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
5. Differentiate between aerobic and anaerobic exercise.	B) oxygen intake 1) aerobic 2) anaerobic	Reading: Kisner/Colby - pp. 589-595, 597-603
7. Identify basic principles of static and dynamic muscle contractions.	C) types of muscle contractions 1) static 2) dynamic a) isotonic i) concentric ii) eccentric b) isokinetic-involves only concentric	Lab III: Static and dynamic muscle contractions; case studies using static and dynamic exercise.
8. Discuss power.	IV. Specific exercise terminology A) Power 1) isometric effect on power 2) isotonic effect on power 3) isokinetic development of power (high speed, low load)	
9. State physiological principles related to strength.	B) Strength 1) 2/3 of maximum muscle tension must be generated to increase 2) demand on muscle must continue 3) effect of motor unit number and frequency of contraction 4) relationship of muscle strength to cross section 5) strength in males/females	
10. Discuss endurance.	C) Endurance 1) muscle 2) cardiovascular 3) relationship of strength and endurance	Lab IV: Structured practice and instruction in various types of power, [illegible] endurance exercise

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
11. State 2 factors which influence muscle tension during isotonic exercise.	D) isotonic exercise factors influencing tension 1) lever arm 2) muscle length	
12. Differentiate between isometric, isotonic, and isokinetic exercise.	E) Comparisons/Contrasts between isometric, isotonic, isokinetic 1) tension generated 2) strengthening points of range 3) cardiovascular response 4) equipment considerations	
13. Describe calculation, treatment and recording for PRE.	V. Progressive Resistive Exercise - DeLorme technique A) 10 RM 1) amount of weight lifted 10 times B) load resisting program 1) 50% 2) 75% 3) 100% C) 1 RM once weekly (muscle strength index) D) recorded information 1) 10 RM 2) 1 RM 3) joint range 4) limb circumference	Lab V: Structured instruction in and performance of PRE. Reading: Kisner/Colby - pp. 597-599, 603-609
14. List indicators of fatigue.	VI. Fatigue A) Indicators 1) SOB 2) movement decreased in range and speed 3) substitution with other muscles resulting in incoordination 4) subjective complaints	

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
15. Discuss patient safety in relation to fatigue.	B) Susceptibility to injury at point of fatigue	
16. Describe basic physiological changes occurring with fatigue.	C) Components of fatigue 1) neuromuscular junction 2) contractile portions of fiber	
17. Perform exercise progressions.	VII. Frequency of exercise A) Increasing strength	Case study handout.
18. Use appropriate exercise equipment and safety precautions in lab when performing exercise.	B) Maintaining strength	Lab VI: Case studies for practice in integration and implementation of ROM; isometric, isotonic, isokinetic exercise; power, strength, endurance exercise; PRE.
UNIT VI	Transfers	
1. List 3 types of transfers.	I. Defintion/types A) Sitting B) Standing C) Lift	Reading: Patient Care Skills - pp. 89-132
2. State general preparatory steps to patient transfers.	II. Preparation A) Correct positioning in bed B) ROM C) Activity for maintaining or increasing strength	
3. Discuss 7 factors which influence a patient's ability to transfer.	III. Recognizing patient's abilities A) Physiological condition 1) reaction to activity 2) presence of orthostatic hypotension B) Mobility 1) joint motion 2) bed mobility C) Strength 1) generalized 2) isolated weakness	

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
	D) Endurance 1) may be affected by diagnosis 2) scheduling/succession of activities E) Balance 1) prolonged bedrest 2) altered muscle tone F) Comprehension 1) impaired hearing or vision 2) confusion or forgetfulness 3) aphasia G) Motivation 1) influence of pain 2) level of acceptance of condition IV. Basic Principles/Considerations	
4. Recall principles and techniques for good body mechanics. 5. Identify relevance of commands, surface heights, and transfer belts to patient transfer techniques.	A) Body Mechanics B) Commands 1) simple 2) brief 3) repetitive 4) lowered voice with hard of hearing patients C) Surface heights level D) Transfer belt	

BLACKHAWK TECHNICAL COLLEGE

COURSE NUMBER: 524 110

COURSE TITLE: PTA I

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
6. Perform standing transfers in the laboratory safely and accurately.	V. Standing Transfers A) General procedure 1) Wheelchair preparation a) strong side toward surface transferring to b) wheel locks c) arm and leg rest adjustments 2) Transfer belt 3) Knee buckling stop 4) Assistance as needed with pivot	Lab: Structured practice and instruction in carrying out: A) Standing transfers B) Sitting transfers C) Special transfers D) Manual Lifts E) Hoyer Lift
7. Perform sitting transfers in the laboratory safely and accurately.	VI. Sitting Transfer A. General procedure 1) Wheelchair preparation 2) Transfer belt 3) Other equipment 4) Assistance as needed	
8. Apply knowledge of transfer techniques to special types of transfers.	VII. Special transfers A) Car B) Toilet C) Tub/shower	
9. Demonstrate lift transfers properly.	VIII. Lifts A) 2-man lift 1) Types 2) General procedure	

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
	B) 3-man lift 1) General procedure	
10. Perform safely and accurately Hoyer lift transfers.	IX. Hoyer Lift A) Position of wheelchair B) Position of sling under wheelchair C) Hooks into sling away from patient D) Operation of hydraulic E) Reposition patient as necessary	
11. Describe various equipment available for transfers.	X. Equipment A) Sliding board B) Overhead trapeze C) Grab bars	Equipment Handout.
UNIT VII	Gait	Reading: Muscle Testing - pp. 165-175; Therapeutic Exercise (D/W) -p.35, Kisner/Colby - pp. 329, p. 352
1. Describe a normal gait pattern.	I. Description of gait A) COG movement in response to joint movements and muscle actions/reactions B) Gait cycle - heel strike to heel strike of same foot.	
2. Differentiate between the 2 phases of gait.	II. Phases of gait A) Stance phase 1) weight-bearing 2) heel-strike 3) mid-stance-trunk glides over flat foot 4) heel off a) toes remain on surface b) occurs as contralateral heel strikes B) Swing phase 1) early-limb off surface 2) late-knee extended and limb reaches for surface	

BLACKHAWK TECHNICAL COLLEGE

COURSE NUMBER: 524-110

COURSE TITLE: PTA 1

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
3. Explain pelvic movements which occur during the gait cycle.	III. Joint activity during gait A) Pelvis 1) lateral tilt (in frontal plane) 2) lateral shift (in transverse plane) 3) forward rotation - occurs when limb is advanced	
4. Describe motion at the hip, knee, and ankle joints during the gait cycle.	B) Hip 1) flexed to 42 at heel strike 2) extended during contralateral heel strike C) Knee 1) flexed to 7 at initial contact with floor-acts as shock absorber 2) extends following toe off in preparation for ipsilateral heel strike D) Ankle 1) dorsiflexion increases to foot flat 2) maximum plantar flexion at toe off - immediately followed by dorsiflexion	

BLACKHAWK TECHNICAL COLLEGE

COURSE NUMBER: 524 110

COURSE TITLE: PTA I

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
5. Describe muscles active during gait and state specifically when they contract during a given cycle.	IV. Muscle action during gait A) Iliopsoas/sartorius-foot flat to mid-stance B) Rectus femoris-just before heel strike to just after foot flat C) Gluteus maximus-just before heel strike to just after contralateral toe off 1) deceleration of flexion 2) hip extension is passive D) Quads-mid swing of one cycle to mid stance of next cycle E) Semimembranosus, semitendinosus, biceps femoris-mid swing to foot flat of the following cycle F) Anterior tibialis, extensor hallicus longus, extensor digitorum longus-just after toe off through entire swing phase G) Gastroc-soleus-just after foot flat to just before toe off to provide ankle stability	
6. Discuss arm swing and its importance to energy efficient ambulation.	V. Importance of Arm Swing	
UNIT VIII	Gait Training	

