



STUDENT HANDBOOK

CLASS OF 2018

**DEPARTMENT OF PHYSICAL THERAPY
COLLEGE OF HEALTH PROFESSIONS
(616) 331-5700**

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DEPARTMENT OF PHYSICAL THERAPY STUDENT HANDBOOK*

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****This Student Handbook has advisory status and does not supercede the GVSU Undergraduate or Graduate catalogs.***

ACCREDITATION

The Doctor of Physical Therapy program at Grand Valley State University is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, Virginia 22314; Telephone: 703-706-3245; email: accreditation@apta.org ; website: <http://www.capteonline.org>.

PT DEPARTMENT WEBPAGES

Preferred: www.gvsu.edu/PT

Secondary: www.gvsu.edu/grad/dpt

PROFESSIONAL AND GRADUATE EDUCATION

Welcome to a new venture in your life. Our curriculum provides a unique opportunity for you to engage in a most rewarding educational experience – one which combines aspects of a health care profession with the individual personal and intellectual growth associated with graduate study.

The goal of a professional curriculum is to facilitate the passage of students from pre-professional coursework to active participation in a professional group. Being accepted into this program is the first step on this journey. Along with the status and privilege you have accepted, you also will be expected to fulfill the responsibilities of being a professional. As a student, the privileges include membership in the professional organization and the right to work with patient populations in clinical settings (under supervision). Your added responsibilities include demonstration of professional behaviors (see pg. 19) in all interactions on campus and in the clinic. Additional time commitments in academic work and professional activities are also part of your new responsibilities.

The PT faculty members make a commitment to you to present educational content which will enable you to become a licensed physical therapy professional. We commit ourselves to working with you throughout the curriculum to attain this goal. You will have much to learn and probably will be surprised at the time commitment and flexibility required. Behavioral patterns will be expected of you which are not all attained in the classroom, but which grow from an innate belief that every person is worthy of our respect.

Throughout the program, please keep in mind that requirements and responsibilities will be different than what you have experienced in your pre-professional curriculum. Much emphasis is placed on self-directed learning, which in turn requires assumption or engagement in collaboration, and responsibility for individual choices and actions.

In your interactions with peers, faculty, staff, patients and public audiences, we expect you to demonstrate consistent, professional and courteous behavior. Your involvement in your education from this point forward is most similar to an employment situation. Any problems that occur require immediate and responsible attention by you to ensure a successful and positive journey through the physical therapy program.

ADVICE TO STUDENTS ENTERING THE PROFESSION

When you are a student, be a student. Be as fully a student as you can be. Soak up new information, whether it matches your prior ideas or not. Be open to differences as an expansion of your knowledge, rather than a threat to your beliefs. Learn from teachers, clinicians, books, journals, fellow students, patients, and no less from your own experience. Being an excellent student is different than being an excellent clinician, educator, consultant, or researcher. As a student your excellence is in your dedication and commitment to learning, and your acceptance of what you have not yet learned or cannot yet do. Be mindful of your long-term development as a practitioner, and assume that every step of the way is preparation for the next step.

Burt Giges, MD

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AMERICAN PHYSICAL THERAPY ASSOCIATION (APTA) VISION STATEMENT

In July 2013, the APTA House of Delegates (HOD) adopted a landmark new vision of the profession of physical therapy:

"Transforming society by optimizing movement to improve the human experience."

This vision statement builds upon the foundation of the APTA's Vision 2020 that included: autonomous practice, direct access, doctor of physical therapy [preferred degree], evidence-based practice, practitioner of choice, and professionalism. The new vision reflects the maturation of the profession of physical therapy from an *inward-facing* profession to an *outward-facing* profession that focuses on the impact of physical therapy on individuals, communities, and populations. There are eight guiding principles to achieve the vision, also adopted by the HOD in 2013, and these include:

Identity: The importance of validating the movement system along with other body systems and affirming the physical therapy profession's responsibility to define it, promote it, and evaluate and manage it in patients and clients.

Quality: The commitment of the profession of physical therapy to establish and adopt best practice standards.

Collaboration: Charges the profession to join others in solving the health-related challenges that society faces.

Value: Includes accountability in demonstrating that services are safe, effective, patient-centered, timely, efficient, and equitable.

Innovation: Describes the creativity and proactivity of the profession that will enhance health services delivery and increase the value of physical therapy to society.

Consumer-centricity: Indicates that patient/client/consumer values and goals are central to all efforts of the profession.

Access/Equity: Acknowledges the profession's obligation to recognize and ameliorate health inequities and disparities.

Advocacy: Identifies the profession's role to advocate for patients/clients/consumers as individuals and as a population.

COLLEGE OF HEALTH PROFESSIONS

MISSION

To prepare exceptional professionals who will impact the health and well-being of the larger community.

CORE VALUES

Professional and ethical behavior.
Respect and appreciation of differences.
Life-long learning.
Excellence in teaching, scholarship, practice.
Appreciation of personal well-being.
Collegiality and collaboration.
Social responsibility.

VISION

To create an environment that is recognized and respected for excellence in teaching, scholarship and service to the community, our professions, and the constituents we serve. We will be recognized for our collegiality, collaboration, evidence-based practice and development of life-long learners.

DEPARTMENT OF PHYSICAL THERAPY

MISSION

To advance the profession of physical therapy through excellence in education, scholarship and service.

CORE VALUES

Professional and ethical behavior
Respect and appreciation of differences
Life-long learning
Excellence in teaching, scholarship, practice
Appreciation of personal well-being
Collegiality and collaboration
Social responsibility
Evidence-based practice
Reflective practice
Advocacy
Leadership

VISION

Our vision is to produce reflective physical therapy practitioners who demonstrate excellence in clinical practice, education, consultation and research to meet the physical therapy needs of society. We strive to transform students personally and professionally. We challenge our students to achieve distinction in examination, evaluation, intervention and prevention of movement dysfunction. In addition, we nurture the development of leadership, for both faculty and students, to address societal healthcare needs, link evidence to practice and make ethical decisions.

DEPARTMENT OF PHYSICAL THERAPY

GENERAL PHILOSOPHY and PRINCIPLES

A primary goal of the Department of Physical Therapy is to prepare graduates to perform all aspects of the role of an entry-level physical therapist.

Physical therapists are healthcare professionals who help individuals maintain, restore, and improve movement, activity, and functioning, thereby enabling optimal performance and enhancing well-being, and quality of life. Their services prevent, minimize, or eliminate impairments of body functions and structures, activity limitations, and participation restrictions. Physical therapy is provided for individuals of all ages who have or may develop impairments, activity limitations, and participation restrictions related to (1) conditions of the musculoskeletal, neuromuscular, cardiovascular, pulmonary, and/or integumentary systems or (2) the negative effects attributable to unique personal and environmental factors as they relate to human performance.

Guide to Physical Therapist Practice (2014). Introduction. Retrieved July 28, 2015, from .0. Alexandria, VA: American Physical Therapy Association; 2014.
<http://guidetoptpractice.apta.org/content/1/SEC1./body>

Understanding all aspects of human function including physical, psychological, sociocultural, spiritual and developmental aspects is important for effective practice of physical therapy. In light of this need, faculty use a holistic perspective which embraces an interdisciplinary approach in education, practice and research. We strive to develop professionals who can manage patient care and integrate other professionals into a plan of care.

Physical therapy is a dynamic profession in a changing health care environment. Physical therapists must possess fundamental skills of examination and intervention, be well educated health scientists who are able to contribute to the knowledge of the field, and be problem solvers who can adjust to modified roles and new situations. We are preparing students for a specific role as physical therapists, but we also equip them for the ever-changing world of health care.

We believe that we can best prepare our students for changing practice and environments by emphasizing the development of essential skills. These skills include: effective communication, problem-solving and critical thinking, ethical decision-making, participation in and application of research, reflective practice, evidence-based practice, self-assessment, self-directed learning, the ability to work within groups, the ability to seek and provide feedback, and teaching skills. With these skills, our graduates will be able to recognize their need for information, seek and access this information through effective utilization of resources, and critically analyze information.

A wide variety of teaching/learning activities are used throughout the curriculum to foster cognitive, behavioral and physical skill development. We use a mixture of traditional, system-based, case-based, and problem-based educational experiences. We strive to involve students actively in the learning process as adult learners. Student input is sought and utilized in teaching/learning activities, students are encouraged to set their own educational goals, and students are held accountable for learning and goal attainment. Group learning activities and inquiry are incorporated throughout the curriculum. Reflective activities are used to facilitate

assessment of self, others and experiences. A collegial approach is emphasized with faculty-student interaction contributing to mutual development. Through this interaction, faculty model and strive to impart a value system to guide professional development and decision-making.

DEPARTMENT OF PHYSICAL THERAPY EDUCATIONAL PHILOSOPHY AND METHODS

The GVSU DPT curriculum has been deliberately constructed to create an environment of learning success for students. The faculty considered many educational theories in building a sequential and progressive course of study that emphasizes active learning and reflection. The educational beliefs and theoretical underpinnings are listed below.

A strong and broad foundation of knowledge is required for success.

Evidence-based physical therapy practice is built upon a foundation of basic science: anatomy, physiology, kinesiology, and exercise science. Using Bloom's Taxonomy as a model, attaining this foundational knowledge is essential for developing higher-level understanding (application and synthesis). Traditional medical education used a teacher-centered model where faculty presented a finite body of knowledge and skills. Students would regurgitate these facts and replicate these skills with the reward of a grade. This model of education is based on behaviorist theory (think Skinner and positive/negative reinforcement). Long-term retention is questionable in this model.

Although the faculty recognizes the efficiency of this model, we also acknowledge the limitations: students are passive rather than active learners; and knowledge is neither static nor finite. The faculty has minimized the influence of the behaviorist model, requiring increased student participation in the creation of the knowledge foundation.

Students benefit from the active construction of this knowledge.

Adult learning theory (Knowles) informs the faculty that adult learners benefit from active participation in the construction of knowledge and skill. Adult learners are motivated, self-directed, and experienced. The faculty acknowledges and respects the fact that individuals construct knowledge and develop skills in a variety of manners. Students create their own knowledge; the faculty serves as facilitators to the process.

Students benefit from the collaborative construction of this knowledge.

The faculty believes that student collaboration leads to improved learning outcomes, and in the development of physical therapy practitioners who recognize the benefits of teamwork. Situated Learning Theory (Lave and Wenger) informs this belief, contending that learning involves a community of individuals whose unique experiences, cultures, and knowledge bases provide a rich educational environment. Collaborative learning that occurs in context (think labs, seminar courses, and clinical education) leads to superior educational outcomes.

Students benefit from the application of this knowledge.

John Dewey, a philosopher and educational theorist, posited that learning is best achieved by doing. Genuine experiences, and subsequent reflection, are required for the learner to create an evolving body of knowledge. Adult learners appreciate the relevance and practicality of this approach. Piaget's concept of equilibration (bringing new experiences/knowledge into equilibrium) prompts learners to use previous knowledge and experience in assimilating new experiences. The faculty recognizes the value of asking students to apply what they have learned in new contexts. Through this iterative process, students develop the requisite skill of being able to assimilate new knowledge into existing practice; or, conversely, adapt existing practice to accommodate new knowledge.

Students benefit from collegial faculty/clinician mentorship.

The traditional model of medical education was authoritarian, placing barriers between faculty and students. Bandura's Social Cognitive Theory challenges this paradigm, asserting that collaboration between students and faculty creates a dynamic, reciprocal learning environment. Adult learners value a cognitive mentorship model—rather than discipleship—that allows for social learning. Learning occurs through discourse, observation, active coaching, and reflection. A collegial environment in the classroom, in labs, and in clinical education allows students to learn from peer mentors with whom they can identify.

Students should be prepared to consistently revise the knowledge base.

Epistemology, the study of knowledge, asks the question, “How do you know what you know?” Although graduate education requires students to acquire a broad and deep knowledge base, it also expects students to question the facts, assumptions and theories comprising this base. It is imperative to recognize that medical breakthroughs are achieved by questioning current “knowledge”.

Constructivist theory argues that knowledge is not objective or “set in stone”, but it is relational and emerging. Therefore, more important than teaching a set of finite and potentially incomplete facts, the faculty strives to develop students who can critically evaluate currently theories or beliefs; construct new ideas based upon their current knowledge; and adapt currently held beliefs to a consistently changing body of research.

Students recognize the learning process is as important as the learning outcome.

Considering the Constructivist theory above, the accumulation of “facts” should not be the goal of the curriculum. Although tests, lab practicals, and clinical education assessments are used as markers to establish student competency, the faculty believes that cultivating life-long learners is a desired outcome. Students should develop individualized learning strategies and processes that will be used long after graduation. Learning *how to learn* is as important as excellent test and practical grades, given that adequate test and practical scores are required for program completion. Although the GVSU DPT program is finite, the faculty strives to create lifelong learners who understand that the process continues long past graduation.

According to Dewey, “education must be conceived as a continuing reconstruction of experience.” The faculty has deliberately organized the curriculum in a spiral manner so that students learn to construct intellectual scaffolds. Webster defines a scaffold as a “temporary or moveable platform...on which a person stands while working high above the ground.” An intellectual scaffold, therefore, is an adaptable mental platform (thought process) that allows students to view problems from a wide perspective. Students are challenged to acquire, construct, and reflect upon increasingly complex and ambiguous problems to create sound and adaptable thought processes. The use of intellectual scaffolding promotes the development of cognitive processes that assist in retention and transfer of learning.

Teaching Methods

To best prepare our students, a wide variety of teaching/learning activities are used throughout the curriculum to foster cognitive, behavioral and physical skill development. We use a mixture of traditional, problem-based, team-based, case-based, and system-based educational experiences. We strive to involve students actively in the learning process as adult learners. Student input is sought and utilized in teaching/learning activities, students are encouraged to set their own educational goals, and students are held accountable for learning and goal attainment. Group learning activities and inquiry are incorporated throughout the curriculum. Reflective activities are used to facilitate assessment of self, others, and experiences. A collegial approach is emphasized with faculty-student interaction contributing to mutual

development. Through this interaction, faculty model and strive to impart a value system to guide professional development and decision-making.

