



***HANDBOOK  
FOR  
PHYSICAL THERAPY STUDENTS***

**DOCTOR OF PHYSICAL THERAPY PROGRAM  
SCHOOL OF EXERCISE AND REHABILITATION SCIENCES  
COLLEGE OF HEALTH AND HUMAN SERVICES**

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## GLOSSARY OF TERMS

<b>APTA</b>	- American Physical Therapy Association
<b>CCCE</b>	- Center Coordinator of Clinical Education
<b>CHHS</b>	- College of Health and Human Services
<b>CI</b>	- Clinical Instructor
<b>DCE</b>	- Director of Clinical Education
<b>Internship</b>	- full-time supervised clinical experience following all classroom (didactic) coursework
<b>Integrated Clinical Experience (ICE)</b>	- supervised clinical experience during the classroom (didactic) portion of the curriculum
<b>HSC</b>	- Health Science Campus
<b>MC</b>	- Main Campus
<b>PT</b>	- Physical Therapy
<b>SERS</b>	- School of Exercise and Rehabilitation Sciences
<b>Term</b>	- academic period in the CHHS is typically a 15 week semester; please refer to the academic calendar
<b>The Program</b>	- Doctor of Physical Therapy Program
<b>UT</b>	- University of Toledo

## **HISTORY OF PHYSICAL THERAPY PROGRAM**

In 1974, the Consortium for Health Education in Northwest Ohio (CHENO) was formed as a cooperative effort by Bowling Green State University, the University of Toledo and the Medical College of Ohio to coordinate planning for public post-secondary health education programs within these institutions. The Michael J. Owens Technical College joined the Consortium in 1977.

CHENO functions to identify and document need for new or expanded health education programs, to avoid unnecessary program duplication, to encourage preventive health education, and to seek external support for regional approaches to health education. The Board of Directors is composed of the Presidents and Board Chairmen of the three founding institutions. The Executive Committee is composed of the chief academic officer from each of the four schools and six deans, two from each of the founding institutions.

In 1976, the Executive Committee of CHENO created a Rehabilitation Task Force for the development of a baccalaureate degree program in Physical Therapy to be offered from Bowling Green State University and the University of Toledo in cooperation with the School of Allied Health at the Medical College of Ohio. The Rehabilitation Task Force was composed of two representatives from each of the three institutions and the Secretary of the CHENO Executive Committee. Two of the task force members were practicing physical therapists.

A subcommittee of the task force, co-chaired by the two physical therapists, was charged to develop the professional curriculum. Other members of the subcommittee included practitioners from the Northwest Ohio District of the Ohio Chapter of the American Physical Therapy Association and educators from the physical therapy programs at the D. T. Watson School of Physiatrics, the Mayo Clinic, Case Western Reserve University, the University of Michigan and Ohio State University.

In May, 1979, Mr. James Clinkingbeard, Director of the Department of Education of the American Physical Therapy Association was retained as a curriculum consultant. He met with the subcommittee and reviewed the proposed four year curriculum, particularly the professional component of the program to be offered in the junior and senior years. His recommendations were implemented into the professional curriculum.

In the summer of 1979, three members of the Rehabilitation Task Force representing each of the three institutions prepared proposals to offer a new degree program, a Bachelor of Science degree in Physical Therapy. The program was to be offered in cooperation with the Medical College of Ohio with the degrees to be awarded from Bowling Green State University and the University of Toledo. The Board of Trustees of Bowling Green State University approved the new degree on January 10, 1980 and the Board of Trustees of the University of Toledo approved it on March 26, 1980. The two proposals then went to the Ohio Board of Regents where they were approved on October 17, 1980.

On March 3, 1983, the physical therapy program at the Medical College of Ohio in consortium with Bowling Green State University and the University of Toledo was granted accreditation by the Commission on Accreditation of Physical Therapy Education (CAPTE) of the American Physical Therapy Association. This accreditation was reviewed in 1988 and 1996, with full accreditation being extended until 2002.

In May of 2000, CAPTE granted interim accreditation to the new entry-level Master's program, which commenced with the matriculation of the Class of 2002 on August 28, 2000. In May 2002, this status was changed to "accredited." An accreditation site visit took place in November 2003. The result of the site visit was compliance with CAPTE requirements to give the Medical College of Ohio accreditation through 2014.

In July of 2005, the Ohio Board of Regents approved the Doctor of Physical Therapy (DPT) Program in the College of Graduate Studies at the Medical College of Ohio, which had since changed its name to the Medical University of Ohio. The first DPT class matriculated in August 2006 and the last Master's class graduated in 2007.

Following approval of the DPT Program, the merger between the University of Toledo and the Medical University of Ohio became a reality when Governor Bob Taft signed House Bill 478 which combined the two institutions in a March 31, 2006 ceremony. The Physical Therapy Program became part of the University of Toledo's College of Health and Human Services, which was renamed the College of Health Science and Human Service after the merger. In May 2009, the first DPT class graduated from the University of Toledo and in August 2009, the program's instructional space was temporarily re-located to the Scott Park Campus because of construction on the Health Science Campus (the former Medical University of Ohio campus).

In August of 2010, the Physical Therapy Program permanently moved to the Main Campus of the University of Toledo. The program also became one of three programs in a newly created Department of Rehabilitation Sciences. The other two programs in the Department are the Occupational Therapy Doctorate Program and the Speech Language Pathology undergraduate and Master's Programs. In January of 2011, the College of Health Science and Human Service was merged with the College of Education and became the Judith Herb College of Education, Health Science and Human Service. However, this was short-lived and in January 2013 this large college was divided into three separate colleges, one being the College of Health Sciences in which the Department of Rehabilitation Sciences resided.

In 2016, the College of Health Sciences was merged with the College of Social Justice and Human Service and was re-organized into schools. The programs in the college were also re-organized, and the DPT Program, the OTD Program, and the Recreation Studies programs joined the programs in the Department of Kinesiology to form the School of Exercise and Rehabilitation Sciences.

In 2013, the program was reviewed by CAPTE for re-accreditation and again received full 10-year accreditation status through June of 2024.

## THE PROFESSION

Physical Therapy is a distinct, dynamic, ever changing profession of practitioners with an established theoretical and scientific base and clinical applications in the prevention, promotion, and management of optimal physical function and movement. According to the APTA website ([www.apta.org](http://www.apta.org)):

*“Physical therapists (PTs) are health care professionals who diagnose and treat individuals of all ages, from newborns to the very oldest, who have medical problems or other health-related conditions that limit their abilities to move and perform functional activities in their daily lives.*

*PTs examine each individual and develop a plan using treatment techniques to promote the ability to move, reduce pain, restore function, and prevent disability. In addition, PTs work with individuals to prevent the loss of mobility before it occurs by developing fitness- and wellness-oriented programs for healthier and more active lifestyles.*

*Physical therapists provide care for people in a variety of settings, including hospitals, private practices, outpatient clinics, home health agencies, schools, sports and fitness facilities, work settings, and nursing homes. State licensure is required in each state in which a physical therapist practices.”*

Physical therapists are first and foremost clinicians but they are also educators, consultants, researchers and administrators. They are an integral part of the health care community and, as such, are active members of the community at large.

The representative organization of the profession is the American Physical Therapy Association. Organized in 1921, the APTA has over 85,000 members. It seeks to improve the health and quality of life of individuals in society by advancing physical therapist practice, education, and research, and by increasing the awareness and understanding of physical therapy's role in the nation's health care system.

# MISSION STATEMENTS

## **University of Toledo**

The mission of The University of Toledo is to improve the human condition; to advance knowledge through excellence in learning, discovery, and engagement; and to serve as a diverse, student-centered public metropolitan research university.

## **College of Health and Human Services Purpose Statement (Revised 2016)**

The purpose of the College of Health and Human Services is to promote excellent in student learning, research, and services in professional roles within the College, and to collaboratively work with the other colleges and the local and global community in achieving the mission of the University.

## **DPT Program (Revised 2012)**

The mission of the Doctor of Physical Therapy Program is to improve the human condition through continuous *leadership*, *scholarship*, and *service*, and through the *preparation* of physical therapists who will be influential contributors to an ever-changing health care delivery system.

# DPT PROGRAM OUTCOMES

*Revised 2016*

1. Students will demonstrate satisfactory performance on all written and practical examinations
  - a. Related to goal S1, P1
  - b. Metric = GPA; NPTE
  - c. Target = 3.0 or greater by end of didactic portion; passing score on NPTE
2. Students will demonstrate satisfactory performance during clinical experiences
  - a. Related to goal S1, P1, S3
  - b. Metric = CPI; program survey
  - c. Target = Entry level rating on all CPI criteria at end of final internship; average score of .5 above “average” or “neutral” on each item of program survey
3. Students will develop skills needed to critically evaluate evidence to justify clinical decisions
  - a. Related to goal S1, P1
  - b. Metric = Scholarly Project; CPI
  - c. Target = Successful completion of scholarly project; Entry level rating on clinical reasoning component of CPI (#7) at end of final internship
4. Students will develop skills needed to communicate and collaborate with patients, families, and members of other professions to optimize PT outcomes in healthcare
  - a. Related to goal S1, P1
  - b. Metric = IPE portion of Foundations course, class performance in T&L, CPI
  - c. Target = Active participation in IPE program as evidenced by grade of B or better in Foundations and T&L class; Entry level rating on CPI #4
5. All students will participate in service/advocacy experiences
  - a. Related to goal S2, P1
  - b. Metric = PDP
  - c. Target = Successful completion of relevant component of PDP
6. The SPTO will foster opportunities for professional and community service
  - a. Related to goal S2, P1
  - b. Metric = annual report of SPTO
  - c. Target = Facilitate at least 2 or more service opportunities per semester
7. Students will pursue professional development opportunities at local, state and national level
  - a. Related to goal S3, P1
  - b. Metric = Attendance at local/state/national meetings as tracked in PDP; Knowledge of residency, specialization and other development opportunities
  - c. Target = Successful completion of relevant components of PDP
8. Faculty will effectively communicate contemporary knowledge to students using sound educational strategies
  - a. Related to goal F1, P1
  - b. Metric = student and peer evaluations
  - c. Target = Average rating of 3.5 or above on teaching portion of student evals and 4.0 on peer evals
9. All faculty will articulate and pursue a scholarly agenda and regularly disseminate the products of that agenda
  - a. Related to goal F2, P1
  - b. Metric = Scholarly productivity monitored by FDP/FES
  - c. Target = 1 scholarly product per faculty member per year
10. Faculty will actively participate in service experiences for the profession and the community
  - a. Related to goal F3, P1
  - b. Metric = FDP/FES, tracking service and leadership positions
  - c. Target = active role in a professional organization at a district, state, or national level; activity role in community organization or activity/event

# CURRICULUM PLAN

## **Philosophy of Physical Therapy Education (Revised 2013):**

The philosophy of physical therapy education is a series of tenets underpinning the actions of the faculty of the Physical Therapy Program, which reflect the values and beliefs of the faculty relative to the nature of people and the world, health and illness, the nature of the physical therapy profession, the nature of learning, and the nature of present and future society.

We, the faculty of the Physical Therapy Program, believe that:

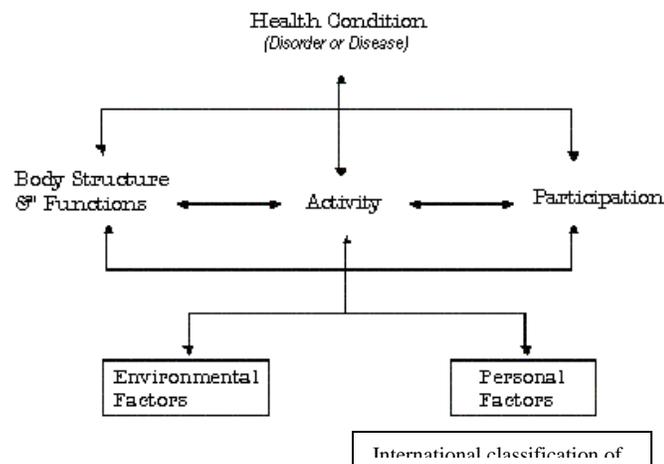
- Respect for human dignity and the right to achieve one's potential to the fullest form the foundation for the health professions
- People, as individuals, are responsible for their own health and have the right to make informed decisions regarding how their physiological, sociocultural, and psychological needs are to be addressed
- A health professional is sensitive and responsive to both the needs of the individual and society and will promote the necessary change within one's profession to improve the health care delivery system
- Participation in and communication with the interdisciplinary team maximizes health care delivery
- A health professional is ethical and accountable in the practice of one's profession
- As a health profession, physical therapy should reflect the diverse nature of society relative to race, culture, and experience and thus, the faculty will actively participate in initiatives to attract and retain diverse faculty, staff, and students; to challenge stereotypes; and to promote sensitivity toward diversity and foster an environment of inclusion in all curricular and extra-curricular activities
- As a health profession, Physical Therapy promotes optimal health and function through preventive and restorative means, which are grounded in scientific principles
- The advancement of the physical therapy profession is achieved through scientific inquiry and dissemination of scholarly works
- Students are socialized into the physical therapy profession through a series of educational and experiential activities, wherein the students develop the knowledge, modes of reasoning, skills, and attitudes that will enable them to be competent entry-level physical therapists
- As educators of future physical therapists, the faculty understands the needs and abilities of individual students and serve as effective role models and facilitators in the development of competent physical therapists
- Physical therapy education encompasses discrete phases of general, professional, and clinical education, which enable entry-level physical therapists to become critical thinkers, problem-solvers, and autonomous learners
- An undergraduate education comprised of the natural, social and behavioral sciences, coupled with a professional program based in the biomedical sciences, will provide the foundation for understanding the contemporary society and the individuals requiring physical therapy services

### Curriculum Model (Revised 2013):

The Doctor of Physical Therapy curriculum can be described as a hybrid model. It is designed in a traditional model format whereby coursework begins with the foundational or basic sciences, followed by the clinical sciences and then courses related to physical therapy practice. However, within the context of the traditional model, courses are also built around the various physiological systems such as the musculoskeletal and neuromuscular systems and within these systems, content progresses from normal to abnormal.

Furthermore, as the curriculum progresses from the basic to clinical sciences and from normal to abnormal function within a physiological system, content is presented in a modified problem-based format. Patient problems are used with increasing complexity throughout the curriculum to facilitate the integration of the cognitive, psychomotor and affective domains of learning. This hybrid curricular model also emphasizes the use of scientific evidence to inform and develop the student's clinical decision-making and clinical reasoning skills.

The Physical Therapy Program also incorporates and integrates the International Classification of Functioning, Disability and Health (ICF) Model into its curriculum. This model is endorsed by the World Health Organization and the American Physical Therapy Association and provides a common language for classification and consequences of health conditions. Its focus is on how people live with their conditions, not on their disability.