BLACKHAWK TECHNICAL COLLEGE

COURSE NUMBER: 524-110

COURSE TITLE: PTA 1

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
1. List indications for assistive devices.	I. Assistive Devices A) Indications 1) muscle weakness 2) joint instability 3) decreased skeletal loading 4) pain 5) equilibrium deficits 6) fatigue 7) cosmesis 8) impaired vision	Reading: Patient Care Skills - Chapter 6
2. Name 3 types of crutches. 3. Identify 3 basic gait patterns and be able to explain the advantage of each. 4. Select appropriate gait pattern for patient.	B) Types 1) crutches a) axillary b) Lofstrand/Canadian c) Shepherd's canes d) gait patterns i) 4-point ii) 2-point iii) 3-point iv) swing to v) swing thru	Handout: Crutch Gait Patterns
5. Name types or adaptations for walkers. 6. List varieties of canes.	2) Walker a) standard b) wheel attachments c) backwards d) Delta e) reciprocating 3) Cane a) Hemi b) wide base quad c) narrow base quad d) conventional or standard e) arthritic	

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
7. Measure crutches, walker and cane accurately.	C) Measurement 1) Crutches a) patient supine b) erect position, shoulders relaxed c) patient's height minus 16 inches d) arm position - elbow i) bent approximately 30 ii) hand grip at greater trochanter level 2) Walker a) erect posture, shoulders relaxed b) elbow bent approximately 20-30 c) variations in height 3) Canes a) from greater trochanter distally b) from wrist distally with arm hanging loosely at side c) with approximately 20 elbow flexion	Lab I: Fitting and gait training - various types of assistive devices.
8. Discuss the importance of proper length of assistive devices.	II. Importance of Proper Length A) Achieve good balance B) Relieve axillary pressures (radial N. Palsy) C) Avoid gait deviations D) Conserve energy	

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
9. Identify upper extremity musculature necessary to perform gait patterns with an assistive device.	III. Upper Extremity Musculature Involved and Innervations A) Latissimus Dorsi - thoracodorsal N. C6, 7, 8 B) Triceps - radial C7, 8 C) Wrist and long finger flexors median N. C7, 8, T1 D) Sh. Depressors 1) pectorals - C5, 6, 7, 8, T1 2) Sh. Add. - generally lower C 3) Trapezius - spinal ac. C3 + 4 E) Biceps - C5, 6 (Walker)	
10. Discuss variations in weight bearing status.	IV. Weight Bearing Status A) F.W.B. - full weight bearing B) P.W.B. - partial weight bearing C) N.W.B. - non weight bearing D) W.B. to Tolerance - weight bearing to tolerance E) May indicate certain poundage or "toe touch"	Lab II: Fitting and gait training-various types of assistive devices.

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
	V. Gait Training with Crutches A) Patient in parallel bars, gait belt on B) Instruction in weight bearing status; inform patient of possible sensations C) Demonstration of gait pattern D) Instruction in rise to stand E) Position and support of involved and non-involved lower extremities F) Check for adverse reactions G) Assistance with ambulation 1) position of assistant 2) pivot toward strong side when turning H) Return to sit I) Measure crutches J) Demonstration with crutches K) Assistance with crutches 1) position of assistant L) Stair instruction 1) up with strong 2) down with involved 3) practice with and without hand rails	

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
11. State therapist body position to ensure patient safety.	VI. Gait Training with Walker A) Patient in parallel bars, gait belt on B) Instruction in weight bearing status; inform patient of possible sensations C) Demonstration of gait pattern D) Instruction in rise to stand E) Position and support of involved and non-involved lower extremities F) Check for adverse reactions G) Assistance with ambulation 1) position of assistant 2) pivot toward strong side when turning H) Return to sit I) Measure walker J) Demonstration with walker K) Assistance with walker 1) position of assistant L) Instruction of curbs and stairs	

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
	VII. Gait training with cane A) Indications 1) one cane a) unilateral involvement when patient is PWB to FWB b) balance deficits correctable with unilateral assist 2) two canes a) bilateral involvement b) increased balance deficits B) Cane in hand contralateral to involved lower extremity C) Gait Pattern 1) cane - involved - uninvolved 2) cane and involved simultaneously, then univolved. D) Stair Climbing 1) with hand rail 2) without handrail	
12. Instruct patient in each gait pattern with crutches, and instruct in walker and cane use, using efficient and safe techniques on level, ground and stairs. 13. State necessary precautions for use of assistive devices. 14. Discuss ways or equipment for adapting assistive devices.	VIII. Advise patient of safety Precautions: A) No pressure under arm pits. B) Watch for water, grease, etc. on floor. C) Do <u>not</u> ambulate on throw rugs. D) Wipe tips off daily with water. IX. Possible additional or adaptive equipment.	

BLACKHAWK TECHNICAL COLLEGE

COURSE NUMBER: 524-110

COURSE TITLE: PTA 1

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
UNIT IX 1. Describe factors that influence vital signs.	Vital Signs I. Vital Signs: cardinal sympt A) temperature B) pulse C) respiration D) blood pressures E) change in one may affect others II. Pulse A) produced by wave of blood pulsating through arteries following each heart beat B) may be felt over the following arteries 1) temporal 2) mandibular 3) carotid 4) femoral 5) radial (most common) C) procedure for determining heart rate 1) locate radial artery 2) use first 2 or 3 fingers (not thumb) 3) gentle pressure 4) counting/recording a) beats per minute b) abnormalities/ irregularities	Reading: Vital Signs Handout Vital Signs Videotape

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
	D) average pulse rate 1) varies with age and size 2) men/women 3) newborns 4) increases with a) activity b) excitement c) anger d) fear e) certain drugs (i.e. caffeine) f) increased body temperature of 1 results in increased pulse of 10 beats per minute 5) tachycardia - may indicate: a) heart disease b) heart failure c) hemorrhage 6) bradycardia - below 60 minutes E) Volume of pulse 1) factors a) volume of blood in arteries b) strength of heart contractions c) elasticity of blood vessels 2) description a) weak/thready b) strong c) full/bounding d) irregular e) 0/1+/2+/3+	

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
	F) Rhythm - spacing of beats 1) regular 2) intermittent III. Respiration A) Control and regulation 1) respiratory center in the brain 2) amount of CO and O in blood B) Rate 1) normal adult a) women/men 2) newborns 3) children 4) increases with a) excitement b) exercise c) pain d) fever e) disease C) Descriptions 1) rapid 2) deep 3) shallow D) Methods for counting and recording IV. Body Temperature A) Measure of heat in the body - balance between heat produced and lost B) Normal body temperature	

BLACKHAWK TECHNICAL COLLEGE

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COURSE TITLE: PTA 1

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
	C) Elevated temperature 1) produced by a) exercise b) eating c) anger d) excitement e) disease 2) signs a) flushed, hot skin b) unusually bright eyes c) restlessness d) thirst D) Subnormal temperature 1) produced by a) drugs b) cold c) shock 2) signs a) listessness b) pale c) cold, clammy skin	

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
	V. Blood Pressure A) Pressure exerted by blood on the wall of a vessel. 1) systolic pressure-heart contractions 2) diastolic pressure-between heartbeats B) Equipment 1) sphygmomanometer 2) stethescope C) Normal Ranges 1) adults 2) infants 3) variations occur due to: a) exercise b) emotional reactions c) hemorrhage d) shock e) disease D) Procedure 1) position patient 2) manometer positioned on arm	

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COURSE NUMBER: 524-110

COURSE TITLE: PTA I

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
	3) palpation of brachial artery; placement of stethescope 4) use of sphygmomanometer 5) calculating/recording blood pressure	
2. Demonstrate the ability to take pulse, respiration, blood pressure, and temperature in laboratory practice. 3. Accurately record and report normal and abnormal vital signs.		Lab: Practice and instruction in measurir and recor ing vital signs.

