



**COLLEGE OF HEALTH
AND HUMAN SERVICES**

THE UNIVERSITY OF TOLEDO

**Doctor of
Physical Therapy
Program**

Student Handbook

2024-2025

Revised 05/16/2019; 08/23/2019; 12/19/2019; 05/12/2020; 9/14/2020; 01/08/2021; 04/1/2022; 01/12/2023;04/25/24

Table of Contents

PROGRAM BACKGROUND1

History of the Physical Therapy Program	1
The Profession.....	2

MISSION, VISION, & VALUE STATEMENTS & GOALS

The University of Toledo Mission, Vision, & Value Statements	3
College of Health and Human Services Mission & Vision Statements	4
DPT Program Mission & Values Statements	4
DPT Student, Graduate, Faculty & Program Goals.....	5

CURRICULUM PLAN & MODEL

Curriculum Plan	5
Curriculum Model	6
Curriculum Educational Principles.....	7
Curricular Sequence	9
Curriculum at a Glance	11

PROGRAM, FACULTY, ACCREDITATION CONTACTS

Program Contact Information.....	12
Program Director Contact for Questions or Concerns	12
Doctor of Physical Therapy Core Faculty	12
Commission on Accreditation in Physical Therapy Education	12

ADMISSIONS

Academic Calendar	13
Admission Policies.....	13
Regular Admission Requirements.....	13
Early Decision Admission Requirements.....	14

FACULTY ACADEMIC ADVISORS & COHORTS

Faculty Academic Advisors	15
Student Mentoring.....	15

COLLEGE & PROGRAM ACADEMIC REGULATIONS & POLICIES

College of Graduate Studies Academic Standard.....	16
Program Grading Scale	17
"Testing Out" policy.....	17
Courses Restricted to Major Only	17
Requirements for Retention.....	17
Procedures for Minimizing the Occurrence of a Course Grade of C.....	17
Procedure for Remediation.....	17
Procedures for Initiating Action Plan, Warning, Probation, Dismissal	18
Academic Grievance Policy	19
Personal Leave of Absence (LOA)	19
Withdrawing from the Doctor of Physical Therapy Program.....	20
Procedure for Entry and Re-Entry	20
Summary of Academic Standards	21

STANDARDS OF CONDUCT

Professional Behavior in the Classroom and Laboratory Session	23
Dress Code and Personal Appearance Requirements	23
Professional Attire and Clinical Attire	24
Lab Maintenance	25
Attendance in the Classroom and Laboratory	25

Attendance for Clinical Education Experiences	26
Procedures for Open Laboratory Use	27
Procedures for Inclement Weather Related to Classroom and Laboratory	28
Procedures for Physical Therapy Student Use of Social Media	28
Theft of/Abuse of Computer Facilities & Student Code of Conduct Policy	29

PROGRAM REQUIREMENTS, PROCEDURES AND UNIVERSITY RESOURCES

Health Requirements	30
Liability Insurance.....	30
Changes in Health Status.....	30
Procedures for Criminal Background Check.....	31
Procedures for CPR Training	31
Procedures for HIPAA Training.....	31
Procedures for OSHA Training	32
Essential Functions and Accommodations	32
Accessibility and Disability Resources	33
Chronic Health Conditions Not Requiring Accommodations	33
Student Health and Counseling	33
Equal Opportunity and Non-Discrimination Statement and Resources.....	33
Title IX Policy.....	33
Procedures for Filing a Complaint Related to Title IX.....	33
Discrimination and Harassment Reporting/Complaint Form	33

PROGRAM COSTS

Expenses.....	34
Refund Policy.....	35
Financing Your DPT Education.....	35
Scholarship/Loan Information	36

COMPLAINT PROCEDURES

Filing a Complaint with the Program-Due Process.....	37
Filing a Complaint with the Program-Outside of Due Process	37
Filing a Complaint with CAPTE	38

MISCELLANEOUS INFORMATION

University Policies	39
Student Contact Information	39
Student Representatives on Committees	39
Identification Badges.....	40
Student Mail	40
Faculty Mail	40
Computer & Technology Services	40
Academic Enrichment Center	40
The Writing Center	40
Emergencies in Classrooms, Laboratories or Office Areas.....	40
Campus Police/Security.....	41
RAVE GUARDIAN Safety App.....	41
Emergency Notification	41
Hazardous Materials.....	42
Equal Employment Opportunity.....	42
Guidelines for a DPT Student Working Independently as a Home Health Aide.....	42
Additional Educational Opportunities	42
Career Opportunities	43
Student Activities	43

APPENDICES

APPENDIX A: Generic Abilities	44
APPENDIX B: State of Ohio Laws and Rules Governing the Practice of Physical Therapy	48
APPENDIX C: Guidelines for DPT Student Participation in Graduate Certificate Program in Contemporary Gerontological Practice	49
APPENDIX D: Guide for Professional Conduct.....	50
APPENDIX E: Standards of Practice for Physical Therapy.....	57
APPENDIX F: Clinical Performance Intervention Procedure.....	62
APPENDIX G: Essential Functions of a Physical Therapy Student for Matriculation and Graduation.....	64
APPENDIX F: Knowledge and Skills List.....	68

PROGRAM BACKGROUND

History of the 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 Psychiatrists, 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 seven-semester, 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 into the new eight semester curriculum 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. In May of 2012, the DPT curriculum expanded to become a nine-semester model and while stimulating some collaboration amongst programs, the two-college merger was short-lived. In January 2013, the large college was divided into three separate colleges, one being the College of Health Sciences in which the Department of Rehabilitation Sciences resided.

In 2013, the program was reviewed by CAPTE for re-accreditation and again received full 10-year accreditation status through June of 2024. Due to CAPTE accreditation cycle re-alignments, accreditation status was extended through June of 2025.

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, the Occupational Therapy Doctorate (OTD), and the Recreation Studies programs joined the existing programs in the Department of Kinesiology to form the School of Exercise and Rehabilitation Sciences. In 2022, another re-organization occurred within the College of Health & Human Services. The programs (DPT, OTD, Recreation Studies, Athletic Training, Exercise Science, Microbiology, Anatomy, Physiology, and Pathophysiology) were combined with the Speech-Language Pathology program to become the Department of Exercise and Rehabilitation Sciences.

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 Guide to Physical Therapist Practice Educator Module, 2023, <https://www.apta.org/>

“Physical therapists (PTs) are health care professionals who diagnose and manage movement dysfunction as it relates to the restoration, maintenance, and promotion of optimal physical function and the health and well-being of individuals, families, and communities. Physical therapists possess a distinct body of knowledge that provides a unique perspective on purposeful, precise, and efficient movement across the lifespan.

Based on the person's diagnosis, prognosis, and goals, physical therapists design and implement a customized and integrated plan of care in collaboration with the individual to achieve the individual's goal-directed outcomes. Physical therapist work towards maximizing an individual's ability to engage with and respond to their environment, emphasizing movement-related interventions to optimize functional capabilities and performance.”

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 100,000 member physical therapists, physical therapist assistants, and students of physical therapy. 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, VISION, AND VALUES STATEMENTS

University Mission, Vision, and Values

Mission *(Revised, 2023)*

The University of Toledo improves the human condition as a public research university and academic medical center whose mission is to educate students to become future-ready graduates, cultivate leaders, create and advance knowledge, care for patients and engage our local, national, and global communities.

Vision *(Revised, 2023)*

The University of Toledo will impact the present and shape the future through our actions and discoveries. To achieve this vision, we will:

- Prioritize student success, health, and well-being
- Create a diverse community built on foundations of respect, inclusion and belonging
- Embrace a people-first culture where we are known for outstanding student experiences, alumni and donor engagement, patient satisfaction and as an employer of choice
- Launch graduates equipped to think critically, act ethically, collaborate and communicate effectively in diverse environments, and apply their knowledge and skills to analyze and solve real-world problems
- Build on our distinct strengths and invest in areas that increase the University's impact
- Foster research, innovation, discovery, and creative work that transform our world
- Partner with our communities to advance our mutual success and create opportunity for all
- Inspire a love of life-long learning and commitment to serving others
- Develop and strengthen relationships that invest in our mission to improve the human condition

Values *(Revised, 2023)*

- **Academic Excellence** – We embrace the highest standards of achievement, challenging our students, faculty and staff to reach their greatest potential.
- **People-Centered** – We prioritize our relationships with our students, faculty, staff, patients, alumni and donors, creating a culture where everyone feels valued, supported and part of the Rocket family.
- **Inclusion** – We foster belonging, equity, and respect for all as part of our commitment to valuing diversity of people and ideas.
- **Community** – We advance the public good in our regional, state, national and global communities through service and collaboration.
- **Research and Innovation** – We impact the world around us through innovation in discovery, integration, application, teaching, and creative works.
- **Integrity** – We are trustworthy, acting with honesty, transparency, accountability, and authenticity in all we do.
- **Efficiency and Effectiveness** – We ensure long-term success through fiscal stability, sustainability, alignment, efficiency, and operational excellence.

College of Health and Human Services Mission and Vision

Mission *(Revised 2016, 2023)*

The UToledo College of Health and Human Services, innovative college housed within a national public research university, prepares engaged professionals who improve the human condition in the region and the world.

Vision *(Revised 2016, 2023)*

The UToledo College of Health and Human Services will deliver nationally recognized academic programs committed to discovery, teaching, professional practice and service that directly improve human lives.

Doctor of Physical Therapy Mission and Values

Mission *(Revised 2012, 2020, 2023)*

Through education, scholarship, and service, the mission of the Doctor of Physical Therapy Program is to prepare students to be leaders in contemporary practice and to improve the human condition and profession.

Values *(Approved 2023)* Adopted as approved by the American Physical Therapy Association

The Doctor of Physical Therapy Program embraces the core values of the physical therapy profession. Our values are adopted from the APTA Core Values for the Physical Therapist and Physical Therapist Assistant, HOD P09-21-21-09:

- **Accountability**

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

- **Altruism**

Altruism is the primary regard for or devotion to the interest of patients and clients, thus assuming the responsibility of placing the needs of patients and clients ahead of the physical therapist's or physical therapist assistant's self-interest. •

- **Collaboration**

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

- **Compassion and Caring**

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

- **Duty**

Duty is the commitment to meeting one's obligations to provide effective physical therapist services to patients and clients, to serve the profession, and to positively influence the health of society.

- **Excellence**

Excellence in the provision of physical therapist services occurs when the physical therapist and physical therapist assistant consistently use current knowledge and skills while understanding personal limits, integrate the patient or client perspective, embrace advancement, and challenge mediocrity.

- **Inclusion**

Inclusion occurs when the physical therapist and physical therapist assistant create a welcoming and equitable environment for all. Physical therapists and physical therapist assistants are inclusive when they commit to providing a safe space,

elevating diverse and minority voices, acknowledging personal biases that may impact patient care, and taking a position of anti-discrimination.

- **Integrity**

Integrity is steadfast adherence to high ethical principles or standards, being truthful, ensuring fairness, following through on commitments, and verbalizing to others the rationale for actions.

- **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.

Student, Graduate, and Program Goals *Revised 2016, 2021, 2023, 2024*

Student/Graduate Goals

1. Students will demonstrate the requisite knowledge and skills to practice safely and effectively as entry-level physical therapists.
2. Students and graduates will demonstrate effective communication skills and professional behavior when interacting with patients, families, professional colleagues, and the public.
3. Students and graduates will practice in a legal, ethical, and fair manner.
4. Students and graduates will demonstrate a commitment to the profession through advocacy and community service.
5. Graduates will engage in lifelong learning and professional development opportunities.

Faculty Goals

1. Actively engage in professional practice, service, and/or continuing education to maintain and expand clinical competence and expertise.
2. Promote academic excellence that optimizes student learning and teaching effectiveness.
3. Disseminate peer-reviewed scholarly products via professional journals and conferences.
4. Participate in service and leadership opportunities at the university, community, and/or professional level.

Program Goals

1. Cultivate experiences that promote resiliency, engagement, intuitiveness, and adaptability.
2. Enhance opportunities and resources to advance and promote justice, equity, diversity, inclusion, and a sense of belonging.
3. Sponsor professional development activities for clinical faculty and area clinicians to foster lifelong learning.

CURRICULUM PLAN AND MODEL

Curriculum Plan

The curriculum plan is rooted in four main educational learning theories to help students develop to become entry-level, competent clinicians. The theories include behaviorism, cognitivism, constructivism, and experiential learning. In addition to these, the curriculum plan also exposes the students to the concept of becoming a master adaptive learner.

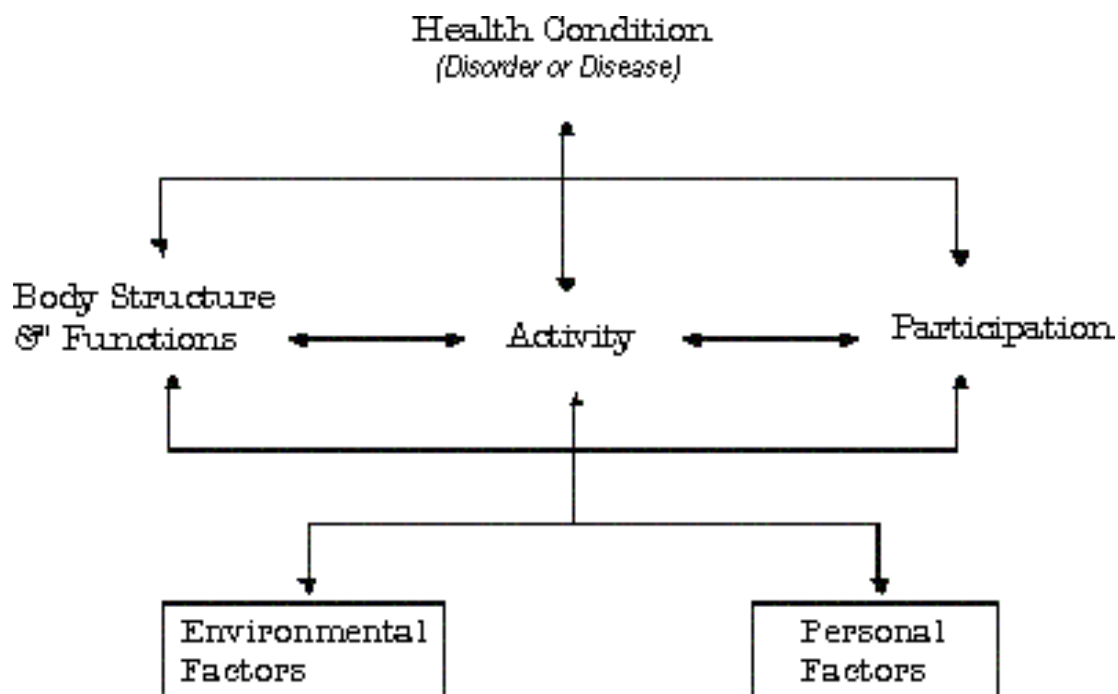
Curriculum Model

The program's curriculum is a hybrid model delivered in a residential venue (as opposed to online). The curriculum was originally developed using the "Normative Model of Physical Therapist Professional Education, Version 2004" to ensure that course content was comprehensive, thorough, and relevant to the practice of physical therapy.