### Educational Principles

The Doctor of Physical Therapy curriculum is based on the following educational principles:

- Learning is both autonomous and interdependent
- Learning occurs through activities that concurrently address the cognitive, psychomotor, and affective domains
- Learning is hierarchical in nature – students must be provided with opportunities to analyze, synthesize, and evaluate information in order to become critical thinkers
- Educational content and process are of equal importance
- Didactic and clinical learning experiences are of equal importance and are integrated throughout the curriculum
- Case-based learning activities are essential for developing skills in critical thinking, creative problem-solving, and clinical decision making
- Students must actively engage in the educational process and possess the skills of self-assessment in order to meet the entry-level professional expectations
- Motivation for learning is nurtured through challenging experiences and a supportive environment

# DOCTOR OF PHYSICAL THERAPY PROGRAM

## *Faculty and Staff Directory*

See Appendix D for the list of courses and the faculty instructors.

<b>Faculty</b>	<b>Office Phone</b>	<b>Office Number</b>
Amy Both, M.H.S., P.T. Clinical Assistant Professor and DCE	419-530-6675	2008 HHS
Cindy Bouillon, Ph.D., P.T. Associate Professor	419-530-6697	2003G HHS
David Kujawa, M.B.A., P.T., O.C.S. Clinical Assistant Professor Director of Clinical Affairs, CHS	419-530-6676	2002 HHS
Abraham D. Lee, Ph.D., P.T. Associate Professor	419-530-6672	2014 HHS
Michelle Masterson, Ph.D., P.T. Associate Professor, Program Director, Physical Therapy	419-530-6671	2000 HHS
Amanda Murray, D.P.T., Ph.D., P.T. Assistant Professor	419-530-6673	2012 HHS
Tori Smith, M.S., P.T., N.C.S. Clinical Assistant Professor	419-530-6677	2003F HHS
<b><u>Department Staff</u></b> Becky Gwozdz Administrative Assistant II	419-530-6670	2001A HHS

### **Program Information**

Physical Therapy Program  
School of Exercise and Rehabilitation Sciences  
2801 W. Bancroft St. MS 119  
Toledo, Ohio 43606

Toll Free 1-800/321-8383  
Department Fax: 1-419/530-4780

### **Contact Information**

**For questions, concerns, more information, or to file a complaint regarding the Program, contact:**

Michelle Masterson, PT, PhD, Program Director at 419-530-6670 or at [michelle.masterson@utoledo.edu](mailto:michelle.masterson@utoledo.edu)

The Commission on Accreditation in Physical Therapy Education (CAPTE) via email at [accreditation@apta.org](mailto:accreditation@apta.org) or call 703-703-3245. You can also visit their website at: <http://www.capteonline.org>

Complaints are submitted to the: Department of Accreditation, APTA, 1111 North Fairfax Street, Alexandria, Virginia, 22314.

# EXPENSES

The following is a partial list of expenses that will be incurred by the Physical Therapy student enrolled in the DPT Program. This list is not meant to be inclusive, but rather to give the student an idea of the additional expenses incurred during professional education.

1. **Tuition and Fees:** Instructional fees (graduate) are determined by UT and are payable as established by UT. Registration procedures will be completed as required by the University.
2. **Books:** The cost of books is generally higher than the cost of books at the undergraduate university. The faculty attempts to select texts that are appropriate for coursework as well as part of one's professional library. Books are not typically "resold" at the end of the term/year. These costs are typically \$2,000.00 for the first two years.
3. **Parking / Vehicle Registration:** Each student who drives a motor vehicle to class will be required to purchase a valid UT parking permit. This permit is mandatory and valid on all UT Campuses and costs \$125 per semester.
4. **Physical Exam, Screens, Titers, and Immunizations:** An annual physical exam, TB screening, titers for immunity and immunizations are required before the student can participate in didactic instruction, which includes psychomotor laboratory sessions, and prior to placement in a clinical facility for supervised learning experiences.
5. **Clinical Practicums / Internships:** Additional costs will be incurred for clinical education that include, but are not limited to: additional health tests, uniforms, transportation, parking, housing, and meals.
6. **APTA Membership:** Physical Therapy students are required to be a member of the American Physical Therapy Association (APTA). There are many resources only available to members that faculty incorporate into their courses and therefore, students will need to access them. In addition, there are significant savings for members when attending conferences, ordering equipment, etc. It is estimated the money you will save throughout your years in the program as well as a new graduate will offset the annual membership dues of \$90 (\$80 for national dues and \$10 for Ohio Chapter dues). The benefits of joining as well as application information can be found at [www.apta.org](http://www.apta.org). Click on "current students" and see how the APTA is working for you and for our profession.
7. **OPTA Spring Conference:** Students are encouraged to attend this conference held annually in Ohio. Student fund-raisers have been scheduled in the past to help defray the cost of travel, registration, and lodging; however, the student may incur some expense not covered completely by fundraising activities.
8. **Graduation and Licensure Preparation:** Students will need to purchase a cap, gown and hood for graduation and may be required to pay additional COGS graduation fees. In addition, the DPT Program sponsors a two day review course for the National Physical Therapy Examination (NPTE) for licensure. UT Students are offered a discounted registration cost, but the cost of the course and the study guide ranges from \$270-350. This program is not mandatory. The costs associated with licensure application include the NPTE registration fee (\$370 in 2014) and related testing facility fees, FBI background check and fingerprinting costs, and state application fees, which vary by state. In 2014, Ohio fees were \$175. The costs associated with licensure are only estimates and are not all inclusive. If you want to include these costs in your financial aid package, be sure to check into all related costs prior to beginning your 3<sup>rd</sup> year of the DPT Program.

## FINANCING YOUR DPT EDUCATION

The tuition and general fees for the DPT program at the University of Toledo can be found at: <http://www.utoledo.edu/offices/treasurer/>

\*There are also various other fees associated with the university and college (orientation fees, graduation fees, technology fees) and with specific courses that have laboratory experiences (lab fees).

**Scholarships:** The DPT Program has several one-time partial scholarships for which students can apply. These scholarships are for current DPT students and are based on academic performance, leadership, and self-reported financial need. The application process occurs during summer semester and the one time scholarships typically range from \$1000-\$4000. Students can re-apply for these scholarships each year.

**Graduate Assistantships:** The College of Graduate Studies manages Graduate Assistantships (GA) for the various colleges in the University. Although GA positions include a monetary stipend as well as a tuition waiver, they also require the graduate student to work 20 hours per week, primarily teaching in undergraduate courses. Therefore, GA positions are more common in traditional doctoral (PhD) studies in which the GA is not in class 25 hours per week as is typical of clinical/professional doctoral programs such as the DPT program. Further, there are not undergraduate courses in the DPT Program in which GAs can teach. Thus, the DPT Program at UT does not have GA positions available for current DPT students.

**Student Employment:** It is recommended that students work very minimally to not at all, especially during the first year of the DPT program. However, if a student chooses to work, there are several options and guidelines:

**Work Study Options:** Each year, DPT students are given the opportunity to apply for one of several "student work study" positions in the Department of Rehabilitation Sciences, which houses the DPT Program. These positions are managed through the Student Financial Aid Office, which also establishes the hourly rate. The positions typically require students to work on average about 10 hours per week in the Department of Rehabilitation Sciences. However, the total number of work hours allowed per year is dependent upon information in the student's FAFSA and is determined by the Student Financial Aid Office.

**Outside Employment:** If a student works in a health care setting as a student technician or aide, they must follow the guidelines outlined in the "Miscellaneous Section" of this Handbook.

# ACADEMIC STANDARDS

## **College of Graduate Studies Academic Policy Statement:**

Realizing that professional educational programs are accountable to the public for the quality of their graduates, the Physical Therapy Program has established standards of admission, retention, and graduation in accordance with its mission and philosophy. The Physical Therapy curriculum has been designed to prepare its graduates to meet the levels of comprehension and competency expected of an entry-level physical therapist. Furthermore, standards of achievement and conduct for enrolled students have been set to insure adequate professional growth and socialization during the professional component of Physical Therapy education.

Please review the College of Graduate Studies Graduate Student Handbook for additional details not found in this document regarding the academic standards of the University of Toledo.

## **“Testing out” Policy:**

The Physical Therapy Program does not permit testing out of courses.

## **Courses Restricted to Majors Only:**

Only students admitted to the DPT Program and currently enrolled in this Program may register for the DPT coursework unless special permission is granted from the Program Director.

## **Grading Scale:**

A straight A-F scale is used with no plus or minus and is assigned as follows:

A = 90-100%    B = 80-89%    C = 70-79%    D = 60-69%    F = <60%

## **Requirements for Retention:**

The Physical Therapy Program in accordance with the College of Graduate Studies has established the following scholastic requirements for DPT Program students.

1. A minimum cumulative GPA of 3.0 is required to be in good standing in the DPT program. In addition, a cumulative GPA of 3.0 or better in the professional course of study and the approval of the Physical Therapy Program faculty is required to enter into the clinical internships and to graduate from the University of Toledo with a Doctor of Physical Therapy degree:  
[http://www.utoledo.edu/graduate/files/AcademicStandards3\\_22\\_11.pdf](http://www.utoledo.edu/graduate/files/AcademicStandards3_22_11.pdf)
2. **Students will be expected to demonstrate all competencies - cognitive, affective, and psychomotor skills at "C" or better level in order to satisfactorily complete all professional course requirements.** Unsatisfactory completion of any course will result in the student being required to repeat the course or be subject to dismissal from the DPT Program – in accordance with the policies outlined herein.
3. The maximum number of credit hours of C is 12 for the DPT Program. If a student receives greater than 12 hours of C, the student will be placed on academic probation and may repeat courses to improve his/her grade to reduce the total number of hours of C, or the student will be dismissed from the Program.
4. A Physical Therapy (PHYT) course, in which a grade of D is received, may be repeated one (1) time. If the course is not completed with a grade of C (70%) or better the second time, the student will be dismissed from the Program.
5. The maximum number of courses that can be repeated due to receipt of grade of D is one (1). The student will be dismissed from the DPT Program upon receipt of a second D.
6. Upon receipt of an unsatisfactory grade (U) or a grade of "F", the student will be dismissed from the Program.

**Per the College of Graduate Studies Academic Standards effective summer 2011:**

[http://www.utoledo.edu/graduate/files/AcademicStandards3\\_22\\_11.pdf](http://www.utoledo.edu/graduate/files/AcademicStandards3_22_11.pdf), if a course is repeated to improve a grade to meet the program's minimum academic standards, both the original and repeated grades will appear on the transcript and be calculated into the cumulative GPA.

**Procedures for Minimizing the Occurrence of a Course Grade of C:**

The recommended procedures for a student who receives a score of C or less on any quiz, test, or exam are as follows:

1. Make an appointment to meet with the course instructor for reviewing the necessary course material. If ongoing meetings are necessary, the course instructor will make recommendations for the frequency and duration of those meetings.
2. Notify the faculty mentor and provide him/her with regular progress reports for the course in question. The frequency and duration of these reports will be determined by the faculty mentor.
3. Make schedule adjustments to allocate additional time for academic responsibilities.
4. If additional help is needed, contact the Academic Enrichment Center for information on obtaining tutoring services. The contact number is (419) 383-6118 or send an e-mail to [AcademicEnrichmentCenter@utoledo.edu](mailto:AcademicEnrichmentCenter@utoledo.edu).

**Warning, Probation, Dismissal Policy Statement:**

Warning or probation status within the DPT Program is used to inform the student that s/he is progressing unacceptably (academically and/or professionally) within the Program. These classifications are intended to inform the student that improvement is needed to regain "in good standing" status within the DPT Program. The student will be notified of unacceptable progress by written notice from the Program Director and/or Departmental Chair within one (1) week of identification of deficiencies.

See Appendix H for the specific Clinical Performance Intervention Policy.

The following will constitute grounds for **WARNING** status:

- unprofessional conduct
- unsafe practice
- violation of clients rights in the classroom or clinical environments
- violation of other person's rights with whom the student interacts

Expectations regarding behavior are identified in the "Standards of Conduct" section of this Handbook; Appendix A, "Generic Abilities"; Appendix B, "State of Ohio Laws Governing the Practice of Physical Therapy"; Appendix F, "Guide for Professional Conduct"; Appendix G, "Standards of Practice for Physical Therapy," and the UT Graduate Student Ethics Code as found in the College of Graduate Studies Student Handbook. Additional expectations may be identified by individual faculty members.

**Removal of Warning Status:**

A student will be taken off warning at the end of the term subsequent to the term during which the student was placed on warning if the reason for the warning has been eliminated.

Any of the following will constitute grounds for **PROBATION**:

- Cumulative graduate GPA falls below a 3.0;
- A total of greater than 12 credit hours of a grade of "C";
- Letter grade of "D" in any professional course;
- A second written warning notice from the Program Director while enrolled in the professional curriculum.

**If a student is placed on probation, he/she must submit (to the Program Director) within 15 working days of the written notification of probationary status a "plan of action", designed by the student, in conjunction with his/her faculty mentor, to facilitate removal of the probationary status. Failure to do so may result in dismissal from the DPT Program.**

**A student will not be permitted to enter the clinical internship unless his/her cumulative graduate GPA is 3.0 or above and s/he is not on probation for unprofessional behavior within the Program and the College of Graduate Studies.**

**Removal of Probationary Status:**

A student will be taken off probationary status when:

- The student achieves a cumulative GPA of 3.0 or higher; which must be achieved within two semesters of full time study
- In the case of a grade of “D” or “U,” when the course has been repeated with a grade of “C” (or better) or a grade of “S,” under the provision of other retention and/or College of Graduate Studies requirements;
- In the case of more than 12 credit hours of “C”, the student repeats one or more courses with a grade of “B” or better to reduce the number of hours of “C” to 12 or below.
- In cases of unprofessional conduct, unsafe practice, and violation of others’ rights, a period of six (6) months has lapsed since the demonstration of the behavior(s) (for which the student has been placed on “Probation”) and no other inappropriate behaviors have been noted.

The following constitutes criterion for immediate **DISMISSAL** from the DPT Program:

- Two (2) grades of “D”
- One grade of "F" or "U"
- Failure to complete a repeated course with a grade of “C” or better or a grade of “S”
- Failure to repeat a course(s) to reduce the number of credit hours of “C” to 12 or below
- Being placed on academic probation on two separate occasions for exceeding the maximum number of credit hours of “C”
- Failure to achieve a cumulative GPA of 3.0 or higher within two semesters subsequent to the one that resulted in probation
- Documented violation of APTA Code of Ethics (Appendix F);
- Documented violations of the UT Graduate Student Ethics Code: found at: [http://www.utoledo.edu/graduate/hsc/hsc\\_handbook10/Student\\_Code\\_of\\_Ethics.html](http://www.utoledo.edu/graduate/hsc/hsc_handbook10/Student_Code_of_Ethics.html)
- Combination of academic probation and professional behavior probation at the same time;
- Leave-of-absence from the DPT Program for longer than one (1) calendar year.

**DISMISSAL** from the Physical Therapy Program may also be recommended by the faculty if:

- the student fails to perform at appropriate levels of professional behavior, competency and responsibility in the classroom;
- the student demonstrates behaviors that are considered to be unsafe to the student or to other students, faculty, or other persons with whom the student interacts.

Anyone dismissed from the Physical Therapy Program may re-apply for admission. Re-admission will be determined on an individual basis, particularly considering the reason for dismissal. Re-admission is highly unlikely.