LACKHAWK T[illegible]NICAL COLLEGE

COURSE NUMBER: 524-110

COURSE TITLE: PTA I

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
Unit X 1. Describe the functions of dressings and bandaging. 2. Identify the various types of bandaging and support. 3. Demonstrate the ability to apply Ace bandages to the upper and lower extremities and joints, following figure-8 and spiral patterns. 4. Apply sling suspension to the upper extremities.	Bandaging/Slings I. Function of bandaging or slings. A) Decrease edema; improve circulation B) Shape an extremity or residual limb C) Prevent traction force on a joint D) Provide stability for a joint (joint protection) E) Decrease pain II. Types of bandages/slings A) Ace wraps B) Upper extremity suspensions (several types to be demonstrated in lab) C) Custom fit D) Commercially made E) Taping III. General principles A) Distribution of pressure B) Wrinkle-free wraps C) Securing bandages D) Spiral/figure-8 configurations E) Adjustment of sling straps	Handout: Ace wrapping for lower extremity residual limbs. Video: Upper extremity slings in hemiplegia Lab I: Structured practice and instruction in bandaging with ace wraps to a given joint or residual limb Lab II: Structured practice and instructio in applying slings to the upper extremities; taping

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COURSE NUMBER: 524-110

COURSE TITLE: PTA 1

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
Unit X, continued	IV. Introduction to wrapping residual limbs V. Introduction to taping joints	

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COURSE NUMBER: 524-110

COURSE TITLE: PTA I

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
Unit XI. Continued	V. Contraindications A) Acute inflammation B) Condition resulting in pressure on spinal cord C) Osteoporosis D) RA E) Ligamentous strains F) Pregnancy (pelvic traction) G) Respiratory conditions	
3. Demonstrate the ability to use mechanical traction in supine and sitting positions for cervical and lumbar regions.	VI. Procedure A) Cervical 1) explanation/instruction to patient 2) positioning of head; donning of halter 3) machine set-up 4) slow relaxation of pressure when removing machine 5) remove halter, observe general status B) Lumbar 1) explanation/instruction to patient 2) positioning patient; donning corset 3) counter traction application 4) machine set-up 5) slow relaxation of tension following treatment 6) remove corset; observe general status	Lab I: Structured practice and instruction in application of mechanical traction Lab II: Structured practice and instruction in application of mechanical traction
4. Differentiate between static and intermittent traction techniques.	C) Static vs. intermittent traction	

BLACKHAWK TECHNICAL COLLEGE

COURSE NUMBER: 524-110

COURSE TITLE: PTA 1

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
Unit XI 1. Describe the effects of traction.	Traction I. Description of treatment II. Description of equipment III. Physiological basis for administering traction A) immobilization and support B) distraction of facet joints C) correcting alignment D) tighten longitudinal ligaments E) elongation of muscle to decrease guarding F) improve blood flow to affected area G) relieving pressure on nerve roots IV. Indications A) muscle guarding B) torticollis C) herniated disc D) degenerative arthritis E) hypomobility	Reading: Hayes - pp. 94-100 Videotapes: D. Saunders - cervical/lumbar traction
2. To identify indications and contraindications to traction.		

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COURSE NUMBER: 524-110

COURSE TITLE: PTA I

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
Unit XII. 1. Describe the use of the tilt table in patient care. 2. Demonstrate proper use of the tilt table.	Tilt Table A) Description B) Indications for use 1) orthostatic hypotension a) following prolonged bedrest b) post-operative 2) inadequate trunk control for standing with assistive devices. C) Contraindicatons/precautions 1) mental state 2) weight bearing status D) Procedure 1) Instruction and explanation to patient 2) Transfer of patient onto tilt table 3) Adjust as needed to accomodate for weight bearing status or trunk control 4) Base blood pressure reading 5) Elevation of tilt table/monitoring status of patient a) subjective information b) blood pressure checks c) slurred speech d) pupils e) skin color/temperature 6) Return to horizontal	Lab: Structured practice and instructic in tilt table procedure

Spring, 1988

BLACKHAWK TECHNICAL COLLEGE
PHYSICAL THERAPIST ASSISTANT PROGRAM

PHYSICAL THERAPIST ASSISTANT I

DATE:	SUBJECT:
Jan. 11-13	Lec. Intro. to course, Body Mechanics, Moving in Bed, Principles of Positioning
	Lab. Body Mechanics, Moving Patients in Bed
Jan. 18-20	Lec. Therapeutic Positioning
	Lab. Structured paractice in and discussion of positioning patients: supine, sidelying. prone, sitting
Jan. 25-27	Lec. Goniometry Principles
	Lab. Goniometry: cervical, trunk, hip, knee, scapula, shoulder, elbow, forearm
Feb. 1-3	Lec. Muscle Testing Principles EXAM: Body Mechanics/Positioning (2/1/88)
	Lab. Goniometry· ankle, foot, toes, wrist, hand, fingers; MFT: neck, trunk, hip, knee
Feb. 8-10	Lec. Intro. to Posture Principles Normal Posture
	Lab. MFT: scapula, shoulder, elbow, forearm EXAM: Goniometry (2/8/88)
Feb. 15-17	Lec. General posture concepts, posture deviations and potential causes
	Lab. MFT: ankle, foot, toes, wrist, hand, fingers, thumb; Posture: plumbline analysis

Feb. 22-24	Lec.	Introduction to principles of Therapeutic Exercise Techniques
	Lab.	Posture: Muscle length and miscellaneous diviation checks EXAM: Muscle function testing (2/22/88)
Feb. 29-March 2	Lec.	Passive, active, active assistive, resistive exercise
	Lab:	Draping, PROM, AROM, AAROM, Restive ROM
March 7-9	Lec:	Factors affecting exercise: gravity, oxygen intake; static and dynamic contractions
	Lab:	Static and dynamic contractions
Narch 14-18		SPRING BREAK
March 21-23	Lec:	Power, strength, endurance exercise, PRE's; progression of exercise
	Lab:	PRE; General exercise overview
March 28-30	Lec:	Sitting, standing, and lift transfers
	Lab:	Transfers
April 4-6	Lec:	Special transfers (car, toilet, tub/shower); introduction to gait
	Lab:	EXAM: Posture/exercise (4/6/88)
April 11-13	Lec:	Joint/muscle activity during gait
	Lab:	Normal gait EXAM: Transfers (4/13/88)
April 18-20	Lec:	Measuring and gait training with assistive devices
	Lab:	Measuring and gait training with assistive devices

April 25-27	Lec:	Vital Signs EXAM: Exercise, transfers, normal gait (4/25/88)
	Lab:	Gait training, continued; vital signs
May 2-4	Lec:	Principles of bandaging, application of slings; Introduction to principles of traction
	Lab:	EXAM: Bandaging, Gait Training (5/2/88)
May 9-11	Lec:	Cervical and lumbar traction Principles of Tilt Table
	Lab:	Application of slings; cervical and lumbar traction
May 16-18	Lec:	Tilt Table; Semester Preview
	Lab:	Traction, Tilt Table EXAM: Vital Signs, Bandaging/slings (5/16/88)
May 23-25	Lec:	EXAM: Final (5/24/88)
	Lab:	EXAM: Traction (5/23/88) EXAM: Tilt Table (5/25/88)

BLACKHAWK
TECHNICAL INSTITUTE

Route 3, Prairie Road
Janesville, Wisconsin 53545
Telephone: (608) 756-4121

SERVING ROCK AND GREEN COUNTIES

COURSE NUMBER 524-120

COURSE TITLE Physical Therapist Assistant II

DIVISION: Service Occupations

PROGRAM ASSIGNMENT: Physical Therapist Assistant

PREREQUISITES: 524-110, 524-115, 524-105

TEST-OUT AVAILABLE: N/A

COURSE DESCRIPTION:

The course focuses on identification of common amputations, amputee exercise routines, and stump care; the use of deep and superficial heat in selected patient treatments; application of therapeutic massage; pathophysiology and treatment of orthopaedic conditions; the use of intermittent compression devices in peripheral vascular disease; therapeutic cold modalities; specialized exercise regimes; and application of ultraviolet radiation. Selected medical conditions in physical therapy are discussed.

Total Potential Hours of Instruction	26.
Classroom Hours/Week	3.
Lab Hours/Week	4.
Shop Hours/Week	
Clinical or Occupational Hours/Week	
Field Experience Hours/Week	
Total Student Hours/Week	7.
Length of Course (Weeks)	18.

AID CODE 10 CREDIT VALUE 5.