The curriculum model is organized in a traditional format whereby coursework begins with the foundational or basic sciences, followed by the clinical sciences, and then progression to patient management courses. The first six-week clinical education experience starts at the end of the first year of the curriculum, and then the remaining 30 weeks are completed in the seventh and eighth terms. Within the traditional model's context, courses are also built around various physiological systems such as the musculoskeletal, cardiopulmonary, and neuromuscular systems and content progresses from normal to abnormal. For example, the foundational courses are offered in the first through fourth terms and emphasize normal anatomy, physiology, neuroscience, genetics, kinesiology, biomechanics, and exercise science. The clinical sciences courses apply the foundational content to learning psychomotor skills for examination, differential diagnosis, diagnostic imaging, pharmacology, and interventions such as therapeutic exercise and therapeutic modalities. The curriculum advances from normal to abnormal development throughout the lifespan. Patient management courses progress the foundational and clinical sciences into patient examination, evaluation, prognosis, plan of care, and management of care delivery covering cardiopulmonary, musculoskeletal, and neuromuscular systems.

The curricular content is also 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 program has incorporated and integrated 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. The ICF Model is integrated into the clinical science, patient management, and research courses throughout the program's first and second year.



International classification of functioning, disability, and health: ICF. Geneva, Switzerland. World Health Organization; 2001.

Curriculum Educational Principles

The curriculum is built upon five educational principles:

1. Community engagement
2. Inclusion and belongingness
3. Inquiry-based learning
4. Content Integration
5. Professional formation

The principle of community engagement is based upon a health professional who is sensitive and responsive to both the needs of the individual, community, and society and will promote the necessary change within one's profession to improve the health care delivery system. Community engagement begins in the first year of the program through the students' Professional Development Plan required in PHYT 5450: Foundations of Physical Therapy and then carries over into the third year as part of PHYT 6700: Professional Issues. In the Professional Development Plan, students are required to document volunteer community service activities or advocacy events. In PHYT 5300: Principles of Therapeutic Exercise provides an opportunity for the students to teach guest patients from the university housekeeping staff about the benefits of exercise and then to provide a home exercise program for these individuals. In the second year (PHYT 6740: Clinical Seminar I), students interact with community members through the Stroke Life Center. This non-profit organization is focused on improving quality of life for stroke survivors and their caregivers. In addition, the missions of the student organizations (Student Physical Therapy Organization and Multicultural Leadership Council) are also centered on volunteerism and community engagement.

The intent of the principle of inclusion and belongingness is to have a curriculum that promotes equity for all and provides a sense of connectiveness, reciprocal acceptance, and valuing of others. As a health profession, physical therapy should reflect the diverse nature of society relative to race, culture, and experience; to challenge stereotypes; and to promote sensitivity toward diversity and foster an environment of inclusion in all curricular and extra-curricular activities. The program has included a statement in all syllabi, "Inclusive classroom statement" which is the following;

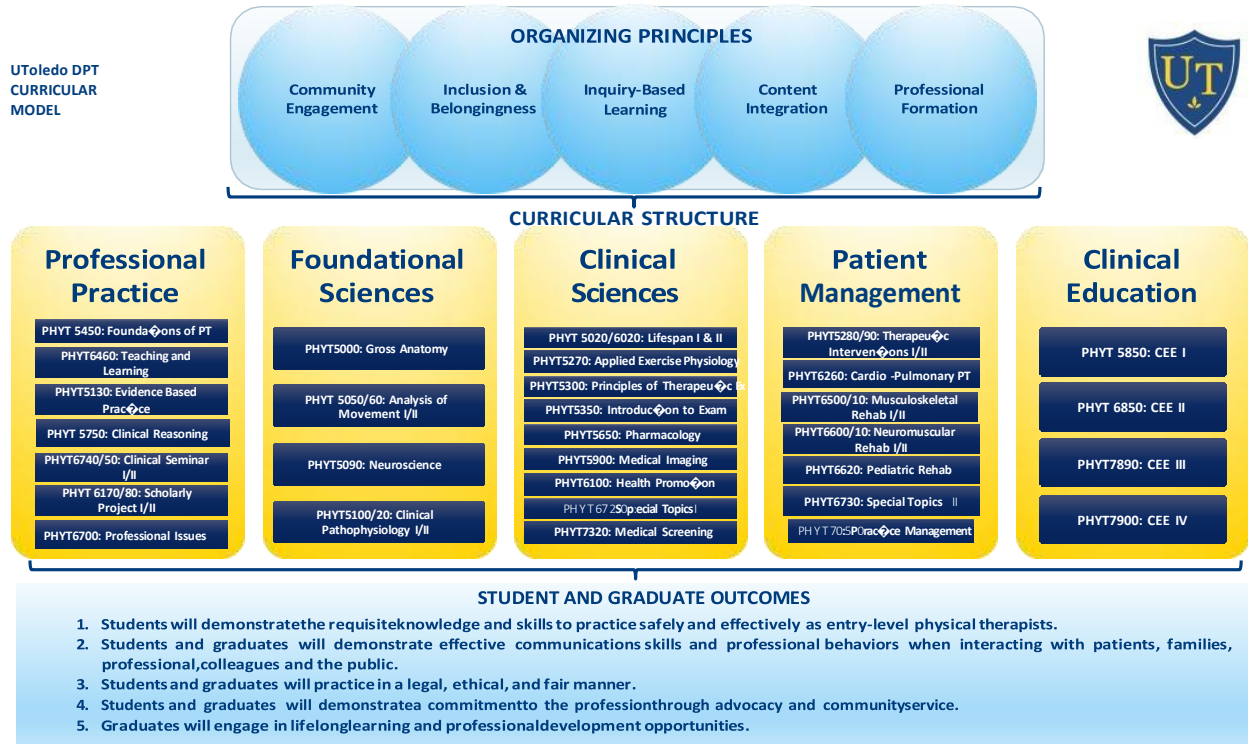
"In this class, we will work together to develop a learning community that is inclusive and respectful. Our diversity may be reflected by differences in race, culture, age, religion, sexual orientation, gender identity/expression, socioeconomic background, and myriads of other social identities and life experiences. We encourage and appreciate expressions of different ideas, opinions, and beliefs so that conversations and interactions that could potentially be divisive turn, instead, into opportunities for intellectual and personal development."

Throughout the curriculum, examination questions, case studies or other assignments are written to be stereotype-free. During orientation, students share their preferred pronouns with faculty and classmates. Pronouns are also included on clinical education intake forms for all clinical education experiences. Images used in case studies and lecture materials now include diverse patient populations. Students are exposed to the racial bias in pulse oximetry measurement in PHYT 6750: Clinical Seminar II which may lead to incorrect readings among Black patients compared to White patients. In addition, the Multicultural Leadership Council sponsors events that aim to increase understanding of current diversity issues and diverse patient cultures.

The Curriculum Model fosters inquiry-based learning and prepares students to efficiently seek, acquire, synthesize, and apply new knowledge to solve complex problems. The clinician of the future must filter, archive, and evaluate information to adapt to advances in practice in an ethical and accountable manner. 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. Inquiry begins in the first term of the curriculum, PHYT 5350: Introduction to Examination which requires students to assess the validity and reliability of tests and measures. The following semester, students learn how to develop a PICO question, perform a literature search, and appraise and interpret clinical research studies in PHYT 5130: Evidence-Based Practice. Inquiry is threaded throughout the curriculum with students seeking evidence to support their outcome measures (PHYT 6500: Musculoskeletal Rehabilitation I, PHYT 6610: Neuromuscular Rehabilitation II), interventions (PHYT 5290: Therapeutic Interventions II, PHYT 5300: Principles of Therapeutic Exercise, PHYT 6260: Cardiovascular-Pulmonary PT) and clinical decision making (PHYT 6600: Neuromuscular Rehabilitation I, PHYT 6620: Pediatric Rehabilitation, and PHYT 6750: Clinical Seminar II).

Content is integrated within all parts of the curriculum both longitudinally and vertically. Foundational and clinical sciences are present throughout all phases of learning. The foundational sciences begin in the second term of the curriculum, (PHYT 6460: Teaching and Learning and PHYT 5450: Foundations of PT) and continue into the seventh term, (PHYT 6700: Professional Issues). Similarly, clinical sciences begin in the first term (PHYT 5350: Introduction to Examination) and continue into the second year focusing on musculoskeletal, neurorehabilitation, cardiopulmonary, and pediatric rehabilitation. Medical Screening (PHYT 7320) is the last course in the seventh term that focuses on differential diagnosis. Learning is always in the context of patient care, and patient care is always based upon scientific principles which enable entry-level physical therapists to become critical thinkers, problem-solvers, and autonomous learners.

Professional formation emphasizes professionalism, reflection, personal growth, and advocacy. Students are socialized into the physical therapy profession through a series of educational and experiential activities, where they develop knowledge, skills, clinical reasoning, and attitudes that will enable them to be competent entry-level physical therapists. Professional formation begins after the first term of the program during our White Coat ceremony. Students cite the oath of a physical therapist in the presence of friends, family, and faculty. In the second term, PHYT 5450: Foundations of Physical Therapy expands their understanding of professionalism through learning about the Core Values, Standards of Practice, Code of Ethics, Guide for Professional Conduct, and state licensure statutes. In PHYT 5130: Evidence Based Practice, professional formation focuses on areas such as ethics related to plagiarism and the principles that guide the protection of human subjects. In the seventh term, sensitive professional topics such as professional integrity, burnout, professional misconduct are focused during group discussions in PHYT 6700: Professional Issues. Students can integrate these important topics as they progress through their terminal clinical education experiences in the seventh and eighth terms. The professional formation principle encompasses the curricular model of foundational sciences, clinical sciences, patient management, and clinical education so that students become entry-level physical therapists who are critical thinkers, problem-solvers, and autonomous learners.



Curricular Sequence

<i>Click the Course # for Link to the Course Descriptions</i>			
TERM 1 – SUMMER			
<i>Course #</i>	<i>Course Name</i>	<i># of Credits</i>	<i>Course Directors</i>
PhyT 5000	Gross Anatomy	5	L. Bouillon, PT, MPT, PhD
PhyT 5050	Analysis of Movement I	2	A. Murray, PT, DPT, PhD
PhyT 5350	Introduction to Examination	2	D. Kujawa, PT, DPT, MBA.OCS/ J. Krugh, PT, DSc, CSCS, FAAOMPT
TERM 1 – FALL			
<i>Course #</i>	<i>Course Name</i>	<i># of Credits</i>	<i>Course Directors</i>
PhyT 5110	Clinical Pathophysiology I	3	A. Lee, PT, PhD
PhyT 5060	Analysis of Movement II	3	A. Murray, PT, DPT, PhD
PhyT 5130	Evidence Based Practice	4	A. Murray, PT, DPT, PhD Alexia Metz, PhD., O.T.R/L
PhyT 5450	Foundations of Physical Therapy	2	A. Both, PT, MHS, DPT
PhyT 6460	Teaching & Learning	2	A. Both, PT, MHS, DPT Beth Ann Hatkevich, Ph.D., O.T.R/L, FATOA
TERM 1 – SPRING			
<i>Course #</i>	<i>Course Name</i>	<i># of Credits</i>	<i>Course Directors</i>
PhyT 5090	Neuroscience	5	Alexia Metz, PhD, O.T.R/L T. Smith, PT, DPT, NCS
PhyT 5270	Applied Exercise Physiology	3	A. Lee, PT, PhD
PhyT 5280	Therapeutic Interventions I	2	L. Bouillon, PT, MPT, PhD, Course Coordinator
PhyT 5300	Principles of Therapeutic Exercise	2	L. Bouillon, PT, MPT, PhD
PhyT 5750	Clinical Reasoning	1	A. Murray, PT, DPT, PhD
PhyT 5900	Medical Imaging	2	TBD
TERM 1 – SUMMER			
<i>Course #</i>	<i>Course Name</i>	<i># of Credits</i>	<i>Course Directors</i>
PhyT 5020	Lifespan I	2	A. Both, PT, MHS, DPT
PhyT 5120	Clinical Pathophysiology II	1	A. Lee, PT, PhD
PhyT 5290	Therapeutic Interventions II	2	R. Black, PT, DPT
PhyT 5650	Pharmacology	1	A. Lee, PT, PhD
PhyT 5850	Clinical Education Experience I	3	A. Both, PT, MHS, DPT
PhyT 6170 or PhyT 6720	Scholarly Project I or Special Topics I	2	All Faculty

Curricular Sequence

TERM 2 – FALL			
<i>Course #</i>	<i>Course Name</i>	<i># of Credits</i>	<i>Course Directors</i>
PhyT 6020	Lifespan II	2	L. Bouillon, PT, MPT, PhD, Course Coordinator
PhyT 6260	Cardiovascular-Pulmonary PT	3	A. Lee, PT, PhD
PhyT 6500	Musculoskeletal Rehab I	3	TBD
PhyT 6600	Neuromuscular Rehab I	3	T. Smith, PT, DPT, NCS
PhyT 6740	Clinical Seminar I	2	T. Smith, PT, DPT, NCS
PhyT 7050	Practice Management	2	Alison Matson, PT, DPT, NCS
TERM 2 – SPRING			
<i>Course #</i>	<i>Course Name</i>	<i># of Credits</i>	<i>Course Directors</i>
PhyT 6100	Health Promotion	2	A. Lee, PT, PhD
PhyT 6180 PhyT 6730	Scholarly Project II or Special Topics II	2	All Faculty
PhyT 6510	Musculoskeletal Rehab II	3	TBD
PhyT 6610	Neuromuscular Rehab II	3	T. Smith, PT, DPT, NCS
PhyT 6620	Pediatric Rehabilitation	2	A. Both, PT, MHS, DPT
PhyT 6750	Clinical Seminar II	2	T. Smith, PT, DPT, NCS
TERM 2 – SUMMER			
<i>Course #</i>	<i>Course Name</i>	<i># of Credits</i>	<i>Course Directors</i>
PhyT 6700	Professional Issues	1	A. Both, PT, MHS, DPT
PhyT 6850	Clinical Education Experience II	5	A. Both, PT, MHS, DPT
PhyT 7320	Medical Screening	1	J. Soncrant, PT, DPT, DSc, SCS, FAAOMPT
PhyT 7890	Clinical Education Experience III	4	A. Both, PT, MHS, DPT
TERM 3 - FALL			
<i>Course #</i>	<i>Course Name</i>	<i># of Credits</i>	<i>Course Directors</i>
PhyT 7900	Clinical Education Experience IV	6	A. Both, PT, MHS, DPT

*Subject to change.