**Repeating a Course:**

Students who are required to repeat a professional course due to unsatisfactory performance will be handled on an individual basis. The student must be aware that the sequential nature of the curriculum will necessitate a leave of 3 semesters in most cases. Other courses cannot be taken until the student satisfactorily repeats the course in which an unsatisfactory grade was received. **All professional courses must be completed in sequence. Part-time attendance is not an option.**

**Leave of Absence (LOA):**

**Personal Leave of Absence from the Physical Therapy Program**

Should a student find it necessary to seek a **non-academic LOA**, s/he must be in good academic standing and must submit a written request to the Program Director documenting:

1. A rationale statement supporting the leave as being beneficial to the student's personal health and professional growth and progress;
2. The period of requested leave of absence.

Whenever possible, the request for a personal leave of absence should be submitted at least one month prior to the first day of the requested leave.

The Program Director, with the majority consent of the core faculty, will notify the student in writing of the status of his/her request within ten (10) working days of the request. Any consideration for a refund of fees shall comply with the refund policies of the University.

A plan for return from a leave of absence must be submitted to the Program Director at least two (2) months prior to re-enrollment. This plan will be subject to the approval of faculty, by majority consent.

Leaves of absence will be handled on an individual basis. However, the student must be aware that the sequential nature of the curriculum will necessitate a leave of 3 semesters in most cases. **All professional courses must be completed in sequence. Part-time attendance is not an option.**

Any student requiring a leave of absence longer than one (1) academic year will be required to submit a request for an extension to the original leave of absence at least one (1) month prior to the end of the initial request. Failure to request a continuation of the leave of absence will be considered as **withdrawal** from the Physical Therapy Program.

The final decision regarding a leave-of-absence and any exception to the above criteria will be made by the Program Director, with the majority consent of the faculty.

**Withdrawal From The Physical Therapy Program:**

Before withdrawing from the Physical Therapy Program, the student should meet with his/her faculty mentor in the DPT Program and the Program Director. Should the student wish to withdraw from the University in good standing s/he must obtain permission from the Dean of the College in which s/he is enrolled.

**Entry and Re-Entry Policy:**

Entry into the professional component of the Physical Therapy curriculum must occur in the summer term; re-entry must occur so that courses are completed in sequence.

**Student Mentoring:**

Upon enrollment in the DPT Program, the student will be assigned a faculty mentor holding a primary appointment in the Program. This mentor will assist the student in academic matters (and others as appropriate). The student will also be required to meet with her/his faculty mentor as outlined in the Student Professional Development Plan (PDP), which is reviewed during the Foundations of PT course and is then used throughout the DPT program. Each student will be responsible for scheduling these meetings upon consulting the faculty mentor's schedule of office hours.

**UNIVERSITY OF TOLEDO**  
**DOCTOR OF PHYSICAL THERAPY PROGRAM**  
**SUMMARY OF ACADEMIC STANDARDS**

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<u>Status</u>	<u>Definitions</u>	<u>Remediation Requirements for Return to 'In Good Standing' Status for Retention</u>
IN GOOD STANDING/ RETENTION	<ul style="list-style-type: none"> <li>• <i>Cumulative GPA at 3.0 or higher</i></li> <li>• All professional coursework at a "C" or above</li> <li>• Less than 12 hours of C's</li> <li>• Any repeated professional course completed with a C or better or an S the second time</li> <li>• No more than one repeated professional course due to the grade of a D</li> </ul>	
WARNING	<ul style="list-style-type: none"> <li>• Unprofessional conduct</li> <li>• Unsafe practice</li> <li>• Violations of client rights in the classroom and clinical environments</li> <li>• Violation of other person's rights with whom the student interacts</li> </ul>	<ul style="list-style-type: none"> <li>• Students must meet with the faculty mentor and develop a 'Plan of Action' to remediate in the subsequent term to eliminate the reason for warning</li> <li>• In order to return to 'In Good Standing', the student must demonstrate successful completion of the 'Plan of Action'/remediation plan within the subsequent term</li> <li>• If remediation is not successful and the problem continues into a second term, the student will be placed on probation</li> </ul>
PROBATION	<ul style="list-style-type: none"> <li>• Cumulative graduate GPA falls below a 3.0</li> <li>• A total of greater than 12 credit hours of a grade of C</li> <li>• Letter grade of D in any professional course</li> <li>• Second warning notice from the Program Director</li> </ul>	<ul style="list-style-type: none"> <li>• Students must meet with the faculty mentor and develop a plan of action to remediate the reason for probation and submit the written 'Plan of Action' to the Program Director within 15 working days</li> <li>• In order to return to 'In Good Standing', a student must demonstrate:               <ul style="list-style-type: none"> <li>○ Cumulative GPA at 3.0 or higher within two concurrent semesters</li> <li>○ In the case of more than 12 credit hours of C, if the student repeats one or more courses with a grade of B or better to reduce the number of hours of C to 12</li> <li>○ In the case of any professional course in which a grade of a D is received, the student may repeat the course one (1) time and must obtain a grade of C or better the second time</li> <li>○ In the case of persistent unprofessional conduct, unsafe practice and violation of others' rights, a period of six (6) months has lapsed since the demonstration of the behaviors(s) and no other inappropriate behaviors have been noted</li> </ul> </li> </ul>

<u>Status</u>	<u>Definitions</u>	<u>Remediation Requirements for Return to 'In Good Standing' Status for Retention</u>
IMMEDIATE DISMISSAL	<ul style="list-style-type: none"> <li>• Cumulative GPA is below a 3.0 for more than two concurrent semesters</li> <li>• Two (2) grades of D</li> <li>• One (1) grade of U or F</li> <li>• Failure to submit a 'Plan of Action' to the Program Director within 15 working days</li> <li>• Failure to complete a repeated course with a C or better or a grade of S</li> <li>• Failure to repeat a course to reduce the number of credit hours of C to 12 or below</li> <li>• Being placed on probation on two separate occasions for exceeding 12 credit hours of "C"</li> <li>• Documented violation of the APTA Code of Ethics</li> <li>• Documented violations of the UT Graduate Student Ethics Code</li> <li>• Combination of academic probation and professional behavior probation at the same time</li> <li>• Leave-of-absence from the DPT Program for longer than 1 calendar year</li> </ul>	

## FACULTY MENTORS

### Class of 2021

<b>A. Both</b>	<b>C. Bouillon</b>	<b>D. Kujawa</b>	<b>A. Lee</b>	<b>A. Murray</b>	<b>T. Smith</b>
Kaitlyn Barber	Olivia Cross	Melissa Kling	Shawn Paulo	Blake Preece	Danielle Utrata
Megan Bedard	Jody Demeo	Kelsie Langenderfer	Hannah Payton	Madison Prost	Samantha Wilson
Marissa Biclowski	Marisa Good	Connor Mapus	Leanne Petee	Elizabeth Rosin	Sarah Wintrow
Abigail Buecker-Berger	Danzell Harris	Ryan Medves	Anna Phillips	Jacob Schenten	
Daniel Burke	Tristine Hetrick	Annie Nguyen		McKenna Shives	
		Janelle Noe		Grace Stadler	

### Class of 2020

<b>A. Both</b>	<b>C. Bouillon</b>	<b>D. Kujawa</b>	<b>A. Lee</b>	<b>M. Masterson</b>	<b>A. Murray</b>	<b>T. Smith</b>
Paige Amodio	Logan Boote	Hudson Cole	Thomas Ferry	Kevin Grau	Katherine Lake	Kendalyn Noe
Carlee Ankoviak	Michael Chickeral	Alexander Gilson	Jordan Goble	Curtis Kinney	Erika Mathur-Lester	Olivia Pauken
Matthew Barnett	Paige Gracyalny	Courtney Griffith	Emma Hanks		Meghan Michael	Hannah Saba
	Tiffany Warne		Nicole Kuhn		Lauren Passmore	
					Amanda Schroeder	
					Molly Soto	

### Class of 2019

<b>A. Both</b>	<b>C. Bouillon</b>	<b>D. Kujawa</b>	<b>A. Lee</b>	<b>M. Masterson</b>	<b>T. Smith</b>
Kayla Albers	Shane Bostelman	Jonathon Eckel	Shelby Hemminger	Tyler Shaw	Emily Trombley
Cory Beamer	Taylor Clift	Erica (Monnin) Elling	Aubrie Kreft	Julia Suyak	Lucas Zastrow
Derrick Faunt	Joshua Davis	Brooke Engard	Brittni Kwiatkowski	Marisa Ternes	Nicole Zochowski
Staci Blackburn	Jordan Drake	Amanda Goeckerman	Jenna Livingston	Roksolana Balukh	
Kristina Bogardy		Megan Hawk	Katie Phillips		
Alexander Bores			Isaac Recker		

# STANDARDS OF CONDUCT

Expectations regarding behaviors while in the professional course of study have been identified by academic and clinical faculty as essential for the “new graduate”. Therefore, the policies and guidelines herein have been formulated to aid your professional growth and socialization into the profession of Physical Therapy. Specific expectations of the PT profession have been delineated as the Generic Abilities (Appendix A), which will be discussed at Orientation and in various courses throughout the Program.

Frequently faculty members are requested to provide professional references for students and graduates, which require evaluation of one’s attendance, punctuality, adherence with policy, etc. To that end the faculty will be observing (on an ongoing basis) the degree to which *Standards of Conduct and the Attendance Policies* are being met.

## **General Personal Appearance:**

Personal appearance should conform to acceptable standards of the environment - i.e. classroom and/or clinic. The Physical Therapy Program is designed to prepare students for the role of a professional thus, a more professional standard of dress than may be acceptable for the Main Campus is required. General guidelines include:

- Personal cleanliness, including hair and clothing, at all times.
- Student identification badges should be worn at all times when in the classroom, laboratory, and on the Health Science Campus.
- White lab coats and "clinic attire" should be worn when participating in course-related activities on the Health Science Campus such as when interacting with a standardized patient, when in the Interprofessional Immersive Simulation Center, when completing a clinical observation or class assignment in the University of Toledo Medical Center, etc.
- Hair, including facial hair, should be neatly styled and arranged.
- Jewelry should be simple in nature; lobe earrings, necklaces, a watch and wedding bands are permitted.
- Fingernails should be clean and trimmed.
- Strong perfume/cologne should be avoided as some people may find them offensive.
- Hats are not permitted inside.

## **Personal Appearance in the Classroom and Laboratory Sessions:**

As a health care professional in training, students should demonstrate professional appearance and behavior during all classroom activities. In addition to the general guidelines for professional students, students need to observe the following guidelines:

### ***Classroom:***

- Classroom apparel should be clean and in good repair.
- Jeans and sweatsuits, if in good repair, are acceptable attire for classroom activities.
- IF a guest speaker is scheduled to present to the class, “clinic attire” is required, which includes khaki or dress pants, polo shirts, casual/dress shoes (no T-shirts, jeans, shorts, or tennis shoes).
- Shoes must be worn at **all** times.
- Students are **not** permitted to wear:
  - loungewear and pajamas
  - clothing exposing undergarments
  - clothing exposing cleavage, the midriff area, or the gluteal area
  - shorts/ skirts shorter than mid-thigh
  - cut-off shorts
  - shirts with cut off sleeves or bottom
  - shirts imprinted with potentially offensive language - e.g. vulgarities, references to illegal activities, sexual references, etc.

***Laboratory sessions:***

- Requirements for laboratory sessions:

**Female:**

- shorts--mid-thigh length and of a nature to preserve modesty when legs are moved
- loose fitting, short sleeve blouse/T-shirt
- the top of a 2-piece swimsuit is acceptable (\*The top should be able to be untied/unclasped to expose the entire back)
- shoes which provide good support

**Male:**

- shorts-- mid-thigh length and of a nature to preserve modesty when legs are moved
- loose fitting, short sleeve shirt/T-shirt
- shoes which provide good support

***Additional requirements for acceptable appearance may be identified by individual instructors.***

**Personal Appearance in the Clinical Setting:**

As a health care professional in training, students should demonstrate professional appearance and behavior during all clinical education experiences. In addition to the general guidelines for professional students, students need to observe the following guidelines:

- Professional attire is expected.
  - Solid color slacks.
  - Solid, print, striped or plaid, conservative cut shirt or blouse.
- All attire should be clean, pressed and in good repair.
- Comfortable, clean, dress shoes in good shape are permitted.
- Ties may be required.
- A short, white lab coat may be required.
- Student identification badge should be worn at all times.

***Additional requirements for acceptable appearance may be identified by individual clinical facilities.***

**Consequences of Unacceptable Appearance:**

- 1<sup>st</sup> offense- the student will be given a verbal warning
- 2<sup>nd</sup> offense- will require the student to go home and change clothes
- 3<sup>rd</sup> offense- the student will receive a written warning
- 4<sup>th</sup> offense- the student will be placed on academic probation for unprofessional behavior

**Classroom and Clinical Behaviors:**

Behaviors consistent with public situations are required at all times. Course instructors will identify expectations regarding behavior during classroom and lab activities for each course.

**Alcohol, Chemical Substance and Tobacco Use:**

Use of alcohol or other chemical substances prior to or during school/clinic hours is considered unacceptable and unprofessional behavior and will result in immediate referral to the disciplinary process.

In accordance with the University of Toledo's policy, ALL campuses are smoke and tobacco free.

### **Food and Beverages:**

Policies regarding use of food and beverages in classroom vary from building to building. For classrooms in buildings equipped with computer and electrical hook-ups in tables, **beverages are permitted only with approved “spill-proof” containers.**

### **Lab Maintenance:**

It is the responsibility of **all** students to maintain neat and orderly classrooms and laboratories. Expectations for post-session orderliness were developed by a committee of students and faculty and are as follows:

1. Use linen only as needed.
2. Place fitted sheets on the plinths whenever you are practicing skills, resting, or have food in the area.
3. Refrain from placing shoes on plinths or tables
4. Keep linen cart orderly, and report linen shortages to the course instructor.
5. Return all pillows without pillowcases (pillowcases are placed in the laundry bag) to the linen cart or on the shelf under the plinth at the end of each session or period of self-study.
6. Place **all** used linen in the provided laundry hampers (extra bags can be found on the linen cart).
7. If laundry bag is full, replace it with an empty bag.
8. Clean your area after use with disinfectant spray to clean the plinths and remove all food (and crumbs) from the furniture and floor in area used.
9. Stack chairs in the appropriate area of the room when your session is completed.
10. Re-arrange furniture as necessary.
11. Return all equipment and supplies to the appropriate storage areas.

See Appendix E for Policy on Use Of The Physical Therapy Laboratory, Classroom, Or Other Equipment Outside Of Class Hours

### **Attendance in the Classroom and Laboratory:**

The Physical Therapy faculty believes that classroom activities are essential to learning and to the application of knowledge; however, in order to maintain academic freedom in the classroom, the instructors have the privilege of establishing their own policy regarding attendance requirements. The instructors are responsible for informing the student of their attendance policy at the first class meeting. The student is responsible for knowing and meeting all course requirements, including tests, assignments, class participation and attendance as indicated by the course instructor. The instructor has no obligation to give make-up examinations or to review other class work missed by the student as the result of an unexcused absence. **The responsibility for making up work missed during any absence rests with the student.**

For the purpose of this policy, “immediate family”, as defined according to Ohio Revised Code (ORC), includes spouse or significant other (as defined as one who stands in place of a spouse and who resides with the person), parents, children, grandparents, siblings, grandchildren, brother-in-law, sister-in-law, daughter-in-law, son-in-law, mother-in-law, father-in-law, step parents, step children, step-siblings, or a legal guardian or other person who stands in the place of a parent.