The following are brief descriptions of the teaching methods employed in the DPT curriculum. Many, if not most, courses employ a variety of methods to achieve learning outcomes.

Traditional Learning

Many courses employ a traditional model of teaching based on behaviorist theory (Watson/Skinner). Faculty provide structured lectures allowing students to build a foundation of knowledge. Knowledge and skills are taught in sequence, from simple to complex. This model is efficient for distributing a finite body of knowledge (e.g., anatomy). However, this “teacher-as-guru” model allows students to be passive learners. Thus the faculty strives to minimize the traditional learning model in favor of more active models.

Problem Based Learning

Problem-based learning (PBL) is a student-centered pedagogy in which students learn about a subject through the experience of problem solving. Students recall previously gained knowledge, identify gaps in their current knowledge, and construct new knowledge with the assistance of a faculty mentor. Seminar classes primarily utilize problem-based learning. Patient cases are presented on paper, with standardized patients, or in a simulation lab. These experiences, facilitated by a faculty mentor, allow students to build a bridge between the theoretical and the practical.

Team-Based Learning

Team-based learning is a form of collaborative learning that allows students to construct knowledge independently; and then reconstruct that knowledge collaboratively. Students independently complete learning modules and apply the information to cases. Students then meet as part of a team to discuss and refine answers—and thought processes—related to the case. The process involves students as active learners and teachers. The faculty recognizes the benefit of utilizing high-performing, motivated adult learners to assist with the achievement of learning outcomes.

Case-based learning

Case-based learning allows the faculty to present patient cases to students in order to develop and refine clinical thought processes before the student proceeds to the clinic. The goal of case-based learning is to shift the focus from “knowing” to “applying.” Case-based learning can be the main focus of a course (i.e., the Clinical Seminar series), or a tool used in a more traditional course (e.g., Musculoskeletal Examination).

System-based learning

Physical therapists assist in the management of individuals with functional limitations related to the musculoskeletal, neuromuscular, cardiopulmonary, and integumentary systems. The curriculum emphasizes the examination, evaluation and management of each of these systems. System-based courses use a variety of teaching methods to deliver information related to the anatomy, physiology, pathology, and physical therapy management of the different systems.

Simulation

Simulation is used periodically throughout the curriculum with the goal of reproducing situations where learning occurs, in low risk contexts. This is achieved with either actors (simulating the characteristics of patients), or real patients presenting their injuries, disabilities, and functional

abilities. This type of learning is believed to allow students to practice clinical skills, decision making, and interventions in high-fidelity environments.

DEPARTMENT OF PHYSICAL THERAPY

STUDENT OUTCOME GOALS AND OBJECTIVES

Physical therapy graduates will show evidence of competence in the following through didactic course work and clinical education courses*:

1. Effective communication and interpersonal skills, which are adapted to meet the needs of individuals and diverse audiences. (PSY 668, PT 510, PT 511, PT 515, PT 522, PT 642, PT 651, PT 654, PT 657, PT 661, PT 662, PT 681, PT 682)

- a. Demonstrate effective communication skills (receptive, expressive, verbal, non-verbal, written), which are adapted to meet the needs of individuals and various audiences.
- b. Demonstrate effective interpersonal skills that are adapted to meet the needs of individuals and various audiences.

2. Adherence to safe, ethical and legal standards of current practice (as identified by professional organizations, federal and state law and accrediting bodies). (PT 515, PT 655, PT 665, PT 685)

- a. Demonstrate adherence to safe practice standards as identified by professional, state and federal bodies.
- b. Demonstrate adherence to ethical and legal standards of current practice as identified by professional, state and federal bodies.

3. As a responsible health care provider and interprofessional team member prepared for autonomous practice, determination of physical therapy diagnosis and development of an individualized plan of care for the management and prevention of movement dysfunction across the lifespan. (BMS 427, BMS 428, BMS 561, PT 513, PT 525, PT 643)

- a. Demonstrate physical therapy screening of the following systems for keep-refer decisions: Musculoskeletal; Neuromuscular; Cardiovascular and pulmonary; Integumentary (PT 511, PT 521, PT 631, PT 632, PT 641, PT 647, PT 651, PT 662, PT 681)
- b. Demonstrate history taking, examination, evaluation, physical therapy diagnosis, prognosis, and reevaluation of the following systems: Musculoskeletal; Neuromuscular; Cardiovascular and pulmonary; Integumentary (PT 511, PT 521, PT 631, PT 632, PT 641, PT 647, PT 651, PT 662, PT 681)
- c. Demonstrate development of plan of care and intervention for the following systems: Musculoskeletal; Neuromuscular; Cardiovascular and pulmonary; Integumentary (PT 522, PT 632, PT 642, PT 647, PT 651, PT 654, PT 661, PT 662)
- d. Demonstrate team skills. (PSY 668, PT 517, PT 526, PT 528, PT 634, PT 642, PT 644, PT 647, PT 654, PT 657, PT 662, PT 681, PT 790, PT 793)

4. Practice management for physical therapy delivery relevant to individuals and communities in diverse environments.

- a. Identifies and is accountable for services that may be directed to others. (PT 515, PT 522, PT 642, PT 651, PT 655, PT 661, PT 662)
- b. Evaluates the quality of services delivered by a physical therapy provider by participating in quality improvement activities (PT 685)
- c. Recognizes the relationship of reimbursement, documentation and billing coding to the delivery of physical therapy services. (PT 515, PT 655, PT 665, PT 685)

5. Application of principles of education to teaching and learning experiences in varied practice settings, the community and classroom. (PT 522, PT 647, PT 654, PT 657, PT 661, PT 662)

- a. Designs and conducts educational programs for diverse patients, caregivers, community groups, colleagues, students and other health care professionals, adapting teaching style to the needs of the learners.
- b. Evaluates and modifies educational programs and delivery based on audience needs.

6. Application of principles of critical thinking to evaluate professional literature and practice concepts for integration of best evidence into clinical practice. (PT 512, PT 522, PT 610, PT 634, PT 642, PT 64, PT 647, PT 662, PT 681, PT 790, PT 793, STA 610)

- a. Prepares and presents a scholarly project of clinical or applied research.
- b. Defends clinical decision-making with pertinent research evidence using an evidence based practice approach to patient case management

7. Professional responsibility and commitment through active involvement in professional activities beyond job responsibilities, and self-directed professional development.

- a. Values membership and participation in professional organizations (PT 515)
- b. Utilizes self-assessment to form plans for professional development (PT 681)
- c. Values and participates in service-based activities (e.g. Wheel Run Together, pro bono clinics, disability group activities, etc.) (PT 515, PT 642, PT 661)
- d. Shows evidence of involvement in professional activities beyond job responsibilities at one year post-graduation. (Post-graduation survey)

***Note:** All clinical education courses (PT 636, PT 656, PT 675, PT 677, PT 698) address facets of each of these goals and objectives and in conjunction with the didactic courses listed for each, assure that students achieve the above outcomes.

DEPARTMENT OF PHYSICAL THERAPY

ESSENTIAL FUNCTIONS

Successful completion of the Doctorate in Physical Therapy degree at Grand Valley State University requires that students demonstrate specific intellectual, technical and behavioral abilities. These specific abilities are called the “essential functions” of the profession, and apply to the professional course of study, clinical experiences students have while in that course of study and in the actual practice of the profession.

Essential functions in higher education health care programs are constructed in accordance with the legal requirements of the Americans with Disabilities Act (ADA) of 1990. The ADA requirements exist to ensure that academic programs judge individuals on the basis of ability to complete the course of study and practice effectively.

In accordance with the ADA, the Grand Valley State University Department of Physical Therapy has adopted the following essential functions for all PT students.

- **MOTOR SKILLS:** Physical therapy students must demonstrate sufficient motor function to perform physical evaluation of the client, including palpation. Students must also demonstrate the physical ability to perform all parts of the physical treatment of clients. Physical strength and balance are needed to perform transfers from all levels and to assist in the ambulation training of clients with assistive devices. Students also must have the strength and endurance to perform cardiopulmonary resuscitation.
- **MOBILITY:** Physical therapy students must be able to perform duties while standing, lifting, reaching, bending, stretching or assuming any other posture that provides support and assistance, and ensures the safety of each individual client. Students must be able to move in rapid succession from the floor to upright and, in an emergency situation, must be able to move quickly to again ensure client safety.
- **COORDINATION:** Physical therapy students must have the sensorimotor function, manipulative skills, and eye/hand coordination to permit appropriate grasp and provide assistance with therapeutic activities.
- **SENSORY:** Physical therapy students must have adequate sensory skills. Sensory skills are needed to continually observe the client, take a client's history, detect changes that are occurring in the client and to ensure the client's safety. Students must also be able to obtain information from written documents, videotaped data, graphic images and equipment quickly and accurately. These skills necessitate the functional use of vision, hearing and other sensory modalities. The student must have functional visual acuity, the ability to hear or to lip read and the ability to sense light touch and proprioceptive changes.

- **COMMUNICATION:** Students must be able to communicate in English for both oral and written communication with faculty, other students and clients. Students must recognize the significance of verbal and non-verbal communication in academic and clinical settings. They must be capable of responsive, empathetic listening to establish rapport in a way that promotes openness on issues of concern and sensitivity to potential cultural differences. Students must also be able to read and understand English written communication as well as produce communication which is accurate, timely and complete.
- **COGNITIVE:** Physical therapy students must have the intellectual capacity to measure, calculate, reason, analyze and synthesize information specific to client care. Cognitive skills in problem solving, as well as the integration of theory with practice, is critical to the determination of appropriate evaluation and treatment decisions in all areas of practice.
- **BEHAVIORAL/SOCIAL SKILLS AND PROFESSIONALISM:** Physical Therapy students must have the stability of emotional health required to exercise sound judgment, complete their responsibilities and develop and maintain effective appropriate relationships in the health care setting, *with* clients and members of the Health care team. They must possess attributes that include compassion, empathy, altruism, integrity, honesty, responsibility and tolerance. Students must demonstrate graceful tolerance of a wide variety of encounters and environments that may be stressful, boring, emotionally taxing and subject to rapid and unpredictable alteration, consistent with the uncertainties present in a rapidly changing health care system. Students must possess the ability to reason morally and practice physical therapy in an ethical manner.

The Physical Therapy Faculty will carefully evaluate each student's performance of the skills described in this document. The student with disabilities has the responsibility to request those accommodations that s/he feels are reasonable and are needed to execute the essential functions described.

Professional Behaviors for the 21st Century

Definitions of Behavioral Criteria Levels

Beginning Level – behaviors consistent with a learner in the beginning of the professional phase of physical therapy education and before the first significant internship

Intermediate Level – behaviors consistent with a learner after the first significant internship

Entry Level – behaviors consistent with a learner who has completed all didactic work and is able to independently manage a caseload with consultation as needed from clinical instructors, co-workers and other health care professionals

Post-Entry Level – behaviors consistent with an autonomous practitioner beyond entry level

Background Information

In 1991 the faculty of the University of Wisconsin-Madison, Physical Therapy Educational Program identified the original Physical Therapy - Specific *Generic Abilities*. Since that time these abilities have been used by academic programs to facilitate the development, measurement and assessment of professional behaviors of students during both the didactic and clinical phases of the programs of study.

Since the initial study was conducted, the profession of Physical Therapy and the curricula of the educational programs have undergone significant changes that mirror the changes in healthcare and the academy. These changes include managed care, expansion in the scope of physical therapist practice, increased patient direct access to physical therapists, evidenced-based practice, clinical specialization in physical therapy and the American Physical Therapy Association's Vision 2020 supporting doctors of physical therapy.

Today's physical therapy practitioner functions on a more autonomous level in the delivery of patient care which places a higher demand for professional development on the new graduates of the physical therapy educational programs. Most recently (2008-2009), the research team of Warren May, PT, MPH, Laurie Kontney PT, DPT, MS and Z. Annette Iglarsh, PT, PhD, MBA completed a research project that built on the work of other researchers to analyze the PT-Specific *Generic Abilities* in relation to the changing landscape of physical therapist practice and in relation to generational differences of the "Millennial" or "Y" Generation (born 1980-2000). These are the graduates of the classes of 2004 and beyond who will shape clinical practice in the 21st century.

The research project was twofold and consisted of 1) a research survey which identified and rank ordered professional behaviors expected of the newly licensed physical therapist upon employment (2008); and 2) 10 small work groups that took the 10 identified behaviors (statistically determined) and wrote/revised behavior definitions, behavioral criteria and placement within developmental levels (Beginning, Intermediate, Entry Level and Post Entry Level) (2009). Interestingly the 10 statistically significant behaviors identified were identical to the original 10 *Generic Abilities*, however, the rank orders of the behaviors changed. Participants in the research survey included Center Coordinators of Clinical Education (CCCE's) and Clinical Instructors (CI's) from all regions of the United States. Participants in the small work groups included Directors of Clinical Education (DCE's), Academic Faculty, CCCE's and CI's from all regions of the United States.

This resulting document, ***Professional Behaviors***, is the culmination of this research project. The definitions of each professional behavior have been revised along with the behavioral criteria for each developmental level. The 'developing level' was changed to the 'intermediate level' and the title of the document has been changed from *Generic Abilities* to ***Professional Behaviors***. The title of this important document was changed to differentiate it from the original *Generic Abilities* and to better reflect the intent of assessing professional behaviors deemed critical for professional growth and development in physical therapy education and practice.