Curriculum-At-A Glance

Term 1 Summer (11 weeks)			Term 2 Fall (15 weeks)			Term 3 Spring (14 weeks/CEE I, 2 wks)		
Course #	Credit/ Contact Hours	Course Name	Course #	Credit/ Contact Hours	Course Name	Course #	Credit/ Contact Hours	Course Name
PHYT 5000	5/135	Gross Anatomy	PHYT 5060	3/86	Analysis of Movement II	PHYT 5090	5/100	Neuroscience
PHYT 5050	2/44	Analysis of Movement I	PHYT 5110	3/45	Clinical Pathophysiology I	PHYT 5270	3/55	Applied Exercise Physiology
PHYT 5350	2/60	Introduction to Examination	PHYT 5130	4/60	Evidence Based Practice	PHYT 5280	2/42	Therapeutic Interventions I
			PHYT 5450	2/40	Foundations of PT	PHYT 5300	2/52	Principles of Therapeutic Exercise
			PHYT 6460	2/45	Teaching and Learning	PHYT 5750	1/15	Clinical Reasoning
						PHYT 5900	2/30	Medical Imaging
	9/239			14/276			15/294	
Term 4 Summer (CEE I cont 4 wks / 8 weeks)			Term 5 Fall (15weeks)			Term 6 Spring (15 weeks)		
Course #	Credit/ Contact Hours	Course Name	Course #	Credit/ Contact Hours	Course Name	Course #	Credit/ Contact Hours	Course Name
PHYT 5020	2/42	Lifespan I	PHYT 6020	2/30	Lifespan II	PHYT 6100	2/30	Health Promotion
PHYT 5120	1/15	Clinical Pathophysiology II	PHYT 6260	3/64	Cardio-Pulmonary PT	PHYT 6180 or PHYT 6730	2/30	Scholarly Project II or Special Topics II
PHYT 5290	2/48	Therapeutic Interventions II	PHYT 6500	3/90	Musculoskeletal Rehab I	PHYT 6510	3/90	Musculoskeletal Rehab II
PHYT 5650	1/15	Pharmacology	PHYT 6600	3/90	Neuromuscular Rehab I	PHYT 6610	3/90	Neuromuscular Rehab II
PHYT 5850	3 6 wks	Clinical Education Experience I	PHYT 6740	2/49	Clinical Seminar I	PHYT 6620	2/60	Pediatric Rehabilitation
PHYT 6170 or PHYT 6720	2/30	Scholarly Project I or Special Topics I	PHYT 7050	2/30	Practice Management	PHYT 6750	2/50	Clinical Seminar II
	11/150			15/353			14/350	
Term 7 Summer (CEE II & III, 15 wks)			Term 8 Fall (CEE III, 3 wks & CEE IV, 12 wks)			Clinical Education Experience I= 6 weeks, Clinical Education Experience II=10 weeks, Clinical Education Experience III=8 weeks, Clinical Education Experience IV=12 weeks Total Clinical Education Experiences=36 weeks, 40 hrs/week or 1,440 hours		
Course #	Credit/ Contact Hours	Course Name	Course #	Credit/ Contact Hours	Course Name			
PHYT 6700	1/15	Professional Issues online (during CEE III)						
PHYT 7320	1/15	Medical Screening online (during CEE III)	PHYT 7900	6 12 weeks	Clinical Education Experience IV			
PHYT 6850	5 10 wks	Clinical Education Experience II						
PHYT 7890	4 8 wks	Clinical Education Experience III						
	11/30			6				
Total credit hours= 95, Total didactic contact hours=1,692, Total number of weeks= 114, Total clinical hours=1440 Approved by DPT Faculty 10/7/20 & 2/6/2021 COGS Curriculum Committee for Plan of Study Change 12/2020, Approved by CAPTE spring 2021								

PROGRAM, FACULTY & ACCREDITATION CONTACTS

Program Contact Information

Doctor of Physical Therapy Program
Department 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
Website: <https://www.utoledo.edu/hhs/pt/>

Program Director Information for Questions or Concerns

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

Lucinda Bouillon, PT, PhD, Program Director at 419-530-6671 or at lucinda.bouillon@utoledo.edu For more information about the procedures for filing a complaint with the program or outside of due process, please refer to Complaint Procedures, page 37 in this handbook.

Faculty Directory

Core Faculty	Office Phone	E-mail	Office Number
Amy Both, PT, DPT, MHS Clinical Assistant Professor Director of Clinical Education	419-530-6675	Amy.Both@utoledo.edu	HH2008
Cindy Bouillon, PT, MPT, PhD, Associate Professor, Program Director, Physical Therapy	419-530-6671	Lucinda.Bouillon@utoledo.edu	HH2000
David Kujawa, PT, DPT, MBA, Clinical Assistant Professor Orthopedic Clinical Specialist Director of Clinical Affairs, CHHS	419-530-6676	David.Kujawa@utoledo.edu	HH2002
Abraham D. Lee, PT, PhD Associate Professor	419-530-6672	Abraham.Lee2@utoledo.edu	HH2014
Amanda Murray, PT, DPT, PhD Associate Professor	419-530-6673	Amanda.Murray2@utoledo.edu	HH2003G
Tori Smith, PT, DPT, NCS Clinical Assistant Professor Neurologic Clinical Specialist	419-530-6677	Tori.Smith@utoledo.edu	HH2003F
Peggi Szymanski, Secretary II	419-530-5307	Margaret.szymanski@utoledo.edu	HH2001A
Sandra Garcia, Secretary I	419-530-4780	Sandra.Garcia@utoledo.edu	HH2503

Commission on Accreditation in Physical Therapy Education

The Doctor of Physical Therapy Program at the University of Toledo is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 3030 Potomac Ave., Suite 100, Alexandria, Virginia 22305-3085; telephone: 703-706-3245; email: accreditation@apta.org; website: <http://www.capteonline.org>

ADMISSIONS

Academic Calendar

All dates related to start and end dates for terms, observed holidays and breaks are available at <https://www.utoledo.edu/offices/provost/calendar/docs/academic-calendar-2023-2024-two-page.pdf> Dates for registration, add, drop, withdraw, and application for graduation can be found at the Office of the Registrar, <https://www.utoledo.edu/offices/registrar/>

Regular Admission Policy

The Program's regular application cycle occurs once per year. Applications must be made through the Physical Therapy Centralized Application System (PTCAS). PTCAS application becomes available in June 17, 2024. ALL application materials must be submitted to and be received by PTCAS by October 1 2024. This is a FIRM deadline. In addition, once an applicant has applied through PTCAS, an email will be sent from UToledo Graduate Admissions to complete an Application Status Page and pay the UToledo Graduate Application non-refundable fee (\$45 domestic or \$75 international). It is the applicant's responsibility to ensure that the PTCAS application is completed, ALL letters of recommendation, and official transcripts from all post-secondary institutions are submitted by the deadline. Applications are reviewed by the Admissions committee members and decisions are conveyed to the applicant in writing by the Program Director.

Regular Admission Requirements

- Bachelor's degree from an accredited institution.
 - **Note:** It is not required that the applicant has earned a bachelor's degree at the time of application to the program, but it must be earned before the student can matriculate into the Doctor of Physical Therapy Program the following summer.
 - **Note:** It is not necessary to earn an undergraduate degree in Exercise Science with a Pre-PT concentration. Although it may be more efficient to earn a degree that requires most, if not all of the program prerequisite courses, but it is not necessary. Therefore, consider earning an undergraduate degree in something of interest to you and/or that will provide you with employment opportunities or other graduate school options if you do not attend a physical therapy program.
- Preference will be given to those who complete the majority of their coursework at and earn their bachelor's degree from The University of Toledo and to those who have taken honors courses.
- Minimum undergraduate cumulative GPA of 3.30.
- Minimum prerequisite GPA of 3.00. Seven out of ten prerequisite courses must be completed at the time of application BEFORE the fall semester of the application cycle.
- Three (3) letters of recommendation submitted through the PTCAS application portal. The following letters must be included:
 - One letter from a licensed physical therapist who has supervised the applicant in a health setting
 - One letter must be from a university or college professor who has taught the applicant in at least one class if you are a current student or one letter from an employer if you are not a current student
 - One letter of your choice who is another PT supervisor, academic reference, or who can speak on your academic or professional qualities and is NOT a family member.
 - **Note:** If more than 3 letters of recommendation are submitted only the first 3 meeting the requirement will be considered.
- Group interview
- Knowledge of the physical therapy profession

- Observation, or shadowing, of a physical therapist is highly recommended to obtain knowledge of the profession; however, there is not a minimum number of observation hours required.
- **Note:** It is not required that the applicant has earned a bachelor's degree at the time of application to the program, but it must be earned before the student can begin the DPT program the following summer.

Early Decision Admissions Policy (UToledo Students only)

The program's early decision cycle occurs once per year. Applications must be completed using the form accessed from the program. Applications become available in early January and closes May 31, 2024. ALL application materials must be submitted and received by the program by the due date in May. This is a FIRM deadline. It is the applicant's responsibility to ensure that the application and essay are completed, and ALL letters of recommendation are submitted by the deadline. Applications are reviewed by the Admissions committee members and decisions are conveyed to the applicant in writing by the Program Director.

Early Decision Admission Requirements

- Bachelor's degree from an accredited institution.
 - **Note:** It is not required that the applicant has earned a bachelor's degree at the time of application to the program, but it must be earned before the student can matriculate into the Doctor of Physical Therapy Program the following summer.
 - **Note:** It is not necessary to earn an undergraduate degree in Health Sciences major with a Pre-PT concentration. Although it may be more efficient to earn a degree that requires most, if not all of the program prerequisite courses, but it is not necessary. Therefore, consider earning an undergraduate degree in something of interest to you and/or that will provide you with employment opportunities or other graduate school options if you do not attend a physical therapy program.
- Undergraduate junior status.
- Minimum undergraduate cumulative GPA of 3.70.
- Prerequisite courses must be completed (both biology and chemistry, one physics, one psychology, and one of the following anatomy with lab or physiology with lab). Prerequisite courses listed must have been taken at UToledo or as a high school post-secondary option with a grade of B(-) or better or at the high school level as an Advanced Placement course.
 - Two (2) letters of recommendations. One letter from a licensed physical therapist who has supervised the applicant in a health setting and the second letter of recommendation can be from the following:
 - One letter must be from a university or college professor who has taught the applicant in at least one class if the applicant is a current student or one letter from an employer if the applicant is not a current student OR one letter of the applicant's choice who is either another PT supervisor, academic reference, or who can speak on the academic or professional qualities and who is NOT a family member.
- Group interview
- Knowledge of the physical therapy profession
 - Observation, or shadowing, of a physical therapist is highly recommended to obtain knowledge of the profession; however, there is not a minimum number of observation hours required.
 - **Note:** It is not required that the applicant has earned a bachelor's degree at the time of application to the program, but it must be earned before the student can begin the DPT program the following summer.

FACULTY ACADEMIC ADVISORS AND COHORTS

Class of 2026

A. Both	C. Bouillon	A. Lee	A. Murray	T. Smith
Benjamin Hubert	Emma Streetman	Amy Kotara	Kayana Cook	Julia Bowers
Madeleine Nicol	Vivian Szymanski	Iris Magaly Lopez	Dustin Drye	Alexzandra Boyles
Alexandra Nockengost	William Trenka	Brianna Mazur	Andrew Gehring	William Broschart
Rosedeeep Saini	Jaxon Wright	Lucas McFee	Jeffrey Hower	Samantha Engler
Andrew VanVoorhis	Abagale Younglove	Samuel Metzger	Emily Tyack	Jacob Freyberg
		Hannah Mitchell	Jeremiah Simpson	Lauren Turney

Class of 2025

A. Both	D. Kujawa	A. Lee	A. Murray	T. Smith
Ruoqaiya Alkhafaji	Marcella Clark	Cadey Cole	Caitlyn Grubbs	Abigail Alatsis
Serena Germain	Tia Stathakios	Holly Galvin	Gabriel Hileman	Liv Baker
Grace Burnard	Hannah Wenger	Lauren Salenbien	Erin Mills	Mitchell Berning
Elizabeth Farmer	Joshua Young	Annie Sayoto	Kylee Fulton	Jonathan Cerar
Amanda Nickels		Annah Thomas-Dull	Cole Shepherd	Madilyn Stuber
Brooke Scherer			Spencer Wood	
Sloan				

Class of 2024

A. Both	D. Kujawa	A. Lee	A. Murray	T. Smith
Olivia Walther	Mackenzie Davis	Natalia Soss	Paige Crabill	Victoria Stickels
Noah Callahan	Nathan Grimm	Haley Ashton	Savannah Girolami	Alexander Lampman
Olivia Cook	Emily Lam	Andrew Bishop	Grant Hirzel	Hope Rooker
Hannah Cooper	Julianna Leonard	Emily Kahlig	Joshni John	Jacob Schulz
Allyson Stibley	Hannah Pennington	Andrea Smithmyer	Alex Kolb	Luke Witchey
	Dillon Perry		Alyssa Jordan	
	Preslee Rolf			

Student Mentoring

Upon enrollment in the DPT Program, the student will be assigned a faculty academic advisor (mentor) holding a primary appointment in the Program. This academic advisor will assist the student in academic matters (and others as appropriate). The student will also be required to meet with her/his faculty advisor 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 academic advisor's schedule of office hours.

COLLEGE & PROGRAM ACADEMIC REGULATIONS & POLICIES

College of Graduate Studies Academic 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.

College of Graduate Studies Academic Standard

A minimum cumulative GPA of 3.0 (four-point grading system) in graduate course work is required for graduation. Graduate students whose cumulative GPA falls below 3.0 during any semester will be placed on academic probation. Depending on the program, a full-time student on academic probation will have one or at most two semesters (excluding summers) to meet the cumulative GPA standard. A student failing to meet the standard will be subject to dismissal. A part-time student on academic probation will be required to meet the GPA standard after 12 additional credit hours of graduate coursework. A grade of C is the minimum passing grade for graduate courses. Grades of below "C" will continue to be counted in calculating the cumulative grade point average. Individual programs may offer a specific number of credit hours with earned grades of "C" or below to be repeated one time. Colleges are permitted to establish individual program course retake standards. However, such standards shall not exceed two courses up to a maximum of 12 credit hours. Both the original and repeated grades will appear on the transcript and be calculated into the cumulative GPA. Colleges/departments/degree programs may enact additional coursework grade requirements beyond the minimum standard established by the Graduate Faculty.

Graduate students shall be responsible to consult with the appropriate graduate degree program director for the applicable standards. Grades of A, A-, B+, B, B-, C+, C, C-, D+, D, D-, F, S, U, WP or WF may be awarded depending on College/program/departamental policies. A limited number of graduate courses earn grades of S (Satisfactory) or U (Unsatisfactory) upon completion. A grade of S will be allowed for credit toward graduation but is not computed into the grade point average. A grade of U earns no credit and the course must be repeated to earn graduate credit but is not computed in the grade point average. The grade of PR may be awarded to indicate work in progress and courses with this grade will not be included in the GPA calculation. The grade of 'I' (Incomplete) is assigned only under extraordinary circumstances when unexpected events prevent a student from completing the requirements of the course within the term of enrollment. The student must complete the required work before the end of the following semester (excluding summers) in which the 'I' grade was received; otherwise, the grade will be converted to the grade of F by the Office of the Registrar. The student may initiate a request for an additional semester to complete the work for the grade (excluding summers). The extension is granted upon the approval of the faculty member and the associate dean of the college offering the course. Once the 'I' grade has been converted to F, the student must re-register and take the course again. The grade of 'I' will not be included in the GPA calculation. It is recommended that faculty set specific benchmarks for completion of the course or material each term and regularly assign S, U, or I grades as appropriate instead of awarding a PR. Students may not graduate with a grade of U, I, or PR on their plan of study. Students may not graduate with a grade of I or PR on their transcript. A grade of WP (Withdrawal Passing) or WF (Withdrawal Failing), according to the status of the student at the time of withdrawal, will be assigned to students who withdraw after the university established withdrawal period at the discretion of the instructor. The grade of WP will not be included in the GPA calculation. A grade of WF indicates that a student's work is unsatisfactory (grade of less than C) and will be included in the GPA calculation as a grade of F. Students may repeat courses with grade WF or U subject to the maximum credit hour repeat limitation.