### **Excused Absences and Tardiness:**

Per program policy, excused absences or tardiness include:

- Illness of self or dependent; emergency medical appointment of self or dependent, jury duty (please contact the program director if asked to serve jury duty), and death of an immediate family member.
  - The student is requested to notify the faculty member of any illness or circumstance which will prevent attendance at a regularly scheduled class prior to the absence/tardiness.
  - The student will be given the opportunity to make up any missed class assignments or requirements for full credit.

- Attendance at professional conferences and/or meetings if pre-approved by the program director at least 30 days in advance.
  - Although the absence will be excused, it does not guarantee the opportunity to make up any missed class assignments or requirements for full credit.
  - The student should consult with the faculty member prior to making a decision to register for or confirm attendance at a professional conference and/or meeting.

**Unexcused Absences and Tardiness:**

Any absence or tardiness not meeting the criteria of an excused absence will be unexcused and the student will not be given the opportunity to make-up any missed class assignments or requirements. Excessive unexcused absence and/or tardiness will be considered “unprofessional behavior/ conduct” and may be subject to disciplinary action within the Physical Therapy Program. Please, refer to section C of this document.

**Attendance for Clinical Education:**

*General Attendance:*

Attendance is required unless there is an excused absence as described above. Further:

- Students are allowed to miss one day for an excused absence without having to make-up the missed day. Excused absences of greater than one day must be made up in a manner that is acceptable to the facility and approved by the DCE (or assigned faculty).
- The student will follow facility procedure regarding notification of the clinical instructor in the event of an unanticipated absence.
- It is the student's responsibility to notify the DCE (or assigned faculty) at 419-530-6675 within two days of the absence.

Requests for absences for reasons other than those mentioned above will need to be pre-approved by both the clinical instructor and the DCE (or assigned faculty). Any time missed for reasons other than excused absences will need to be made up in a manner that is acceptable to the facility and approved by the DCE (or assigned faculty).

See the Clinical Education Manual for additional attendance requirements during clinical education.

**Inclement Weather Policy Classroom and Laboratory:**

The Physical Therapy Program's policy is that classes will be canceled only in the event that The University of Toledo cancels classes due to inclement weather. Students are asked to use discretion regarding attending class in the case of severe weather conditions.

**Inclement Weather Policy Clinical Education:**

The Physical Therapy Program's policy is that students will follow the direction of the clinic regarding attendance during inclement weather. If the student is advised by the clinic to remain at home/go home early this will be an excused absence. Students are allowed to miss one day for an excused absence but absences of greater than one day must be made up in a manner that is acceptable to the facility and approved by the DCE (or assigned faculty). Students are asked to use discretion regarding attending the clinic in the case of severe weather conditions. If the student chooses to stay home during severe weather conditions, this time will need to be made up in a manner that is acceptable to the facility and approved by the DCE (or assigned faculty).

## **Policy for Physical Therapy Student Use of Social Media:**

### **Background**

Web based and mobile based technologies enable unique modes of communication with important advantages and challenges. Social media is a term used to indicate a set of web-based applications “that allow the creation and exchange of user generated content” (Kaplan & Haenlein, 2010). Examples of social media services include Twitter, Facebook, and Blogs. The purpose of this policy is to clarify the professional behavior expectations regarding the use of social media by students enrolled in the Doctor of Physical Therapy program at The University of Toledo.

### **Rationale for this Policy**

Physical therapy students must maintain the same professional behavior and ethical standards in their online activity as they do in all other forms of communication as presented in APTA’s Code of Ethics, Core Values, House of Delegates RC 23-12 (06/12) and other guides to professional behavior. Inattention to these communication standards may lead to harmful and/or negative long-lasting impact on patients, peers, the career of the individual, and the reputation of the student, the program and the university, as well as the physical therapy profession.

### **Best Practices that DPT Students are Expected to Follow**

1. Take responsibility and use good judgment. You are responsible for the material you share through social media. Be courteous, respectful, and thoughtful about how others may perceive or be affected by what you share. False and unsubstantiated claims and inaccurate or inflammatory communications may create liability for you.
2. Think before you post. Anything you post is highly likely to be permanently connected to you and your reputation through Internet and email archives. Future employers often have access to this information and may use it to evaluate your personal and professional judgment and suitability for employment. *Take great care and be thoughtful before placing your identifiable comments in the public domain.*
3. Protect your own privacy. Make sure you understand how the privacy policies and security features work on the sites where you are sharing material. Use privacy settings to safeguard personal information and content to the extent possible, but realize that privacy settings are not absolute and that once on the Internet, content is likely there permanently.
4. When interacting with other students, faculty or clinical instructors, or patients on the internet, maintain appropriate boundaries in accordance with professional and ethical guidelines just, as you would in any other context.
5. When students see unprofessional content posted by colleagues, they have a responsibility to bring the appropriateness of that content to the attention of the individual, so that he or she can remove it and/or take other appropriate actions. If the behavior violates professional norms and the individual does not take appropriate action to resolve the situation, the student should report the matter to a DPT faculty member.

### **Activities That May be Grounds for Dismissal from the DPT Program**

1. Publishing, discussing, or sharing in any way the health information of other individuals. Be aware that removal of an individual’s name or use of a pseudonym does not constitute proper de-identification of protected health information. Inclusion of data such as age, gender, race, diagnosis, date of evaluation, type of treatment or posting of patient stories and/or pictures (such as a before/after photograph of a patient having surgery, a photograph of a patient participating in physical therapy, or a photograph of the contents of a patient’s room) may still allow the reader to recognize the identity of a specific individual.
2. Claiming to be an official representative or spokesperson for The University of Toledo or its entities, including the Physical Therapy program.
3. Assuming the identity of another person or otherwise attempting to obscure one’s own identity as a means to circumvent the prohibited activities outlined in this policy.

### Unprofessional Behavior That May be the Basis for Disciplinary Action

1. Using vulgar language.
2. Using language or photographs that imply disrespect for any individual or group, including but not limited to age, race, gender, ethnicity or sexual orientation.
3. Publishing or sharing in any way, personal photographs or photographs of oneself or others that may reasonably be interpreted as condoning irresponsible use of alcohol, the use of recreational drugs, illegal activities, or sexual promiscuity.
4. Publishing, discussing, or sharing in any way, potentially inflammatory or unflattering material on another individual's website (e.g. on the "wall" of that individual's Facebook site).

### Student Organization Use of Social Networking Sites

Registered student organizations that use social networking sites are required to seek permission of the advisor prior to posting material. Student organizations are not to represent themselves as official representatives or spokespersons for The University of Toledo, its entities or any other organization, affiliated or unaffiliated.

Kaplan, A., & Haenlein, M. (2010). Users of the world, unite! The challenges and opportunities of Social Media. *Business Horizons*, 53(1), 59-68.

Approved 6/13/2012

# PROGRAM REQUIREMENTS

## **Health Requirements:**

Each student, while enrolled in the didactic and clinical portions of the physical therapy curriculum, is required to complete various immunizations, titers, tests, and a physical examination each year as specified in the Student Health Form Packet in Appendix J of the DPT Program Student Handbook. **Students are prohibited to engage in laboratory activities or to attend clinical facilities if this information is not on file for the current year.**

**Each student shall maintain a copy of his/her annual Student Health Form in his/her personal records** in the event that an immediate copy is needed during clinicals.

It should also be noted that some clinical education sites have **additional health requirements** (flu shots, drug screens, etc.). When these are known in advance, the program will inform the student of any additional health requirements. However, during preparations for upcoming clinicals, the student is responsible for checking with the CCCE to determine if there are any additional health requirements. It is recommended that this process be initiated approximately 4-6 weeks prior to the start of the clinical to allow adequate time for completion of any additional health requirements. If the student does not complete the additional requirements required by the clinical site, the student is prohibited from attending that facility for their clinical education experience.

All expenses incurred in obtaining a physical, necessary laboratory tests, immunizations and additional health requirements are the responsibility of the student.

## **Changes in Health Status:**

In the event that one's health status changes at any time, it is the responsibility of the student to notify individual course instructors and the DCE regarding any changes in health status or limitations that may place the student "at risk" for not being able to complete the course requirements, including any requirements of psychomotor skills or physical activity.

In the event of a prolonged illness (lasting longer than 4 days) requiring medical attention, a prolonged injury (lasting longer than 4 days) requiring medical attention or a surgery, the student will be required to use the following guidelines:

1. The student will be responsible for providing individual course instructors (including the DCE if the student is engaged in clinical activities) with a written statement that s/he has been approved to return to and participate in all required classroom, laboratory activities and clinical activities.
2. In the event that activities need to be restricted, the physician will need to document all limitations and plans for re-examination.
3. The student will be responsible for providing individual course instructors (including the DCE if the student is engaged in clinical activities) with the written documentation.

In the event of a prolonged illness (lasting longer than 4 days) not requiring medical attention or a prolonged injury (lasting longer than 4 days) not requiring medical attention, the student will be required to use the following guidelines:

1. The student will be responsible for contacting individual course instructors (including the DCE if the student is engaged in clinical activities) to determine the appropriate level of participation in classroom, laboratory and clinical activities.
2. Course instructors (including the DCE if the student is engaged in clinical activities) will assist in determining if clearance by a physician will be required prior to resumption of normal classroom/clinical activities.

In the event of pregnancy, the student will be required to use the following guidelines:

1. The student is strongly encouraged to provide early notification to the course instructors (including the DCE) in order to formulate a plan that will lead to satisfactory completion of didactic and/or clinical program requirements in a safe, efficient, and timely manner.
2. In the event that activities need to be restricted, the physician will need to document all limitations.
3. The student will be responsible for providing individual course instructors (including the DCE if the student is engaged in clinical activities) with the written documentation.

### **Criminal Background Check Policy:**

All incoming physical therapy students are required to complete both an Ohio BCI&I check and a FBI criminal background check.

The purpose of the background check policy is to:

1. Promote and protect patient/client safety, as well as the well-being of the campus community.
2. Comply with the mandates of clinical sites which require student background checks as a condition of their written contracts with the Doctor of Physical Therapy Program and The University of Toledo as stipulated by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).
  - In the event that the background check report identifies a history of criminal activity, the student may be at risk for not being able to successfully complete the required clinical education requirements of the DPT program. Successful completion of all designated clinical practicums and clinical internships is a graduation requirement for a DPT degree.
3. Promote early self-identification of students who may be “at risk” for not meeting Physical Therapy licensure eligibility requirements in some states due to a felony conviction.
  - In order to insure that a student with a history of a felony conviction is eligible to take the Physical Therapy licensure exam, the “at risk” student will need to seek clarifying information directly from the licensure board of the state in which s/he wishes to practice. As PT practice laws vary from state to state, it becomes the student’s responsibility to know the laws of individual states regarding policies associated with the awarding of a PT license; the “at risk” student may need to petition the state licensure agency to request a declaratory order/opinion from the licensure agency.

### **Essential Functions and Accommodations:**

UT admits and matriculates qualified physical therapy students in accordance with UT Policy #3364-50-03, Nondiscrimination on the Basis of a Disability- Americans with Disabilities Act Compliance.

The statement of this policy is as follows:

*“Since passage of the Rehabilitation Act, The University of Toledo has been committed to eliminating barriers to services, employment and educational opportunities for people with disabilities. Our commitment was renewed with the passage of the Americans with Disabilities Act (“ADA”) in 1990. With the passage of the ADA Amendments Act of 2008 (ADAAA), we restate our goal of providing seamless access. The university does not discriminate on the basis of disability in violation of the ADA, or the Rehabilitation Act in admission or access to, or treatment or employment in, its programs or activities.”*

The purpose of this policy is not to serve as a comprehensive statement but to provide guidance to the university in committing itself to providing employment, quality health care services and educational opportunities to people with disabilities and complying with the ADA, Section 503 and Section 504 of the Rehabilitation Act of 1973 (“the Rehabilitation Act”) and other applicable federal and state laws and regulations that prohibit discrimination on the basis of disability.

Per this policy, a qualified individual with a disability is an individual who satisfies the requisite skill, experience, and educational requirements of the position or the educational program and one who can perform the essential functions of the job or curriculum with or without reasonable accommodation.

Further, essential functions are defined as those functions that the individual who holds the position or who is in the academic program must be able to perform unaided or with or without reasonable accommodation.

A physical therapist must have the knowledge and skills to function in a broad variety of clinical settings and to render care to a wide spectrum of patients/clients. Performing successfully as a student physical therapist involves completing significant intellectual, social and physical tasks throughout the curriculum. Students must master a broad array of basic knowledge, skills, and behaviors, including abilities in the areas of judgment, integrity, character, professional attitude and demeanor. In order to master these skills and behaviors, candidates/students must possess, at a minimum, abilities and skills in observation, communication, motor function, intellectual-conceptualization, behavioral and social skills. These abilities and skills comprise the categories of UT Physical Therapy Program's 'Essential Functions of a Physical Therapy Student for Matriculation, and Graduation' and are further described and defined in Appendix I.

In adopting these standards the UT Physical Therapy Program believes it must keep in mind the ultimate safety of both students and patients who may be involved in the course of a student's education. The essential functions reflect what the Physical Therapy Program believes are reasonable expectations for physical therapy students learning and performing patient care.

Students should contact the Office of Academic Access (Rocket Hall 1820; 419.530.4981; [officeofacademicaccess@utoledo.edu](mailto:officeofacademicaccess@utoledo.edu)) as soon as possible for more information and/or to initiate the process for accessing academic accommodations.

**Chronic Health Condition Not Requiring Accommodations:**

Students are responsible for notifying the instructor of their inability to participate in a lab activity or activities that are potentially harmful due to a pre-existing physical condition, acute or chronic, that places them at risk for injury.

## MISCELLANEOUS INFORMATION

### **University Policies:**

The following policies and many other policies related to administration, academics, student life, the medical center, athletics, etc. can be found at <http://www.utoledo.edu/policies/>

3364-15-01	Confidential Patient Information under HIPAA
3364-15-10	Confidentiality of Patient Information
3364-71-15	Confidentiality of Student Records (FERPA)
3364-60-03	Fire and Life Safety Management
3364-77-02	Graduate Student Academic Grievance
3364-60-05	Hazardous Material and Environmental Management
3364-50-03	Nondiscrimination on the Basis of Disability
3364-25-04	Personnel Records
3364-60-07	Safety and Health Management
3364-60-07	Workplace Violence

### **Student Information Sheet:**

Each student is required to complete and provide for program files demographic information, such as emergency contact numbers, on the “[Confidential Student Information Form](#)” provided during orientation.

It is the responsibility *of the student* to advise the Department Administrative Assistant, Rm. 2001A HHS Building, **and the College of Graduate Studies** of changes of address and other student information.