Preamble

In addition to a core of cognitive knowledge and psychomotor skills, it has been recognized by educators and practicing professionals that a repertoire of behaviors is required for success in any given profession (Alverno College Faculty, Assessment at Alverno, 1979). The identified repertoire of behaviors that constitute professional behavior reflect the values of any given profession and, at the same time, cross disciplinary lines (May et. al., 1991). Visualizing cognitive knowledge, psychomotor skills and a repertoire of behaviors as the legs of a three-legged stool serves to emphasize the importance of each. Remove one leg and the stool loses its stability and makes it very difficult to support professional growth, development, and ultimately, professional success. (May et. al., Opportunity Favors the Prepared: A Guide to Facilitating the Development of Professional Behavior, 2002)

The intent of the ***Professional Behaviors*** Assessment Tool is to identify and describe the repertoire of professional behaviors deemed necessary for success in the practice of physical therapy. This ***Professional Behaviors*** Assessment Tool is intended to represent and be applied to student growth and development in the classroom and the clinic. It also contains behavioral criteria for the practicing clinician. Each ***Professional Behavior*** is defined and then broken down into developmental levels with each level containing behavioral criteria that describe behaviors that represent possession of the ***Professional Behavior*** they represent. Each developmental level builds on the previous level such that the tool represents growth over time in physical therapy education and practice.

It is critical that students, academic and clinical faculty utilize the ***Professional Behaviors*** Assessment Tool in the context of physical therapy and not life experiences. For example, a learner may possess strong communication skills in the context of student life and work situations, however, may be in the process of developing their physical therapy communication skills, those necessary to be successful as a professional in a greater health care context. One does not necessarily translate to the other, and thus must be used in the appropriate context to be effective.

Opportunities to reflect on each ***Professional Behavior*** through self assessment, and through peer and instructor assessment is critical for progress toward entry level performance in the classroom and clinic. A learner does not need to possess each behavioral criteria identified at each level within the tool, however, should demonstrate, and be able to provide examples of the majority in order to move from one level to the next. Likewise, the behavioral criteria are examples of behaviors one might demonstrate, however are not exhaustive. Academic and clinical facilities may decide to add or delete behavioral criteria based on the needs of their specific setting. Formal opportunities to reflect and discuss with an academic and/or clinical instructor is key to the tool's use, and ultimately professional growth of the learner. The ***Professional Behaviors*** Assessment Tool allows the learner to build and strengthen their third leg with skills in the affective domain to augment the cognitive and psychomotor domains. Students and their faculty advisors will formally communicate once each year regarding the student's personal assessment.

Professional Behaviors

1. **Critical Thinking** - The ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information. The ability to appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision making process.

Beginning Level:

- ❖ Raises relevant questions
- ❖ Considers all available information
- ❖ Articulates ideas
- ❖ Understands the scientific method
- ❖ States the results of scientific literature but has not developed the consistent ability to critically appraise findings (i.e., methodology and conclusion)
- ❖ Recognizes holes in knowledge base
- ❖ Demonstrates acceptance of limited knowledge and experience

Intermediate Level:

- ❖ Feels challenged to examine ideas
- ❖ Critically analyzes the literature and applies it to patient management
- ❖ Utilizes didactic knowledge, research evidence, and clinical experience to formulate new ideas
- ❖ Seeks alternative ideas
- ❖ Formulates alternative hypotheses
- ❖ Critiques hypotheses and ideas at a level consistent with knowledge base
- ❖ Acknowledges presence of contradictions

Entry Level:

- ❖ Distinguishes relevant from irrelevant patient data
- ❖ Readily formulates and critiques alternative hypotheses and ideas
- ❖ Infers applicability of information across populations
- ❖ Exhibits openness to contradictory ideas
- ❖ Identifies appropriate measures and determines effectiveness of applied solutions efficiently
- ❖ Justifies solutions selected

Post-Entry Level:

- ❖ Develops new knowledge through research, professional writing and/or professional presentations
- ❖ Thoroughly critiques hypotheses and ideas often crossing disciplines in thought process
- ❖ Weighs information value based on source and level of evidence
- ❖ Identifies complex patterns of associations
- ❖ Distinguishes when to think intuitively vs. analytically
- ❖ Recognizes own biases and suspends judgmental thinking
- ❖ Challenges others to think critically

2. **Communication** - The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.

Beginning Level:

- ❖ Demonstrates understanding of the English language (verbal and written): uses correct grammar, accurate spelling and expression, legible handwriting
- ❖ Recognizes impact of non-verbal communication in self and others
- ❖ Recognizes the verbal and non-verbal characteristics that portray confidence
- ❖ Utilizes electronic communication appropriately

Intermediate Level:

- ❖ Utilizes and modifies communication (verbal, non-verbal, written and electronic) to meet the needs of different audiences
- ❖ Restates, reflects and clarifies message(s)
- ❖ Communicates collaboratively with both individuals and groups
- ❖ Collects necessary information from all pertinent individuals in the patient/client management process
- ❖ Provides effective education (verbal, non-verbal, written and electronic)

Entry Level:

- ❖ Demonstrates the ability to maintain appropriate control of the communication exchange with individuals and groups
- ❖ Presents persuasive and explanatory verbal, written or electronic messages with logical organization and sequencing
- ❖ Maintains open and constructive communication
- ❖ Utilizes communication technology effectively and efficiently

Post Entry Level:

- ❖ Adapts messages to address needs, expectations, and prior knowledge of the audience to maximize learning
- ❖ Effectively delivers messages capable of influencing patients, the community and society
- ❖ Provides education locally, regionally and/or nationally
- ❖ Mediates conflict

3. **Problem Solving** – The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.

Beginning Level:

- ❖ Recognizes problems
- ❖ States problems clearly
- ❖ Describes known solutions to problems
- ❖ Identifies resources needed to develop solutions
- ❖ Uses technology to search for and locate resources
- ❖ Identifies possible solutions and probable outcomes

Intermediate Level:

- ❖ Prioritizes problems
- ❖ Identifies contributors to problems
- ❖ Consults with others to clarify problems
- ❖ Appropriately seeks input or guidance

- ❖ Prioritizes resources (analysis and critique of resources)
- ❖ Considers consequences of possible solutions

Entry Level:

- ❖ Independently locates, prioritizes and uses resources to solve problems
- ❖ Accepts responsibility for implementing solutions
- ❖ Implements solutions
- ❖ Reassesses solutions
- ❖ Evaluates outcomes
- ❖ Modifies solutions based on the outcome and current evidence
- ❖ Evaluates generalizability of current evidence to a particular problem

Post Entry Level:

- ❖ Weighs advantages and disadvantages of a solution to a problem
- ❖ Participates in outcome studies
- ❖ Participates in formal quality assessment in work environment
- ❖ Seeks solutions to community health-related problems
- ❖ Considers second and third order effects of solutions chosen

4. **Interpersonal Skills** – The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.

Beginning Level:

- ❖ Maintains professional demeanor in all interactions
- ❖ Demonstrates interest in patients as individuals
- ❖ Communicates with others in a respectful and confident manner
- ❖ Respects differences in personality, lifestyle and learning styles during interactions with all persons
- ❖ Maintains confidentiality in all interactions
- ❖ Recognizes the emotions and bias that one brings to all professional interactions

Intermediate Level:

- ❖ Recognizes the non-verbal communication and emotions that others bring to professional interactions
- ❖ Establishes trust
- ❖ Seeks to gain input from others
- ❖ Respects role of others
- ❖ Accommodates differences in learning styles as appropriate

Entry Level:

- ❖ Demonstrates active listening skills and reflects back to original concern to determine course of action
- ❖ Responds effectively to unexpected situations
- ❖ Demonstrates ability to build partnerships
- ❖ Applies conflict management strategies when dealing with challenging interactions
- ❖ Recognizes the impact of non-verbal communication and emotional responses during interactions and modifies own behaviors based on them

Post Entry Level:

- ❖ Establishes mentor relationships
- ❖ Recognizes the impact that non-verbal communication and the emotions of self and others have during interactions and demonstrates the ability to modify the behaviors of self and others during the interaction

5. **Responsibility** – The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community and social responsibilities.

Beginning Level:

- ❖ Demonstrates punctuality
- ❖ Provides a safe and secure environment for patients
- ❖ Assumes responsibility for actions
- ❖ Follows through on commitments
- ❖ Articulates limitations and readiness to learn
- ❖ Abides by all policies of academic program and clinical facility

Intermediate Level:

- ❖ Displays awareness of and sensitivity to diverse populations
- ❖ Completes projects without prompting
- ❖ Delegates tasks as needed
- ❖ Collaborates with team members, patients and families
- ❖ Provides evidence-based patient care

Entry Level:

- ❖ Educates patients as consumers of health care services
- ❖ Encourages patient accountability
- ❖ Directs patients to other health care professionals as needed
- ❖ Acts as a patient advocate
- ❖ Promotes evidence-based practice in health care settings
- ❖ Accepts responsibility for implementing solutions
- ❖ Demonstrates accountability for all decisions and behaviors in academic and clinical settings

Post Entry Level:

- ❖ Recognizes role as a leader
- ❖ Encourages and displays leadership
- ❖ Facilitates program development and modification
- ❖ Promotes clinical training for students and coworkers
- ❖ Monitors and adapts to changes in the health care system
- ❖ Promotes service to the community

6. **Professionalism** – The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.

Beginning Level:

- ❖ Abides by all aspects of the academic program honor code and the APTA Code of Ethics
- ❖ Demonstrates awareness of state licensure regulations
- ❖ Projects professional image
- ❖ Attends professional meetings
- ❖ Demonstrates cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academic and clinical faculty/staff, patients, families, and other healthcare providers

Intermediate Level:

- ❖ Identifies positive professional role models within the academic and clinical settings
- ❖ Acts on moral commitment during all academic and clinical activities
- ❖ Identifies when the input of classmates, co-workers and other healthcare professionals will result in optimal outcome and acts accordingly to attain such input and share decision making
- ❖ Discusses societal expectations of the profession

Entry Level:

- ❖ Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to other healthcare professionals as necessary
- ❖ Provides patient/family centered care at all times as evidenced by provision of patient/family education, seeking patient input and informed consent for all aspects of care and maintenance of patient dignity
- ❖ Seeks excellence in professional practice by participation in professional organizations and attendance at sessions or participation in activities that further education/professional development
- ❖ Utilizes evidence to guide clinical decision making and the provision of patient care, following guidelines for best practices
- ❖ Discusses role of physical therapy within the healthcare system and in population health
- ❖ Demonstrates leadership in collaboration with both individuals and groups

Post Entry Level:

- ❖ Actively promotes and advocates for the profession
- ❖ Pursues leadership roles
- ❖ Supports research
- ❖ Participates in program development
- ❖ Participates in education of the community
- ❖ Demonstrates the ability to practice effectively in multiple settings
- ❖ Acts as a clinical instructor
- ❖ Advocates for the patient, the community and society

7. **Use of Constructive Feedback** – The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.

Beginning Level:

- ❖ Demonstrates active listening skills

- ❖ Assesses own performance
- ❖ Actively seeks feedback from appropriate sources
- ❖ Demonstrates receptive behavior and positive attitude toward feedback
- ❖ Incorporates specific feedback into behaviors
- ❖ Maintains two-way communication without defensiveness

Intermediate Level:

- ❖ Critiques own performance accurately
- ❖ Responds effectively to constructive feedback
- ❖ Utilizes feedback when establishing professional and patient related goals
- ❖ Develops and implements a plan of action in response to feedback
- ❖ Provides constructive and timely feedback

Entry Level:

- ❖ Independently engages in a continual process of self evaluation of skills, knowledge and abilities
- ❖ Seeks feedback from patients/clients and peers/mentors
- ❖ Readily integrates feedback provided from a variety of sources to improve skills, knowledge and abilities
- ❖ Uses multiple approaches when responding to feedback
- ❖ Reconciles differences with sensitivity
- ❖ Modifies feedback given to patients/clients according to their learning styles

Post Entry Level:

- ❖ Engages in non-judgmental, constructive problem-solving discussions
- ❖ Acts as conduit for feedback between multiple sources
- ❖ Seeks feedback from a variety of sources to include students/supervisees/peers/supervisors/patients
- ❖ Utilizes feedback when analyzing and updating professional goals

8. Effective Use of Time and Resources – The ability to manage time and resources effectively to obtain the maximum possible benefit.

Beginning Level:

- ❖ Comes prepared for the day's activities/responsibilities
- ❖ Identifies resource limitations (i.e. information, time, experience)
- ❖ Determines when and how much help/assistance is needed
- ❖ Accesses current evidence in a timely manner
- ❖ Verbalizes productivity standards and identifies barriers to meeting productivity standards
- ❖ Self-identifies and initiates learning opportunities during unscheduled time

Intermediate Level:

- ❖ Utilizes effective methods of searching for evidence for practice decisions
- ❖ Recognizes own resource contributions
- ❖ Shares knowledge and collaborates with staff to utilize best current evidence
- ❖ Discusses and implements strategies for meeting productivity standards
- ❖ Identifies need for and seeks referrals to other disciplines

Entry Level:

- ❖ Uses current best evidence
- ❖ Collaborates with members of the team to maximize the impact of treatment available
- ❖ Has the ability to set boundaries, negotiate, compromise, and set realistic expectations
- ❖ Gathers data and effectively interprets and assimilates the data to determine plan of care
- ❖ Utilizes community resources in discharge planning
- ❖ Adjusts plans, schedule etc. as patient needs and circumstances dictate
- ❖ Meets productivity standards of facility while providing quality care and completing non-productive work activities

Post Entry Level:

- ❖ Advances profession by contributing to the body of knowledge (outcomes, case studies, etc)
- ❖ Applies best evidence considering available resources and constraints
- ❖ Organizes and prioritizes effectively
- ❖ Prioritizes multiple demands and situations that arise on a given day
- ❖ Mentors peers and supervisees in increasing productivity and/or effectiveness without decrement in quality of care

9. **Stress Management** – The ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions for: self, patient/clients and their families, members of the health care team and in work/life scenarios.