MATERIAL CODE 14 STATE APPROVAL DATE 1986

ORIGINAL PREPARED BY	DATE
C. Milbrandt	1988

REVISIONS BY

BLACKHAWK TECHNICAL COLLEGE

COURSE NUMBER: 524-120

COURSE TITLE: PTA-II

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
UNIT I - Therapeutic Heat 1. Explain the effects of heat and the theories supporting its use.	I. Theoretical bases for use. A) Pain relief B) Muscle guard decrease C) Relaxation D) Effect on blood flow E) Healing of tissue F) Exercise preparation II. Effects of heat A) Local B) General III. Types of heat A) Superficial 1) hydrocollator packs a) description of agent/ various types b) indications for use c) contra-indications d) application i) preparation/set up ii) procedure for administration iii) check for response to treatment 2) paraffin a) description of b) indications for use c) contraindications/ precautions	Lab: Structured practice and instruction in use of superficial heating devices.

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
	d) application i) preparation/set-up ii) procedure for administration iii) response to treatment check 3) Infrared a) description of types b) indications for use c) contraindications/ precautions d) application i) preparation/set-up ii) procedure for administration iii) check for response to treatment	Videotape: "Modalities of PT"
2. Differentiate between superficial and deep heating devices.	4) Ultraviolet a) description of/types b) indications for use c) contra-indications/ precautions d) application i) preparation/set-up ii) procedure for administration iii) check for response to treatment B) Deep 1) Ultrasound a) description of/types b) indications for use c) contraindications/ precautions	Lab: Structured practice and instruction in use of deep heating devices.

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
3. Demonstrate in laboratory practice the ability to effectively treat the parts of the body using the following: paraffin wax, ultrasound, shortwave diathermy, microwave, infrared, hydrocollator packs, ultraviolet.	d) application i) preparation/set-up ii) procedure for administration iii) check for response to treatment 2) Diathermy a) description of/types b) indications for use c) contra-indications/ precautions d) application i) preparation/set-up ii) procedure for administration iii) check for response to treatment	
4. List indications and contraindications for each superficial and deep heat. 5. Prepare patient treatment areas and equipment for superficial and deep heating modalities. 6. Demonstrate the principles and use of the Hubbard tank and whirlpools. 7. Discuss pool therapy in relation to heat and exercise.	IV. Hydrotherapy A) Principles/general use 1) heat a) general b) local 2) exercise B) Types 1) Hubbard tank a) description b) indications c) contraindications/precautions d) application i) preparation/set-up ii) procedure for administration iii) check for response to treatment	Lab: Structured practice and instruction in use of Hubbard tank and whirlpools.

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
	2) whirlpools a) description/various types b) indications c) contraindications/pre-cautions d) application i) preparation/set-up ii) procedure for administration iii) check for response to treatment	
	3) pools/walk tanks a) description/types b) indications c) contraindications/pre-cautions d) application i) preparation/set-up ii) procedure for administration iii) check for response to treatment	Lab: Structured practice and instruction in use of pools/walk tanks; applying sterile dressings.
8. Discuss wound care in relation to the use of hydrotherapy. 9. Identify procedures for wound care and skin precautions. 10. Identify procedures for isolation. 11. Demonstrate handling of contaminated linens, bandages, and treatment areas. 12. Define sterile techniques. 13. Describe importance of handwashing	C) Wound care 1) cleansing 2) debridement 3) sterilization 4) medicating 5) bandaging D) Isolation 1) types 2) general principles 3) donning/doffing masks, gowns and gloves	Videotape - "Isolation Procedures"

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
UNIT II - Therapeutic Cold 1. Explain the effects of cold and the theories supporting its use.	I. Therapeutic basis for cold A) Acute trauma B) Pain relief C) Muscle guarding decrease D) Effect on joint inflammation E) Effect on blood flow F) Healing effects	
2. Demonstrate the ability to effectively treat parts of the body with ice packs, iced towels, and ice massage.	II. Types A) Ice packs 1) description of/various types 2) indications 3) contraindications/precautions 4) applications i) preparation/set-up ii) procedure for administration iii) response to treatment check B) Iced towels 1) description 2) indications 3) contra-indications/precautions	Lab: Structured practice and instruction in ice packs and iced towels.

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
	4) application i) preparation/set-up ii) procedure for administration iii) check for response to treatment	
	C) Ice massage 1) description 2) indications 3) contraindications 4) application i) preparation/set-up ii) procedure for administration iii) check for response to treatment	Lab: Structured practice and instruction in ice massage and vapocoolant sprays.
3. Demonstrate the ability to effectively treat parts of the body with vapocoolant spray.	D) Vapocoolant spray 1) description 2) indications 3) contra-indications/precautions 4) application i) preparation/set-up ii) procedure for administration iii) check for response to treatment	
UNIT III - Massage	I. History	
1. Describe the effects of massage and the strokes used. 2. Discuss physical, physiologic and psychologic effects of massage.	II. Purposes/Effects A) Mechanical B) Physiological C) Reflex D) On Skin E) Psychologic	Labs I & II: Structured practice and instruction in massage to selected body parts.

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
3. Identify indications and contraindications to massage.	III. General Principles A) Care of hands B) Posture C) Treatment table D) Patient positioning/draping E) Lubricants F) Duration/rest G) Indications/contra-indications IV. Types and uses A) Effleurage B) Petrissage C) Friction D) Tapotement E) Vibration V. Application to body parts A) Back B) Low back C) Glutei D) Cervical/Thoracic Spine	
4. Demonstrate effective massage techniques in laboratory by massaging selected body parts.		

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
UNIT IV - Neuromusculoskeletal System/Orthopaedics 1. Student will discuss normal structure and function of the neuromusculoskeletal system.	E) Chest F) Abdomen G) Extremities 1) upper 2) lower H) Face I. Normal structure and function of joints and related soft tissues A) Head/Neck 1) cranium 2) C1/C2 3) C3 - C6 4) C7 and T1 B) Trunk/Pelvis 1) thoracic vertebrae 2) Sternum/ribs 3) Lumbar vertebrae 4) Sacrum/coccyx 5) ilium/ischium/pubis C) Hip 1) joint 2) soft tissue/supporting structures a) muscles b) ligaments	Lab I: Palpation of joint and soft tissue; treatment program possibilities for head, neck, trunk, and pelvis. Lab II: Palpation of joint and soft tissue; treatment program possibilities for hip and knee.

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
	D) Knee 1) joint 2) soft tissue/supporting structure a) ligaments b) menisci c) muscles/tendons E) Ankle/Foot 1) talo-crural joint 2) talo-fibular joints 3) subtalar joint 4) mid-tarsal joints 5) tarsometatarsal joints 6) metatarsophalangeal joints 7) etiology/disease processes F) Shoulder 1) scapula 2) sternoclavicular region 3) acromioclavicular region 4) glenohumeral joint G) Elbow/Forearm 1) articulation cubiti 2) radioulnar region H) Wrist 1) radiocarpal region 2) mid-carpal joints 3) wrist joint 4) carpometacarpal a) II through V b) thumb 5) metacarpophalangeal a) II through V b) thumb	Lab III: Palpation of joint and soft tissue; treatment program possibilities for foot and ankle. Lab IV & V: Palpation of joint and soft tissue; treatment program possibilities for upper extremity.