### **Liability Insurance:**

All students are provided professional liability insurance through the University of Toledo. Professional liability insurance covers their activities as a physical therapy student in the classroom, laboratory educational experiences and clinical education experiences. *One’s student professional liability insurance does not cover the student in activities outside the domain of the Physical Therapy Program (e.g. while employed as a PT aide) or during unsupervised practice of psychomotor skills.* Proof of professional liability insurance by clinical sites is available upon request.

### **Scholarship/Loan Information:**

All information received by this Program regarding scholarships, loans, and job opportunities is posted on the PT student bulletin board for approximately 12 weeks. After that period, these materials are placed in a resource file maintained in room 2001C HHS Building.

See the “Financing your DPT Education” section in this Handbook for Graduate Student Tuition scholarship information.

Information regarding financial aid is available through the Financial Aid Office at the University of Toledo. Additional scholarships may be available from other departments/units of the University and from other groups and/or outside agencies. Please visit the College of Health and Human Services website for more information.

### **Student Activities:**

Physical therapy students are members of The University of Toledo’s Student Physical Therapy Organization (**SPTO**). The purpose of this organization is to enhance the professional socialization of the PT students. Additional information will be provided at orientation.

Additionally, campus-wide organizations offer opportunities for extracurricular activities with students in a variety of health-care related disciplines. Contact the Office of Student Life for a full list of all student organizations on both the Health Science Campus and Main campus.

### **Student Representatives on Committees:**

Students are encouraged to provide input necessary in making decisions regarding the Program. Student representatives will be sought at the beginning of each academic year and as required throughout the year. Standing program committees on which students serve as members may include:

**Admissions**  
**Curriculum**  
**Advisory Board**

Students may be asked to serve on other committees/task forces, including those for the College and university, as the need arises.

### **Identification Badges:**

The University of Toledo ID system has been automated to allow students to receive a Rocket Card by logging into the myUT portal with their UTAD and password, which automatically inputs, name, Rocket number, and other information. The user then picks which campus they would like to pick up the ID/Rocket Card, uploads a photo, and submits the order. Student accounts will automatically be charged when replacement cards are created. Students will receive an e-mail within three business days letting them know their new ID is ready to be picked up. A photo ID will be required to pick up the Rocket Card.

The photo ID will permit the student to use UT's libraries, Recreation Center, gain "after-hours" entry into campus buildings for self-study, and receive discounts on meals served at the University of Toledo Medical Center's cafeteria. All students must wear their photo ID at all times when on the Health Science Campus. It is not necessary to do so when on Main Campus. However, the Occupational and Physical Therapy Programs request that all students wear their photo ID when in the classroom and laboratory setting as a mechanism by which guest speakers, visiting clinicians and/or patients can identify the students.

### **Student Mailboxes:**

Mail for students may be placed in the appropriate bins located in the 2001 suite area. Work Study students distribute mail as needed to the students in their respective programs.

### **Faculty Mail:**

To "send" mail to faculty, either make arrangements with the faculty member to give it to him/her in person or give it to the department secretary who will then place it in the faculty member's mailbox.

### **Computers:**

The computer lab in Health and Human Service Building (HHS) is located in room 1244. Students must swipe ID at the door for access. Laptops, digital cameras, and other equipment are available for check-out in HHS 2400. For information regarding computers and technology in HHS, visit the CHS Information Technology website at: <http://www.utoledo.edu/eduhshs/studentcomputing/>

### **Academic Enrichment Center:**

The Academic Enrichment Center (AEC) on the UT Health Science Campus offers a variety of services and programs that are designed to help you reach your academic potential, including academic coaching and tutoring for select courses. AEC staff is committed to serving your academic enrichment needs and looks forward to working with you. To learn more about the AEC or to schedule an appointment, contact Christine Reichert, Director of the AEC at 419-383-4274 or 419-383-6118, or send an e-mail to [AcademicEnrichmentCenter@utoledo.edu](mailto:AcademicEnrichmentCenter@utoledo.edu), or stop by the AEC located on the fifth floor of the Mulford Library Building, rooms 506 and 507 on the HSC during normal business hours Monday-Friday.

### **The Writing Center:**

The Writing Center works with current UT students on a variety of writing projects in any subject. Experienced, polished writers read, review, and respond to papers in order to assist students individually at any stage of academic or personal writing. Writers meet with Writing Center tutors in order to generate ideas, organize notes and thoughts, and receive feedback on drafts or completed papers. The Writing Center is located in Carlson Library, room 1005 on the Main Campus. To schedule an appointment or for information, please call 419-530-4939 or visit the website: <http://www.utoledo.edu/success/writingcenter/>

**Emergencies in Classrooms, Laboratories or Office Areas:**

To obtain emergency medical assistance for any injured employee, student or visitor on any campus, initiate the emergency response system by calling 419-530-2600 (Campus Police dispatcher).

**Campus Police/Security:**

In an attempt to enhance security, some buildings on the Main Campus are locked manually between 10:00-11:00 p.m. and unlocked at 6:00 a.m. Buildings equipped with swipe access are automatically locked at night at varying times. The Health and Human Service Building is automatically locked between 9:00 p.m. and 6:00 a.m. Buildings on the Health Science Campus are generally locked between 11:00 p.m. and 6:00 a.m. The hours for Carlson Library on the Main Campus and for the Mulford Library on the Health Science Campus are located at:

<http://www.utoledo.edu/library/info/hours.html>

Parking lots are patrolled throughout the night by members of The University of Toledo Police Force.

There is a Night Watch (Escort Service) available to all students from 7:00 p.m. to 2:45 a.m. Students may obtain an escort by calling 419-530-3024.

All suspicious incidents or pending danger should be reported immediately to the police force. Campus telephones for this purpose are available and mounted on the walls throughout the various campus buildings. Code Blue telephones (emergency telephones) are available in all parking lots on all campuses.

All emergencies should be reported immediately by dialing 2600 from any Campus telephone or 419-530-2600 from a cell phone. Copies of security policies of the Police Department will be available upon request.

**Emergency Notification:**

A public address system is used on all campuses to notify students, faculty, staff, and visitors of any emergencies such as tornado warnings, etc. Be sure to follow the instructions given over the public address system when appropriate. All students are encouraged to sign up for UT Alert, an e-mail and text message alert system, to stay informed anytime, anywhere about emergencies from severe weather to a violent episode. To enroll in the UT Alert System, register within the MyUT Student Toolkit under “Other Resources.”

A system of emergency codes is in place for the Health Science Campus and is as follows:

- Fire – Code Red
- Disaster – Code Yellow
- Severe Weather/Tornado Response Procedure – Code Gray
- Radiological, Biological, or Chemical Contamination – Code Orange
- Bomb Threats – Code Black
- Evacuation – Code Green
- Medical Emergency – Code Blue
- Adult Patient Missing – Code Brown
- Snow or Transportation Emergency Plan – Code White
- Child Abduction – Code Adam

**Employment:**

Given the rigors and time commitment of professional education, the Physical Therapy faculty strongly urges students not to seek employment during the academic term.

Should, however, a student choose to be employed in a health care setting, the following guidelines should be utilized:

1. PT students employed in health care settings **must not** represent themselves **in any way as** physical therapists or as physical therapist assistants (unless duly licensed as same).
2. PT students representing themselves as having any degree of expertise in physical therapy are in violation of state licensure laws. Such claims may result in denial of eligibility for licensure after graduation from PT school. Refer to State licensure laws as contained in Section 47 of the Ohio Revised Code.
3. PT students employed in health care setting must not represent themselves as official representatives of the University of Toledo or its Physical Therapy Program.
4. PT student liability insurance only covers students during classroom activities and during assigned clinical practicums and internships.
5. PT students are advised to carefully read the job descriptions pertaining to unlicensed personnel and should not undertake responsibilities outside this description or the law relative to employment in a physical therapy setting, even if the client or employer requests one to do so.

Questions regarding employment in a PT setting should be directed to the Ohio PT Licensure Board by calling (614) 466-3774 or visit <http://otptat.ohio.gov> (Appendix B).

**Additional Educational Opportunities:****Certificate Programs**

Students may elect to participate in various graduate certificate programs offered at the University. However, requirements and expectations must not interfere with the requirements of the physical therapy program. The “Graduate Certificate in Contemporary Gerontological Practice” program is popular with physical therapy students and fits well with the full-time DPT curriculum. See Appendix C for details.

**Continuing Education**

Students are encouraged to attend on-campus activities and continuing education events which are identified via e-mail postings, as well as the Institutional Calendar of Events found online in the University of Toledo’s Webpage.

Additionally, students will be apprised of regional continuing education opportunities.

**Career Opportunities:**

An employment bulletin board is located in the hallway between the two entrances to the 2<sup>nd</sup> year PT laboratory room (2304/06). All information received by the Program regarding employment and career opportunities is posted on this bulletin board for approximately 12 weeks. After that period, these materials are placed in a resource file maintained in room 2001C HHS Building.

In addition, the Department of Rehabilitation Sciences hosts an annual “Job Fair” on the 2<sup>nd</sup> Wednesday in March. Health care facilities that employ physical therapists, occupational therapists and speech language pathologists are invited to attend, and each year approximately 50-60 facilities are represented from the tri-state area and beyond. PT students are required to attend the Job Fair, and students who are in a local clinical internship are excused from the clinic in order to attend.

Facilities who participate in the Job Fair can also email information to the program to have it posted on the employment bulletin board.

## **APPENDIX A**

### **Generic Abilities**

Generic abilities are attributes, characteristics or behaviors that are not explicitly part of the profession's core of knowledge and technical skills but are nevertheless required for success in the profession. Ten generic abilities were identified through a study conducted at UW-Madison in 1991-92. The ten abilities and definitions developed are:

<b>Generic Ability</b>	<b>Definition</b>
1. Commitment to Learning	The ability to self-assess, self-correct, and self-direct; to identify needs and sources of learning; and to continually seek new knowledge and understanding.
2. Interpersonal Skills	The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community and to deal effectively with cultural and ethnic diversity issues.
3. Communication Skills	The ability to communicate effectively (i.e., speaking, body language, reading, writing, listening) for varied audiences and purposes.
4. Effective Use of Time and Resources	The ability to obtain the maximum benefit from a minimum investment of time and resources.
5. Use of Constructive Feedback	The ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction.
6. Problem-Solving	The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.
7. Professionalism	The ability to exhibit appropriate professional conduct and to represent the profession effectively.
8. Responsibility	The ability to fulfill commitments and to be accountable for actions and outcomes.
9. Critical Thinking	The ability to question logically; to identify, generate, and evaluate elements of logical argument; to recognize and differentiate facts, illusions, assumptions, and hidden assumptions; and to distinguish the relevant from the irrelevant.
10. Stress Management	The ability to identify sources of stress and to develop effective coping behaviors.

	<b>Beginning</b>	<b>Developing</b>	<b>Entry-Level</b>	<b>Post-Entry-Level</b>
1. Commitment to Learning	<ul style="list-style-type: none"> <li>Identifies problems</li> <li>Formulates appropriate questions</li> <li>Identifies and locates appropriate resources</li> <li>Demonstrates positive attitude (motivation) toward learning</li> <li>Offers own thoughts and ideas</li> <li>Identifies need for further information</li> </ul>	<ul style="list-style-type: none"> <li>Prioritizes information needs</li> <li>Analyzes and subdivides large questions into components</li> <li>Seeks out professional literature</li> <li>Sets personal and professional goals</li> <li>Identifies own learning needs based on previous experiences</li> <li>Welcomes and/or seeks new learning opportunities</li> </ul>	<ul style="list-style-type: none"> <li>Applies new information and re-evaluates performance</li> <li>Accepts that there may be more than one answer to a problem</li> <li>Recognizes the need to and can verify solutions to problems</li> <li>Reads articles critically and understands limits of application to professional practice</li> <li>Researches and studies areas where knowledge base is lacking</li> </ul>	<ul style="list-style-type: none"> <li>Questions conventional wisdom</li> <li>Formulates and re-evaluates position based on available evidence</li> <li>Demonstrates confidence in sharing new knowledge with all staff levels</li> <li>Modifies programs and treatments based on newly-learned skills and considerations</li> <li>Acts as a mentor in area of specialty for other staff</li> </ul>
2. Interpersonal Skills	<ul style="list-style-type: none"> <li>Maintains professional demeanor in all clinical interactions</li> <li>Demonstrates interest in patients as individuals</li> <li>Respects cultural and personal differences of others; is non-judgmental about patients' lifestyles</li> <li>Communicates with others in a respectful, confident manner</li> <li>Respects personal space of patients and others</li> <li>Maintains confidentiality in all clinical interactions</li> <li>Demonstrates acceptance of limited knowledge and experience</li> </ul>	<ul style="list-style-type: none"> <li>Recognizes impact of non-verbal communication and modifies accordingly</li> <li>Assumes responsibility for mistakes, apologizes</li> <li>Motivates others to achieve</li> <li>Establishes trust</li> <li>Seeks to gain knowledge and input from others</li> <li>Respects role of support staff</li> </ul>	<ul style="list-style-type: none"> <li>Listens to patient but reflects back to original concern</li> <li>Works effectively with challenging patients</li> <li>Responds effectively to unexpected experiences</li> <li>Talks about difficult issues with sensitivity and objectivity</li> <li>Delegates to others as needed</li> <li>Approaches others to discuss differences in opinion</li> <li>Accommodates differences in learning styles</li> </ul>	<ul style="list-style-type: none"> <li>Recognizes role as a leader</li> <li>Builds relationships with other professionals</li> <li>Establishes mentor relationships</li> </ul>
3. Communication Skills	<ul style="list-style-type: none"> <li>Demonstrates understanding of basic English (verbal and written); uses correct grammar, accurate spelling and expression</li> <li>Writes legibly</li> <li>Recognizes impact of non-verbal communication: maintains eye contact, listens actively</li> </ul>	<ul style="list-style-type: none"> <li>Utilizes non-verbal communication to augment verbal message</li> <li>Restates, reflects, and clarifies message</li> <li>Collects necessary information from patient interview</li> </ul>	<ul style="list-style-type: none"> <li>Presents verbal or written message with logical organization and sequencing,</li> <li>Modifies communication (verbal and written) to meet the needs of different audiences</li> <li>Maintains open and constructive communication</li> <li>Utilizes communication technology</li> <li>Dictates clearly and concisely</li> </ul>	<ul style="list-style-type: none"> <li>Demonstrates ability to write scientific research papers</li> <li>Fulfills role as patient advocate</li> <li>Mediates conflict</li> <li>Communicates professional needs and concerns</li> </ul>