Please refer to the Academic Standards,

<https://www.utoledo.edu/graduate/currentstudents/references/AcademicStandards.html>

Program 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%

All final course grades will be rounded to the nearest integer. If the first number after the decimal is five or greater, the whole number will be rounded to the next higher digit. For example, an 89.49 will be rounded to 89 and an 89.50 will be rounded to 90.

“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.

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:
2. **Students will be expected to demonstrate all competencies - cognitive, affective, and psychomotor skills at "C" or better level 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.
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 their 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.

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 to review 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 located on the Health Science campus, 506/07 Mulford library for information on obtaining tutoring services. The contact number is (419) 383-6118 or send an e-mail to AcademicEnrichmentCenter@utoledo.edu.

Procedures for Remediation

Student success is a priority in the UToledo DPT program. To be successful, students must continually invest and build upon their learning throughout the curriculum. It is the responsibility of the UToledo DPT students to ensure their own academic success. The faculty expects students to contact course instructors early on if there are signs of difficulty in mastering the content. If a learning deficiency is identified, in some cases this may require a remediation action plan. The goal of

remediation action plan is for the student to self-assess the problem areas related to the assessment's deficiency and to assist them in developing a plan of action and goals for success in an area of concern.

Participation in a remediation action plan is a privilege that may be provided per the faculty member's discretion and is granted to students enrolled in the DPT program. The remediation action plan may include, but not limited to individualized sessions at the Academic Enrichment Center, tutors, and/or instructor (especially if related to skill deficiency), justification questions with citations for selected examination items, written self-reflections, and additional readings. At the instructor's discretion, the student may be retested via a written remediation assessment on a deficient component of the course. The remediation action plan will be guided by the course instructor for the student and shared with the faculty academic advisor and Program Director. Faculty members have the right to withdraw the opportunity for remediation action plan from individual students abusing this privilege.

The remediation written exam may be used for students scoring below 70% on any given written examination, at the faculty's discretion. The student must obtain a 70% or above on the written remediation assessment to demonstrate comprehension of course material. If the student scores above 70% on the written exam, regardless of the remediation score, no higher than the 70% will be recorded for the written examination. If the student scores below established criteria defined for the remediation written exam, the original score will be used for recording grade calculation. In the case of pass/fail activities, a student will receive a passing grade once successful remediation has been achieved according to grading criteria by the course instructor. Students must demonstrate competency of the course objectives in a process determined by the course director. Remediation written assessments will occur in NO more than FIVE courses throughout the entire program. In the case that a student does not pass the first retest, the student *may* receive one additional opportunity to be retested to achieve a passing score at the discretion of the course instructor. For example, if a student does not pass a written examination and the student does not pass the remediation test, then they *may* be afforded the opportunity to be retested one additional and final time. The student must complete all remediation requirements within the remediation action plan schedule as determined by the course faculty member. In all cases, the remediation process must be completed before the subsequent term begins and the grade recorded before the start of next term. This is due to sequencing of the courses in the curriculum, and not completing a course may restrict a student from taking additional courses. This may also result in a delay in graduation and will require the DPT core faculty review and approval. (*Approved by DPT Faculty 3/16/2022*)

Procedures for initiating an Action Plan, Warning, Probation, and Dismissal

Initiating an action plan, warning or probation status within the DPT Program is used to inform the student that they are 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 **INITIATING AN ACTION PLAN**

- A total of greater than four (4) credit hours of a grade of "C"
- Earning additional "C" grades prior to reaching the maximum of 12 credit hours of "C" grade

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

- * unprofessional conduct
- * unsafe practice
- * violation of client's 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; "Generic Abilities"; Appendix A, "State of Ohio Laws Governing the Practice of Physical Therapy"; Appendix B, "Guide for Professional Conduct"; Appendix D, "Standards of Practice for Physical Therapy," Appendix E, and "Essential Functions" Appendix G and the UToledo 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, they must submit a plan of action to the Program Director within 15 business days after receiving the written notification of probationary status. The Plan of Action is developed by the student, in conjunction with their faculty mentor, to facilitate removal of the probationary status. Failure to develop and/or submit a Plan of Action may result in dismissal from the DPT Program.

A student will not be permitted to enter the clinical education experience if the cumulative graduate GPA is below 3.0 and/or s/he is 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" when the course has been repeated with a grade of "C" (or better) 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
- * 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 D).
- * Documented violations of the UToledo Graduate Student Code of Conduct found at: [The University Student Code of Conduct](#)
- * 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.
- * 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.

Academic Grievance Policy

A student may dispute a particular grade, please refer CHHS Graduate Academic Grievance Policy, [CHHS-graduate-student-academic-grievance-process-and-policy.pdf \(utoledo.edu\)](#) and [Graduate Student Academic Grievance Policy – 3364-77-02](#) for the scope and procedure of the policy. 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.

CHHS Graduate Student Academic Grievance Process and Policy (approved College Council, 2017)

The University of Toledo recognizes a student's right to due process. An academic grievance is a complaint brought by a student regarding the university's education and academic services and must be based on a violation of a university rule, policy, or established practice. The College of Health and Human Services (CHHS) Graduate Academic Grievance Process and Policy shall follow the University of Toledo's College of Graduate Studies established Graduate Academic Grievance Policy and Procedures which are incorporated herein by reference. Please refer to this policy and following each step when pursuing a graduate academic grievance within CHHS, [CHHS-graduate-student-academic-grievance-process-and-policy.pdf \(utoledo.edu\)](#)

Repeating a Course

Students who must repeat a professional course due to unsatisfactory performance will be handled individually. 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. The program follows the College of Graduate Studies Academic Standard which describes course retakes shall not exceed two courses up to a maximum of 12 credit hours,** [Academic Standards \(utoledo.edu\)](#)

Personal 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**, they 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, and 2) the period of requested leave of absence. When possible, the request for personal leave of absence should be submitted at least one month before the first day of the requested leave.

The Program Director, with the core faculty's majority consent, will notify the student in writing of their request's status within ten working days of the request. Any consideration for a fee refund shall comply with the University's refund policies. 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 individually. 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 faculty's majority consent. Students are responsible for resolving registration and financial issues in accordance with the Graduate Student Leave of Absence, [Graduate Student Leave of Absence Policy \(3364-77-04\)](#)

Withdrawing from the Doctor of Physical Therapy Program

A student can withdraw from the program voluntarily due to a personal decision. In this case, the student should meet with their faculty advisor in the DPT Program and the Program Director before withdrawing from the program. Should the student wish to withdraw from the University in good standing, they must obtain permission from the Dean of the College in which they are enrolled.

Procedure for Entry and Re-Entry

The curriculum follows a prescribed sequence of courses. The students in each cohort are expected to enroll full-time and to take courses in the same order. Entry into the professional component of the curriculum must occur in the summer term; re-entry must occur so that courses are completed in the prescribed sequence.

Summary of Academic Standards

<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"> • Cumulative GPA at 3.0 or higher • All professional coursework at a “C” or above • Less than 12 credit hours of C’s • Any repeated professional course completed with a C or better or an S the second time • No more than one repeated professional course due to the grade of a D 	
INITIATING AN ACTION PLAN	<ul style="list-style-type: none"> • A total of greater than 4 credit hours of a grade of C • Earning additional C’s prior to reaching the maximum of 12 C’s 	<ul style="list-style-type: none"> • Students must meet with the faculty mentor and develop a ‘Plan of Action/remediation’ to address academic concerns of accumulating greater than 4 credit hours of a grade of C • In order to return to ‘In Good Standing’, the student must demonstrate successful completion of the ‘Plan of Action/remediation’/remediation within the subsequent term • If the Plan of Action/remediation is not successful because of unprofessional act (conduct, unsafe practice, or violation of client or other persons’ rights) continues into a second term, the student will be placed on probation • If the Plan of Action/remediation is not successful because additional credit hours of a grade of “C” are earned, the student will continue with an updated action plan in the subsequent term. This action plan will continue each term until the student has successfully completed a term without additional credit hours of “C” grade.
WARNING	<ul style="list-style-type: none"> • Unprofessional conduct • Unsafe practice • Violations of client rights in the classroom and clinical environments • Violation of other person’s rights with whom the student interacts 	<ul style="list-style-type: none"> • 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 • In order to return to ‘In Good Standing’, the student must demonstrate successful completion of the ‘Plan of Action’/remediation within the subsequent term • If the Plan of Action/remediation is not successful because of unprofessional act (conduct, unsafe practice, or violation of client or other persons’ rights) continues into a second term, the student will be placed on probation.
PROBATION	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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

<u>Status</u>	<u>Definitions</u>	<u>Remediation Requirements for Return to 'In Good Standing' Status for Retention</u>
	<ul style="list-style-type: none"> • Second warning notice from the Program Director 	<ul style="list-style-type: none"> • In order to return to 'In Good Standing', a student must demonstrate: <ul style="list-style-type: none"> ○ Cumulative GPA at 3.0 or higher within two concurrent semesters ○ In the case of more than 12 credit hours of C, the student may repeat no more than two courses up to a maximum of 12 credit hours with a grade of B or better to reduce the number of hours of C. Both the original and repeated grades will appear on the transcript and be calculated into the cumulative GPA. ○ 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 ○ 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
IMMEDIATE DISMISSAL	<ul style="list-style-type: none"> • Cumulative GPA is below a 3.0 for more than two concurrent semesters • Two (2) grades of D • One (1) grade of U or F • Failure to submit a 'Plan of Action' to the Program Director within 15 working days • Failure to complete a repeated course with a C or better or a grade of S • Failure to repeat a course to reduce the number of credit hours of C to 12 or below • Being placed on probation on two separate occasions for exceeding 12 credit hours of "C" • Documented violation of the APTA Code of Ethics • Documented violations of the UToledo Graduate Student Ethics Code • Combination of academic probation and professional behavior probation at the same time • Leave-of-absence from the DPT Program for longer than 1 calendar year 	

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.

Professional Behavior in the Classroom and Laboratory Session

As a health care professional in training, students should demonstrate professional appearance and behavior during all classroom activities. It is expected that students be alert, prepared and to participate actively. As part of the curriculum, students will be assuming the role of a “patient” and “therapist.” It is the student’s responsibility to inform the instructor of any health concerns related to a student participating in the simulated experience. In addition, if there is a repeated pattern of distraction, failure to follow instruction, inattention (including sleeping), lack of preparation, or disengagement (including viewing materials not related to this course) will be noted as unsatisfactory performance in professional behaviors, and the student will be subject to the disciplinary process for unprofessional conduct outlined in the “**Academic Standards**” section of this handbook, even in the event that the student may be earning a satisfactory grade in the course.

Dress Code and Personal Appearance Requirements

To respect the values of patients, professionals, and peers, clothes worn by students in class when guests or patients are present and in clinical situations are expected to be consistent with professional dress standards. The criteria below are specific to DPT students.

Classroom Clothing and Personal Appearance and Habits

1. Student identification badges should be always worn when in the classroom, laboratory, and on the Health Science Campus to assist in clinical habits and name recognition.
2. Shoes should be always worn.
3. Modesty and inclusivity of all persons, including peers, patients, instructors, and the community should be demonstrated in classroom appearance. Apparel should be clean, modest, in good repair, and without any potentially offensive content. Improper dress may result in disciplinary action.
4. Body cleanliness is important in all academic and clinical settings. Improper personal hygiene may result in dismissal of the student from classroom or clinical facilities. Use of deodorant is recommended. Perfumes, colognes, and aftershave lotions can trigger asthma and should be used in moderation and with discretion.
5. Avoid jewelry which could scratch the patient/peer, snag clothing, or interfere with clinical activities. See “**Professional Attire and Clinical Attire**” below for details.
6. Hands and fingernails must be clean to mitigate transmission of pathogens. Some clinical settings may prohibit colored nail polish because this can hide dirt. Artificial fingernails are typically prohibited because they can harbor bacteria.
7. Hair should be maintained in a way that supports safe clinical practice and these activities. For example, the hair must be kept clean as an infection control measure. Long hair may need to be secured with something so that it does not interfere with patient handling. Facial hair should be clean and neatly trimmed.
8. Head wear (hats, hoods) should be removed during class and lab sessions to simulate proper clinical attire. Headwear associated with religious and ethical practices will be respected and followed as it would be in a clinic setting.
9. IF a guest speaker is scheduled to present to the class, “clinic attire” is required, See “**Professional Attire and Clinical Attire**” below.
10. Smoking, vaping, and the use of any tobacco products is not permitted in any buildings or on the grounds of the University of Toledo campus.
11. To avoid transmission of pathogens, eating is not permitted in any patient care area. Students are not allowed to eat during practice of clinical skills in laboratory courses. Hands must be washed before and after eating for clinical work or clinical skills practice.

12. Students may be allowed to eat in the classroom or PT skills laboratory at the instructor's discretion. In general, this should be limited to breaks between classes. If cleanliness is not maintained or eating habits are distracting, the instructor may direct the student to refrain from eating.
13. Beverages may be consumed in class but must be in a spill-proof container.
14. Evidence of abuse of alcohol or other drugs of abuse may result in immediate removal from class and further disciplinary action.

Regular Attire for DPT Skills Laboratories

1. Short-sleeve shirt and shorts to allow palpation and observation of extremity structures. Shorts should also maintain appropriate coverage during positioning and lab palpation. Ensure that shorts do not expose unwanted areas during repositioning during lab sessions.
2. The ability to bare the trunk to allow palpation and observation of abdominal and thoracic structures. Students may consider a sports bra, halter top, or comparable item of clothing.
3. A bathing suit may be required for aquatic therapy activities. This can include squorts or boy-short cut for swimsuit bottoms.
4. Socks and athletic shoes. No sandals or open-toed shoes permitted. The footwear must fit well and be securely fitted by shoelaces or straps to ensure safe and solid footing to assist the patient or classmate.
5. If the room is chilly, students are free to don warmer outer clothes such as a sweatshirt or sweatpants. The guidelines above apply to periods where you are working with your classmates in the professional skills portion of class, when you must be able to see the body parts you are learning about.

Professional Attire and Clinical Attire

When the program involves students interacting with special guest speakers, patients, invited guests, professionals outside of PT Program either in the classroom, in the PT lab, or in clinical settings, faculty may require students to wear professional attire. Here are guidelines for what this means.