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
	6) interphalangeal a) joints b) soft tissue/supporting structures	
2. To define pathologies or abnormal conditions, to include inflammatory diseases, fractures, orthopaedic surgical procedures, trauma to soft tissue, various joint conditions.	II. Pathological/Abnormal Conditions A) Inflammatory diseases 1) etiology/disease processes 2) signs/symptoms 3) medical intervention B) Fractures 1) types a) stress b) pathological c) greenstick d) stellate e) comminuted f) compression g) avulsion C) Orthopaedic surgical procedures 1) neck 2) back 3) hip 4) knee 5) ankle/foot 6) shoulder complex 7) elbow 8) wrist/hand D) Soft tissue trauma	

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
3. Identify correct procedures for orthopaedic assessments.	III. Joint Inspection A) Cervical region B) Thoracic region C) Lumbar region D) Pelvis/hip E) Knee F) Ankle/foot G) Shoulder H) Elbow I) Wrist/hand	
4. Recall and/or describe the physiological basis of therapeutic exercise and relate it to various orthopaedic conditions.	IV. Possible Treatment Regimes for various regions A) Cervical B) Thoracic C) Lumbar D) Pelvis/hip E) Knee F) Ankle/foot G) Shoulder H) Elbow I) Wrist/hand	

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
UNIT V - Specialized Therapeutic Exercise Regimes	I. Peripheral joint mobilization used by physical therapist. A) General principles 1) indications/ contraindications 2) directional forces 3) grades II. Isokinetics for Sports Medicine A) Strength B) Endurance C) Power D) Equipment 1) Cybex a) testing uses b) exercise 2) Orthotron 3) Kinetron E) Indications/Contraindications	
UNIT VI - Peripheral Circulation	I. Normal Circulatory function of periphery A) Major arteries of LE's B) Venous distribution through LE's C) Lymph II. Circulatory disorders A) Venous insufficiency B) Peripheral vascular disease C) Disease etiology and progression	

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
	III. Signs of circulatory disorders A) Temperature B) Appearance C) Skin condition D) Peripheral pulses	
	IV. Possible treatment regimes A) Contrast baths 1) indications/contraindications 2) water temperatures 3) patient and treatment area set-up 4) administration of treatment 5) response to treatment check B) Jobst extremity pump 1) indications/contra-indications 2) patient positioning and treatment area set-up 3) administration of treatment 4) check for response to treatment C) Exercise 1) endurance 2) Buerger 3) Buerger-Allen	Lab: Structured practice and instruction in possible treatments for circulatory disorders.
UNIT VII - Amputees	I. Definition and Types of Amputations A) Surgical B) Traumatic C) Congenital	

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
	D) Upper extremity E) Below-knee F) Above-knee	
1. Discuss pre-operative care of amputees.	II. Pre-operative care by physical therapy A) Exercise instruction B) Ambulation instruction D) Deep breathing	Lab I: Pre-operative activities, residual limb wrapping and care for AK and BK amputees.
2. Demonstrate residual limb care.	III. Residual limb care A) Desensitization B) Healing of wound C) Wrapping 1) decreases edema 2) prepares for prosthesis	
3. Identify common exercise programs and functional activities for amputees.	IV. Exercise and Functional Training A) Upper extremity strengthening B) Balance activities C) Residual limb exercises	Lab II: Exercises for amputees: upper extremities, lower extremities, residual limb, balance activities
4. Demonstrate instruction of ambulation for lower extremity amputees.	D) Transfer training E) Gait training 1) parallel bars 2) assistive devices a) walker b) crutches 3) gait pattern	Lab III: Exercise and transfer/ambulation training for LE amputees.

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
5. Identify common prostheses and their parts.	V. Prosthetics A) Types 1) AK a) quadrilateral socket 2) BK a) PTB 3) types of knee joints a) hydraulic b) free-swinging c) ottobach 4) types of feet a) SACH b) free swinging ankle	Lab IV: Identification of prosthetics and their parts; practice in prosthetic care.
6. Demonstrate techniques for instruction and care of prostheses.	B) Care of prosthesis 1) stump socks 2) cleaning of prosthesis 3) donning/doffing	
	C) Gait training with prosthesis 1) parallel bars 2) assistive devices a) walker b) crutches c) canes 3) gait pattern	Lab V: Gait and transfer training with prosthetics.
	D) Functional training with prosthesis 1) transfers 2) ADL	

BLACKHAWK TECHNICAL COLLEGE
SERVICE OCCUPATIONS DIVISION
PHYSICAL THERAPIST ASSISTANT PROGRAM

524-115 Clinical Physical Therapist Assisting I - 2 credits; 120 clinical hours/semester, 8 classroom hours. This course introduces the student to the clinic. Students will apply skills learned in Physical Therapist Assisting I, Introduction to Physical Therapist Assistant and Kinesiology to direct patient care in selected clinical affiliations. Pre-requisite - 524-100, 806-131, and 806-140.

Pre or Co-requisites - 524-105, 524-110, and 806-108.

Instructor: Clinical Facility Instructor - Ilene Larson

Instructor Office Hours: Ilene Larson, by appointment

Determination of Course Grade:

-Clinical Evaluation:	90%
-Case History	10%
	100%

-Patient treatment log must be submitted to clinical Coordinator before course grade is issued.

Schedule:

January 15	- 8-12:00	Discussion Group
January 21	- March 11	Rotation I
March 17	-	Spring Break
March 24	- 8-12:00	Discussion Group
March 31	- May 12	Rotation II
May 19	-	Discussion Group - Hand in assignments

Attendance: You must attend all 15, 8 hour clinical sessions to receive a grade in this course. If you miss a clinical session, it will be your responsibility to schedule a make-up session with your clinical supervisor in your assigned affiliation.

BLACKHAWK
TECHNICAL INSTITUTE

Route 3, Prairie Road
Janesville, Wisconsin 53545
Telephone: (608) 756-4121

SERVING ROCK AND GREEN COUNTIES

COURSE NUMBER 524-115

COURSE TITLE Clinical PTA-I

DIVISION: Service Occupatiosn

PROGRAM ASSIGNMENT: Physical Therapist Assistant

PREREQUISITES: 524-100; 806-131, 806-140
Corequisites: 524-105, 524-110, 806-108

TEST-OUT AVAILABLE: No

COURSE DESCRIPTION:

This course introduces the student to the clinic. Students will apply skills learned in Physical Therapist Assisting I, Introduction to Physical Therapist Assistant, and Kinesiology to direct patient care in selected clinical affiliations. Fire safety in a clinical setting is included.

Total Potential Hours of Instruction	
Classroom Hours/Week	
Lab Hours/Week	
Shop Hours/Week	
Clinical or Occupational Hours/Week	
Field Experience Hours/Week	
Total Student Hours/Week	
Length of Course (Weeks)	

AID CODE ☐☐ CREDIT VALUE ☐☐

MATERIAL CODE ☐☐ STATE APPROVAL DATE _____

ORIGINAL PREPARED BY Ilene Larson DATE _____

REVISIONS BY:

_____ _____

_____ _____

_____ _____

_____ _____

BLACKHAWK TECHNICAL COLLEGE

COURSE NUMBER: 524-115

COURSE TITLE: Clinical PTA-I

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
1. Observe, and assist in, treatment of patients as directed by the clinical supervisor in hospital, nursing home, out-patient and pediatric facilities. 2. Observe and assist with patient transfers, positioning, goniometric measurements, manual muscle testing, posture evaluation, routine theraputic exercise programs, gait training, assistive services, vital signs, bandaging, tilt table and traction. 3. Transport patients to and from appointments, following daily schedule. 4. Prepare treatment areas. Assist with treatment set up and clean up. 5. Communicate with patients by proper introduction to self and treatment session. Proper termination of session. 6. Communicate with therapist by retrieval and reporting of medical information using clear, concise medical terminology. 7. Evaluate own reactions to patients treated. 8. Keep an accurate record of the types of treatments administered, assisted, observed and the types of disabilities treated.		Assigned Clinical Experiences

BLACKHAWK TECHNICAL COLLEGE

COURSE NUMBER: 524-115

COURSE TITLE: Clinical PTA-I

COMPETENCY STATEMENT	CONTENT OUTLINE	LEARNING ACTIVITIES
9. Evaluate each clinical experience and submit a report to the instructor.		Assigned clinical experiences
10. Present written case study reflecting psychosocial and medical history, physical therapy involvement, and conclusions from a selected patient example.		
11. Fire Safety A. Discuss fire safety from the standpoint of hazards, regulations, plans, equipment. B. List responsibilities of the PTA in connection with fire safety. C. Demonstrate ability to use a fire extinguisher.	I. Fire Safety A) Prevention B) Types of fires C) Types of fire extinguishers D) Removal of patients II. PTA Responsibilities	Presentation and handouts by Fire Science Instructor

BLACKHAWK TECHNICAL COLLEGE
PHYSICAL THERAPIST ASSISTANT PROGRAM

CLINICAL EVALUATION
CLINICAL PHYSICAL THERAPIST ASSISTING II

Name of Student:_____ Date:_____

Clinical Facility:_____

Evaluator:_____

Dates Absent:_____

Please Circle: ROTATION I ROTATION II

Explanation of Grading:

Please circle 1, 2, 3, 4, or 5 after each key indicator of the designated skill which best describes the students most typical performance. If a key indicator of a particular skill has not been observed, mark NA, not applicable. It is recommended that performance be observed several times before assigning a permanent grade to a key indicator. Understandably, the student will not perform all the key indicators of designated skills at each affiliation site.