	<b>Beginning</b>	<b>Developing</b>	<b>Entry-Level</b>	<b>Post-Entry-Level</b>
4. Effective Use of Time and Resources	<ul style="list-style-type: none"> <li>• Focus on tasks at hand without dwelling on past mistakes</li> <li>• Recognizes own resource limitations</li> <li>• Uses existing resources effectively</li> <li>• Uses unscheduled time efficiently</li> <li>• Completes assignments in a timely fashion</li> </ul>	<ul style="list-style-type: none"> <li>• Coordinates schedule with others</li> <li>• Sets up own schedule</li> <li>• Demonstrates flexibility</li> <li>• Plans ahead</li> </ul>	<ul style="list-style-type: none"> <li>• Performs multiple tasks simultaneously and delegate when appropriate</li> <li>• Has ability to say "No".</li> <li>• Sets priorities and reorders when necessary</li> <li>• Considers patient's goals in context of patient, clinic, and third party resources</li> <li>• Uses scheduled time with each patient efficiently</li> </ul>	<ul style="list-style-type: none"> <li>• Uses limited resources creatively</li> <li>• Manages meeting time effectively</li> <li>• Takes initiative in covering for absent staff members</li> <li>• Develops programs and works on projects while maintaining case loads</li> <li>• Follows up on projects in a timely manner</li> <li>• Advances professional goals while maintaining expected workload</li> </ul>
5. Use of Constructive Feedback	<ul style="list-style-type: none"> <li>• Demonstrates active listening skills</li> <li>• Actively seeks feedback and help</li> <li>• Demonstrates a positive attitude toward feedback</li> <li>• Critiques own performance</li> <li>• Maintains two way communication</li> </ul>	<ul style="list-style-type: none"> <li>• Assesses own performance accurately</li> <li>• Utilizes feedback when establishing pre-professional goals</li> <li>• Provides constructive and timely feedback when establishing pre-professional goals</li> <li>• Develops plan of action in response to feedback</li> </ul>	<ul style="list-style-type: none"> <li>• Seeks feedback from clients</li> <li>• Reconciles differences with sensitivity</li> <li>• Modifies feedback given to clients according to their learning styles</li> <li>• Considers multiple approaches when responding to feedback</li> </ul>	<ul style="list-style-type: none"> <li>• Engages in non-judgmental, constructive problem-solving discussions</li> <li>• Acts as conduit for feedback between multiple resources</li> <li>• Utilizes feedback when establishing professional goals</li> <li>• Utilizes self-assessment for professional growth</li> </ul>
6. Problem-Solving	<ul style="list-style-type: none"> <li>• Recognizes problems</li> <li>• States problems clearly</li> <li>• Describes known solutions to problem</li> <li>• Identifies resources needed to develop solution</li> <li>• Begins to examine multiple solutions to problems</li> </ul>	<ul style="list-style-type: none"> <li>• Prioritizes problems</li> <li>• Identifies contributors to problem</li> <li>• Considers consequences of possible solutions</li> <li>• Consults with others to clarify problem</li> </ul>	<ul style="list-style-type: none"> <li>• Implements solutions</li> <li>• Reassesses solutions</li> <li>• Evaluates outcomes</li> <li>• updates solutions to problems based on current research</li> <li>• Accepts responsibility for implementation of solutions</li> </ul>	<ul style="list-style-type: none"> <li>• Weighs advantages</li> <li>• Participates in outcome studies</li> <li>• Contributes to formal quality assessment in work environment</li> <li>• Seeks solutions to community health-related problems</li> </ul>
7. Professionalism	<ul style="list-style-type: none"> <li>• Abides by APTA Code of Ethics</li> <li>• Demonstrates awareness of state licensure regulations</li> <li>• Abides by facility policies and procedures</li> <li>• Projects professional image</li> <li>• Attends professional meetings</li> <li>• Demonstrates honesty, compassion, courage and continuous regard for all</li> </ul>	<ul style="list-style-type: none"> <li>• Identifies appropriate professional role models</li> <li>• Discusses societal expectations of the profession</li> <li>• Acts on moral commitment</li> <li>• Involves other health care professionals in decision-making</li> <li>• Seeks informed consent from patients</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrates accountability for professional decisions</li> <li>• Treats patients within scope of expertise</li> <li>• Discusses role of physical therapy in health care</li> <li>• Keeps patient as priority</li> </ul>	<ul style="list-style-type: none"> <li>• Actively promotes profession</li> <li>• Participates actively in professional organizations</li> <li>• Attends workshops</li> <li>• Acts in leadership role when needed</li> <li>• Supports research</li> </ul>

	<b>Beginning</b>	<b>Developing</b>	<b>Entry-Level</b>	<b>Post-Entry-Level</b>
8. Responsibility	<ul style="list-style-type: none"> <li>• Demonstrates dependability</li> <li>• Demonstrates punctuality</li> <li>• Follows through on commitments</li> <li>• Recognizes own limits</li> </ul>	<ul style="list-style-type: none"> <li>• Accepts responsibility for actions and outcomes</li> <li>• Provides safe and secure environment for patients</li> <li>• Offers and accepts help</li> <li>• Completes projects without prompting</li> </ul>	<ul style="list-style-type: none"> <li>• Delegates as needed</li> <li>• Directs patients to other health care professionals when needed</li> <li>• Encourages patient accountability</li> </ul>	<ul style="list-style-type: none"> <li>• Orients and instructs new employees/students</li> <li>• Promotes clinical education</li> <li>• Accepts role as team leader</li> <li>• Facilitates responsibility for program development and modification</li> </ul>
9. Critical Thinking	<ul style="list-style-type: none"> <li>• Raises relevant questions</li> <li>• Considers all available information</li> <li>• States the results of scientific literature</li> <li>• Recognizes “holes” in knowledge base</li> <li>• Articulates ideas</li> </ul>	<ul style="list-style-type: none"> <li>• Feels challenged to examine ideas</li> <li>• Critiques hypotheses and ideas</li> <li>• Formulates new ideas</li> <li>• Seeks alternative ideas</li> <li>• Formulates alternative hypotheses</li> <li>• Understands scientific method</li> </ul>	<ul style="list-style-type: none"> <li>• Exhibits openness to contradictory ideas</li> <li>• Assesses issues raised by contradictory ideas</li> <li>• Justifies solutions selected</li> <li>• Determines effectiveness of applied solutions</li> </ul>	<ul style="list-style-type: none"> <li>• Distinguishes relevant from irrelevant</li> <li>• Distinguishes when to think intuitively vs. analytically</li> <li>• Demonstrates beginning intuitive thinking</li> <li>• Identifies complex patterns of associations</li> <li>• Recognizes own biases and suspends judgmental thinking</li> <li>• Challenges others to think critically</li> </ul>
10. Stress Management	<ul style="list-style-type: none"> <li>• Recognizes own stressors or problems</li> <li>• Recognizes distress or problems in others</li> <li>• Seeks assistance as needed</li> <li>• Maintains professional demeanor in all situations</li> </ul>	<ul style="list-style-type: none"> <li>• Maintains balance between professional and personal life</li> <li>• Demonstrates appropriate affective responses to situations</li> <li>• Accepts constructive feedback</li> <li>• Establishes outlets to cope with stressors.</li> </ul>	<ul style="list-style-type: none"> <li>• Tolerates inconsistencies in health care environment</li> <li>• Prioritizes multiple commitments</li> <li>• Responds calmly to urgent situations</li> </ul>	<ul style="list-style-type: none"> <li>• Recognizes when problems are unsolvable</li> <li>• Assists others in recognizing stressors</li> <li>• Demonstrates preventative approach to stress management</li> <li>• Establishes support network for self and clients</li> <li>• Offers solutions to the reduction of stress within the work environment</li> </ul>

Reference: May, W., Straker, G., Foord-May, L. (2000) *Opportunity Favors the Prepared. Guide to Facilitating the Development of Professional Behavior*. May and Associates Consulting.

**Appendix B**

**State of Ohio**  
**Laws and Rules**  
**Governing the Practice of Physical**  
**Therapy**

For the most up-to-date Ohio Laws and Rules, visit the website:  
<http://otptat.ohio.gov>

**APPENDIX C**  
**Guidelines for Physical Therapy Student**  
**Participation in**  
**Graduate Certificate Program in**  
**Contemporary Gerontological Practice**

**Sponsored by The Center for Successful Aging**

The faculty of the Physical Therapy Program support student participation in the Graduate Certificate in Contemporary Gerontological Practice. However, to maximize learning in both curricula, the following criteria for participation have been established:

1. Interested and eligible PT students may apply to the certificate program to begin fall semester of the second year of the PT program.
2. PT students can only take one certificate program course per semester and must remain in good academic standing in the PT program.
3. The certificate course that is taken in the spring semester of the second year of the PT program will also meet the elective requirement.

An orientation session to the certificate program will be provided during spring semester of the first year, but feel free to contact Michelle Masterson, P.T., Ph.D. for more information or visit the website <http://www.utoledo.edu/depts/csa/gradcertificate.html>.

**APPENDIX D**  
**Course Instructors\* for Class of 2021 Cohort**

<b>SUMMER 2018</b>			
<i>Course #</i>	<i>Course Name</i>	<i># of Credits</i>	<i>Course Directors</i>
PhyT 5000	Gross Anatomy	4	L. Bouillon, Ph.D., P.T.
PhyT 5110	Clinical Pathophysiology I	1	A. Lee, Ph.D., P.T.
<b>FALL SEMESTER 2018</b>			
<i>Course #</i>	<i>Course Name</i>	<i># of Credits</i>	<i>Course Directors</i>
PhyT 5050	Analysis of Movement	4	L. Bouillon, Ph.D., P.T. A. Murray, Ph.D., DPT, P.T.
PhyT 5120	Clinical Pathophysiology II	3	A. Lee, Ph.D., P.T.
PhyT 5350	Introduction to Examination	2	D. Kujawa, M.B.A., P.T., O.C.S.
PhyT 5450	Foundations of Physical Therapy	2	M. Masterson, Ph.D., P.T.
PhyT 5750	Clinical Reasoning	1	A. Murray, Ph.D., DPT, P.T.
PhyT 6460	Teaching & Learning	2	M. Masterson, Ph.D., P.T.
<b>SPRING SEMESTER 2019</b>			
<i>Course #</i>	<i>Course Name</i>	<i># of Credits</i>	<i>Course Directors</i>
PhyT 5070	Neuroscience	3	Alexia Metz, Ph.D., O.T.R/L T. Smith, M.S., P.T., N.C.S.
PhyT 5080	Neuroscience Seminar	1	T. Smith, M.S., P.T., N.C.S.
PhyT 5170	Evidence Based Practice I	2	A. Murray, Ph.D., DPT, P.T.
PhyT 5270	Applied Exercise Physiology	3	A. Lee, Ph.D., P.T.
PhyT 5280	Therapeutic Interventions I	2	TBD
PhyT 5300	Principles of Therapeutic Exercise	2	L. Bouillon, Ph.D., P.T.
PhyT 5850	Integrated Clinical Experience (ICE) I	2	A. Both, M.H.S., P.T.
<b>SUMMER SEMESTER 2019</b>			
<i>Course #</i>	<i>Course Name</i>	<i># of Credits</i>	<i>Course Directors</i>
PhyT 5020	Lifespan I	2	A. Both, M.H.S., P.T.
PhyT 5180	Evidence Based Practice II	2	A. Murray, Ph.D., DPT, P.T.
PhyT 5290	Therapeutic Interventions II	2	D. Kujawa, M.B.A., P.T., O.C.S.
PhyT 5650	Pharmacology	1	A. Lee, Ph.D., P.T.
<b>FALL SEMESTER 2019</b>			
<i>Course #</i>	<i>Course Name</i>	<i># of Credits</i>	<i>Course Directors</i>
PhyT 6170	Scholarly Project I	2	All Faculty
PhyT 6100	Health Promotion	2	A. Lee, Ph.D., P.T.
PhyT 6260	Cardiovascular-Pulmonary PT	3	A. Lee, Ph.D., P.T.
PhyT 6500	Musculoskeletal Rehab I	3	L. Bouillon, Ph.D., P.T.
PhyT 6600	Neuromuscular Rehab I	3	T. Smith, M.S., P.T., N.C.S.
PhyT 6050	Health Care Policy and Delivery	1	D. Kujawa, M.B.A., P.T., O.C.S.
PhyT 6740	Clinical Seminar I	1	TBD
<b>SPRING SEMESTER 2020</b>			
<i>Course #</i>	<i>Course Name</i>	<i># of Credits</i>	<i>Course Directors</i>
PhyT 6020	Lifespan II	2	TBD
PhyT 6180	Scholarly Project II	2	All Faculty
PhyT 6510	Musculoskeletal Rehab II	3	D. Kujawa, M.B.A., P.T., O.C.S.
PhyT 6610	Neuromuscular Rehab II	3	T. Smith, M.S., P.T., N.C.S. & A. Both, M.H.S., P.T.
PhyT 6720	Special Topics in PT (req'd elective)	2	A. Both, M.H.S., P.T.
PhyT 6750	Clinical Seminar II	1	TBD
PhyT 7050	Practice Management	2	D. Kujawa, M.B.A., P.T., O.C.S.

<b>SUMMER SEMESTER 2020</b>			
<i>Course #</i>	<i>Course Name</i>	<i># of Credits</i>	<i>Course Directors</i>
PhyT 6850	Integrated Clinical Experience (ICE) II	5	A.Both, M.H.S., P.T.
<b>FALL SEMESTER 2020</b>			
<i>Course #</i>	<i>Course Name</i>	<i># of Credits</i>	<i>Course Directors</i>
PhyT 6190	Scholarly Project III	1	All Faculty
PhyT 6700	Professional Issues	1	A. Both, M.H.S., P.T.
PhyT 7100	Integrated Patient Management	4	A. Murray, Ph.D., DPT, P.T.
PhyT 7890	Internship I	5	A. Both, M.H.S., P.T.
<b>SPRING SEMESTER 2021</b>			
<i>Course #</i>	<i>Course Name</i>	<i># of Credits</i>	<i>Course Directors</i>
PhyT 7200	Scholarly Project IV	1	All Faculty
PhyT 7900	Internship II	6	A. Both, M.H.S., P.T.

\*Subject to change.

## **APPENDIX E**

### **Laboratory and Classroom Use**

The faculty members in the Physical Therapy Program encourage students to use every opportunity to practice competencies in all aspects of physical therapy. However, special concern must be given to safety of students and/or equipment when any equipment or exercise techniques are used after class and/or on weekends. The following procedures and precautions must be practiced for the use of lab, classroom, and/or equipment after class and/or on weekends.

- Students must not utilize any equipment other than equipment relating to past or current study, or for approved research endeavors.
- Students may only practice on one another. Students can serve as a "check system" for each other, thereby, minimizing accidents relating to errors.
- Under no circumstances is treatment to be provided for a pathological condition except for approved research endeavors or other specified occasion. This must adhere to the scope of physical therapy practice in the State of Ohio. For example, a licensed physical therapist must be available on the premises.
- Under extreme circumstances, a student may be exempt from one or more of the rules noted above. However, the circumstances and approval must be obtained prior to exercising the exemption. Approval will be granted by the responsible faculty member and by the Program Director.

It is also strongly recommended that students come in groups of a least two persons if they arrive after dark or if the practice will continue after dark for students' safety.

Students' compliance of the policy noted in this statement is essential and is in concert with the guidelines under the Standards of Conduct in the College of Health Sciences Student Handbook. Failure to comply with the policy is grounds for disciplinary action and possible dismissal from the Physical Therapy Program.