Beginning Level:

- ❖ Recognizes own stressors
- ❖ Recognizes distress or problems in others
- ❖ Seeks assistance as needed
- ❖ Maintains professional demeanor in all situations

Intermediate Level:

- ❖ Actively employs stress management techniques
- ❖ Reconciles inconsistencies in the educational process
- ❖ Maintains balance between professional and personal life
- ❖ Accepts constructive feedback and clarifies expectations
- ❖ Establishes outlets to cope with stressors

Entry Level:

- ❖ Demonstrates appropriate affective responses in all situations
- ❖ Responds calmly to urgent situations with reflection and debriefing as needed
- ❖ Prioritizes multiple commitments
- ❖ Reconciles inconsistencies within professional, personal and work/life environments
- ❖ Demonstrates ability to defuse potential stressors with self and others

Post Entry Level:

- ❖ Recognizes when problems are unsolvable
- ❖ Assists others in recognizing and managing stressors
- ❖ Demonstrates preventative approach to stress management
- ❖ Establishes support networks for self and others
- ❖ Offers solutions to the reduction of stress

- ❖ Models work/life balance through health/wellness behaviors in professional and personal life

10. Commitment to Learning – The ability to self direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.

Beginning Level:

- ❖ Prioritizes information needs
- ❖ Analyzes and subdivides large questions into components
- ❖ Identifies own learning needs based on previous experiences
- ❖ Welcomes and/or seeks new learning opportunities
- ❖ Seeks out professional literature
- ❖ Plans and presents an in-service, research or cases studies

Intermediate Level:

- ❖ Researches and studies areas where own knowledge base is lacking in order to augment learning and practice
- ❖ Applies new information and re-evaluates performance
- ❖ Accepts that there may be more than one answer to a problem
- ❖ Recognizes the need to and is able to verify solutions to problems
- ❖ Reads articles critically and understands limits of application to professional practice

Entry Level:

- ❖ Respectfully 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
- ❖ Consults with other health professionals and physical therapists for treatment ideas

Post Entry Level:

- ❖ Acts as a mentor not only to other PT's, but to other health professionals
- ❖ Utilizes mentors who have knowledge available to them
- ❖ Continues to seek and review relevant literature
- ❖ Works towards clinical specialty certifications
- ❖ Seeks specialty training
- ❖ Is committed to understanding the PT's role in the health care environment today (i.e. wellness clinics, massage therapy, holistic medicine)
- ❖ Pursues participation in clinical education as an educational opportunity

PHYSICAL THERAPY PRE-PROFESSIONAL REQUIREMENTS

(GVSU courses are provided as examples)

One course that includes cellular structure and function, with lab (BIO 120)

Chemistry that is prerequisite to physiology (CHM 109, 231, 232)

One course in anatomy with lab (BMS 208, 309)

One course in physiology with lab (BMS 290, 291)

One course in exercise physiology (MOV 304)

One course in college algebra, college trigonometry or calculus
(MTH 122, 123 or any calculus)

Two sequential courses in general physics with labs (PHY 220, 221)

One course in statistics (STA 215)

One course in introductory psychology (PSY 101)

One course in life-span developmental psychology (PSY 364)

One course in introductory sociology, social problems or introduction
to cultural anthropology (SOC 201 or 205 or ANT 204)

Students must have a minimum average GPA of 3.2 on a 4.0 scale in prerequisite course requirements and must earn a grade of C or better in each prerequisite course. Students must have a 3.2 overall GPA to be considered for admission.

The GRE score from the general test and writing test must be submitted prior to the application deadline. No subject tests are required.

Individuals must be able to perform all technical standards (i.e., essential functions, located on pages 17-18 of this handbook) of the physical therapy program.

***Students must complete their baccalaureate degree
prior to beginning the Physical Therapy Program.***

PHYSICAL THERAPY DEPARTMENT
PROFESSIONAL CURRICULUM OUTLINE

FIRST YEAR

FALL

Credits

1	BMS 427 Neuroanatomy
4	BMS 561 Prosected Regional Anatomy
3	PT 511 Foundations in Physical Therapy Examination
1	PT 512 Evidence Based Practice in Physical Therapy
2	PT 513 Clinical Science I
1	PT 515 Professional Topics I
<u>3</u>	PT 517 Clinical Kinesiology and Biomechanics I
15	

WINTER

Credits

4	PT 521 Musculoskeletal Examination
4	PT 522 Musculoskeletal Intervention
3	PT 523 Clinical Science II
2	PT 526 Clinical Seminar I (includes clinical observation)
<u>3</u>	PT 528 Clinical Kinesiology and Biomechanics II
16	

SPRING/SUMMER

First 5 weeks

Credits

4	PT 636 Clinical Education I
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Last 9 weeks

Credits

3	BMS 428 Neurosciences
2	PT 510 Lifespan Motor Development
2	PT 631 Cardiopulmonary Physical Therapy I
2	PT 632 Integumentary Practice Management
1	PT 634 Clinical Seminar II
0	PT 636 Clinical Education I (Post-clinical Discussion)
<u>3</u>	STA 610 Applied Statistics for Health Professions
17	

SECOND YEAR

FALL

Credits

2	PT 610 Research in Physical Therapy
4	PT 641 Neuromuscular Examination
4	PT 642 Interventions in Neuromuscular Physical Therapy
3	PT 643 Clinical Science III
2	PT 644 Clinical Seminar III
<u>2</u>	PT 647 Cardiopulmonary Physical Therapy II
17	

WINTER

First 6 weeks

Credits

5	PT 656 Clinical Education II
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Last 10 weeks

2	PT 654 Applied Geriatric Practice
1	PT 655 Professional Topics II
0	PT 656 Clinical Education II (Post-clinical Discussion)
2	PT 657 Teaching for Physical Therapists
4	PT 661 Exam and Intervention for Rehabilitation
<u>1</u>	PT 790 Physical Therapy Research I
15	

SPRING/SUMMER

Credits

3	PSY 668 Health Profession Disability Psychology
4	PT 651 Spinal Exam and Intervention
3	PT 662 Pediatric Practice Management
2	PT 665 Professional Topics III
<u>1</u>	PT 790 Physical Therapy Research I
13	

THIRD YEAR

FALL

Credits

6	PT 675 Clinical Education III (9 weeks)
<u>6</u>	PT 677 Clinical Education IV (9 weeks)
12	

WINTER

Credits

2	PT 681 Advanced Clinical Decision-Making
3	PT 682 Health and Wellness
2	PT 685 Professional Topics IV
<u>2</u>	PT 793 Physical Therapy Research II
9 required	

- (3) PT 684 Advanced Topics: Sports Physical Therapy (elective)
- (3) PT 686 Advanced Topics: Pediatric Physical Therapy (elective)
- (3) PT 687 Advanced Topics: Spinal Manual Therapy (elective)
- (3) PT 688 Advanced Topics: Neurologic Physical Therapy (elective)

None of the electives are required for graduation. Each elective is credit/no credit. No letter grade is earned. As an alternative to credit/no credit, before the first day of class, you may change the course to audit status by visiting the student services desk in Pew campus DeVos C, asking for an audit form and turning in a completed form. An audited course requires payment of the same tuition as the credit/no credit course. Electives have limited enrollment. If the course is filled to capacity, you may ask the instructor to place you on their waiting list.

SPRING/SUMMER

Credits

6	PT 698 Clinical Education V (9 weeks)
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Summary

120 Required credits
38 Weeks in full-time clinical experiences

Research Continuation Course

Credit

- 1 PT 796 Continuation of Doctoral Project or Dissertation Research registration is required after all above doctoral project credits are completed and the project is not completed.

RESEARCH PROCESS INFORMATION

The research sequence is designed to fully prepare the student to achieve the curriculum outcome(s) for research. The following represent the research options open to physical therapy students under the PT 790 and PT 793 course sequence. (Complete details regarding the research process and curriculum are available in the Physical Therapy Research Handbook, found at www.gvsu.edu/pt)

1. **Research Project** – Student groups, with faculty mentor guidance, participate in the planning, execution, analysis, and/or reporting of a research project. The aspects of the project a student group is required to complete is at the discretion of the faculty principal investigator. Not all projects will be started de novo and completed by a single student group. Some projects span several years and incorporate several student groups. However, regardless of which aspect of a project in which a student group is involved, each student group will be required to thoroughly review the literature and demonstrate a strong knowledge, and understanding of the theoretical and empirical underpinnings of the project.
2. **Case Report** -Individual students choosing this option follow the guidelines as described in research handbook and perform and present two case reports (single-patient case report, one preliminary, one final). For the final defense the case report must be written in a journal-specific format, i.e., ready for submission. Students will receive guidance from their faculty (case report) mentor as to the selection of the most appropriate journal format.
3. **Systematic Review** – Student groups, with faculty mentor guidance, complete a systematic review of the literature in order to answer a specific research question.

Students move either individually or in groups through the research process depending on their choice for type of project. Timelines may differ with faculty mentorship, option chosen, and population studied. However, **for all three options, students must:**

- Prepare written products appropriate to the chosen option and format determined, both in part (for proposal defense/preliminary presentation) and as a complete final product (for final defense/final presentation)
- Orally defend a research proposal/plan for systematic review, or present a preliminary case report
- Orally defend a research project (outcomes), systematic review (outcomes), or present the final case report
- Submit research project/case report/systematic review abstracts to the PT research committee by early June during the final semester of their third year.
- Disseminate research in the form of a professional presentation (platform or poster) at DPT Research Day in July (final semester).

DEPARTMENT OF PHYSICAL THERAPY GRADING

GRADING SCALE

A	94-100
A-	90-93.9
B+	88-89.9
B	84-87.9
B-	80-83.9
C+	78-79.9
C	74-77.9
C-	70-73.9
D+	68-69.9
D	60-67.9
Failure	< 60

GRADEPOINT CALCULATION

Grade	Quality Points
A	4.0
A-	3.7
B+	3.3
B	3.0
B-	2.7
C+	2.3
C	2.0
C-	1.7
D+	1.3
D	1.0
F	0.0

****PLEASE NOTE:**

1. BMS, PSY, and STA Departments may use a different grading scale.
2. Regarding “good standing” and “probation”, the Department of Physical Therapy uses the letter grade, NOT the numerical score.

ADVISING

Assignment of Advisor

Each student who is admitted to the physical therapy program will be assigned an advisor from the Physical Therapy Faculty. Notification of this is typically distributed at orientation.

Advising Appointments

1. Students are encouraged to set up an appointment to see their advisor as needed.
2. Faculty members will post times for advising.
3. Upon request of the Department Chair, students will complete Professional Behaviors Self Assessments three times during the program. These Self-Assessments will be submitted to and reviewed by the faculty advisor who may request to see students for a follow-up advising session.

Criminal Background Check and Drug Testing

At the time of application to Physical Therapy, if a student had a felony record or been arrested for a crime for which criminal charges are pending, and did not so indicate on their application, the student may be dismissed.

With regard to clinical education, the university requires a criminal background check and a drug screen. Clinical education sites may require additional background checks and drug screens. Please refer to "Clinical Education" (Table of Contents) for additional information. A criminal record or positive finding on a drug screen will be discussed with the student in an advising session.

It is important to note that the application for licensure as a physical therapist includes a criminal background check and asks questions about: felony conviction, misdemeanor conviction punishable by imprisonment for a maximum term of two years, misdemeanor conviction involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations), and treatment for substance abuse in the past 2 years. If evidence of any of the before are present, the Michigan Board of Physical Therapy will review the application for licensure and will decide about moral fitness. The Michigan Board of Physical Therapy may refuse to grant a physical therapy license to the applicant. The student who has a concern about licensure may contact the Michigan Board to ask for clarification of the policy.

Textbook Advice

Faculty members recommend that students retain rather than sell their textbooks. The textbooks are a resource for preparation for the National Physical Therapy Examination (NPTE) that is scheduled for the summer of your third year.

ACADEMIC STANDING

(This text has advisory status and does not supersede the GVSU Undergraduate and Graduate Catalog.)

Graduate Academic Policies and Regulations (Excerpted from the University Catalog)

A cumulative grade point average of 3.0 or higher must be earned in the entire degree program in order to graduate. A graduate student whose cumulative GPA falls below 3.0 after completion of nine hours of graduate level course work will be placed on academic probation. Such students must achieve at least a 3.0 cumulative grade point average after the next nine hours of coursework to remain in the program. A cumulative grade point average of 2.0 or below after nine hours of graduate level coursework results in automatic dismissal from the University. Students who have been academically dismissed from the University may apply for readmission after one year. Students who wish to appeal their dismissal should direct a written appeal to the Dean of the appropriate college.

The institutional minimums for a graduate degree are:

1. A minimum of 33 semester hours of graduate level course work.
2. A cumulative graduate GPA of at least a 3.0.
3. Requirements for the degree must be fulfilled within a period of eight consecutive years.
4. All graduate students must complete a minimum of 24 hours in residency at GVSU.
5. Students for advanced degrees must:
 - a. demonstrate not only their mastery of the subject matter but also their ability to integrate and synthesize it.
 - b. demonstrate their ability to generate new knowledge and/or apply existing knowledge to specific practical situations (thesis, comprehensive examination or an appropriate project).

PHYSICAL THERAPY ACADEMIC POLICIES AND PROCEDURES

I. Academic Honesty

The University Policies on Academic Integrity, GVSU Student Code, page 19, contain the following 3 quotes. "The principles of truth and honesty are recognized as fundamental to a community of teachers and scholars. The University expects that both faculty and students will honor these principles" "Any ideas or material taken from another source for either written or oral presentation must be fully acknowledged. Offering the work of someone else as one's own is plagiarism." "Any student who fails to give credit in written or oral work for the ideas or materials that have been taken from another is guilty of plagiarism." Details of GVSU policies and rules regarding academic honesty are described in the GVSU Catalog Academic Policies and Regulations, and Student Code. Physical Therapy Faculty consider violation of rules regarding academic honesty to be a serious offense, which may result in lowering a grade on an assignment or test, failure of an assignment or test, failure of the course, or removal from the physical therapy program.