The grade which you give the student will be converted to a letter grade by the Clinical Coordinator at Blackhawk Technical College.

Grading Scale:

5 -	Is able to perform activity without reminder. Handles self/patient properly with ease and confidence appropriate for academic (Sophomore) level.	5 = A
4 -	Is able to perform activity with minimal reminder or occasional help.	4 = B
3 -	Is able to perform activity but requires continued assistance in some areas.	3 = C
2 -	Needs constant reminder/assistance to do activity - does not recall procedure from one time to next. Usually has problems in this area.	2 = D
1 -	Consistantly unable to perform activity and or consistently unsafe with patients.	1 = F

NA - Not available or applicable; observed only; skill performed less than two times by student; new skill, insufficient practice to grade.

Utilization of the Evaluation Form:

Categories of 3, 4, and 5 represent satisfactory performance. Categories of 1 & 2 represent unsatisfactory performance.

Each individual skill area, must total and average a score in the satisfactory category to pass the rotation and consequently pass the course.

When unsatisfactory performances are identified, corrective measures should be taken by the clinical supervisor and studen as soon as possible. Corrective measures include counseling and planned learning experiences to attempt to raise the grad of that particular key indicator.

Unsatisfactory performances in the area of safety should be reported to the clinical coordinator immediately.

Refer to the course outlines and the respective course syllabus to coordinate clinical learning experiences with academic information presented. Use the following guide:

Intro. to Phys. Ther. Asst. Physical Therapist Asst. I Kinesiology	=	Clinical PTA-I
Physical Therapist Asst. II Physical Therapist Asst. III Previous PTA courses	=	Clinical PTA-II
Physical Therapist Asst. IV Issues and Trends Life-Span Applications Previous PTA courses	=	Clinical PTA-III

Using The Evaluation Form:

The same evaluation format and criteria will be used for all three clinical courses. Two copies of the evaluation form wi be sent at the beginning of each course. One form is to be used as a mid-term evaluation tool to point out strengths and weaknesses. The other form is to be sent promptly to the school upon completion of the affiliation.

The following Skills and Key Indicators will be utilized in evaluating the students.

SKILLS	KEY INDICATORS	RATING NA 1 2 3 4 5	COMMENTS
I. Performs safe patient care and maintains a safe, clean working environment.	1. Uses good body mechanics and performs transfers correctly.	NA 1 2 3 4 5	
	2. Identifies when more than one person is needed during patient handling.	NA 1 2 3 4 5	
	3. Uses safety measures during patient care, e.g. uses safety belts, guards ambulating patients appropriately.	NA 1 2 3 4 5	
	4. Provides patients with call bells as needed and does not leave patient unattended.	NA 1 2 3 4 5	
	5. Demonstrates safe operation of therapeutic equipment.	NA 1 2 3 4 5	
	6. Keeps working areas clean and free of clutter and promptly cleans spills	NA 1 2 3 4 5	
	7. States contraindications and precautions for modalities and procedures performed when asked.	NA 1 2 3 4 5	
II. Demonstrates professional personal characteristics.	1. Abides by the APTA Code of Ethics, The Guide for the Conduct of the Affiliate Member, and the Standards of Practice.	NA 1 2 3 4 5	
	2. Complies with the uniform policy of the school and the facility.	NA 1 2 3 4 5	
	3. Exhibits good work habits by being on time and conforming to department rules and regulations.	NA 1 2 3 4 5	
	4. Is attentive, pleasant and ready to work.	NA 1 2 3 4 5	

The following Skills and Key Indicators will be utilized in evaluating the students.

SKILLS	KEY INDICATORS	RATING NA 1 2 3 4 5	COMMENTS
II. Demonstrates professional personal characteristics. (continued)	5. Maintains confidentiality of patients.	NA 1 2 3 4 5	
	6. Is able to develop rapport and positive working relationships with staff members.	NA 1 2 3 4 5	
	7. Anticipates consequences to self and others prior to taking course of action.	NA 1 2 3 4 5	
	8. Exhibits mature responses when dealing with people and varied situations.	NA 1 2 3 4 5	
III. Communicates effectively when exchanging information.	1. Communicates to establish and maintain rapport with patients and staff.	NA 1 2 3 4 5	
	2. Uses professional language when communicating; avoids slang.	NA 1 2 3 4 5	
	3. Initiates communication with the supervisor regarding observations and patient's condition. Keeps the supervisor well informed without being asked.	NA 1 2 3 4 5	
	4. Articulates thoughts and concepts in an organized, logical manner.	NA 1 2 3 4 5	
	5. Recognizes when communications are not understood and initiates alternatives.	NA 1 2 3 4 5	
	6. Explains rationale and goals of treatments to patients and answers questions directly within an appropriate scope of knowledge and authority.	NA 1 2 3 4 5	
	7. Allows others to verbalize and listens appropriately to patients and other personnel.	NA 1 2 3 4 5	

The following Skills and Key Indicators will be utilized in evaluating the students.

SKILL	KEY INDICATORS	RATING NA 1 2 3 4 5	COMMENTS
III. Communicates effectively when exchanging information. (continued)	8. Is sensitive to patient's need and responds appropriately.	NA 1 2 3 4 5	
	9. Is able to give positive feedback to patients to enhance performance.	NA 1 2 3 4 5	
	10. Is aware of and understands body language of self and patients.	NA 1 2 3 4 5	
IV. Demonstrates logical, comprehensive treatment sessions.	1. Initiates and terminates treatment by safe transport of patient to and from the treatment area.	NA 1 2 3 4 5	
	2. Locates and reports critical information in the patient's chart such as diagnosis, social data, vital signs, physicians orders, team progress notes, isolation status, and contraindications to treatment to the Physical Therapist.	NA 1 2 3 4 5	
	3. Prepares patient and treatment properly for session and assembles all equipment and supplies prior to treatment.	NA 1 2 3 4 5	
	4. Performs treatment in a logical sequence.	NA 1 2 3 4 5	
	5. Monitors the patient's response to treatment, physical and psychological, and communicates to the Physical Therapist.	NA 1 2 3 4 5	
	6. Recognizes the need to revise treatment or recognizes when it is inappropriate to perform the treatment (i.e. patient's status changes) and consults with the Physical Therapist.	NA 1 2 3 4 5	

The following Skills and Key Indicators will be utilized in evaluating the students.

SKILL	KEY INDICATORS	RATING NA 1 2 3 4 5	COMMENTS
IV. Demonstrates logical, comprehensive treatment sessions. (continued)	7. Initiates treatment session with proper greetings of patient and identification of self, department and treatment; and terminates treatment session summarizing performance and identifying time of next treatment.	NA 1 2 3 4 5	
V. Demonstrates the ability to assist with or assess patient conditions.	1. Goniometry	NA 1 2 3 4 5	
	2. Manual Muscle Testing	NA 1 2 3 4 5	
	3. Observational Gait Analysis	NA 1 2 3 4 5	
	4. Posture	NA 1 2 3 4 5	
	5. Transfer Status	NA 1 2 3 4 5	
	6. Vital Signs	NA 1 2 3 4 5	
	7. Measurement/Utilization of Assistive Devices.	NA 1 2 3 4 5	
VI. Applies basic knowledge of treatment to assist with or perform therapeutic exercises, gait, and ADL's.	1. PROM	NA 1 2 3 4 5	
	2. AAROM	NA 1 2 3 4 5	
	3. AROM	NA 1 2 3 4 5	
	4. Manual Resistive Exercises	NA 1 2 3 4 5	
	5. P.R.E.	NA 1 2 3 4 5	
	6. Isokinetics	NA 1 2 3 4 5	
	7. Balance Exercises	NA 1 2 3 4 5	
	8. Coordination Exercises	NA 1 2 3 4 5	
	9. General Conditioning Exercises	NA 1 2 3 4 5	
	10. Mat Exercises (Ortho)	NA 1 2 3 4 5	
	11. Mat Exercises (Neuro)	NA 1 2 3 4 5	

The following Skills and Key Indicators will be utilized in evaluating the students.