## **Appendix F**

### **Guide for Professional Conduct:**

**-Code of Ethics**

**-Professionalism and Core Values**

## Code of Ethics for the Physical Therapist

### Preamble

The Code of Ethics for the Physical Therapist (Code of Ethics) delineates the ethical obligations of all physical therapists as determined by the House of Delegates of the American Physical Therapy Association (APTA). The purposes of this Code of Ethics are to:

1. Define the ethical principles that form the foundation of physical therapist practice in patient/client management, consultation, education, research, and administration.
2. Provide standards of behavior and performance that form the basis of professional accountability to the public.
3. Provide guidance for physical therapists facing ethical challenges, regardless of their professional roles and responsibilities.
4. Educate physical therapists, students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the physical therapist.
5. Establish the standards by which the American Physical Therapy Association can determine if a physical therapist has engaged in unethical conduct.

No code of ethics is exhaustive nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive.

This Code of Ethics is built upon the five roles of the physical therapist (management of patients/clients, consultation, education, research, and administration), the core values of the profession, and the multiple realms of ethical action (individual, organizational, and societal).

Physical therapist practice is guided by a set of seven core values: accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility. Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist. Fundamental to the Code of Ethics is the special obligation of physical therapists to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.

### Principles

**Principle #1:** Physical therapists shall respect the inherent dignity and rights of all individuals.

*(Core Values: Compassion, Integrity)*

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

**Principle #2:** Physical therapists shall be trustworthy and compassionate in addressing the rights and needs of patients/clients.

*(Core Values: Altruism, Compassion, Professional Duty)*

- 2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients/clients over the interests of the physical therapist.
- 2B. Physical therapists shall provide physical therapy services with compassionate and caring behaviors that incorporate the individual and cultural differences of patients/clients.
- 2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapy care or participation in clinical research.
- 2D. Physical therapists shall collaborate with patients/clients to empower them in decisions about their health care.

2E. Physical therapists shall protect confidential patient/ client information and may disclose confidential information to appropriate authorities only when allowed or as required by law.

**Principle #3:** Physical therapists shall be accountable for making sound professional judgments.

*(Core Values: Excellence, Integrity)*

3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient's/ client's best interest in all practice settings.

3B. Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient/client values.

3C. Physical therapists shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or refer to peers or other health care professionals when necessary.

3D. Physical therapists shall not engage in conflicts of interest that interfere with professional judgment.

3E. Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.

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

*(Core Value: Integrity)*

4A. Physical therapists shall provide truthful, accurate, and relevant information and shall not make misleading representations.

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

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

4D. Physical therapists shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.

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

4F. Physical therapists shall not harass anyone verbally, physically, emotionally, or sexually.

**Principle #5:** Physical therapists shall fulfill their legal and professional obligations.

*(Core Values: Professional Duty, Accountability)*

5A. Physical therapists shall comply with applicable local, state, and federal laws and regulations.

5B. Physical therapists shall have primary responsibility for supervision of physical therapist assistants and support personnel.

5C. Physical therapists involved in research shall abide by accepted standards governing protection of research participants.

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

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

5F. Physical therapists shall provide notice and information about alternatives for obtaining care in the event the physical therapist terminates the provider relationship while the patient/client continues to need physical therapy services.

**Principle #6:** Physical therapists shall enhance their expertise through the lifelong acquisition and refinement of knowledge, skills, abilities, and professional behaviors.

*(Core Value: Excellence)*

6A. Physical therapists shall achieve and maintain professional competence.

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

6C. Physical therapists shall evaluate the strength of evidence and applicability of content presented during professional development activities before integrating the content or techniques into practice.

6D. Physical therapists shall cultivate practice environments that support professional development, lifelong learning, and excellence.

**Principle #7:** Physical therapists shall promote organizational behaviors and business practices that benefit patients/clients and society.

*(Core Values: Integrity, Accountability)*

7A. Physical therapists shall promote practice environments that support autonomous and accountable professional judgments.

7B. Physical therapists shall seek remuneration as is deserved and reasonable for physical therapist services.

7C. Physical therapists shall not accept gifts or other considerations that influence or give an appearance of influencing their professional judgment.

7D. Physical therapists shall fully disclose any financial interest they have in products or services that they recommend to patients/clients.

7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapy services accurately reflect the nature and extent of the services provided.

7F. Physical therapists shall refrain from employment arrangements, or other arrangements, that prevent physical therapists from fulfilling professional obligations to patients/ clients.

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

*(Core Value: Social Responsibility)*

8A. Physical therapists shall provide pro bono physical therapy services or support organizations that meet the health, needs of people who are economically disadvantaged, uninsured, and underinsured.

8B. Physical therapists shall advocate to reduce health disparities and health care inequities, improve access to health care services, and address the health, wellness, and preventive health care needs of people.

8C. Physical therapists shall be responsible stewards of health care resources and shall avoid overutilization or underutilization of physical therapy services.

8D. Physical therapists shall educate members of the public about the benefits of physical therapy and the unique role of the physical therapist

American Physical Therapy Association. Code of Ethics. American Physical Therapy Association, Alexandria, VA; updated February 2013.

([http://www.apta.org/uploadedFiles/APTAorg/About\\_Us/Policies/HOD/Ethics/CodeofEthics.pdf](http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/HOD/Ethics/CodeofEthics.pdf)).

## Professionalism in Physical Therapy: Core Values

### Introduction

In 2000, the House of Delegates adopted Vision 2020 and the Strategic Plan for Transitioning to A Doctoring Profession (RC 37-01). The Plan includes six elements: Doctor of Physical Therapy, Evidenced-based Practice, Autonomous Practice, Direct Access, Practitioner of Choice, and Professionalism, and describes how these elements relate to and interface with the vision of a doctoring profession. In assisting the profession in its transition to a doctoring profession, it seemed that one of the initiatives that would be beneficial was to define and describe the concept of professionalism by explicitly articulating what the graduate of a physical therapist program ought to demonstrate with respect to professionalism. In addition, as a byproduct of this work, it was believed that practitioner behaviors could be articulated that would describe what the individual practitioner would be doing in their daily practice that would reflect professionalism.

As a part of the preparation for this consensus conference, relevant literature was reviewed to facilitate the development of the conference structure and consensus decision-making process. Literature in medicine<sup>3, 18, 19, 25, 27</sup> reveals that this profession continues to be challenged to define professionalism, describe how it is taught, and determine how it can be measured in medical education. The groundwork and advances that medicine laid was most informative to the process and product from this conference. Physical therapy acknowledges and is thankful for medicine's research efforts in professionalism and for their work that guided this conference's structure and process.

Eighteen physical therapists, based on their expertise in physical therapist practice, education, and research, were invited to participate in a consensus-based conference convened by APTA's Education Division on July 19-21, 2002. The conference was convened for the purpose of:

1. Developing a comprehensive consensus-based document on Professionalism that would be integrated into *A Normative Model of Physical Therapist Professional Education, Version 2004* to include a) core values of the profession, b) indicators (judgments, decisions, attitudes, and behaviors) that are fully consistent with the core values, and c) a professional education matrix that includes educational outcomes, examples of Terminal Behavioral Objectives, and examples of Instructional Objectives for the classroom and for clinical practice.
- 2.
3. Developing outcome strategies for the promotion and implementation of the supplement content in education and, where feasible, with practice in ways that are consistent with physical therapy as a doctoring profession.

The documentation developed as a result of this conference is currently being integrated into the next version of *A Normative Model of Physical Therapist Professional Education: Version 2004*. The table that follows is a synopsis of a portion of the conference documentation that describes what the physical therapist would be doing in his or her practice that would give evidence of professionalism.

In August 2003, **Professionalism in Physical Therapy: Core Values** was reviewed by the APTA Board of Directors and adopted as a core document on professionalism in physical therapy practice, education, and research. (V-10; 8/03)

We wish to gratefully acknowledge the efforts of those participants who gave their time and energies to this challenging initiative; a first step in clearly articulating for the physical therapist what are the core values that define professionalism and how that concept would translate into professional education.

## **PROFESSIONALISM IN PHYSICAL THERAPY: CORE VALUES**

Seven core values were identified during the consensus-based conference that further defined the critical elements that comprise professionalism. These core values are listed below in alphabetical order with no preference or ranking given to these values. During the conference many important values were identified as part of professionalism in physical therapy, however not all were determined to be core (at the very essence; essential) of professionalism and unique to physical therapy. The seven values identified were of sufficient breadth and depth to incorporate the many values and attributes that are part of physical therapist professionalism. The group made every effort to find the optimum nomenclature to capture these values such that physical therapists could resonate with each value and would clearly understand the value as provided by the accompanying definition and indicators. For each core value listed, the table that follows explicates these values by providing a core value definition and sample indicators (not exhaustive) that describe what the physical therapist would be doing in practice, education, and/or research if these core values were present.

- 1. Accountability**
- 2. Altruism**
- 3. Compassion/Caring**
- 4. Excellence**
- 5. Integrity**
- 6. Professional Duty**
- 7. Social Responsibility**

## Core Values Definition and Sample Indicators

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

1. Responding to patient's/client's goals and needs.
2. Seeking and responding to feedback from multiple sources.
3. Acknowledging and accepting consequences of his/her actions.
4. Assuming responsibility for learning and change.
5. Adhering to code of ethics, standards of practice, and policies/procedures that govern the conduct of professional activities.
6. Communicating accurately to others (payers, patients/clients, other health care providers) about professional actions.
7. Participating in the achievement of health goals of patients/clients and society.
8. Seeking continuous improvement in quality of care.
9. Maintaining membership in APTA and other organizations.
10. Educating students in a manner that facilitates the pursuit of learning.

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

1. Placing patient's/client's needs above the physical therapists.
2. Providing pro-bono services.
3. Providing physical therapy services to underserved and underrepresented populations.
4. Providing patient/client services that go beyond expected standards of practice.
5. Completing patient/client care and professional responsibility prior to personal needs.

### Compassion/ Caring:

Compassion is the desire to identify with or sense something of another's experience; a precursor of caring.

1. Understanding the socio-cultural, psychological and economic influences on the individual's life in their environment.
2. Understanding an individual's perspective.
3. Being an advocate for patient's/client's needs.

Caring is the concern, empathy, and consideration for the needs and values of others.

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

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

1. Demonstrating investment in the profession of physical therapy.
2. Internalizing the importance of using multiple sources of evidence to support professional practice and decisions.
3. Participating in integrative and collaborative practice to promote high quality health and educational outcomes.
4. Conveying intellectual humility in professional and interpersonal situations.
5. Demonstrating high levels of knowledge and skill in all aspects of the profession.
6. Using evidence consistently to support professional decisions.

7. Demonstrating a tolerance for ambiguity.
8. Pursuing new evidence to expand knowledge.
9. Engaging in acquisition of new knowledge throughout one's professional career.
10. Sharing one's knowledge with others.
11. Contributing to the development and shaping of excellence in all professional roles.

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

1. Abiding by the rules, regulations, and laws applicable to the profession.
2. Adhering to the highest standards of the profession (practice, ethics, reimbursement, Institutional Review Board [IRB], honor code, etc).
3. Articulating and internalizing stated ideals and professional values.
4. Using power (including avoidance of use of unearned privilege) judiciously.
5. Resolving dilemmas with respect to a consistent set of core values.
6. Being trustworthy.
7. Taking responsibility to be an integral part in the continuing management of patients/clients.
8. Knowing one's limitations and acting accordingly.
9. Confronting harassment and bias among ourselves and others.
10. Recognizing the limits of one's expertise and making referrals appropriately.
11. Choosing employment situations that are congruent with practice values and professional ethical standards.
12. Acting on the basis of professional values even when the results of the behavior may place oneself at risk.

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

1. Demonstrating beneficence by providing “optimal care”.
2. Facilitating each individual's achievement of goals for function, health, and wellness.
3. Preserving the safety, security and confidentiality of individuals in all professional contexts.
4. Involved in professional activities beyond the practice setting.
5. Promoting the profession of physical therapy.
6. Mentoring others to realize their potential.
7. Taking pride in one's profession.

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

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

## **APPENDIX G**

### **Standards of Practice for Physical Therapy**

#### **Preamble**

The physical therapy profession's commitment to society is to promote optimal health and functioning in individuals by pursuing excellence in practice. The American Physical Therapy Association attests to this commitment by adopting and promoting the following *Standards of Practice for Physical Therapy*. These Standards are the profession's statement of conditions and performances that are essential for provision of high quality professional service to society, and provide a foundation for assessment of physical therapist practice.

#### **I. Ethical/Legal Considerations**

##### **A. Ethical Considerations**

The physical therapist practices according to the *Code of Ethics* of the American Physical Therapy Association.

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

##### **B. Legal Considerations**

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

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

#### **II. Administration of the Physical Therapy Service**

##### **A. Statement of Mission, Purposes, and Goals**

The physical therapy service has a statement of mission, purposes, and goals that reflects the needs and interests of the patients/clients served, the physical therapy personnel affiliated with the service, and the community.

##### **B. Organizational Plan**

The physical therapy service has a written organizational plan.

##### **C. Policies and Procedures**

The physical therapy service has written policies and procedures that reflect the operation, mission, purposes, and goals of the service, and are consistent with the Association's standards, policies, positions, guidelines, and *Code of Ethics*.

##### **D. Administration**

A physical therapist is responsible for the direction of the physical therapy service.

##### **E. Fiscal Management**

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

##### **F. Improvement of Quality of Care and Performance**

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

##### **G. Staffing**

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

##### **H. Staff Development**

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

##### **I. Physical Setting**

The physical setting is designed to provide a safe and accessible environment that facilitates fulfillment of the mission, purposes, and goals of the physical therapy service. The equipment is safe and sufficient to achieve the purposes and goals of physical therapy.

##### **J. Collaboration**

The physical therapy service collaborates with all disciplines as appropriate.

### **III. Patient/Client Management**

#### **A. Physical Therapist of Record**

The physical therapist of record is the therapist who assumes responsibility for patient/client management and is accountable for the coordination, continuation, and progression of the plan of care.

#### **B. Patient/Client Collaboration**

Within the patient/client management process, the physical therapist and the patient/client establish and maintain an ongoing collaborative process of decision making that exists throughout the provision of services.

#### **C. Initial Examination/Evaluation/Diagnosis/Prognosis**

The physical therapist performs an initial examination and evaluation to establish a diagnosis and prognosis prior to intervention.

#### **D. Plan of Care**

The physical therapist establishes a plan of care and manages the needs of the patient/client based on the examination, evaluation, diagnosis, prognosis, goals, and outcomes of the planned interventions for identified impairments, activity limitations, and participation restrictions.

The physical therapists involve the patient/client and appropriate others in the planning, implementation, and assessment of the plan of care.

The physical therapist, in consultation with appropriate disciplines, plans for discharge of the patient/client taking into consideration achievement of anticipated goals and expected outcomes, and provides for appropriate follow-up or referral.

#### **E. Intervention**

The physical therapist provides or directs and supervises the physical therapy intervention consistent with the results of the examination, evaluation, diagnosis, prognosis, and plan of care.