1. In general, these dress standards are the basic expectation for students in clinical settings. If the dress standards are different or more specific at the clinical site, then the clinic's standards will apply.
2. If the institution's dress code is non-specific, follow these guidelines for University of Toledo students:
 - a. Professional, clean clothes;
 - b. No jeans, sneakers, or sandals
 - c. Dress slacks or khakis. No jeans, capri pants, or shorts
 - d. Dress shirt that can be tucked into pants. Midriff should not show with arms raised overhead.
 - e. Socks, stockings, or knee highs
 - f. Shoes with closed toes that provide secure footing to provide for your safety and the safety of your patient
 - g. University of Toledo PT Program Photo ID badge (or clinical site ID badge)
 - h. Lab coat (as appropriate for setting)
 - i. Some facilities may require a tie.
3. Faculty may specify that students dress "business professional" or "business casual" for special occasions. Examples of "Business professional" would be a shirt with a necktie, or a dressier shirt or blouse, or an appropriate dress. "Business casual" is defined as wearing the polo shirts issued by the program.
4. Discretion should be used to wear clinical clothing only in the clinical setting; clinical clothing that is soiled should not be worn back to class.
5. All students will need a University of Toledo Physical Therapy Program shirt (arrangements for purchase will be made by the program) for designated activities.
6. Identification badges may be required to be worn by many clinical facilities.
7. Avoid jewelry which could scratch the patient, snag clothing, or interfere with clinical activities. Small rings and engagement or wedding rings are usually acceptable; however, elevated stones in rings may scratch patients. Long earrings or necklaces in neurological or pediatric settings are usually prohibited because patients with neurologic or behavioral disorders may grab and pull the jewelry. Some facilities may prohibit jewelry in piercings, other than the ears, as an infection control measure.
8. Watches with sweep second hands or digital display are recommended.

9. Shoes should fit well, be in good repair, provide a good grip to the floor, have closed toes, and provide for a stable base of support.

Referenced: Includes adaptations from The [Ohio State University's DPT Program Student Handbook](#).

Consequences of Unacceptable Appearance:

- 1st offense- the student will be given a verbal warning
- 2nd offense- the student will receive a written warning
- 3rd offense- the student will be placed on academic probation for unprofessional behavior

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

Classroom and Clinical Behaviors

Behaviors consistent with public situations are always required. 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 class/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 Smoke-Free and Tobacco-Free policy, [#3364-60-01](#) 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

All equipment, at minimum, is calibrated and/or checked for safety by a biomedical technician annually. Equipment records are kept with our secretary. Students are responsible for maintaining 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 bags or extra items in your cubbie space to avoid tripping and injury.
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.

Attendance in the Classroom and Laboratory (updated 08/21/2019)

The Physical Therapy faculty believes that classroom activities are essential to learning and to the application of knowledge; however, 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 review other class work missed by the student due to an unexcused absence. **The responsibility for making up work missed during any absence rests with the student.**

We recognize that family support is important to our students' success in the program. As a student enrolled in a professional academic program, it is important that you plan for family responsibilities and activities appropriately so that they do not conflict with your attendance in class, labs, and clinical assignments. Attendance is defined as presence during the entire scheduled class or activity or until completion of the examination.

Exceptions to this policy should be rare and limited to emergent situations. It is the student's responsibility to be aware of the sequencing of the curriculum and to plan to participate in activities, such as vacations and similar events, during times when classes and internships are not in session. Absences from class or clinical assignments for such activities will be considered unexcused, and the student will be subject to the disciplinary process outlined in this handbook's Academic Standard section.

For any absence, the student is required to notify the Administrative Assistant via UToledo email and phone (419-530-6670) and email course faculty member(s) of any illness or circumstance which will prevent attendance at a regularly scheduled class prior to the absence/tardiness. Students should refer to each course syllabus regarding absence, as individual faculty members may have a stricter policy to meet the course requirements. Failure to follow the attendance policy is considered "unprofessional behavior/conduct" and is subject to disciplinary action with the Physical Therapy Program.

Excused Absences:

Per departmental policy and in accordance with the UToledo Graduate Missed Class Policy (#3364-77-07), excused absences include: illness of self or dependent; death of an immediate family member (parent, grandparent, sibling, spouse, or child); jury duty (contact the Program Director if asked to serve jury duty); religious observances; required participation in University disciplinary procedures; government-required activities; hazardous driving conditions related to weather determined by Sheriff's Department; required participation in University-sponsored activities; any situation or condition covered under Title IX or other federal legislation; or disability-related excused absences as specified by the Office of Student Disability Services. Please refer to the UToledo Graduate Missed Class Policy for more details for the reasons listed above.

To be excused for any missed class, students must give appropriate documentation to the instructor verifying the reason for the absence, per the list above or refer to UToledo Graduate Missed Class Policy. Any student who must miss a class to attend to an illness or medical emergency will be asked to provide a note from a health care provider to verify that a missed class date(s) which resulted in an absence(s), was due to health reasons.

Medical notes only need to specify dates of illness; no diagnostic information should be included. In a case where a medical condition results in functional limitations(s), the student should affiliate with Office of Accessibility and Disability Resources (ADR) to ensure that appropriate academic accommodations are arranged. More information is available at <https://www.utoledo.edu/offices/accessibility-disability/>. For students who experience a disability-related absence, a medical note is not required but the student must notify their instructor and ADR of the absence for the missed class session to be categorized as excused.

Unexcused Absences and Tardiness:

Failure to follow the attendance policy is considered "unprofessional behavior/conduct" and is subject to disciplinary action with the Physical Therapy Program. Please refer to Academic Standard section of this handout.

Attendance for Clinical Education

General Attendance:

Attendance is required unless there is an unanticipated absence.

Unanticipated Absences:

Per departmental policy, unanticipated absences include:

- Illness of self or dependent
- Death of an immediate family member (parent, grandparent, sibling, spouse, or child)
- Jury duty (please contact the Program Director if asked to serve jury duty)
- Students are allowed to miss one day for an unanticipated 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).

- 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 must be approved by the clinical instructor and the DCE (or assigned faculty). Any time missed for reasons other than unanticipated 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.

Procedure for Open Laboratory Use Updated 12/16/2020

The Open Laboratory guidelines is an opportunity for DPT students to study, practice clinical skills, or hold group meetings when class is not in session. However, special concern must be given to the safety of students and/or equipment when any equipment or exercise techniques are used after class and/or on weekends. The open lab time will follow the CHHS building hours of operation, Monday through Friday 6AM until 10PM. If students wish to use the lab space on Saturday, the Program Director must be notified by email on Friday by 5pm EST. The outside doors to CHHS building may be locked, and building access is via the badge card. The following items have been established to provide guidance for the open lab opportunity.

1) **Learning resources:** (i.e., textbooks, anatomical models, assistive devices) located in the lab may be used by students but may not be removed from the room without express written permission from a faculty member and a sign-out process to track the materials. Students can use all equipment not secured in the lab. Any equipment typically kept locked must be discussed with the course instructor and may be available at the course instructor's discretion.

2) **Lab Cleaning:** There are regular cleaning times (usually early morning) for the janitors to access and clean the lab. Please yield the lab to the janitors during this time frame. It is everyone's responsibility to keep the lab and common office areas looking clean and tidy. At a minimum, tables need to be wiped down after use, dirty linens placed in laundry bins, equipment put away, and chairs/stools arranged in an orderly fashion. Additional cleaning measures may be identified sometimes or for specific activities.

3) **Security:** The doors must be locked when the labs are not in use. Students have badge card access to the lab and should always keep their badge with them. Be sure you clean up after yourself and put the lab back in order as how you found it so that the next class can be set up and begin on time. Please help maintain security by making sure that if you leave a room that should be locked and no one is present, you close the door behind you. If an emergency arises, call UToledo Security 419.530.2600 and Program Director 419.530.6671

4) **Equipment maintenance:** Regular lab maintenance, equipment calibration, and safety checks are the program's responsibility, routine equipment care/cleaning are the responsibility of each student and faculty member using the equipment. If equipment malfunctions, you must report this to a faculty member immediately. Students will not be held responsible for repairing equipment that fails during normal use and should report when something is not working.

5) **Lab Capacity:** The capacity for the laboratory spaces is set for 28 students. Notification from university will guide capacity limits. There must be at least two students present during open lab use. Students are not permitted to work alone in the lab space.

6) **Lab Activities:** Students are permitted to practice activities or skills which are either currently being taught or have been previously taught within the students' coursework. Students are permitted to use equipment that is either currently or has been taught during the student's coursework. Students should only attempt skills or use equipment which they have already had instruction by the UToledo DPT faculty members. 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.

7) 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 at least two people. 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 & Human Services Student Handbook. Failure to comply with the policy is grounds for disciplinary action and possible dismissal from the Physical Therapy Program.

Procedure for Inclement Weather Related to Classroom and Laboratory

The Physical Therapy Program's procedure is that classes will be canceled only if The University of Toledo cancels classes due to inclement weather. In the interest of safety, University of Toledo classes and events may be cancelled or delayed during hazardous weather/disaster, refer to policy 3364-25-14,

https://www.utoledo.edu/policies/administration/humanresources/pdfs/3364_25_14.pdf

Inclement weather or other emergency/disaster, Students are asked to use discretion regarding attending class in the case of severe weather conditions.

Procedure for Inclement Weather Related to Clinical Education

The Physical Therapy Program's procedure 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 can miss one day for an excused absence, but absences of greater than one day must be made up in an acceptable way to the facility and approved by the DCE (or assigned faculty). Students are asked to use discretion regarding attending the clinic in case of severe weather. If the student stays home during severe weather, this time must be made up in an acceptable way and approved by the DCE (or assigned faculty).

Procedure for Use of Social Media Approved 6/13/2012, Amended 03/2024

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

Rationale for this Procedure

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 for the Physical Therapist, Core Values for the Physical Therapist and Physical Therapist Assistant, House of Delegates P09-21-21-09 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.

Purpose of the Procedure

This social medial procedures clarify professional behavior expectations regarding the use of social media by students enrolled in the Doctor of Physical Therapy program at The University of Toledo.

Best Practices to Follow Regarding Social Media Conduct

1. Take responsibility and use good judgment. You are responsible for the material you share through social media which includes text, pictures, video, or other material published on the web. 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.
 - a) Do not post anything that would do harm to patients/clients.
 - b) If you are perceived as an agent of the University of Toledo or DPT program, make it clear in your postings that you are not representing the position of the University or DPT program.
2. Use good ethical judgment when posting and follow all University policies and all applicable laws/regulations such as, but not limited to, the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights

and Privacy Act (FERPA), and the University Student Code of Conduct (policy # 3364-30-04). 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. Use a personal (non-UToledo) email address for social media participation. Do not use a UToledo email address as a means of identification for social media participation.
5. When interacting with other students, faculty or clinical instructors, or the public (including patients) on the internet, maintain appropriate boundaries in accordance with professional and ethical guidelines just, as you would in any other context. For example, providing professional advice related to physical therapy practice in all forms of communication is NOT an appropriate boundary for a student physical therapist.
6. 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.
7. The American Physical Therapy Association has also published useful guidance on the appropriate use of social media, refer to [Succeeding on Social Media](#), American Physical Therapy Association Sept 2, 2019 <https://www.apta.org/social-media/succeeding-on-social-media>

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 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 must seek advisor permission before 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. It is expected that the student organization follows the University Student Group/Organization Code of Conduct, Policy # 3364-30-07. Please refer to the Office of Student Conduct and Community Standards for a complete list of university policies related to student affairs, <https://www.utoledo.edu/studentaffairs/conduct/policies.html>

Theft of/Abuse of Computer-Student Code of Conduct Policy

In accordance with the University of Toledo Student Code of Conduct, Policy [3364-30-04](#), section E.12.d., students are prohibited from downloading or facilitating others to download copyright protected material without appropriate authorization. This includes sharing access (e.g., usernames, passwords, access codes) to materials that is expressly restricted to the original purchaser of the license permitting use of those materials. Failure to comply with this standard violates the University of Toledo Student Code of Conduct, United States copyright law, and the American Physical Therapy Association Physical Therapist Code of Ethics Principle 5. Students found to be in violation of this policy are subject to the disciplinary process stated in the [University of Toledo Student Code of Conduct, Policy 3364-30-04](#), sections G and H.

PROGRAM REQUIREMENTS, PROCEDURES & UNIVERSITY RESOURCES

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. **Students are prohibited from engaging in laboratory activities or to attend clinical facilities if this information is not on file for the current year.**

Each student shall maintain their annual Student Health Form in Exxat PRISM if an immediate copy is needed during clinicals. Students may also choose to retain a copy of the Student Health Form in their personal record.

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 SCE 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.

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.

Changes in Health Status

If 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. If 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. If 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.

Procedures for Criminal Background Check

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

The purpose of the background check policy is to do the following:

1. Promote and protect patient/client safety and the well-being of the campus community.
2. Comply with clinical sites' mandates which require student background checks as a standard condition of their written contracts with the Doctor of Physical Therapy Program.
3. Comply with part-time experiences at University of Toledo Medical Campus (UTMC) as stipulated by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).
 - If 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.
4. Promote early self-identification of students who may be “at risk” for not being able to successfully complete the required clinical education requirements of the DPT program as clinical sites have the right to not accept a student for a clinical education experience due to a felony conviction. Successful completion of all designated clinical education experiences is a graduation requirement for a DPT degree.
5. 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 ensure 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.

Procedures for CPR Training

All students in the DPT program are required to obtain and maintain CPR certification. The CPR certification must be through the American Heart Association (AHA) Basic Life Support/Health Care Provider level (BLS/HCP). The university provides this certification on campus through the Heartcode BLS Complete Provider. Students will not participate in any clinical or patient-related activity unless this certification is current. Students must pass the online course and skills check off and receive a certificate of completion to meet this requirement. Students are responsible for maintaining a current CPR certification.

Procedures for HIPAA Training

The Health Insurance Portability and Accountability Act (HIPAA) is a set of rules affecting the privacy and security of healthcare information. All students must participate in HIPAA training prior to participation in clinical and/or patient-related activities. The training is provided by the university via VectorSolutions, Vector LMS, Higher Education Edition and includes federal regulations establishing security rules for healthcare records, protected health information (PHI), and when PHI may and may not be used or released. Students must pass a post-test and receive a certification of completion to meet this requirement. Students are responsible for maintaining a current HIPAA training certificate.

Procedures for OSHA Trainings

The Occupational Safety and Health Administration (OSHA) has defined the requirements which specify the protective measures all healthcare personnel are required to perform in order to prevent the spread of communicable diseases. All students will complete UToledo Safety testing and training accessed through UT portal system prior to participation of clinical and/or patient-related activities. Students must pass a post-test and receive a Safety Training certification of completion to meet this requirement. Students are responsible for maintaining a current Safety Training certificate.

Essential Functions and Accommodations

UToledo admits and matriculates qualified physical therapy students in accordance with [UToledo 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. 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 UToledo Physical Therapy Program’s ‘Essential Functions of a Physical Therapy Student for Matriculation, and Graduation’ and are further described and defined in Appendix H. There is also a skill list of information with the expectation that students will perform the skills safely and competently. The knowledge and skills list are described in Appendix F.

In adopting these standards, the UToledo Physical Therapy Program believes it must keep in mind the ultimate safety of both students and patients who may be involved during 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.

For students who have not established affiliation with The Office Of Accessibility and Disability Resources and are experiencing disability access barriers or are interested in a referral to health care resources for a potential disability or would like information regarding eligibility for academic accommodations, please contact the [The Office Of Accessibility and Disability Resources](#) by calling 419.530.4981 or sending an email to StudentDisability@utoledo.edu.

Accessibility and Disability Resources

<https://www.utoledo.edu/offices/accessibility-disability/>

UToledo Main Campus
Rocket Hall 1820
2801 W. Bancroft St.
Phone: 419.530.4981
studentdisability@utoledo.edu

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.