SKILL	KEY INDICATORS	RATING NA 1 2 3 4 5	COMMENTS
VI. Applies basic knowledge of treatment to assist with or perform therapeutic exercises, gait, and ADL's. (continued)	12. Transfer Techniques	NA 1 2 3 4 5	
	13. ADL Training	NA 1 2 3 4 5	
	14. Gait Training	NA 1 2 3 4 5	
	15. Neurological Gait Training	NA 1 2 3 4 5	
	16. Tilt Table	NA 1 2 3 4 5	
	17. Positioning	NA 1 2 3 4 5	
Applies basic anatomic, physiologic, and physical principles of treatment to assist with or administer modalities.	1. Whirlpool	NA 1 2 3 4 5	
	2. Hubbard Tank	NA 1 2 3 4 5	
	3. Contrast Bath	NA 1 2 3 4 5	
	4. Paraffin	NA 1 2 3 4 5	
	5. Hydrocollator Packs	NA 1 2 3 4 5	
	6. Cold Packs	NA 1 2 3 4 5	
	7. Infra Red	NA 1 2 3 4 5	
	8. Ultra Violet	NA 1 2 3 4 5	
	9. Shortwave	NA 1 2 3 4 5	
	10. Ultrasound	NA 1 2 3 4 5	
	11. Cervical/Lumbar Traction	NA 1 2 3 4 5	
	12. Biofeedback	NA 1 2 3 4 5	
	13. Electrical Stim/T.E.N.S.	NA 1 2 3 4 5	
	14. Intermittent Pressure	NA 1 2 3 4 5	
	15. Massage	NA 1 2 3 4 5	
	16. Sterile Technique	NA 1 2 3 4 5	
Treatment considerations include preparation of area, positioning and draping of patient, performing treatment, recording results, and recognizing changes.			

The following Skills and Key Indicators will be utilized in evaluating the students.

SKILLS	KEY INDICATORS	RATING NA 1 2 3 4 5	COMMENTS
	17. Ace bandaging	NA 1 2 3 4 5	
VII. Documents patient treatment accurately and effectively.	1. Uses proper medical terminology, spelling and grammar.	NA 1 2 3 4 5	
	2. Able to prepare accurate, timely, concise written information.	NA 1 2 3 4 5	
	3. Writes progress notes legibly, including well organized, pertinent information.	NA 1 2 3 4 5	
	4. Assists the Physical Therapist in gathering information accurately for initial, interium, and discharge notes as needed.	NA 1 2 3 4 5	
VIII. Shows ability to use time efficiently and is interested in self development.	1. Uses time in clinical setting constructively, and prioritizes tasks based on importance.	NA 1 2 3 4 5	
	2. Uses free time effectively.	NA 1 2 3 4 5	
	3. Promptly initiates assigned duties.	NA 1 2 3 4 5	
	4. Adheres to patient schedule.	NA 1 2 3 4 5	
	5. Coordinates patients schedules with other disciplines and at beneficial times for patient.	NA 1 2 3 4 5	
	6. Can overlap (2) patient treatments without a decrease in quality of care.	NA 1 2 3 4 5	
	7. Seeks feedback from patients, supervisors, and peers.	NA 1 2 3 4 5	
	8. Responds positively to constructive criticism from supervisors.	NA 1 2 3 4 5	

The following Skills and Key Indicators will be utilized in evaluating the students.

SKILL	KEY INDICATORS	RATING NA 1 2 3 4 5	COMMENTS
	9. Evaluates own strengths and weaknesses and willingly acts to correct weaknesses.	NA 1 2 3 4 5	
	10. Seeks additional learning experiences or opportunities.	NA 1 2 3 4 5	

•Summary Comments:

Overall Strengths:

Specific areas for Improvement:

Clinical Supervisor: Date:

Summary Comments:

Overall Strengths:

Specific areas for Improvement:

Student: Date

BLACKHAWK TECHNICAL COLLEGE
PHYSICAL THERAPIST ASSISTANT PROGRAM

CLINICAL EVALUATION
CLINICAL PHYSICAL THERAPIST ASSISTING III

Name of Student:_____ Date:_____

Clinical Facility:_____

Evaluator:_____

Dates Absent:_____

Please Circle: ROTATION I ROTATION II

Explanation of Grading:

Please circle 1, 2, 3, 4, or 5 after each key indicator of the designated skill which best describes the students most typical performance. If a key indicator of a particular skill has not been observed, mark NA, not applicable. It is recommended that performance be observed several times before assigning a permanent grade to a key indicator. Understandably, the student will not perform all the key indicators of designated skills at each affiliation site.

The grade which you give the student will be converted to a letter grade by tne Clinical Coordinator at Blackhawk Technical College.

Grading Scale:

5 -	Is able to perform activity without reminder. Handles self/patient properly with ease and confidence appropriate for academic (Sophomore) level.	5 = A
4 -	Is able to perform activity with minimal reminder or occasional help.	4 = B
3 -	Is able to perform activity but requires continued assistance in some areas.	3 = C
2 -	Needs constant reminder/assistance to do activity - does not recall procedure from one time to next. Usually has problems in this area.	2 = D
1 -	Consistantly unable to perform activity and or consistently unsafe with patients.	1 = F

NA - Not available or applicable; observed only; skill performed less than two times by student; new skill, insufficient practice to grade.

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Utilization of the Evaluation Form:

Categories of 3, 4, and 5 represent satisfactory performance. Categories of 1 & 2 represent unsatisfactory performance.

Each individual skill area, must total and average a score in the satisfactory category to pass the rotation and consequently pass the course.

When unsatisfactory performances are identified, corrective measures should be taken by the clinical supervisor and student as soon as possible. Corrective measures include counseling and planned learning experiences to attempt to raise the grade of that particular key indicator.

Unsatisfactory performances in the area of safety should be reported to the clinical coordinator immediately.

Refer to the course outlines and the respective course syllabus to coordinate clinical learning experiences with academic information presented. Use the following guide:

Intro. to Phys. Ther. Asst. Physical Therapist Asst. I Kinesiology	=	Clinical PTA-I
Physical Therapist Asst. II Physical Therapist Asst. III Previous PTA courses	=	Clinical PTA-II
Physical Therapist Asst. IV Issues and Trends Life-Span Applications Previous PTA courses	=	Clinical PTA-III

Using The Evaluation Form:

The same evaluation format and criteria will be used for all three clinical courses. Two copies of the evaluation form wil be sent at the beginning of each course. One form is to be used as a mid-term evaluation tool to point out strengths and weaknesses. The other form is to be sent promptly to the school upon completion of the affiliation.

The following Skills and Key Indicators will be utilized in evaluating the students.

SKILLS	KEY INDICATORS	RATING NA 1 2 3 4 5	COMMENTS
I. Performs safe patient care and maintains a safe, clean working environment.	1. Uses good body mechanics and performs transfers correctly.	NA 1 2 3 4 5	
	2. Identifies when more than one person is needed during patient handling.	NA 1 2 3 4 5	
	3. Uses safety measures during patient care, e.g. uses safety belts, guards ambulating patients appropriately.	NA 1 2 3 4 5	
	4. Provides patients with call bells as needed and does not leave patient unattended.	NA 1 2 3 4 5	
	5. Demonstrates safe operation of therapeutic equipment.	NA 1 2 3 4 5	
	6. Keeps working areas clean and free of clutter and promptly cleans spills	NA 1 2 3 4 5	
	7. States contraindications and precautions for modalities and procedures performed when asked.	NA 1 2 3 4 5	
II. Demonstrates professional personal characteristics.	1. Abides by the APTA Code of Ethics, The Guide for the Conduct of the Affiliate Member, and the Standards of Practice.	NA 1 2 3 4 5	
	2. Complies with the uniform policy of the school and the facility.	NA 1 2 3 4 5	
	3. Exhibits good work habits by being on time and conforming to department rules and regulations.	NA 1 2 3 4 5	
	4. Is attentive, pleasant and ready to work.	NA 1 2 3 4 5	

The following Skills and Key Indicators will be utilized in evaluating the students.