II. Professional Behavior

Professional behavior is expected in the classroom and in all program-related activities (such as field trips, clinic visits and clinical education). This includes but is not limited to the expectation that students will be in class on time, will have turned off all cellular phones, and will demonstrate respect during all interactions with peers and faculty. It is expected that students will be prepared for each class session by the reviewing required readings and previous lecture information. Students are expected to participate in class sessions in an appropriate manner, and become an independent, informed consumer of information. Please see the section entitled "Attendance" regarding absences from class.

The goal of the GVSU Physical Therapy Department is to develop a physical therapist who is competent in Physical Therapy practice and who represents the profession in an appropriate and professional manner. If a student fails to uphold these professional criteria, a letter of reprimand may be written and placed in the student's file with notification to the student and his/her advisor. If a student accumulates three letters of reprimand during his/her matriculation in the DPT Program, the student will be placed on probation and the Chair of the program will meet with the student. After meeting with the student, the Chair may elect to convene a committee who will determine an appropriate response and/or sanctions. The Chair also may decide to act independent of that committee's recommendation. These decisions may delay a student's progress through the Program or result in severance from the Program.

III. General Procedures for Appeals and Complaints

An appeal of a graded item or another course-related complaint should be communicated to the instructor of the related course. If the concern is not addressed to the satisfaction of the student, the student should communicate with the Department Chair. If the dissatisfaction continues, subsequent appeals and complaints should be communicated to the Dean of the College of Health Professions, then the Provost. The Provost's decision cannot be appealed, but a complaint may be submitted to the Commission on Accreditation in Physical Therapy Education (CAPTE). Procedures for handling complaints about an accredited physical therapy education program can be found by accessing the website www.capteonline.org. From the home page, click on Accreditation Handbook, and access Part 11 of CAPTE Rules of Practice and Procedures. Read and follow the directions found in this document.

IV. Specific Complaint Procedures

The ability to give and receive feedback is a professional behavior physical therapy students are expected to develop. Physical Therapy faculty members strive to continuously develop in their role as educators. We encourage students to communicate concerns to the appropriate individual(s) in a discrete and constructive manner. If a student has concerns about a fellow student, instructor or class, the student should communicate directly to the person involved. If the instructor involved is not the primary course instructor, the student can also communicate with the primary instructor. If a student is unable to communicate with the involved person, he or she may communicate with their assigned Physical Therapy advisor or their chosen Class Advisor as a resource to discuss the issue. If concerns are not addressed to the satisfaction of the student, the student should communicate with the Department Chair. The Department Chair will follow established procedures. When there are no established procedures, the Department Chair will document and keep on file the documents that describe the complaint, communication about the complaint and actions taken. See above "General Procedures for Appeals and Complaints" for subsequent steps.

V. Definition of Required Grades

Required grades are:

B- or better for all required courses (not electives) in the DPT Program.

VI. Required Remediation after Completion of a Course, Without Concurrent Probation

In the case that a student passes a course but does not achieve a required score on a specific course requirement, the instructor may require remedial work to achieve the required score. At the instructor and Chair's discretion, the student may be required to enroll in independent study for credit for the remediation. If the student does not achieve the required score at the conclusion of remediation, the student may be required to enroll in additional independent study for credit, may be placed on probation if faculty so recommend and may be withheld from subsequent didactic and clinical education courses until the required score is achieved.

VII. Physical Therapy Probation

A. Grounds for Probation

1. A final grade below a 2.7 (B-) in any required course in the DPT Program. [Note: an instructor, or the DPT faculty at-large, is afforded this option, at his/her discretion, and is not required to offer remediation].
2. A cumulative graduate level GPA less than 3.0 (B) after completion of nine or more hours of graduate level course work (i.e., at the end of semester one; semester one BMS 427 or 428 does not count in graduate GPA).
3. A final grade of "no credit" in PT 636, PT 656, PT 675, PT 677, PT 681 or PT 698.
4. Failure to remediate a specific course requirement at the required level that leads to faculty recommendation for probation.
5. Having three faculty letters of reprimand regarding professional conduct on file.
6. Faculty recommendation to withhold student from clinical education experience due to deficient professional behavior.

If a student wants to appeal probationary status or probationary procedures, the student should follow appeal procedures in above III.

B. Probation Procedure for Repeating a Course and Reentering the Curriculum in a New Cohort

1. A final grade of "F" is automatic grounds for course repeat in any required course in the Program.
2. The PT course instructor, with the advice of the DPT Program faculty, will make the decision about requiring a course repeat when the final grade is Unsatisfactory in a required course.
3. The PT faculty, with input from the primary course instructor(s), will make the decision about requiring a course repeat when the final grade is Unsatisfactory in two or more required courses.

A course repeat means that the student's graduation will be delayed by one year. The student will remain on probation until the course is successfully repeated. The student will join the next sequential PT cohort class. The student is required to demonstrate

“continued competency” in specific courses completed in previous semesters as well as during the same semester as the course that is formally repeated. An example of the successful demonstration of “continued competency” is retaking exams and practical tests in semester courses and earning scores of 80% or higher. If “continued competency” is demonstrated and the repeated course is completed at the required level, the student will be returned to good academic standing at the beginning of the next semester.

C. Probation Procedure for Remediating Course Requirement or Professional Behavior Performance, While Remaining with Cohort

The requirement to perform remedial work in a course will be decided upon by the instructor of a single PT course and by the PT faculty for all other situations. Remedial work does not change the final grade in the course, but does allow the student to continue with the curricular program. The student is granted a temporary exception to the next semester’s course prerequisite, “Successful completion of all previously required courses in the DPT curricular sequence”. The student will be required to enroll in independent study for the remediation in almost all cases. After the remedial work is completed at the required PT standard, the student will be returned to good academic standing at the beginning of the next semester.

The requirement to demonstrate acceptable professional behavior will be guided by a committee, with reference to standards of professional conduct for physical therapists and the GVSU Student Code. The committee’s expectations will be unique to that student and the situation. After the committee’s expectations are met, the student will be returned to good academic standing at the beginning of the next semester.

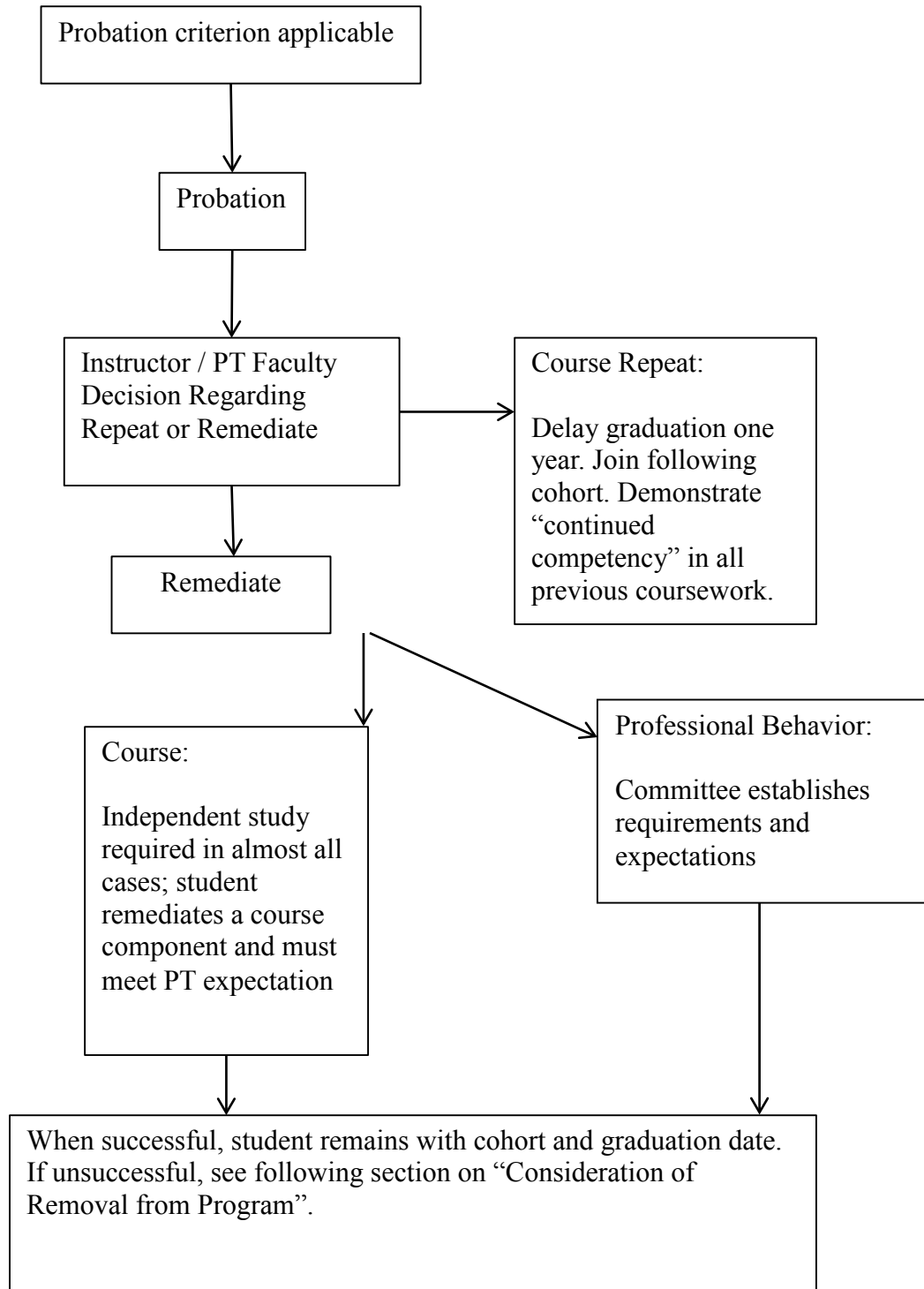
D. Probation Procedure for Monitoring the Performance of a Student on Probation

When a student is placed on probation, the physical therapy faculty will monitor the student’s progress informally or formally. In consultation with the course instructor, the faculty, or their designated committee, may draw up a formal contract which outlines steps to be followed to be taken off probation. This contract is specific to the individual student on probation. If a committee is formed, the committee will consist of:

- 1) PT Chair, or Associate Chair
- 2) PT Faculty member
- 3) Faculty member, clinician or the student’s Academic Advisor.

The contract will be signed by the student and Chair of the Department. After the student satisfactorily completes procedures outlined in the contract, the student will be returned to good standing at the beginning of the next semester. If a student does not complete the requirements of the contract, the procedures for “Consideration of Removal From Program” will be followed. See below.

E. Flow Chart of Probation



VIII. Physical Therapy – Consideration of Removal from Program

A. Grounds for Removal from Program

1. Failure to complete required remedial work at the required level, and in a timely fashion, while on probation.
2. Failure to complete items required in a remediation contract at the required level, and in a timely fashion, while on probation.
3. Final grades in 2 consecutive semesters that result in probation.
4. Failure to demonstrate “continued competency”, per VII. B.
5. At the time of application to physical therapy, and throughout matriculation as a PT student, failure to report a felony record or arrest for a crime for which criminal charges are pending.
6. Evidence of unethical, illegal or dishonest behavior in academic or community life from the date that GVSU's offer of admission is accepted to the date of graduation.
7. See IX below for automatic removal.

B. Procedure

1. A committee will be formed and will consist of:
 - a. The Physical Therapy Department Chair
 - b. A Physical Therapy Faculty member
 - c. Another appropriate Faculty member or the student's Academic Advisor
 - d. A Clinician
2. The committee will review available information to determine if the student meets a criterion for dismissal. If the student meets a criterion for dismissal, the committee will determine whether the student should be immediately dismissed or offered a special contract to remain in the program.
3. If a contract is selected by the committee, the contract will specify the procedures and activities the student must follow to regain good academic standing. The Chair of the committee and the student will sign the contract. When the contract's procedures and activities have been satisfactorily completed, the student will be returned to good academic standing at the beginning of the next semester. Failure to satisfactorily perform the procedures or activities in the contract will result in dismissal.
4. Appeal Procedure: Should a student decide to appeal a decision for dismissal, the student must submit a written defense to the PT committee within 30 days after receiving the letter of dismissal. The defense should contain any new information which the student may have and a clarification of old information. The defense will be considered by the PT committee within 15 days of receipt and a decision given to the student. The student then may elect to appeal their dismissal to the Dean of the College of Health Professions.

IX. Physical Therapy and Graduate School Automatic Removal from Program

- A. A cumulative graduate grade point of 2.0 or below after nine hours of graduate level course work (i.e., at the end of semester one).

- B. A cumulative graduate level GPA less than 3.0 (B) after completion of 18 hours of graduate level course work (i.e., at or after the end of semester two).
- C. Should a student decide to appeal automatic dismissal, the student should communicate with the Dean of the College of Health Professions.

X. Leave of Absence

University policies for graduate education may be found at the Office of Graduate Studies website:
<http://www.gvsu.edu/gs/policies-and-procedures-58.htm>

With approval of the Dean of Graduate Studies, the Department of Physical Therapy has these additional guidelines:

- A. The student should send a written leave of absence request to the Physical Therapy Department Chair. The Chair may request to meet with the student to discuss reasons for requesting a leave of absence.
- B. The Department Chair will review the request with DPT faculty and will notify the student of the decision in writing.
- C. If the request is granted by the PT program, the request will then be forwarded to the Dean of Graduate Studies for consideration.
- D. To re-enter the program, the student must contact the Chair of the Department of Physical Therapy for instructions. Students will be required to demonstrate competence in previously completed coursework prior to reentry into the new part of the curriculum. Failure to do so will require the student to retake all, or part of, the classes completed in the curriculum, to the point where the leave of absence was granted.