Student Health and Counseling Services

Students have access to the student health center [Rocket Health](#) which includes health, counseling, and wellness services. Additional information can be found at: <https://www.utoledo.edu/studentaffairs/counseling/>

University Counseling Center
Main Campus Medical Center
1735 W. Rocket Dr.
Phone: 419.530.2426

University Health Center
Main Campus
1735 Rocket Dr.
Phone: 419.530.3451

Equal Opportunity and Non-Discrimination Statement

The University of Toledo does not discriminate on the basis of race, color, religion, sex, age, national origin, ancestry, sexual orientation, gender identity and expression, military or veteran status, the presence of a disability, genetic information, familial status, political affiliation, or participation in protected activities in its provision of employment and educational opportunities. The university non-discrimination policy statement can be found in the Nondiscrimination policy (#3364-50-02)

Discrimination Resources

<http://www.utoledo.edu/title-ix/discrimination-resources.html>

https://cm.maxient.com/reportingform.php?UnivofToledo&layout_id=17

UToledo Title IX Policy

<https://www.utoledo.edu/policies/administration/diversity/pdfs/3364-50-01.pdf>

Procedure for Filing a Complaint with Title IX

The DPT program is committed to providing educational programs and activities that are free from sex discrimination, sexual harassment (including actual or attempted sexual assault; domestic violence; dating violence; and stalking) and retaliation. The DPT Program encourages the reporting of sex discrimination, sexual harassment (including actual or attempted sexual assault; domestic violence; dating violence; and stalking), or retaliation that may occur to ensure that the University has an opportunity to address prohibited conduct. Please visit the Title IX Prevention, Resources and Response Information website, <https://www.utoledo.edu/title-ix/sexual-misconduct/>

Discrimination and Harassment Reporting/Complaint Form

Reports may be made by [completing a complaint form](#) or by contacting the [Title IX Coordinator, Vicky Kulicke](#) Refer to the full statement on nondiscrimination statement, <https://www.utoledo.edu/nondiscrimination>

PROGRAM COSTS

Expenses

The following is a partial list of expenses 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 UToledo and are payable as established by UToledo. Please visit the Office of the Treasurer for tuition and fees, <https://www.utoledo.edu/offices/treasurer/tuition/graduate/>. Registration procedures will be completed as required by the University.
2. **Distance Education Fee:** There is a \$25.00 per course distance education fee applied to online courses. There are two distance education courses that occur in the seventh term.
3. **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. Many textbooks can be accessed free online using AccessPhysiotherapy.mhmedical.com. There are some textbooks that are required and these range approximately \$400.00 over the three years.
4. **Simucase:** This is an online platform used in many of the courses to simulate patient examination and evaluation. This package can be purchased through the bookstore at an annual membership of \$114.29. The annual membership is purchased by the 3rd term of the curriculum. The student will then need to purchase a 4 month membership at \$92.86 for use in courses offered in the 6th and 7th terms of the curriculum.
5. **Exxat:** There is a one-time fee of \$100 to use Exxat PRISM platform for clinical education placements and site details and an annual fee of \$35 for the APPROVE component for compliance tracking for annual physicals, immunizations/vaccinations, and background checks.
6. **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 UToledo Campuses. Please visit ParkUToledo for the permit types and rates per semester and year, <https://www.parkutoledo.com/permit-parking/>
7. **Physical Exam, Screens, Titers, and Immunizations:** An annual physical exam, TB screening, titers for immunity and immunizations are required to be in process for didactic instruction, and completed before the student can participate to placement in a clinical facility for supervised learning experiences. The approximate cost may vary depending upon the need, \$200 one time.
8. **Health Insurance:** All UToledo students are required to have health insurance. UToledo automatically enrolls students who will participate in patient care. In addition, health insurance is required by the DPT program. You may waive the health insurance coverage if you have coverage under another qualifying plan as long as you submit your waiver by the deadline. Please refer to Student Health Insurance Plan website, <https://www.utoledo.edu/depts/hr/student-health-insurance/>
9. **Clinical Education Experiences:** Additional costs will be incurred for clinical education that include, but are not limited to drug screens, health tests, additional background checks, uniforms, transportation (i.e. car-related expenses, public transportation), parking, housing, utilities, and meals.
10. **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. Click on “current students” and see how the APTA is working for you and for our profession.

11. **OPTA Annual 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. The registration fee is \$120 per day for student rate.
12. **License Preparation:** To prepare for the National Physical Therapy Examination (NPTE), you will be required (mandatory) to purchase the Academic PEAT at a 20% discount off the standard price, making the price \$79.00. This package provides you two practice exams. There are supplemental materials, rationales, and results provided following each exam. It is encouraged to take the PEAT about three to four months before the NPTE. In addition, the DPT Program sponsors a two-day review course for the NPTE for licensure. UToledo 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 license application include the NPTE registration fee (\$485 in 2020) and related testing facility fees, FBI background check and fingerprinting costs, and state application fees, which vary by state. In Ohio, applicants will need to register in the eLicensure system, https://elicense.ohio.gov/OH_HomePage. There is a non-refundable application licensing fee of \$125 per the Ohio Administrative Code Rule, Initial license fee. The above costs associated with license are estimates and are not all inclusive.
13. **Graduation:** Students will need to purchase a cap, gown and hood for graduation and required to pay a one-time \$125 graduation fee. If you want to include these costs in your financial aid package, check into all related costs before starting your 3rd year of the DPT Program.

Refund Policy

The Office of the Treasurer is responsible for billing and collecting all amounts due to the University. The Treasurer’s Office has the responsibility of processing student refunds. All students should set up a refund profile in myUT portal (E-Refund and Profile Setup). Please refer to the Office of Treasurer for important dates, <https://www.utoledo.edu/offices/treasurer/ImportantDates.html>. For more information on the Student fee and accounts, refer to policy, [3364-40-19](http://www.utoledo.edu/policy/3364-40-19)

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/> or at the DPT website https://www.utoledo.edu/hhs/pt/dpt_financing.html

Information on types of financial aid, FAFSA changes, student loan repayment, and other financial aid resources can be found through the Office of Student Financial Aid, <https://www.utoledo.edu/financialaid/>

*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).

The American Physical Therapy Association has a customized online financial education platform that provides resources on finance and debt education <https://www.apta.org/your-career/financial-management/financial-solutions-center>

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 up to \$1,000. Students can re-apply for these scholarships each year.

Graduate Assistantships: Graduate Assistantships (GA) are offered 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. The UToledo DPT program has received allocations for partial teaching GA positions in the DPT program. These positions are open to only 2nd year students and entail assisting with laboratory teaching approximately 10 hours per week. A tuition waiver of ½ full-time for fall and spring semesters and a stipend of

\$3750/semester (more or less depending on fund availability) are included. These positions will be announced early spring semester during the 1st year and awarded based on student qualifications.

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 Physical Therapy 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 Physical Therapy program or Department of Exercise & 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.

Scholarship/Loan Information

All scholarship information received by the Program can found on the college website, <https://www.utoledo.edu/hhs/scholarships/> Students will also receive scholarship information during the fall term from the Financial Aid office about the timing of applications for scholarships. The program director will also send email notification of scholarship opportunities for students.

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

Information regarding financial aid is available through the Office of Student Financial Aid at the UToledo <https://www.utoledo.edu/financialaid>

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.

COMPLAINT PROCEDURES

Filing a Complaint with Program-Due Process

Students are encouraged to have a direct and informal approach for settling concerns. Students are encouraged to voice their concerns about a course or the program to the appropriate faculty or staff member including course instructors, academic advisors, the DPT Program Director and Department Chair. If there is a concern or complaint, the student should first approach the course instructor. If the concern or complaint is not resolved, the student should then approach the academic advisor. If the student still feels that the concern or complaint is not resolved satisfactorily, the student should bring the concern to the attention of the Program Director. The Program Director will attempt to reach an agreement with the party involved within fourteen (14) business days. If the discussion with the complainant successfully resolves the matter, the Program Director will acknowledge the resolution of the complaint with a letter sent to the complainant. If the complaint is not resolved, a written complaint will be forwarded with record of efforts to resolve the complaint to the Chair of Department of Exercise & Rehabilitation Sciences, Dr. Eric Longsdorf. The Department Chair will address the complaint within fourteen (14) business days. If the complaint is still not resolved, the written complaint and record of efforts will be forwarded to the Associate Dean of College of Health & Human Services, Dr. John Laux. The Associate Dean will discuss the complaint directly with the parties involved within fourteen (14) business days and acknowledge resolution of the complaint via a letter sent to the complainant, Department Chair, and Program Director. If the complaint is not resolved at the program, department, or college level, the written complaint will be filed with the Vice Provost for Graduate Affairs. The Vice Provost will discuss the complaint directly with the parties involved within fourteen (14) days and acknowledge resolution of the complaint with a letter sent to the complainant, Associate Dean, Department Chair, and Program Director.

Filing a Complaint with Program-Outside of Due Process

A situation may generate a complaint that is not addressed by existing procedures described in the Student Physical Therapy Handbook, Graduate Student Handbook, or the Clinical Education Manual. An individual, group or organization that falls outside the realm of university due process, may file a complaint about the Doctor of Physical Therapy program regarding program policies and procedures, activities, or individual or groups of students, faculty, and staff.

Procedure for Handling Complaints Outside the Realm of Due process

1. The complaint should describe the specific nature of the complaint, name of complainant, name of the complaine, date and location of incident, and detailed description of the incident. The complaint should be written and signed by the individual lodging the complaint. A complaint can be submitted to the Physical Therapy Program Director, Dr. Lucinda Bouillon by email Lucinda.bouillon@utoledo.edu or regular mail.

Program Director, Doctor of Physical Therapy Program
College of Health & Human Services
2801 West Bancroft Street
Toledo, OH 43606-3390

2. The Director will discuss the complaint directly with the party involved within fourteen (14) business days. If the discussion with the complainant successfully resolves the matter, the Program Director will acknowledge the resolution of the complaint with a letter sent to the complainant.

3. If the complaint is not resolved at the Program level, or if the complaint is against the Program Director, the complaint will be addressed directly with the parties involved within fourteen (14) business days by the Department Chair, Dr. Eric Longsdorf, either by email Eric.longsdorf@utoledo.edu or regular mail.

Department Chair, Exercise & Rehabilitation Sciences
College of Health & Human Services
2801 West Bancroft Street
Toledo, OH 43606-3390

4. If this resolves the matter, the Department Chair will acknowledge resolution of the complaint via a letter sent to the complainant and Program Director.

5. If the issue is not resolved to the satisfaction of the complainant after review by the Department Chair, then the written complaint may be filed with the Associate Dean of the College of Health & Human Services, either by email, Dr. John Laux, John.Laux@utoledo.edu or regular mail.

Associate Dean, College of Health & Human Services
2801 West Bancroft Street
Toledo, OH 43606-3390
Dean, College of Health & Human Services

6. The Associate Dean of CHHS will discuss the complaint directly with the parties involved within fourteen (14) business days and acknowledge resolution of the complaint via a letter sent to the complainant, Department Chair, and Program Director.

7. If the complaint is not resolved at the program, department, or college level, the written complaint will be filed with the Vice Provost for Graduate Affairs

Vice Provost for Graduate Affairs
2801 West Bancroft Street
Toledo, Ohio 436-3390

8. The Vice Provost will discuss the complaint directly with the parties involved within fourteen (14) days and acknowledge resolution of the complaint with a letter sent to the complainant, Associate Dean, Department Chair, and Program Director.

9. If the complainant has exhausted the process and is not satisfied within the program and University, the complainant has the right to contact the American Physical Therapy Association Accreditation Department, Commission on Accreditation in Physical Therapy Education (CAPTE), at 703-706-3245 or accreditation@apta.org

10. Records of complaints and responses about the program, including the nature of the complaint and the final letter of disposition of the complaint are maintained by the Program Director for a period of five (5) years. All matters will be held strictly confidential and without fear of retribution.

Filing a Complaint with CAPTE

The process for filing a complaint with CAPTE is a formal compliant process that involves the complaint submitted in writing to the following link: <http://www.capteonline.org/Complaints/>. Students should be aware that the complaint must be related to one or more of the Evaluative Criteria (for complaints about events occurring before Dec 21, 2015) or the Standards and Required Elements (for complaints addressing events occurring Jan 1, 2016, or thereafter) or has violated any of the CAPTE's expectations related to academic integrity. The complainant must have exhausted all remedies available through the institution, if appropriate. The complainant should provide in writing, using the format prescribed by CAPTE, and must be signed by the complainant. Complainants that do not contain the required information will be returned to the complainant with an explanation of why the complaint is being returned. Returned complaints may be resubmitted at any time.

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/academic/undergraduate> and <http://www.utoledo.edu/policies/academic/graduate>

3364-15-01	HIPAA Organizational Structure and Administrative Responsibilities
3364-15-10	Confidentiality of Patient Information
3364-25-01	Standards of Conduct
3364-25-04	Personnel Records
3364-25-67	Workplace Violence
3364-30-03	Student Conduct Amnesty
3364-30-01	Reservation policy for student union facilities
3364-30-02	Policy on Alcohol and Substance Abuse
3364-30-04	The University Student Code of Conduct
3364-30-06	Registered student organization events
3364-30-07	The University Student Group/Organization Code of Conduct
3364-30-12	Registered Student Organizations
3364-30-20	Policy on Hazing
3364-30-23	Student employment policy
3364-30-51	Military service member readmit tuition and general fees
3364-30-56	Student Organization Advisors
3364-30-53	Institutional aid policy
3364-30-58	Deceased Student Policy
3364-40-19	Student fees and accounts
3364-50-01	Title IX
3364-50-02	Nondiscrimination
3364-50-03	Nondiscrimination on the Basis of Disability
3364-60-02	Safety and Health Management
3364-60-03	Fire and Life Safety Management
3364-60-05	Hazardous Material and Environmental Management
3364-71-15	Confidentiality of Student Records (FERPA)
3364-71-27	Academic Credit Hour
3364-71-27	Classroom Attendance
3364-72-54	Assessment of Student Learning
3364-77-01	Graduate Student Academic Dishonesty
3364-77-02	Graduate Student Academic Grievance
3364-77-04	Graduate Student Leave of Absence
3364-77-07	Graduate Missed Class

Student Contact Information

Each student must provide their demographic information, including emergency contact numbers, to the university. In addition, the program requires the student to provide demographic and contact information via the “[DPT Student Information WebForm](#)” link that is emailed to the students as part of the orientation process. This is confidential and is kept in the Exaat platform. The student is responsible for notifying the Department Administrative Assistant, Rm. HH2001 - CHHS Building, and the College of Graduate Studies when change of address and other relevant student information occur that requires an updated record.

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 include the Admissions committee. Each cohort selects a faculty representative who will provide updates on meeting the needs in the classroom, updates for laboratory equipment, learning resources, and/or student

services. 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 the UToledo 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 Physical Therapy Program 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 Mail

Work Study students distribute mail as needed to the students in their respective programs.

Faculty Mail

To “send” mail to faculty, either plan with the faculty member to give it to them in person or mail to the department secretary who will then place it in the faculty member’s mailbox.