SKILLS	KEY INDICATORS	RATING NA 1 2 3 4 5	COMMENTS
II. Demonstrates professional personal characteristics. (continued)	5. Maintains confidentiality of patients.	NA 1 2 3 4 5	
	6. Is able to develop rapport and positive working relationships with staff members.	NA 1 2 3 4 5	
	7. Anticipates consequences to self and others prior to taking course of action.	NA 1 2 3 4 5	
	8. Exhibits mature responses when dealing with people and varied situations.	NA 1 2 3 4 5	
III. Communicates effectively when exchanging information.	1. Communicates to establish and maintain rapport with patients and staff.	NA 1 2 3 4 5	
	2. Uses professional language when communicating; avoids slang.	NA 1 2 3 4 5	
	3. Initiates communication with the supervisor regarding observations and patient's condition. Keeps the supervisor well informed without being asked.	NA 1 2 3 4 5	
	4. Articulates thoughts and concepts in an organized, logical manner.	NA 1 2 3 4 5	
	5. Recognizes when communications are not understood and initiates alternatives.	NA 1 2 3 4 5	
	6. Explains rationale and goals of treatments to patients and answers questions directly within an appropriate scope of knowledge and authority.	NA 1 2 3 4 5	
	7. Allows others to verbalize and listens appropriately to patients and other personnel.	NA 1 2 3 4 5	

The following Skills and Key Indicators will be utilized in evaluating the students.

SKILL	KEY INDICATORS	RATING NA 1 2 3 4 5	COMMENTS
III. Communicates effectively when exchanging information. (continued)	8. Is sensitive to patient's need and responds appropriately.	NA 1 2 3 4 5	
	9. Is able to give positive feedback to patients to enhance performance.	NA 1 2 3 4 5	
	10. Is aware of and understands body language of self and patients.	NA 1 2 3 4 5	
IV. Demonstrates logical, comprehensive treatment sessions.	1. Initiates and terminates treatment by safe transport of patient to and from the treatment area.	NA 1 2 3 4 5	
	2. Locates and reports critical information in the patient's chart such as diagnosis, social data, vital signs, physicians orders, team progress notes, isolation status, and contraindications to treatment to the Physical Therapist.	NA 1 2 3 4 5	
	3. Prepares patient and treatment properly for session and assembles all equipment and supplies prior to treatment.	NA 1 2 3 4 5	
	4. Performs treatment in a logical sequence.	NA 1 2 3 4 5	
	5. Monitors the patient's response to treatment, physical and psychological, and communicates to the Physical Therapist.	NA 1 2 3 4 5	
	6. Recognizes the need to revise treatment or recognizes when it is inappropriate to perform the treatment (i.e. patient's status changes) and consults with the Physical Therapist.	NA 1 2 3 4 5	

The following Skills and Key Indicators will be utilized in evaluating the students.

SKILL	KEY INDICATORS	RATING NA 1 2 3 4 5	COMMENTS
IV. Demonstrates logical, comprehensive treatment sessions. (continued)	7. Initiates treatment session with proper greetings of patient and identification of self, department and treatment; and terminates treatment session summarizing performance and identifying time . . next treatment.	NA 1 2 3 4 5	
V. Demonstrates the ability to assist with or assess patient conditions.	1. Goniometry	NA 1 2 3 4 5	
	2. Manual Muscle Testing	NA 1 2 3 4 5	
	3. Observational Gait Analysis	NA 1 2 3 4 5	
	4. Posture	NA 1 2 3 4 5	
	5. Transfer Status	NA 1 2 3 4 5	
	6. Vital Signs	NA 1 2 3 4 5	
	7. Measurement/Utilization of Assistive Devices.	NA 1 2 3 4 5	
VI. Applies basic knowledge of treatment to assist with or perform therapeutic exercises, gait, and ADL's.	1. PROM	NA 1 2 3 4 5	
	2. AAROM	NA 1 2 3 4 5	
	3. AROM	NA 1 2 3 4 5	
	4. Manual Resistive Exercises	NA 1 2 3 4 5	
	5. P.R.E.	NA 1 2 3 4 5	
	6. Isokinetics	NA 1 2 3 4 5	
	7. Balance Exercises	NA 1 2 3 4 5	
	8. Coordination Exercises	NA 1 2 3 4 5	
	9. General Conditioning Exercises	NA 1 2 3 4 5	
	10. Mat Exercises (Ortho)	NA 1 2 3 4 5	
	11. Mat Exercises (Neuro)	NA 1 2 3 4 5	

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The following Skills and Key Indicators will be utilized in evaluating the students.

SKILL	KEY INDICATORS	RATING NA 1 2 3 4 5	COMMENTS
VI. Applies basic knowledge of treatment to assist with or perform therapeutic exercises, gait, and ADL's. (continued)	12. Transfer Techniques	NA 1 2 3 4 5	
	13. ADL Training	NA 1 2 3 4 5	
	14. Gait Training	NA 1 2 3 4 5	
	15. Neurological Gait Training	NA 1 2 3 4 5	
	16. Tilt Table	NA 1 2 3 4 5	
	17. Positioning	NA 1 2 3 4 5	
Applies basic anatomic, physiologic, and physical principles of treatment to assist with or administer modalities.	1. Whirlpool	NA 1 2 3 4 5	
	2. Hubbard Tank	NA 1 2 3 4 5	
	3. Contrast Bath	NA 1 2 3 4 5	
	4. Paraffin	NA 1 2 3 4 5	
	5. Hydrocollator Packs	NA 1 2 3 4 5	
	6. Cold Packs	NA 1 2 3 4 5	
	7. Infra Red	NA 1 2 3 4 5	
	8. Ultra Violet	NA 1 2 3 4 5	
	9. Shortwave	NA 1 2 3 4 5	
	10. Ultrasound	NA 1 2 3 4 5	
	11. Cervical/Lumbar Traction	NA 1 2 3 4 5	
	12. Biofeedback	NA 1 2 3 4 5	
	13. Electrical Stim/T.E.N.S.	NA 1 2 3 4 5	
	14. Intermittent Pressure	NA 1 2 3 4 5	
	15. Massage	NA 1 2 3 4 5	
	16. Sterile Technique	NA 1 2 3 4 5	
Treatment considerations include preparation of area, positioning and draping of patient, performing treatment, recording results, and recognizing changes.			

The following Skills and Key Indicators will be utilized in evaluating the students.

SKILLS	KEY INDICATORS	RATING NA 1 2 3 4 5	COMMENTS
	17. Ace bandaging	NA 1 2 3 4 5	
VII. Documents patient treatment accurately and effectively.	1. Uses proper medical terminology, spelling and grammar.	NA 1 2 3 4 5	
	2. Able to prepare accurate, timely, concise written information.	NA 1 2 3 4 5	
	3. Writes progress notes legibly, including well organized, pertinent information.	NA 1 2 3 4 5	
	4. Assists the Physical Therapist in gathering information accurately for initial, interium, and discharge notes as needed.	NA 1 2 3 4 5	
VIII. Shows ability to use time efficiently and is interested in self development.	1. Uses time in clinical setting constructively, and prioritizes tasks based on importance.	NA 1 2 3 4 5	
	2. Uses free time effectively.	NA 1 2 3 4 5	
	3. Promptly initiates assigned duties.	NA 1 2 3 4 5	
	4. Adheres to patient schedule.	NA 1 2 3 4 5	
	5. Coordinates patients schedules with other disciplines and at beneficial times for patient.	NA 1 2 3 4 5	
	6. Can overlap (2) patient treatments without a decrease in quality of care.	NA 1 2 3 4 5	
	7. Seeks feedback from patients, supervisors, and peers.	NA 1 2 3 4 5	
	8. Responds positively to constructive criticism from supervisors.	NA 1 2 3 4 5	

The following Skills and Key Indicators will be utilized in evaluating the students.

SKILL	KEY INDICATORS	RATING NA 1 2 3 4 5	COMMENTS
	9. Evaluates own strengths and weaknesses and willingly acts to correct weaknesses.	NA 1 2 3 4 5	
	10. Seeks additional learning experiences or opportunities.	NA 1 2 3 4 5	

Summary Comments:

Overall Strengths:

Specific areas for Improvement:

Clinical Supervisor: Date:

Summary Comments:

Overall Strengths:

Specific areas for Improvement:

Student: Date