XI. Withdrawal Policies

University policies for graduate education may be found at the Office of Graduate Studies website:
<http://www.gvsu.edu/gs/policies-and-procedures-58.htm>

With approval of the Dean of Graduate Studies the Department of Physical Therapy has these procedures:

- A. **Course and Program Withdrawals: These requests are intended for students who are having academic difficulties. Note that course withdrawal requests are tantamount to a program withdrawal request. Students would be required to step down for a minimum of 1 year, due to the lockstep nature of the DPT curriculum.**
 - 1. A student needs approval of the Physical Therapy Department Chair, in order to receive a course/program withdrawal. The Chair, in consultation with DPT Program faculty members, will determine the suitability of the course/program withdrawal. The Chair will determine if a leave of absence is a suitable alternative for the student to consider.

2. The student should send a written withdrawal request to the Physical Therapy Department Chair. The Chair may request to meet with the student to discuss reasons for withdrawing.
 - a. If approved, the Chair will send the request to the Dean of Graduate Studies.
 - b. A student may appeal the decision to the Office of the Provost.
3. This withdrawal mechanism may only be applied once throughout the entire DPT Program.
4. The Department of Physical Therapy requires that any student, who is readmitted following an approved withdrawal, will be required to demonstrate competency for all material covered up through the point of departure from the Program. Failure to do so will result in dismissal.

CLINICAL EDUCATION

Clinical Education is an important part of any Physical Therapy professional curriculum. This is an introduction. The Director of Clinical Education and Academic Coordinator of Clinical Education, will schedule a meeting with your cohort to provide dates and details. At GVSU the academic and clinical components of the curriculum are intertwined and build toward attainment of professional competence. To this end, clinical experiences are interspersed throughout the professional curriculum and are sequenced. All students must satisfactorily complete Clinical Education I, II, III, IV and V to complete the program requirements. Clinical education sites are available throughout Michigan and out-of-state. **Students should expect to complete some of their clinical experiences at sites outside of the Grand Rapids metropolitan area.**

During some clinical experiences students may be at risk of exposure to communicable diseases. University policy, state and federal statutory regulations, and accreditation standards for affiliated clinical agencies require that students comply with certain health, safety and legal requirements applicable to their occupation. GVSU compliance requirements include a criminal background check and drug screen prior to the first full time clinical experience, and clinical education site requirements may include additional background checks and drug screens. Students are required to obtain and provide documentation indicating fulfillment of these requirements prior to clinical education experiences. A criminal record or positive findings on a drug screen will be discussed with the students and may impede the start or continuation of a clinical experience. **Any cost involved in fulfilling requirements of the university or clinical sites is the responsibility of the student.** Additional information about health compliance requirements is found in Appendix B.

Students will not be allowed to participate in clinical experiences if there is a reason to believe that they are unprepared for this type of experience. Sufficient reasons include:

1. Questions about the student's ability to safely manage patients.
2. Academic probation gives reason to believe that a student is unprepared to participate in clinical experiences. The clinical faculty assumes a specific level of knowledge and ability in a student who is to treat their patients. Academic probation puts the level of understanding and performance of the student into question. A student who is on probation for an isolated course deficiency may be allowed to participate in a clinical experience if the faculty determines that other areas of knowledge are appropriate and that the deficiency can be remediated and is not critical to the student's performance in that particular clinical experience. Remedial work in the deficient area will be required and must be completed within one semester.
3. Evidence of unethical or illegal behavior.
4. Medical or psychological conditions which could endanger the safety of the student or the patients entrusted to them, or that prevent the student from fully participating in the clinical experience.
5. Problems identified with professional abilities may result in a student being regarded by faculty as unprepared for clinical assignment. With the assistance of faculty, the student must resolve the problem area prior to the clinical assignment.

6. Clinical Education courses are sequenced (I, II, III, IV, V). If a student does not satisfactorily complete one course, he/she may not progress to the next course without completion of remedial work.

See Appendix C for a list of clinical sites with which the Physical Therapy Department has agreements for clinical education as of this August. All sites are not available for all clinical education courses. Students will receive a list of clinical sites available for each clinical education course about four months before that experience begins. Further details of clinical education policies and procedures are available at <http://gvsu.edu/pt/clinical-educators-information-82.htm> and will be discussed during semester 2 of the curriculum.

LABORATORY PROCEDURES AND INSTRUCTIONS

A. Equipment

1. Equipment is stored in specific storage spaces and should be returned to these areas after use.
2. All equipment controls are to be turned off after use. Line cords should be coiled and stored off the floor. Equipment should be returned to appropriate storage area.
3. All equipment must be left clean at the end of class.
4. Report any equipment problems to the course instructor immediately.
5. Water or other spilled materials should be cleaned immediately.
6. Linens will be stored on shelves in the CHS laboratories. Clean linens should be folded and replaced at the end of the lab session. Dirty linens should be placed in dirty linen hamper.
7. Hazardous and non-hazardous materials such as ultrasound gel, oils, etc. will be stored in specific cabinets. These should be returned to their original positions after use. Please inform the instructor if you notice stock is getting low.
8. Certain supplies such as walkers, canes, and other devices may be checked out for use outside of your laboratory time. Contact your course instructor for the procedure.
9. Equipment/Laboratories are not to be used for evaluation or treatment of students.
10. Equipment may not be used by students or faculty for personal exercise.

B. Locker usage

Hallway lockers are available for student use at the CHS facility. In addition, CHS 239 includes a locker room for changing clothes in preparation for lab and lockers for storing clothes and books that are not needed during lab. If possible, backpacks should be stored in a locker rather than being brought to lab or lecture rooms.

C. Student/Patient Preparation

1. Within labs, PT students will be required to practice the role of therapist and to act as model patients.
2. As model patients, students will need to have areas of the body (arms, legs, hips, abdomen, back, etc.) exposed to classmates for examination and intervention which may include therapeutic touch.
3. Students are expected to demonstrate respect for each other and to use principles of draping, privacy, and positioning for comfort while working with each other.

D. Laboratory Clothing

1. Students are expected to be prepared with appropriate lab clothing as specified by the course instructor. This clothing could include shorts, bathing suits, and sports bras.

E. General Rules for the Laboratory

1. ONLY SECURELY COVERED WATER CONTAINERS ARE ALLOWED IN THE LABORATORIES OR FUNCTIONAL ASSESSMENT SUITES. NO FOOD IS ALLOWED AT ANY TIME.
2. At the conclusion of each lab session students are expected to prepare the lab for the next class - see that all tables, linens, chairs and equipment are returned to original positions and dispose of all trash.

F. Laboratory Access

1. Student may access the labs for skill practice outside of scheduled class time with instructor permission and a pass card from security. Students should ask their instructor for the form to complete for a pass card.

PT FACULTY MANAGEMENT OF STUDENT HEALTH ISSUES

GENERAL POLICY

The PT Program's **regular and adjunct** faculty does not have a formal faculty practice in the CHS building and will not provide a physical therapy examination, evaluation, consultation, or treatment on-site (CHS).

RATIONALE

"Quick" or "informal" PT consultations by a faculty member preclude a complete history, review of systems, and examination which substantially increase the risk that serious, underlying pathology may go undiagnosed and unmanaged. The appropriate response to *any* patient or client who seeks these types of consultations is to recommend that the patient or client be formally evaluated by a health care provider who is appropriate for the problem for which the patient/client (or student) is seeking consultation.

OPTIONS FOR STUDENTS

A student may:

1. **If uninsured:** visit one of the pro bono clinics to consult with a local clinician, through the GVSU Family Health practice. An examination and evaluation can be provided without a prescription. Subsequent treatment recommendations would require a prescription from a physician, dentist or physician's assistant.
2. **If insured:** see a physician, dentist, or physician's assistant for a prescription for physical therapy, then seek the services of a local PT provider.

EXCEPTIONS TO POLICY

1. PT examination, evaluation, and treatment of a student health issue is allowed by law whenever those are conducted in the context of a teaching session. In these situations, it is implied that:
 - ✓ The context of the examination, evaluation and/or treatment would appropriately fit within the course at that particular moment in time.
 - ✓ The students at-large would know the specifics of your situation.
 - ✓ The student should understand that the examination, evaluation or treatment does not replace that of the student's own health provider.
2. Emergency situations: This policy does NOT include emergent situations that may require first responder-type actions on the part of a faculty member.

ADDITIONAL DEPARTMENTAL POLICIES AND PROCEDURES

MAIL & EMAIL

Please check your mail folder, located on the second floor of CHS at least once daily. Also check your campus e-mail daily. If you change your preferred e-mail address on Banner, please inform the CHP Graduate office staff in CHS 164 so that the same e-mail can be entered into the local network "PT Student Address Book".

REVIEW OF EXAMS PLACED IN CHS 164

If an instructor places an exam, test of other course material in CHS 164 for student review, students must restrain the volume of their voices so that staff members are not disturbed. Seating is provided either in the suite or in the near proximity. Tests and test materials may NOT be copied, photographed, or reproduced in any way.

CONFIDENTIALITY OF STUDENTS

The Physical Therapy Department abides by the laws ensuring confidentiality of information regarding students. Accordingly, we cannot provide information from a student's education record (or personally identifiable information) to family members, friends or other interested parties without the written permission of the student. Should a student want information released or letters written to specific audiences, such as future employers, residency selection committees, and external award or scholarship committees, the student must complete a release of information form. A copy is attached in Appendix D and is accessible at www.gvsu.edu/pt. This completed form is submitted to the faculty member who is to provide a reference, and the faculty member will retain the form in paper or electronic copy. An alternative to the release form is an email request signed by the student that specifies the information to be released and the person to receive the information. Generic requests and release forms (e.g., for all potential employers) will not be accepted.

CONFIDENTIALITY OF MEDICAL RECORDS

Hospitals and Clinical Facilities place great importance in the confidentiality of medical records. Use of medical records for learning experiences or research is permitted, provided that the student, faculty member or researcher realizes his/her role and responsibility in protecting the confidentiality of personally identifiable information. Misuse of information collected could result in personal liability and the implementation of punitive action. Personally identifiable information includes, but is not limited to, first name, last name, unique set of initials, signature, address, unique physical characteristics and other unique identifiers.

STANDARD RELEASE FORM

When a student, in fulfilling a course assignment, obtains images or audio recordings by any electronic or physical means of another individual for educational purposes, the student, faculty member or researcher must obtain a release form that is signed, dated and witnessed by that individual. See the PT Research Handbook (Table of Contents) for "Standard Release Form".

ATTENDANCE

In alignment with the program's goal of developing professional behavior, the faculty expects students to approach the curriculum as a professional job. The physical therapy curriculum has been designed to be a full time activity for students. The courses are demanding and a great deal of time is spent in the labs. Therefore, punctual and engaged attendance is expected.

There will be times during the program when we will need to combine labs or utilize previously unscheduled time slots. There may also be special seminars and guest lecturers which may be available to the students. These events often occur on short notice. The reasons for these adjustments are many but are generally due to weather cancellations, the fact that we need to accommodate adjunct faculty schedules or consider other health professions' programs utilizing shared spaces. Students are expected to demonstrate flexibility in adapting their schedules for these occasions.

Students who are absent from class are responsible for any missed work, assignments, or assessments (quizzes, tests, papers, etc.) Faculty members may allow students with documented **excused** absences to make up missed work or assignments when this is feasible. When the nature of the assignments makes this impossible, faculty members may attempt to make reasonable adjustment of the assignment. Faculty may use their discretion regarding making up missed assignments and the ramifications of missing certain class periods (e.g. deducting participation points if applicable).

Planned Absences

Students should avoid planning absences during scheduled class or clinical education time. Providing notice of planned absence does not guarantee the absence will be excused. Students should assume that a planned absence is unexcused unless instructed otherwise. (See Clinical Education Policies and Procedures for attendance expectations during clinical experiences.)

To avoid missing scheduled class sessions, when scheduling personal activities students should consult course syllabi for class schedules and the University Calendar for dates of holidays and semester breaks. When planning more than a semester in advance, students should consult the Department Chair who can direct the student to the appropriate instructors for information regarding the anticipated course schedule.

Excused Absences

Students who are unable to attend class or lab must notify the instructor prior to the start of the class except in unusual circumstances. Any planned absences need to be communicated to the instructor well in advance. The absence may still be considered unexcused at the discretion of the instructor. Excused absences include the following:

- Illness or injury preventing the student from attending class.
- Religious observation during a scheduled class session.
- Participation in university activities at the request of university authorities.

- Death or serious injury/illness of a close friend or family member or other significant person.
- Professional Association activities approved by the Department Chair.

Outside Activities/Work Schedules

We realize that expenses for school are high and many students require income from part-time employment. We believe that the rigors of the curriculum will demand that you keep these outside hours at a minimum. We encourage you to seek outside sources of support and devote as much time as possible to your physical therapy graduate education. Your primary attention at this point in your life should be devoted to the educational process. Extra time spent on learning new material will give you great benefits later in your professional care.

THE ROLE OF THE UNLICENSED PHYSICAL THERAPY STUDENT IN A PHYSICAL THERAPY PRACTICE SETTING

A Position Statement by the Faculty of the Department of Physical Therapy
Grand Valley State University

The faculty know that some students, prior to their admittance into a physical therapy program and during their progression through a program, work as physical therapy aides/technicians. In that role they are trained on-the-job by physical therapists and/or physical therapist assistants to perform tasks, under the direction of a PT or PTA, which are appropriate to their level of skill and understanding, and ethical from a medical-legal perspective. As students progress through a physical therapy curriculum and acquire new levels of understanding and skill, understandably, these students believe that they should be able to practice these new skills in a work setting. In fact, it is likely that students may be given more autonomy and responsibility by their supervisors. In situations where institutions have high regard for their student employees (perhaps because of a long-standing relationship that has been mutually beneficial), there is pressure to demonstrate high productivity, and if staff shortages are apparent, there is a temptation to give students more autonomy with regard to direct patient care. Of course, students are eager to “do more than just be a technician or assistant.”