Computer & Technology Services

The computer lab in Health and Human Service Building (HH) is located in room HH1244 and HH2501. Students must swipe ID at the door for access. For information regarding computers and technology in the HHS building, visit the CHHS Student Computing website at: <https://www.utoledo.edu/hhs/studentcomputing/>

Academic Enrichment Center

The [Academic Enrichment Center](#) (AEC) on the UToledo 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 the Center’s Director at 419-383-4274 or the Learning Specialists at 419-383-6118, or send an e-mail to AcademicEnrichmentCenter@utoledo.edu, or stop by the AEC located on the fifth floor of the Mulford Library Building, on the Health Science Campus during normal business hours Monday-Friday.

The Writing Center

The [Writing Center](#) works with current UToledo 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 on the lower level of Carlson Library, Room 0130 across from the Learning Enhancement Center on the Main Campus. To schedule an appointment you can follow this link <https://utoledo.mywconline.com/> or for information, please call 419-530-7753 or visit the Writing Center website at <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 9-1-1**. The Campus Police Dispatcher can be contacted for non-emergency calls at 419-530-2600. There are fire extinguishers outside each dedicated laboratory space, HH2300, HH2304/06, and HH2308. The Automatic External Defibrillator (AED) and Tourniquet Station is on the 1st floor lobby of the CHHS building near the exit sign and doors.

Campus Police/Security

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 10:00 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.

RAVE GUARDIAN Mobile Safety App

Rave Guardian Mobile Safety is a personal safety app for iPhone and Android devices. The app is offered free to UToledo students, faculty and staff with a utoledo.edu email address. Download the app free from your preferred app store provider. For more information, click [HERE](#).

Campus Security provides Night Watch to provide for the safety of anyone walking alone on campus during the evening hours. Two-person teams, equipped with two-way radios allowing them to be in constant contact with the Police dispatcher, will help people requesting Night Watch on the Main Campus. This **DOES NOT** include adjacent apartment complexes.

The Night Watch service is available during the fall and spring semesters Sunday through Friday from 6:00 p.m. to 12:00 a.m. and on Saturdays from 6:00p.m. to 9:00pm.

To request Night Watch, simply call 419-530-3024 or stop at one of our walk-up stations located inside the International House lobby or Honors Academic Village (HAV) lobby. A team of Night Watch members will either be dispatched to your location, or from the remote locations, walk with you to get you to your desired location safely.

Plan ahead and be patient as this service is a walking service. If you no longer need the service after requesting assistance, please call back and cancel your initial request.

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 9-1-1. For non-emergency Campus Police Assistance, call 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

Hazardous Materials

All chemicals and potentially hazardous materials are clearly labeled. In the Anatomy laboratory, students are provided instructions on proper procedures for safety handling materials that could be toxic. Cadaver dissections and the use of prosections are part of the curriculum and program requirements. It is the student's responsibility to discuss any concerns they might have about the substances and potential risks of contact with these substances with their own physician. In addition, other laboratories and/or clinical facilities may house hazardous materials. Proper adherence to the appropriate procedures when in contact with these materials must be practiced. It is the student's responsibility to request, from clinical facilities, policies concerning hazardous materials and to follow these policies. Students are advised that during the program, they may be exposed to individuals with communicable diseases. Handwashing is recommended to reduce the spread of certain communicable diseases.

Equal Employment Opportunity

The program adheres to Equal Employment Opportunity guidelines. Please refer to the Rocket Career center, <https://www.utoledo.edu/career/employers/policies.html#EEO> for recruiting policies.

The Physical Therapy Faculty strongly urge students not to seek employment during the academic term due to the rigors and commitment of the curriculum. Should, however, a student chooses 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 as physical therapists or as physical therapist assistants (unless duly licensed as same). 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 DPT program. Refer to State licensure laws as contained in Section 47 of the Ohio Revised Code.
2. PT students employed in health care setting must not represent themselves as official representatives of the University of Toledo or its Physical Therapy Program.
3. PT student liability insurance only covers students during classroom activities and during assigned clinical practicums and internships.
4. 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).

Guidelines for a DPT Student Working Independently as Home Health Aide

Students enrolled in the University of Toledo Doctor of Physical Therapy program who are **privately employed** as home health aides are **prohibited** from representing themselves as working in the capacity of student physical therapist, or as that of a UT physical therapy student. **Students must make this known to their employer.**

Students should not wear University of Toledo logoed apparel when working as a privately employed home health aide to avoid creating the impression that you are working in a capacity that would be under the authority of or in association with the University of Toledo.

The University of Toledo **does not cover** students employed privately for their personal liability. **Students are strongly encouraged to consider their personal risk before accepting such employment.**

10/4/18: Developed with advice and recommendations provided by James Tuschman, JD, Lecturer, Paralegal Studies

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 campus activities and continuing education events locally, statewide <https://www.ohiopt.org/default.aspx> or nationally, <https://www.apta.org/>. Communication through email as well as on the University of Toledo website, <https://www.utoledo.edu/events/> are used to inform students about events.

Career Opportunities

All students are encouraged to create a [HANDSHAKE](#) profile. Handshake can personalize job recommendations, post resume, and access to job opportunities both on and off campus. Information received by the Program regarding employment and career opportunities is forwarded to [Career Services](#) for posting on the University’s [Handshake](#) site where prospective employers are encouraged to sign up for an account in order to seek out potential employees and post their job opportunities. Employers recruiting UToledo students must comply with Equal Employment Opportunity guidelines and not discriminate against a job candidate based on their race, color, religion, sex, age, disability, sexual orientation, gender identity, military or veteran status, genetic information, marital status, parental status, political or personal favoritism, ancestry, source of income, or any other classes protected by local, state and federal law. Please refer to <https://www.utoledo.edu/career/employers/policies.html#EEO> for recruiting policies.

In addition, the Department of Exercise and Rehabilitation Sciences hosts an annual “Job Fair” in mid-March. Health care facilities that employ physical therapists, occupational therapists and speech language pathologists are invited to attend, and each year many facilities are represented from the tri-state area and beyond. DPT students must attend the Job Fair, and students in a local clinical internship are excused from the clinic to attend.

Facilities who participate in the Job Fair can also have their information posted in Handshake for students to access.

According to the 2023 [Bureau of Labor Statistics](#), the job outlook for physical therapists is expected to grow 15% (much faster than the average) and the median pay is \$99,710 per year (\$47.94 per hour).

Student Activities

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

Also, campus-wide organizations offer 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 the Health Science Campus and Main campus.

APPENDICES

APPENDIX A Generic Abilities

Generic abilities are attributes, characteristics or behaviors not part of the profession's core of knowledge and technical skills but are still 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:

<u>Generic Ability</u>	<u>Definition</u>
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.

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

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

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

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>
e-License Ohio

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 Cindy Bouillon, P.T., Ph.D. for more information or visit the website <http://www.utoledo.edu/depts/csa/gradcertificate.html>.

APPENDIX D
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).

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^{3, 18, 19, 25, 27} 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. 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 because 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.

Seven core values were identified during the consensus-based conference that furthered 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.

In 2019, the Core Values for the Physical Therapist was amended to Core Values for the Physical Therapist and Physical Therapist Assistant which included eight core values, (HOD P06-19-48-55) previously titled "Core Values: for the Physical Therapist. In 2021, the House of Delegates amended the Core Values for Physical Therapist and Physical Therapist Assistant (HOD P09-21-21-09) and to include a new core value "Inclusion" after the core value "Excellence."

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. **Collaboration**
4. **Compassion and Caring**
5. **Duty**
6. **Excellence**
7. **Inclusion**
8. **Integrity**
9. **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 their 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.

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

Compassion and Caring:

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

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.

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

Integrity: 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 E

Standards of Practice for Physical Therapy

HOD S06-20-35-29

Preamble

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

I. Ethical/Legal Considerations

A. Ethical Considerations

- The physical therapist practices according to the *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, Goals, Objectives, and Scope of Services

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

B. Organizational Plan

The physical therapy service has a written organizational plan.

The organizational plan:

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

C. Policies and Procedures

The physical therapy service has written policies and procedures that reflect the operation, mission, purposes, goals, objectives and scope of the service, are legally compliant with federal and state law; and are guided by the association's positions, standards, guidelines, policies and procedures.

D. Administration

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

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

E. Fiscal Management

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

F. Improvement of Quality of Care and Performance

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

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

G. Staffing

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

The physical therapy service:

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

H. Staff Development

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

The staff development plan:

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

I. Physical Setting

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

J. Collaboration

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

III. Patient/Client Management

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

A. Physical Therapist of Record

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

B. Patient and Client Collaboration

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

C. Initial Examination/Evaluation/Diagnosis/Prognosis

The physical therapist performs an initial examination and evaluation to establish a diagnosis and prognosis prior to intervention. Wellness and prevention encounters may occur without the presence of disease, illness, impairments,

activity limitations, or participation restrictions. Physical therapist services include the use of assessments to identify the presence of risk factors, and cognitive and environmental barriers and opportunities that may be targets for health promotion activities.

The physical therapist examination:

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

D. Management Plan and Plan of Care

The management plan is the framework of physical therapist services provided to patients or clients, groups, or populations. The management plan is based on best available evidence and may include recommendations and goals developed by other entities. When indicated, the management plan describes the need for additional testing or other information to inform decision-making regarding the 4 need for ongoing physical therapist services. A management plan is indicated when prevention, health promotion, and wellness services are provided in groups or populations.

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

A plan of care is not needed when the physical therapist is being consulted for expert opinion or advice, or for diagnostic or physiologic testing. In such situations the physical therapist documents the reason(s) that the plan of care was not created. The physical therapist involves the patient or client and appropriate others in the development of the management plan and plan of care.

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

E. Intervention

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

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

The intervention:

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

F. Lifelong and Long-Term Patient and Client Relationships

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

Lifelong and long-term patient and client relationships:

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

G. Reexamination

The physical therapist reexamines the patient or client as necessary to evaluate the progress or change in status. Reexamination may occur during an episode of care, during follow-up encounters after an episode of care, or periodically in the case of management of patients and clients with chronic conditions. During examination the physical therapist modifies the management of plan accordingly and refers the patient or client to another health services provider for consultation as necessary.

H. Conclusion of an Episode of Care

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

I. Communication/Coordination/Documentation

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

J. Co-management/Consultation/Referral

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

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

IV. Education

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

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

V. Advocacy

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

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

VI. Research

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

The physical therapist:

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

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: 12/05/2023]

APPENDIX F

Clinical Performance Intervention Procedure

Procedure Developed: 1/94

Procedure revised and approved: 10/95, 5/11, 6/12; stakeholder language revised 6/19

I. PURPOSE

The purpose of these procedures 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 five 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 procedure 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

The student is informed of unsatisfactory performance by the Clinical Instructor (CI).

1. CI counsel’s student on the identified problem and suggestions for 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.
4. If the problem continues the CI or SCCE should notify the DCE is not done previously and then proceed to the next level of this procedure.
5. A summary of these events should be documented in a critical incident form in the PT CPI and a copy will be retained in the student’s academic file at University of Toledo

B.) Performance Intervention Level Two

The student is informed of continued unsatisfactory performance by the CI or SCCE and is given a verbal warning by the DCE.

1. The DCE or assigned faculty initiates an investigation into the situation gathering information from the student, CI, SCCE and any other persons involved.
2. The DCE then counsels the student and CI on the continued identified problem(s) and findings of the investigation
3. If student performance appears *unsatisfactory*, but remediation is possible within the clinical education experience, the DCE suggests strategies for resolution of conflict. This may include but is not limited to the development of a plan of action for the remainder of the clinical experience.
4. The CI monitors student progress and provides formal (written) and informal feedback to the student and DCE. The DCE also monitors student progress and gives formal and informal feedback to the student and CI/SCCE.
5. If the identified problem(s) is (are) resolved by the end of the clinical education experience then the student may be returned to “in good standing” and the be able to complete any unfinished parts of the program.
6. If the problem(s) continues (continue) then proceed to the next level of this procedure.
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

The student is placed on written warning for continued unsatisfactory performance.

1. The student may receive an extension of the current clinical placement or a new assignment per the discretion of the DCE, and an “in progress” grade will be assigned. The grade will be determined by the DCE with input from the SCCE and CI.
2. New clinical assignments will be based upon available options for clinical placement and may result in a delay in the completion of the program.
3. Before the extension begins, a plan of action is developed jointly by the student, CI, SCCE, and DCE (signed by all four parties). The plan of action includes, but is not limited to:
 - a. a description of the problem.
 - b. suggested learning strategies or activities.
 - c. outcome measure.
 - d. timelines.
 - e. consequences of success or failure to meet requirement as set forth in the plan.
4. The CI monitors student progress and provides formal (written) and informal feedback to the student and the DCE. The DCE also monitors student progress and gives formal and informal feedback to the student and CI/SCCE.
5. If the identified problem(s) is (are) resolved by the end of the clinical education experience then the student may be returned to “in good standing” and be able to complete any unfinished parts of the program.
6. If the problem(s) continues (continue) then proceed to the next level of this procedure.
7. 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 academic probation for continued unsatisfactory performance.

1. The student may receive an extension of the current clinical placement or a new assignment per the discretion of the DCE, and an “in progress” grade will be assigned. The grade will be determined by the DCE with input from the SCCE and CI.
2. New clinical assignments will be based upon available options for clinical placement and may result in a delay in the completion of the program.
3. Before the extension begins, a plan of action is developed jointly by the student, CI, SCCE, and DCE (signed by all four parties). The plan of action includes, but is not limited to:
 - a. a description of the problem.
 - b. suggested learning strategies or activities.
 - c. outcome measure.
 - d. timelines.
 - e. consequences of success or failure to meet requirement as set forth in the plan.
4. The CI monitors student progress and provides formal (written) and informal feedback to the student and the DCE. The DCE also monitors student progress and gives formal and informal feedback to the student and CI/SCCE.
5. If the identified problem(s) is (are) resolved by the end of the clinical education experience, then the student may be returned to “in good standing” and will be able to complete any unfinished parts of the program.
6. If the problem(s) continues (continue) then proceed to the next level of this procedure.
7. 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 dismissed from the program for continued unsatisfactory performance and failure to meet the course requirements per the course syllabus.

1. The student is given a “U” for the course
2. The grade will be determined by the DCE with input from the SCCE and CI.
3. One “U” results in dismissal from the program per the Doctor of Physical Therapy Program Academic Standards.
3. A summary of these events is documented and retained in the student’s clinical education file at University of Toledo.

APPENDIX G
Essential Functions of a Physical Therapy Student for
Matriculation and Graduation
The University of Toledo
Doctor of Physical Therapy Program

INTRODUCTION

The University of Toledo (UToledo) 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. UToledo 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 UToledo 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.

UToledo admits and matriculates qualified physical therapy students in accordance with the UToledo 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. UToledo expects all applicants and students to meet certain essential functions as set forth. In adopting these standards, the UToledo 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 UToledo 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.

Essential Function: I	A candidate/student must be able to or must have:	
Observation	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.
Essential Function: II	A candidate/student must be able to or must have:	
Communication	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.

Essential Function: III	A candidate/student must be able to or must have:	
Motor Function	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.

Essential Function: IV		A candidate/student must be able to or must have:
Intellectual-Conceptualization	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.
Essential Function: V		A candidate/student must be able to or must have:
Behavioral and Social Skills	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.