#### **F. Reexamination**

The physical therapist reexamines the patient/client as necessary during an episode of care to evaluate progress or change in patient/client status and modifies the plan of care accordingly or discontinues physical therapy services.

#### **G. Discharge/Discontinuation of Intervention**

The physical therapist discharges the patient/client from physical therapy services when the anticipated goals or expected outcomes for the patient/client have been achieved.

The physical therapist discontinues intervention when the patient/client is unable to continue to progress toward goals or when the physical therapist determines that the patient/client will no longer benefit from physical therapy.

#### **H. Communication/Coordination/Documentation**

The physical therapist communicates, coordinates, and documents all aspects of patient/client management including the results of the initial examination and evaluation, diagnosis, prognosis, plan of care, interventions, response to interventions, changes in patient/client status relative to the interventions, reexamination, and discharge/discontinuation of intervention and other patient/client management activities. The physical therapist of record is responsible for “hand off” communication.

### **IV. Education**

- The physical therapist is responsible for individual professional development. The physical therapist assistant is responsible for individual career development.
- The physical therapist and the physical therapist assistant, under the direction and supervision of the physical therapist, participate in the education of students.
- The physical therapist educates and provides consultation to consumers and the general public regarding the purposes and benefits of physical therapy.
- The physical therapist educates and provides consultation to consumers and the general public regarding the roles of the physical therapist and the physical therapist assistant.

### **V. Research**

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

**VI. Community Responsibility**

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

(See also Board of Directors standard Criteria for Standards of Practice)  
Relationship to Vision 2020: Professionalism; (Practice Department, ext 3176)

[Document updated: 02/03/2011]

## APPENDIX H

### Clinical Performance Intervention Policy

Policy Developed: 1/94

Policy revised and approved: 10/95, 5/11, 6/12

#### I. PURPOSE

The purpose of this policy is to outline a sequential procedure for interventions, instructional and/or disciplinary, in the event of unsatisfactory student performance on clinical placements. The intent is to encourage early intervention, with an emphasis on collaborative problem solving in order to maximize successful student clinical performance.

Definitions of “satisfactory” and “unsatisfactory” performance, as well as roles of the student, clinical instructors and academic faculty are outlined. Unsatisfactory performances may result in informal and formal counseling, academic warning, academic probation, or dismissal from the Physical Therapy program.

#### II. PERFORMANCE INTERVENTION PROCEDURE

This procedure contains six levels that include both instructional and disciplinary intervention. The levels are usually encountered in a sequence beginning at level one, but the sequential use of the policy may vary depending on the nature of the unsatisfactory performance.

Certain behaviors (e.g. illegal or unethical activities) may be cause for immediate removal of the student from the clinical site and an immediate change in the student status, including dismissal from the program. See section C-6 of the student handbook for further clarification.

The intervention sequence may be ended at any time by the student’s successful completion of a remedial action plan.

#### PROCEDURE

##### A.) Performance Intervention Level One

Clinical Instructor (CI) reports unsatisfactory performance to student immediately upon identification.

1. CI counsels student on corrective actions.
2. CI and student may consult with the Clinical Coordinator of Clinical Education (CCCE) or the Director of Clinical Education (DCE) for guidance regarding corrective action as needed.
3. If the reason for concern is resolved by the end of the clinical education experience then the intervention sequence is ended. If the problem continues then proceed to the next level of the *Clinical Performance Intervention Policy*.
4. A summary of these events should be documented in a critical incident form in the PT CPI.

##### B.) Performance Intervention Level Two

CI notifies Center Coordinator of Clinical Education (CCCE) of a continuing problem.

1. CCCE and CI further counsel the student on corrective actions.
2. CCCE, CI and student should consult with the DCE for guidance if not done previously.
3. The DCE or assigned faculty initiates an investigation into the situation. During the investigation, the DCE gathers information from the student, CI, CCCE and any other persons involved.
4. If student performance appears *unsatisfactory*, the DCE suggests strategies for resolution of the problem. This may include, but is not limited to the development of a mutually developed plan of action for the remainder of the clinical experience.
5. The DCE will monitor continued student progress to determine if resolution of the problem is occurring.
6. If the reason for concern is resolved by the end of the clinical education experience then the intervention sequence is ended. If the problem continues then proceed to the next level of the of this policy.
7. A summary of these events is documented and retained in the student’s clinical education file at University of Toledo.

C.) Performance Intervention Level Three

CI or CCCE notifies DCE of non-resolving problem.

1. DCE or assigned faculty continues with further investigation into the situation as noted above.
2. If student performance appears *unsatisfactory* but remediation is possible within the clinical education experience, the student is placed on verbal warning and the DCE suggests strategies for resolution of conflict. A mutually developed plan of action will be developed at this time if it was not developed earlier.
3. If student performance appears *unsatisfactory* and remediation is not possible within the clinical education experience, proceed to the next level of this policy.
4. If the reason for concern is resolved by the end of the clinical education experience then the intervention sequence is ended. If the problem continues then proceed to the next level of the *Clinical Performance Intervention Policy*.
5. A summary of these events is documented and retained in the student's clinical education file at University of Toledo.

D.) Performance Intervention Level Four

The student is placed on written academic warning status and a written remediation plan is developed jointly by student, CI, CCCE, and DCE (signed by all four parties). The remediation plan includes, but is not limited to: a description of the problem; suggested learning strategies or activities; outcome measure; time lines; and consequences of success or failure to meet requirements as set forth in the plan.

1. CI monitors student progress and provides formal (written) and informal feedback to the student and the DCE for the duration of the clinical placement, which can include an extension of the clinical education experience.
2. If the reason for concern is resolved by the end of the clinical education experience, then the student will be taken off academic warning status. If the problem continues then proceed to the next level of this policy.
3. A summary of these events is documented and retained in the student's clinical education file at University of Toledo.

E.) Performance Intervention Level Five

The student is placed on academic probation for continued unsatisfactory performance and a written remediation plan will be developed jointly by the student and DCE. The student will receive a grade of an "incomplete" for that specific clinical placement. The grade will be determined by the DCE with input from the CCCE and CI.

1. If the student receives a grade of "incomplete", the student must satisfactorily complete remedial work at either the same clinical placement or a new assignment as determined by the discretion of the DCE. Once the remedial work is completed per the remediation plan, a final grade will be assigned by the DCE with input from the CCCE and CI.
2. If the reason for concern is resolved by the end of the clinical education experience then the student status may be returned to "in good standing" and the student will be able to complete any unfinished parts of the program.
3. If the reason for concern is not resolved by the end of the clinical education experience, the student is assigned a "U" and is dismissed from the program.
3. The assignment of remedial or repeat clinical placements will also be based upon the available options for clinical placement and may result in a delay in the completion of program.
4. A summary of these events is documented and retained in the student's clinical education file at University of Toledo.

**APPENDIX I**  
University of Toledo  
Department of Rehabilitation Sciences  
Physical Therapy Program  
**Essential Functions of a Physical Therapy Student for  
Matriculation and Graduation**

**INTRODUCTION**

The University of Toledo (UT) abides by The Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act of 1973, The State of Ohio Revised Code, and other applicable statutes and regulations relating to equality of opportunity. UT is committed to equal access for all qualified applicants and students. The 'Essential Functions of a Physical Therapy Student for Matriculation, and Graduation' state the expectations of all UT Physical Therapy students. The Essential Functions provide information to allow a candidate to make an informed decision for application and are a guide to accommodation of students with disabilities. Academic adjustments can be made for disabilities in some instances, but a student must be able to perform the essential functions of the Physical Therapy Program independently either with or without reasonable accommodation.

UT admits and matriculates qualified physical therapy students in accordance with the UT Policy of Nondiscrimination on the Basis of a Disability – The Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, The State of Ohio Revised Code, and other applicable statutes and regulations relating to equality of opportunity. UT prohibits discrimination against anyone on the basis of disability. UT expects all applicants and students to meet certain essential functions as set forth. In adopting these standards the UT Physical Therapy Program believes it must keep in mind the ultimate safety of both students and patients who may be involved in the course of a student's education. The essential functions reflect what the Physical Therapy Program believes are reasonable expectations for physical therapy students learning and performing patient care.

**IMPLICATION FOR ADMISSION**

A physical therapist must have the knowledge and skills to function in a broad variety of clinical settings and to render care to a wide spectrum of patients/clients. Performing successfully as a student physical therapist involves completing significant intellectual, social and physical tasks throughout the curriculum. Students must master a broad array of basic knowledge, skills, and behaviors, including abilities in the areas of judgment, integrity, character, professional attitude and demeanor. In order to carry out the activities described below, candidates/students must possess, at a minimum, abilities and skills in observation, communication, motor function, intellectual-conceptualization, behavioral and social skills. These abilities and skills comprise the categories of UT Physical Therapy Program's 'Essential Functions of a Physical Therapy Student for Matriculation, and Graduation' and are defined below.

Approved: 9/22/10 UT Physical Therapy Program Policy-Essential Functions  
Reviewed and Approved: 10/14/10 by Jeannine Rajan, Office of Accessibility, HSC

## Essential Functions of a Physical Therapy Student for Matriculation and Graduation

The purpose of this document is to delineate the specific demands of the physical therapy professional education program so that candidates/students may compare their own capabilities with these educational challenges and make requests for reasonable accommodation, as necessary.

<b>Essential Function: I</b>		<b>A candidate/student must be able to or must have:</b>
<b>Observation</b>	A	Hear with or without aides.
	B	Visual perception, which includes depth and 20/20 acuity with or without correction.
	C	Acquire a defined level of information presented through demonstrations and other learning experiences. The required learning outcomes include delineation and analysis of quantitative and qualitative characteristics and/or criteria. This includes but is not limited to information conveyed through the use of vision, hearing and tactile sensation.
	D	Learn to perform visual and tactile physical examinations and treatments and to discern the differences and variations in shape, and general appearance between normal and abnormal, soft and hard tissues.
	E	Learn to observe a patient accurately, up close and at a distance, and observe and appreciate verbal, non-verbal communications and other graphic images to determine a patient's history and to determine a patient's condition and safety when performing physical or manual techniques.
	F	Understand and interpret information from written documents and to process information presented in images from paper, films, slides, video, computer and cadaver dissection.

<b>Essential Function: II</b>		<b>A candidate/student must be able to or must have:</b>
<b>Communication</b>	A	Demonstrate English proficiency in reading, writing and speech. Physical Therapy education presents exceptional challenges in the volume and breadth of required reading and the necessity to impart information to others.
	B	Complete forms according to directions in a complete and timely fashion.
	C	Expressively and receptively communicate effectively with others in verbal, non-verbal, and written forms, demonstrating sensitivity to individual and cultural differences. Communication includes the ability to read, listen, observe body language, speak and write in a manner, which is concise, accurate, technically correct, and non-judgmental. Computer literacy is required.
	D	Seek out, use and provide constructive feedback for improving personal and therapeutic interventions.

<b>Essential Function: III</b>		<b><u>A candidate/student must be able to or must have:</u></b>
<b>Motor Function</b>	A	Sufficient motor skills to learn and implement the essential functions of a physical therapist. These skills include postural control, gross and fine motor skills and the manual dexterity to perform PT examination and intervention procedures in a safe and effective manner. Motor demands include reasonable endurance, strength and precision.
	B	Elicit information from patients by palpation, auscultation, percussion, and diagnostic maneuvers and procedures in a safe and effective manner without the use of an intermediary.
	C	Execute general motor movement such as transfer/transport and position disabled patients, physically restrain adults and children who lack motor control, perform gait training, and employ manual therapy techniques.
	D	Specifically, a candidate/student must be able to:
		1. Attend and participate in classes and clinical education for 40 hours or more per week during each academic semester. The typical day is 8 hours. Classes consist of a combination of lecture, discussion, laboratory and clinical activities.
		2. Frequent sit and stand for 2 consecutive hours daily in the classroom and occasionally walk in the classroom.
		3. Constantly sit, stand, walk and travel during clinical education.
		4. Occasionally lift weights of 50 pounds, frequently lift weights of 25 pounds and constantly lift weights of 10 pounds.
		5. Occasionally carry 25 pounds while walking 50 feet. Frequently carry 10 pounds while walking 50 feet.
		6. Occasionally exert 50 pounds of push/pull forces to objects for 50 feet and frequently exert 10 pounds of push/pull forces for 50 feet.
		7. Frequently twist, bend, stoop and squat.
		8. Occasionally crawl, kneel, climb steps and reach above shoulder level, climb stairs and negotiate uneven terrain.
		9. Frequently move from place to place and position to position and must do so at a speed that permits safe handling of classmates and patients.
		10. Frequently stand and walk while providing support to a classmate simulating a disability or while supporting a patient with a disability.
		11. Frequently use their hands repetitively with a simple grasp and frequently with a firm grasp and manual dexterity skills.
	12. Frequently coordinate verbal and manual activities with gross motor activities.	
E	Perform cardiopulmonary resuscitation and emergency treatment to patients in a safe and effective manner.	
F	Be responsible for independent mobility on campus and at clinical education sites, including transportation to/from campus and clinical education sites.	

<b>Essential Function: IV</b>		<b>A candidate/student must be able to or must have:</b>
<b>Intellectual-Conceptualization</b>	A	The intellectual capacity and ability to understand fundamental theory and to assimilate, within a reasonable time, large amounts of complex, technical, and detailed information.
	B	Read, write technically, measure, calculate, reason, analyze, integrate, evaluate and synthesis pertinent aspects of the patient's history and examination in order to develop an effective treatment plan. A candidate/student must be able to perform the above problem-solving skills in a timely manner in order to provide effective patient care.
	C	Comprehend three-dimensional relationships and understand the spatial relationships of structures. Candidates/students must use these abilities to problem solve and think critically in order to independently make sound clinical judgments.
	D	The ability to use computers for searching, recording, storing and retrieving information.

<b>Essential Function: V</b>		<b>A candidate/student must be able to or must have:</b>
<b>Behavioral and Social Skills</b>	A	Adequate mental and emotional health required for full utilization of his or her intellectual abilities; engaging in self-assessment, exercising good judgment and functioning effectively during periods of high stress. A candidate/student must be able to display flexibility and learn to function in the face of uncertainties.
	B	Accept responsibility for professional behavior, complete all responsibilities promptly and interact maturely and sensitively with people of all ages, gender, races, socio-economic, religious, and cultural backgrounds. All students are responsible for understanding and complying with the Standards of Conduct defined by University of Toledo Health Science Campus (UT HSC) Policy No. 3364-25-01.

**References:**

1. American Physical Therapy Association Web site. Available at: <http://www.apta.org>. Accessed September 1, 2010.
2. O\*NET/ERGOS Web site. Available at: <http://online.onetcenter.org/link/summary/29-1123.00>. Accessed September 1, 2010.
3. US Dept of Labor Web site. Available at: <http://www.bls.gov>. Accessed September 1, 2010.
4. University of Toledo, 'Handbook for Physical Therapy Students', Revised August 2010.

**PROCEDURE FOR REQUESTING REASONABLE ACCOMMODATION**

See UT policy #3364-50-03 for the proper procedure for requesting reasonable accommodations.

# **Appendix J**

## **Health Requirements**

**(refer to packets sent to students each year)**