The faculty have learned of PT students working in various institutions, who perform patient examination and evaluation **independently**. Michigan law states that only PTs may perform initial evaluations. Physical Therapy students are not licensed physical therapists and should not be practicing as such. Although faculty understands the desire of physical therapy students to expand their responsibilities and the pressures that institutions might feel, we emphatically denounce this practice. Only a licensed PT is allowed to perform initial examinations/evaluations. Cosigning the initial examination/evaluation note of an unlicensed student by a licensed PT does not make this practice legal.

According to the position of the APTA House of Delegates (HOD 06-95-11-06), students who are enrolled in physical therapist professional education programs and who are employed in a physical therapy clinical setting where such employment is not a part of the formal education curriculum, will be classified as physical therapy aides. Where their employment is part of the formal educational curriculum, this policy will not apply.

Additional information is available at Michigan’s Department of Licensing and Regulatory Affairs, at:

<http://www.michigan.gov/lara/0,4601,7-154-72600---,00.html>

FACILITIES

1 st floor	Gainey Corporation Balcony. Computers with web access and free single sided printing are provided.
CHS 164	College of Health Professions Graduate Office. This space houses support staff for PT as well as OT and PAS. Faculty mail boxes are located in CHS 169, but there is no student access to this room. Therefore, all documents for faculty mailboxes should be brought to CHS 164, and will be distributed accordingly.
CHS 189/191	Computer Classrooms. These classrooms are quiet study areas. Web access and free printing (1-sided or 2-sided) are provided.
CHS 200	The College of Health Professions office suite houses the Dean of CHP and office staff.
CHS 205	Lab Storage. This storage room houses equipment for the Therapeutics Laboratory
CHS 207	Therapeutics Laboratory. This laboratory simulates a therapy gym. Mat tables and exercise equipment are used by students as they learn exercise interventions and functional training for various diagnoses and stages across the life-span.
CHS 215	Biomechanics and Motor Performance Laboratory. This lab houses research instrumentation for analysis of motion, torque, bioelectrical signals and balance.
CHS 239	Prep Room. This is a preparatory room for adjacent and nearby laboratories. This area includes access to men's and women's locker rooms for students to change clothing in preparation for labs.
CHS 253	Assessment Laboratory 1. This laboratory is used for instruction in musculoskeletal, cardiopulmonary and integumentary examination and intervention. This room also provides access to men's and women's locker rooms.
CHS 255/277	Assessment Laboratory 2. This laboratory is used for instruction in musculoskeletal, cardiopulmonary and integumentary examination and intervention.
CHS 257	Lab Storage. This storage room houses equipment for both assessment labs.
CHS 290	Frey Learning Center. This Learning Center is for quiet individual study. Reference materials for health sciences, and audiovisual resources are housed in this Center, as well as PT Clinical Education Site Information files. Equipment is available for viewing assigned or elective audiovisual resources. A pay copy machine and free printer is available for student use. Lap top computers may be signed out for use within CHS.
CHS 331	Model Patient Suite. This space is utilized for simulated practice with patients. Videotaping capability is available.

- CHS 357 Movement Lab. This space is utilized for motor development and pediatrics courses.
- CHS 490 Pfeiffer Student Study. This area is intended to provide group and individual study space for students. Group discussion is permitted. A pay copy machine and free printer are available for student use. Bound journal copies and CHP reference materials are available in this area. DVD and VHS equipment are available for viewing assigned or elective audiovisual resources.

CAMPUS HEALTH SERVICES, POLICE DEPARTMENT, AND CAREER SERVICES

Campus Health Services. This Center, operated by Metro Health, is located just off the Allendale campus at 10383 42nd Ave., Suite A and is open to all students, faculty and staff. For Fall and Winter semesters the hours for the Health Center are Monday and Thursday from 9:00 a.m. to 6:00 p.m. and Tuesday, Wednesday and Friday from 9:00 a.m. to 5:00 p.m. The phone is 616-252-6030. Services include general medical care, women's health, complete physicals, immunizations, STD testing and laboratory services. For additional information, go to www.gvsu.edu/campushealth . Content includes health care locations in Grand Rapids and suburbs.

The Grand Valley Police Department, Allendale campus, can be reached at 331-3255. Pew Campus Security (Grand Rapids) can be reached at 331-6677. For additional information, go www.gvsu.edu/gvpd . Content includes parking, citations, lost and found, and crime statistics.

Career Center. Go to www.gvsu.edu/careers . Content includes Laker Jobs, job search assistance, simulated interviews, etiquette dinner, workshops and career fair dates. Laker Jobs is a free on-line system that lists physical therapist jobs across the nation.

COMMUNITY SCHOLARSHIPS

Scholarships are available which are specifically designed for physical therapy students enrolled in the professional curricula. These scholarships are offered by service organizations, hospitals, private practice groups, health related industries, foundations and GVSU. Contact the Physical Therapy office staff in CHS 164 to view the information and to have copies of scholarship information made for you. Originals are to be kept in the office.

GVSU SCHOLARSHIPS FOR PT STUDENTS

1. Volkhardt Scholarship
 - Deadline for application: May 1 (spring of first year of the program)
 - Amount varies
 - Renewable 6 semesters
 - You will be informed by email to apply during first year Winter semester.
2. Perry Scholarship
 - Deadline for application: May1 (spring of first year of the program)
 - Amount varies
 - Renewable 6 semesters
 - You will be informed by email to apply during first year Winter semester.
3. Black Scholarship
 - Deadline for application: May 1 (spring of first year of the program)
 - Amount varies
 - One time award
 - You will be informed by email to apply during first year Winter semester .

4. Wisner Scholarship

- Deadline for application: May 1 (spring of first year of the program)
- Amount varies
- Renewable 6 semesters
- You will be informed by email to apply during first year Winter semester.

5. David Daniels Scholarship

- Deadline for application: Announced by faculty each year (spring of second year of the program)
- Amount varies
- One time award
- You will be informed of when to apply via email.

GRADUATE DEAN'S CITATIONS FOR ACADEMIC EXCELLENCE

The office of Graduate Studies offers Dean's Citations for Graduate students that recognize outstanding academic achievement, awarded at or near the completion of the program. Physical therapy students are eligible to receive the following citations, when nominated by the faculty:

- Excellence in the Major
- Outstanding Final Project
- Outstanding Publication
- Excellence in Community and Professional Service
- Excellence in Leadership and Service to GVSU
- Excellence in Promoting Diversity and Inclusion at GVSU

GRADUATE ASSISTANTSHIPS

Half-time graduate assistantships are available for semesters 1, 2, 4, 5 and 8. Each position involves 10 hours of work per week. The remuneration is \$2000 plus 4.5 credit hours of tuition remission per semester. The department chair will contact the entire class when applications are due.

RESIDENCIES

Third year physical therapy students may apply for The Lulenski-Smith Neurologic Physical Therapy Residency and The Mary Free Bed Pediatric Physical Therapy Residency. These post-graduation residencies provide full-time status as a Mary Free Bed employee along with a planned program of post-professional clinical training at Mary Free Bed and research training under the direction and supervision of GVSU physical therapy faculty. One student is selected for each residency, with the application and selection process occurring during the winter semester.

FINANCIAL AID

Types of financial aid, eligibility, and application procedures can be found in the Catalog and at www.gvsu.edu/financialaid/. Contact the Financial Aid office if you have questions. PT students can ask for special consideration for additional financial aid when the student can document that their living expenses are higher than typical.

DISABILITY SUPPORT RESOURCES

Any student who has special needs and/or accommodations must contact Disability Support Resources at 331-2490 to ensure those needs are met. The student also has the responsibility of informing each instructor, in writing, of any special needs and/or necessary accommodations at the beginning of each semester. If a student's need for accommodation changes during the semester, the student must immediately notify the instructor in writing, specifying their needs and any necessary accommodations. A written statement from a physician or other appropriate professional should accompany the student's request for accommodations. Disability Support Resources website is www.gvsu.edu/dsr

APPENDIX A

Faculty Biographies

PHYSICAL THERAPY FACULTY BIOGRAPHIES

Gordon Alderink, PT, PhD

Dr. Alderink has been at GVSU as physical therapy faculty since 1984. He came to GVSU after having practiced for six years at The University of Michigan Hospitals in Ann Arbor, and St. Joseph's Mercy Hospital (Ypsilanti, MI). He matriculated at Hope College from 1972-76, where he received his BA in Biology. Alderink attended the Mayo School of Health-Related Sciences certificate PT program, completing his PT training in 1978. While practicing in Ann Arbor, Dr. Alderink completed his Master's of Science degree in Kinesiology in 1983 from the UM, emphasizing his research on muscle physiology and regeneration. In 2003 he completed his Doctor of Philosophy in Engineering Mechanics at Michigan State University. Dr. Alderink is a member of the American and Michigan Physical Therapy Associations, American Society of Biomechanics, Gait and Clinical Movement Analysis Society, and American Baseball Coaches Association. As PT faculty Dr. Alderink has taught kinesiology, biomechanics, research methods, orthopaedic PT, spinal manual therapy, acute care PT, and advance clinical decision making. From 2010-2016 Alderink was Resident-in-Faculty in the Frederik Meijer Honors College, where he taught courses in literature and philosophy and medical ethics; he also used that time to study social philosophy, political economy, and ecological justice. Dr. Alderink was instrumental in establishing the Motion Analysis Center at Mary Free Bed Rehabilitation Center in 1994, collaborating on clinical gait analysis and research involving gait pathologies of adults and children. Dr. Alderink is the director of the Biomechanics and Motor Performance Laboratory and is currently involved in gait, dance, and overhead deep squat research. 2012 saw his last year as pitching coach for the GVSU baseball team. He listens to Mozart, reads too much (according to his wife), golfs, and bikes. His better half, Sally, teaches English as a second language for the Coopersville Area Public Schools. Gordy and Sally have two daughters, Jenny and Liz, three grandchildren (Emma, Nora, and Jack), and a Golden Retriever, Buddy.

Barb Baker, PT, PhD, NCS

Dr. Baker graduated from Furman University with a BS in Biology. In 1984 she completed her Masters in Physical Therapy from Emory University. After graduating she worked at both Saint Mary's Hospital and Mary Free Bed Rehabilitation Center in Grand Rapids. While at Mary Free Bed Rehabilitation Center, Barb was PT department team leader for both the stroke and head injury teams. In 1990, Professor Baker accepted a position at GVSU in the Physical Therapy Program. In 2012, she received her PhD in Interdisciplinary Health Studies from Western Michigan University. Her teaching assignments include several neurological classes, pediatric development, and geriatric development. Professor Baker is also a NDT (neurodevelopmental training) therapist, has her Herdman certification in vestibular rehabilitation, and received her NCS (neuroclinical specialist) from the ABPTS in 1992, and has renewed in 2002 and 2012. In the fall of 2015, will be assisting with the opening of a new probono clinic along with Calvin College and Western Michigan University. At the probono clinic she will be treating neurological clients of all ages. She also currently teaches a continuing education course on balance and vestibular rehabilitation across the US. Barb is married (Phil) and has two children (Anna and John).

Meri Goehring, PT, PhD, GCS, CWS, Associate Chair

Dr. Goehring was born and raised in Colorado moving to Kansas while in college. She graduated from Wichita State University with a Bachelor of Science in Physical Therapy in 1979. While remaining in clinical practice, she continued her education at Wichita State receiving a Master of Health Science degree in 1990 and her PhD from Nova Southeastern University in Ft. Lauderdale, Florida in 2006. She became certified by the American Board of Physical Therapy Specialists as a Geriatric Clinical Specialist in April of 2000 and was re-certified in 2009. In March 2015 she became Board Certified by the Association for Advancement of Wound Care as a Wound Care Specialist. She remains clinically active in

acute care and adult rehabilitation. Meri began teaching at Wichita State University in 1997 and then taught at Northern Illinois University in DeKalb, Illinois until 2009. She currently serves as the Vice-President of the Western District of the Michigan Physical Therapy Association and as the Editor of GeriNotes, the news magazine for the APTA's Academy of Geriatric Physical Therapy. She is also a member of the Acute Care Section of APTA where she serves as a reviewer for the Journal of Acute Care and is currently assisting with development of clinical practice guidelines. She was elected by the faculty of the College of Health Professions (CHP) to represent the college at the University's Executive Council of the Senate and also serves on University Academic Senate with two other CHP elected representatives. Meri's research interests are in geriatrics, acute care and integument. She is married to a classically trained chef who works as a wine specialist. She enjoys travel, food and wine. She has two college age sons.

Mary Green, PT, MS, JD

Dr. Green received her BA in Biology in 1984 from LeMoyne College in Syracuse, New York. She spent two years teaching tennis before starting her Physical Therapy education at Arcadia University in Glenside, Pennsylvania where she graduated with a Masters of Science degree in Physical Therapy in 1989. She has been employed as an inpatient therapist at Moss Rehabilitation Hospital in Philadelphia and at Mary Free Bed Hospital in Grand Rapids. Mary began teaching in the physical therapy program at GVSU in 1996 and is an active member in the American Physical Therapy Association and the Michigan chapter. She received her Juris Doctorate with a concentration in Health Care Law in 2004 from Michigan State University-Detroit College of Law. Professor Green loves playing tennis, running and spending time with husband Brent, and their four children, Emma, Evan, Ben, and Ellen.