For students who have not established affiliation with The Office Of Accessibility and Disability Resources and are experiencing disability access barriers or are interested in a referral to health care resources for a potential disability or would like information regarding eligibility for academic accommodations, please contact the [The Office Of Accessibility and Disability Resources Office](#) by calling 419.530.4981 or sending an email to StudentDisability@utoledo.edu.

POLICY AND PROCEDURE FOR REQUESTING REASONABLE ACCOMMODATION

See [UT policy #3364-50-03](#) for the proper procedure for requesting reasonable accommodations. The reasonable procedures document on the University of Toledo webpage is found here, [ADA/504 Compliance webpage](#)

APPENDIX F

Knowledge and Skills List for a Physical Therapy Student

This skill list includes information on knowledge and skills that students are expected to perform safely and competently. The list is organized by year, terms, and each course is identified by prefix and name.

YEAR 1: TERM 1 to TERM 3

From PHYT 5000 Gross Anatomy and PHYT 5090 Neuroscience

- Gross Anatomy of the:
 - Spine and Pelvis
 - Face and Neck
 - Thorax and Ribs
 - Lower Extremity
 - Upper Extremity
- Brain and nervous system function
 - Clinical correlations in: traumatic brain injury; peripheral nerve injury; cranial nerve dysfunction; stroke; upper motor neuron disorders; spasticity; neuromuscular disorders; movement disorders; vestibular disorders; disorders of neurons and glia; circulatory disorders
 - Demonstrate basic clinical skills for assessing cranial nerves, motor function, somatosensation, reflexes, coordination, balance (BESTest), tone, oculomotor screening, BPPV.

From PHYT 5050 Analysis of Movement I and PHYT 5060 Analysis of Movement II

- Normal and Abnormal function for:
 - Spine
 - Hip
 - Knee
 - Ankle and Foot
 - Shoulder
 - Elbow
 - Wrist
 - Hand
 - Gait and gait assessment
 - EMG
 - Ergonomic or postural modifications to minimize stresses of abnormal posture

From PHYT 5350 Introduction to Examination

- History-taking and patient interview
- Systems Review: Cardiovascular-Pulmonary, Musculoskeletal, & Integumentary
- Perform a system screening
- Assessment of standard vital signs (BP, HR, RR) at rest & after activity
- Assessment of integumentary: temperature, texture, & integrity
- Assessment of peripheral pulses
- Assessment of edema (peripheral)
- Assessment of pain: rating scale
- Assessment of general flexibility
- Assessment of ROM: active & passive through goniometry
- Assessment of joint integrity
- Assessment of muscular strength: MMT & dynamometry
- Assessment of posture (static): sitting & standing
- Assessment of anthropometrics (height and weight)

- Palpation: superficial, soft tissue
- Documentation- SOAP

From PHYT 5110 Clinical Pathophysiology I

- Distinguish normal and abnormal physiologic processes for the hematological, musculoskeletal, endocrine, hepatobiliary, cardiovascular, and pulmonary systems
- Identify Inflammatory processes, cell injury, and the processes of tissue healing
- Describe diseases associated with blood cells, skeletal muscles, and bone
- Identify common genetic disorders

From PHYT 5130 Evidence Based Practice

- Compare and contrast scales of measurement
- Describe how measurement error influences reliability and validity measurements
- Compare and contrast types of reliability and validity
- Compare and contrast sampling techniques
- Discuss the characteristics of clinical research questions
- Discuss threats to internal and external validity
- Evaluate research articles

From PHYT 5450 Foundations of PT

- Practice and Professionalism Overview: Orientation to the APTA professional organization, Generic Abilities, APTA Core Values, Code of Ethics, Guide for Professional Practice and state licensure statutes
- Self-assessment and early career development
- Beginning cultural sensitivity and competency related to individual difference, preference, values, needs and equity, inclusion, belongingness, and justice
- Awareness of implicit bias and stereotypes
- Effective communication skills, including sensitivity through trauma informed care and conflict resolution
- Understands importance of advocacy for the patient and profession

From PHYT 6460 Teaching and Learning

- Introduction to patient education
- Conduct a needs assessment
- Identify the level of learning of the patient/family
- Critique materials for appropriateness for a targeted population
- Design an educational module with appropriate learning materials and instructional strategies
- Provide feedback regarding recommendations for modification of materials for a targeted population
- Assess effectiveness of teaching
- Assess effectiveness of learning-includes feedback to patients and the CI
- Apply concepts to teaching and learning during clinical education

From PHYT 5270 Applied Exercise Physiology

- Calculate energy expenditure during exercise
- Measure maximal aerobic power
- Estimate maximal aerobic power based on submaximal tests
- Perform heart rate, blood pressure, and RPE measurements at rest and during exercise
- Assess body composition using skinfold, circumference, and BMI measures

From PHYT 5280 Therapeutic Interventions I

- Practice in the acute care setting
- Medical and surgical procedures in the acute care setting
- Communication with healthcare professionals in the acute care setting
- Use of common equipment in the acute care setting

- Response to common medical emergencies: including CPR Training
- Demonstrate appropriate sequencing of events related to universal precautions
- Apply sterile procedures
- Perform safe techniques for bed mobility and transfers
- Perform assessment for assistive devices for gait training
- Gait/ambulation examination and training
- Assess cognition
- Assess gross range of motion and strength
- Assess ventilation, respiration, and circulation
- Perform an integumentary examination and initiate wound care
- Provide documentation of intervention specific to an acute care setting

From PHYT 5300 Principles of Therapeutic Exercise

- Design exercise programs to optimize speed, muscular endurance, and skill development
- Perform PROM, AAROM, AROM, and instruct how to perform self-ROM for a patient
- Perform or instruct stretching techniques
- Implement static and dynamic balance training
- Perform or instruct manual resistance using a variety of equipment or bands
- Develop concentric, eccentric, isometric resistance or a combination of resistance training regimes
- Understands indications and contraindications of plyometrics
- Implement functional progression (diagonal patterns, closed chain, etc.)
- Design and implement therapeutic exercise plans utilizing a variety of modes and equipment
- Understands the indications, precautions, and contraindications of aquatic exercise
- Provide communicate patient education related to safety, body mechanics, proper posture and exercise

From PHYT 5900 Medical Imaging

- Compare and contrast the clinical capabilities, and limitations of radiographs, computerized tomography (CT), magnetic resonance imaging (MRI), diagnostic ultrasound (echocardiogram or ultrasonography) and various forms of radioisotope imaging (V/Q scan, MUGA).
- Describe the radiologic evaluation of fracture, trauma, degenerative disease, and anomalies.
- Compare and contrast the various vascular imaging techniques-arteriogram and diagnostic ultrasound.

From PHYT 5750 Clinical Reasoning

- The role of decision making in clinical practice
- Commonly used decision-making models
- Level of Evidence in research
- Use of common research databases
- Understanding of the PT Patient Management Model through the ‘Guide to Physical Therapist Practice’
- ICF model and documentation

YEAR 2: TERM 4 to TERM 6

From PHYT 5020: Lifespan I

- Provide care in a family-centered or school-based context
- Gather a general pediatric patient/client history
- Perform systems review and review of systems in pediatrics
- Assess of gross motor milestones birth through adolescence-AIMS, Peabody Developmental Motor Scale
- Evaluate neuromotor development for gross motor delays, torticollis, plagiocephaly, and idiopathic toe walking
- Communicate exam findings, planned treatment, and progress/regression to parents/families/caregivers

From PHYT 5120: Clinical Pathophysiology II

- Explain normal physiologic processes for the gastrointestinal, renal, and immune systems

- Describe disease process associated with GI, renal, and immune systems
- Identify signs and symptoms related to neoplasia and cancer

From PHYT 5290: Therapeutic Interventions II

- Apply hot and cold agents, knowing indications, precautions, and contraindications
- Apply muscle stimulation, knowing indications, precautions, and contraindications
- Apply TENS unit, knowing indications, precautions, and contraindications
- Apply ultrasound, knowing indications, precautions, and contraindications
- Apply cryotherapy, knowing indications, precautions, and contraindications
- Apply paraffin bath, knowing indications, precautions, and contraindications
- Apply massage and myofascial techniques, knowing indications, precautions, and contraindications
- Apply manual traction, knowing indications, precautions, and contraindications

From PHYT 5650: Pharmacology

- Identify signs and symptoms of common medications
- Categorize drugs commonly encountered in physical therapy practice

From PHYT 6020: Lifespan II

- Identify normal and abnormal aging related to cardiovascular, gastrointestinal, genital, pulmonary, musculoskeletal, neurological, and urinary systems
- Perform a falls risk assessment for older adult
- Knowledgeable of cognitive assessments appropriate for older adult
- Identify appropriate person or agency when elder abuse is suspected
- Recognize barriers (medications, co-morbidities, cognitive status, social support or environment) that may impact plan of care

From PHYT 6260: Cardiopulmonary Physical Therapy

- Knowledgeable of emergency procedures related to a cardiovascular or pulmonary event
- Perform measurements of heart rate, blood pressure, and RPE at rest and during exercise
- Perform aerobic capacity tests (functional and standardized)
- Perform ankle brachial index measures
- Recognize normal and abnormal breath pattern and sounds
- Instruct patient on breathing strategies
- Position patient for maximum ventilation and perfusion

From PHYT 6500: Musculoskeletal Rehabilitation I

- Perform systems review for screening of musculoskeletal system specific to upper and lower extremity
- Assess posture and gait patterns
- Perform an examination of the upper and lower extremities (history, tests/measures)
- Perform accessory motion tests, anthropometrics, functional strength testing, joint integrity, joint mobility, ligament laxity tests, muscle length, muscle strength testing, palpation, and range of motion (using a goniometry)
- Synthesize examination data using evidence
- Provide a physical therapy diagnosis and prognosis
- Create a plan of care

From PHYT 6510: Musculoskeletal Rehabilitation II

- Perform systems review for screening of musculoskeletal system specific to spine and sacrum
- Assess posture and gait patterns
- Perform an examination of the cervical, thoracic, lumbar, and sacral regions (history, tests/measures)
- Perform accessory motion tests, anthropometrics, functional strength testing, joint integrity, joint mobility, ligament laxity tests, muscle length, muscle strength testing, palpation, and range of motion (using a goniometry)
- Provide a physical therapy diagnosis and prognosis

- Create a plan of care

From PHYT 6600: Neuromuscular Rehabilitation I

- Perform a physical therapy examination of the patient with an acquired neurological disorder (stroke, TBI, SCI) focused on functional mobility and potential recovery (history, MMT/ROM, sensation, task analysis)
- Safely complete mobility assessment for basic functional mobility (bed mobility, transfers, gait, stairs)
- Perform and accurately score assessments in the Core Set, such as berg balance scale and functional gait assessment.
- Provide a physical therapy diagnosis and prognosis for patient with an acquired neurological disorder
- Create a plan of care with a focus on task-specific training, motor learning and motor control applications.
- Safely complete interventions to improve motor function and functional mobility with patients with stroke, brain injury and spinal cord injury with a focus on task-specific training, motor learning and motor control applications.
- Apply neuroplasticity concepts to decide plan of care interventions.

From PHYT 6610: Neuromuscular Rehabilitation II

- Perform a physical therapy examination of the patient with a degenerative neurological disorder (PD, MS, HD, ALS) or amputation focused on functional mobility and potential recovery (history, MMT/ROM, sensation, task analysis)
- Safely complete mobility assessment for basic functional mobility (bed mobility, transfers, gait, stairs) in the neurodegenerative disease population or amputation population.
- Create a physical therapy diagnosis, describe a patient's prognosis for functional improvement and create a plan of care for a patient with a degenerative neurological disorder (PD, MS, HD, ALS) or amputation.
- Apply a variety of intervention options to a plan of care, such as yoga, trunk mobility, large-amplitude movements, rhythmic auditory cuing.
- Describe case management opportunities in a patient with a degenerative neurological disorder (PD, MS, HD, ALS) or amputation.
- Identify and recommend orthoses for a patient with basic neurological impairments.
- Identify and recommend prosthetic component options for a patient with basic neurological impairments.
- Begin training a patient in lower extremity prosthetic use.

From PHYT 6740: Clinical Seminar I

- Adjust a physical therapy examination to manage patients with wounds, burns, oncology, lymphedema.
- Create a physical therapy diagnosis and prognosis for functional progress for patients with wounds, burns, oncology care, lymphedema.
- Utilize task analysis to assess the movement system and outline a plan of care to address patient issues.
- Complete documentation from PT examination through treatment sessions and progress note/discontinuation of services.
- Participate in a basic team conference with understanding of case management role of health care providers.
- Demonstrate basic skill in limb wrapping, manual drainage, and exercises for lymphedema/edema management.
- Demonstrate safe performance of interventions related to balance, gait, mobility, strength, endurance as integrated into care of patients with chronic stroke.
- Identify and apply literature that guides/supports selection of outcome measures and interventions for patients in physical therapy.

From PHYT 6750: Clinical Seminar II

- Apply the patient management model, including examination, evaluation of information, PT diagnosis, prognosis of function, plan of care, interventions to patients in the critical care setting, as well as patients with chronic pain, vestibular, and concussion.
- Communicate with PTA in role play to manage a patient's plan of care, change in status, and documentation.
- Select and correctly perform assessments of a patient with vestibular dysfunction.

- Implement interventions for a patient with vestibular dysfunction, based on given examination data.
- Select and correctly perform assessments of a patient with concussion in the domains of cervical musculoskeletal, vestibular, motor impairment, and exertional tolerance.
- Implement interventions for a patient with concussion, based on given examination data.

From PHYT 7050: Practice Management

- Describe legal and ethical issues related to billing and coding
- Identify factors that result in fraud and abuse relate to billing
- Understands legal and ethical requirements for supervision and direction
- Choose the correct and accurate billing codes for documentation
- Knowledgeable of differences among state PT practice acts
- Develop a business plan model

PHYT 6100: Health Promotion

- Create and monitor a fitness program
- Advocate for the public health and health promotion
- Promote patients/clients to engage in healthy lifestyles

From PHYT 6620: Pediatric Rehabilitation

- Gather a pediatric patient/client history from families of children with developmental disabilities, neurologic conditions, neuromuscular disorders, and other pediatric conditions
- Select and examine balance, community and school function, joint mobility, motor function/mobility, posture, pain, strength, ROM, neurodevelopment and sensory integration, skeletal integrity in pediatric patients/clients: GMFM, PEDI, Berg, 10MWT, 2MWT
- Evaluate data from examination to develop a prognosis, goals, and plan of care
- Monitor progress and progress patient care
- Determine the need for referral and consultation in pediatric patients/clients
- Recommend assistive technology to protect, support, and further functional abilities
- Report concerns of abuse and neglect to the appropriate authorities

YEAR 3: TERM 7 to TERM 8

From PHYT 6700: Professional Issues

- Act with integrity and professional responsibility to prioritize addressing a professional issue
- Develop a plan of action to resolve a professional issue that violates rules of patient conduct and professional standards
- Report concerns to the proper authorities
- Advocate for changes in practice, healthcare policies, and regulations
- Debate one side of a professional issue in a professional manner using evidence to support their view

From PHYT 7320: Medical Screening

- Perform system review screenings for cardiovascular, pulmonary, gastrointestinal, and urinary systems
- Recognize positive signs and symptoms that are beyond scope of physical therapy practice