Cathy C. Harro, PT, MS, NCS

Professor Harro has been teaching entry level and advanced courses in the neurological curriculum since 1990. Professor Harro received her B.S. in Physical Therapy from the University of Illinois at Chicago, and her advanced M.S. from University of North Carolina-Chapel Hill with a graduate study focus on motor control and neuromuscular physical therapy and a supporting minor in Education. Professor Harro is Board certified by ABPTS as a Neurologic Clinical Specialist, initially certified in 1993 and recertified in 2003 and 2013. She has more than 30 years of clinical experience in neurologic physical therapy in a wide range of practice settings and is actively engaged in neurologic practice in outpatient and community wellness settings. Professor Harro is a member of the Education and Neurology Sections of the APTA, the International Parkinson and Movement Disorder Society, and the West Michigan Brain Injury Association. She has conducted and published clinical research, and presented nationally in the areas of balance and gait evaluation and interventions in individuals with Parkinson's disease, stroke, and traumatic brain injury. Her research interest is evidence based evaluation and interventions for exercise, balance and locomotion in individuals with neurologic conditions. She serves as the Clinical Research Director for the Lulenski-Smith Physical Therapy Neurologic Residency at Mary Free Bed Hospital. Professor Harro likes to spend her free time road biking, kayaking, and swimming, as well as spending time with her family (husband Dan, and four children, Janell, Kelly, Danielle, and Cailin).

Barbara Hoogenboom, PT, EdD, SCS, ATC, Associate Chair

Dr. Hoogenboom received her Bachelor of Science degree in Biology from Calvin College in 1983. She went on to earn Certification in Physical Therapy from Cleveland State University and a Masters degree in Health Science from Grand Valley State University. Dr. Hoogenboom was certified in 1993 by ABPTS as a Sports-certified specialist, and was recertified in 2003 and 2013. She received a doctorate in Educational Leadership from Eastern Michigan University in 2006. She also is certified as an Athletic

Trainer. She continues weekly clinical practice with a community agency and by volunteering in the pro-bono community outreach clinics. Dr. Hoogenboom has been active in the APTA since 1985 and has held multiple leadership positions within the Sports Physical Therapy Section, currently serving as the Senior Associate Editor of the International Journal of Sports Physical Therapy. She teaches Sports Physical Therapy and various musculoskeletal courses within the PT curriculum. Her research interests include topics related to the Female Athlete, functional movement, and 3-D motion analysis. Her avocations include fitness activities, gardening, reading, and writing/editing. Her adult children Lindsay and Matthew both live out of state, pursuing education and work adventures. She is married to Dave, and together they care for their black labrador, Buckeye!

Lisa Kenyon, PT, DPT, PhD, PCS, Associate Chair

Dr. Kenyon graduated from the University of Vermont with a BS in Physical Therapy in 1987. In 1998, she completed a Master's in Health Science with a concentration in Pediatric Neurologic Physical Therapy from the University of Indianapolis. In 2010 she completed her PhD in physical therapy at Nova Southeastern University and in 2014, she completed her Transitional Doctor of Physical Therapy degree. She has over 28 years of clinical experience in pediatric physical therapy and has worked in a wide variety of pediatric practice settings. She is Board certified by the ABPTS as a Pediatric Specialist, past Chair of the Pediatric Specialty Council, and a member of the Item Writer Taskforce for the Federation of State Boards of Physical Therapy. Dr. Kenyon is a member of the Education, Pediatrics, and Neurology Sections of the American Physical Therapy Association. She is married to Tom and they have two daughters (Shanna and Alena) and a red labradoodle named Maska.

Bonni Kinne, PT, MS, MA, Academic Coordinator of Clinical Education

Professor Kinne received a bachelor's degree in biomedical sciences at Western Michigan University in 1984, a master's degree in exercise science at Western Michigan University in 1985, and a master's degree in physical therapy at Grand Valley State University in 1994. She was employed as an instructor/coach at the University of Wisconsin – Eau Claire from 1985 to 1988. She began her physical therapy career in the Lansing area in 1994 and has worked at Sparrow Hospital and at C. Weaver Physical Therapy. She is an APTA Credentialed Clinical Instructor and has extensive experience as a Clinical Instructor and as a Center Coordinator of Clinical Education. Her teaching background includes the presentation of six different vestibular rehabilitation courses as well as a migraine headache course at a number of clinical facilities across the country. She has conducted and presented research in the areas of vestibular rehabilitation and migraine headaches. She is currently a student in the Doctor of Health Sciences program at A.T. Still University (Mesa, AZ). In her spare time, Bonni enjoys traveling, attending sporting events, and spending time with her family (especially her two teenaged nieces).

Karen Ozga, PT, MMSc, Director of Clinical Education

Professor Ozga is from Detroit and received a B.S. in Physical Therapy from Wayne State University in 1980. She practiced in acute care, outpatient, and neurorehabilitation at Providence Hospital in Southfield until 1985 when she relocated to Atlanta to attend Emory University. She completed a Master of Medical Science (M.M.Sc.) with an emphasis in clinical neuroscience at Emory University in 1988 and practiced in a day rehabilitation program for individuals with brain injury. In 1990, Professor Ozga assumed the positions of Academic Coordinator of Clinical Education and Assistant Professor for the PT Program at GVSU. Her clinical practice interests are in neurological and geriatric rehabilitation. She is a member of the Education and Geriatric Sections of the APTA. She is credentialed by the APTA as a trainer for the Clinical Instructor Education and Credentialing Program. She is married (Jose) and has two teenaged sons (Joseph and Michael).

John Peck, PT, PhD

Dr. Peck joined GVSU in 1997 as Director of Physical Therapy, after working for 15 years at the University of Central Arkansas. His academic background started with a Bachelor of Arts at Johns Hopkins University. He also earned a BS in Physical Therapy at the University of Central Arkansas, and a MS and PhD in Physiology at the University of Maryland. He was a post-doctoral trainee at Emory University and a postdoctoral fellow at the University of Alabama Medical School in Birmingham. He later served as the Physical Therapy Disciplinary Coordinator for the University Affiliated Programs of the University of Arkansas Medical School. After 17 years at GVSU as Chair of Physical Therapy, he stepped down and continues to teach as a ½ time faculty member. His teaching area includes pathology, life-span development, pediatrics and research. He is married (Nelle) and has three grown children (Lindsay, Anderson, and Mary Ellen).

Jon Rose, PT, SCS, MS, ATC

Professor Rose earned a B.A. in English Literature at Boston University in 1991. In 1992 he earned his Master of Science with a concentration in Exercise Science from Eastern Illinois University. After 3 years of practice as a certified athletic trainer, he earned his Certificate of Physical Therapy from Ohio State University (OSU) in 1997. His clinical practice has focused on orthopedics and sports medicine; and he served as a Director of Rehab for a private clinic and a hospital system. He has variously served as a team athletic trainer and team physical therapist for several high school, college, semi-professional and professional sports teams. Jon began his academic career as an adjunct professor at The University of Tennessee Health Science Center (UTHSC) and OSU. He joined the UTHSC faculty full-time in 2007, teaching basic science, orthopedic and sport courses. He is currently in the all-but-dissertation phase of his Ph.D. program at the University of Memphis. He and his wife Sarah – also a physical therapist – have 4 children: Elizabeth, Joseph, Nathan, and Matthew.

Michael Shoemaker, PT, DPT, PhD, GCS

Dr. Shoemaker received a B.S. in Physical Education with an Exercise Science Specialization from Calvin College in 1996. In 1999 he earned his Doctor of Physical Therapy degree from Slippery Rock University, and earned his PhD in Interdisciplinary Health Sciences from Western Michigan University in 2012. He is board-certified as a Geriatric Clinical Specialist by the ABPTS. His practice has been focused in cardiopulmonary and geriatric rehabilitation across multiple practice settings including acute care, long-term acute care, long-term care, subacute care and outpatient care, and he currently practices at the Spectrum Health Meijer Heart Center. Dr. Shoemaker is currently serving as Vice President of the Michigan Physical Therapy Association. He enjoys watersports and is an instrument-rated pilot who flies for the Civil Air Patrol. He is married (Holly) and has three children: Clay, Cameron, and Adeline.

Corey Sobeck, PT, DScPT, OMPT, OCS

Dr. Sobeck joined the faculty in 2008 and teaches in the musculoskeletal curriculum. He completed his undergraduate studies and MSPT (2002) at Grand Valley State University. Corey is certified as an Orthopedic Manual Physical Therapist (2006) and taught in the OMPT post-professional program at Oakland University where he also completed the Doctor of Science in Physical Therapy degree (2011). Corey is board certified as a Clinical Specialist in Orthopaedic Physical Therapy (2008) by the ABPTS and is an APTA credentialed Clinical Instructor and MPTA Outstanding Clinical Instructor Award recipient (2007). Corey is active in the PT profession and continues part time orthopedic clinical practice with an emphasis in manual therapy. Corey is an avid sports fan and enjoys spending time with

his family including his wife (Karen), children (Kaylea, Robert, and Danny) and his English Bulldog (Griffin).

Laurie Stickler, PT, DHS, OCS

Dr. Stickler received her B.S. in Health Sciences in 1999 and her M.S. in Physical Therapy in 2001, both from GVSU. She completed her Doctorate in Health Sciences with an emphasis in orthopedic physical therapy from the University of Indianapolis in 2013. Laurie is a Board Certified Orthopedic Clinical Specialist and a member of the APTA. She joined the faculty full-time in 2009. Laurie maintains clinical practice locally in outpatient physical therapy and also volunteers in the pro bono physical therapy clinic. She is married (Tim) and has a daughter (Jessie). In her spare time, she enjoys spending time with her family, hiking, running, sports, and reading.

Daniel Vaughn, PT, PhD, FAAOMPT, Department Chair

Dr. Vaughn is a 1977 graduate of East Carolina University's Physical Therapy Program. He was a full time clinician for twenty years following graduation. His practice areas were primarily outpatient orthopedic and sports settings, as well as centers for management of chronic spinal pain. He completed three years of advanced manual therapy residency training through the Ola Grimsby Institute in 1991. He has certifications in levels I and II of manual and manipulative therapy through the Norwegian School of Manual Therapy and is a Fellow in the American Academy of Manual and Manipulative Therapists (FAAOMPT). Dr. Vaughn began his teaching career at GVSU in 1996. He graduated in 2005 from Michigan State University with a PhD in Kinesiology (specialty area of exercise physiology). Dan is the Editor-in-Chief of the Journal of Manual and Manipulative Therapy (JMMT). His wife, Pam, is also a physical therapist. He has 3 children: Maddie, Wes, and Sam.

APPENDIX B

Health Compliance Requirements



Doctorate of Physical Therapy Health Compliance Requirements

As a student at Grand Valley State University you will participate in clinical education activities at affiliated facilities. In order to be protective of everyone involved, your health and the health and safety of the community in which you may serve; certain participation guidelines have been established.

Infectious, communicable diseases are common in many clinical training sites and may be a threat to our students. During the performance of clinical training, research or internship activities, our students may interact and be exposed to clients and research participants with diseases such as, but not limited to, tuberculosis (TB), hepatitis B (HBV), and influenza.

University policy, state and federal statutory regulations, accreditation standards for affiliated clinical agencies require that our students comply with certain health, safety and legal requirements applicable to their occupation and that those individuals demonstrate particular cognitive and clinical competencies consistent with their program's minimum practice standards. As such, Grand Valley State University is contractually mandated to ensure all students attain and maintain full compliance with each program's set compliance requirements.

To Locate your Program Requirements

Upon admission to the University an orientation packet will be sent to you via U.S. mail from the Admissions Office. Within that packet you will find an email username and directions on how to access the GVSU email system and set your password. Once you assign your password you will have access to the GVSU internet based Blackboard classroom system.

Steps to find your GVSU Health Compliance requirements:

1. Log onto the GVSU homepage www.gvsu.edu
2. Click on the Bb "MyBlackboard" icon at the top of the homepage.
3. On the Blackboard homepage to enter the site you must type in your GVSU email username and password in the appropriate boxes
4. This will take you into your Blackboard account where you have been assigned to a Health Compliance organization under the tab "My Organizations"
5. Click on the organization "Health Compliance"
6. Once inside your Health Compliance Organization you will see your program's required health compliance items, their due date, directions on how to obtain compliance and how to submit the required documentation

This information will be available after week 1 of semester 1. If you have questions or need assistance accessing the Blackboard site please communicate with Warren Olson, Health Compliance Officer, at 616-331-5867 or olsonwa@gvsu.edu

APPENDIX C

Clinical Education Sites

ALPHABETICAL LIST OF AFFILIATED CLINICAL SITES (August 2015)

All sites are not available for all clinical education courses. Students receive a list of clinical sites available for each clinical education course about 4 months before that experience begins.

Clinical Site	City	State
A.Fox Physical Therapy	Thornton	CO
Accelerated Rehab - Indiana	Indianapolis	IN
Accelerated Rehab - Michigan	Chicago	IL
Active Physical Therapy	Marquette	MI
Advent Physical Therapy	Grand Rapids	MI
Advocate Christ Medical Center	Oak Lawn	IL
Agility Health	Grand Rapids	MI
Agility Health Physical Therapy - Battle Creek	Battle Creek	MI
Agility Health Physical Therapy – Holland	Holland	MI
Agility Health Physical Therapy - Plainwell	Plainwell	MI
Agility Physical Therapy & Sports Performance	Kalamazoo	MI
Allegan General Hospital	Allegan	MI
Allegiance Health	Michigan Center	MI
Alpena Regional Medical Center	Alpena	MI
Ann & Robert H. Lurie Children's Hospital of Chicago	Chicago	IL
Assessment Rehabilitation Management - Cedar Street	Lansing	MI
Assessment Rehabilitation Management - Pennsylvania Avenue	Lansing	MI
Athens Regional Medical Center	Athens	GA
Athletico Sports Medicine and Rehabilitation	Bolingbrook	IL
ATI Physical Therapy	Bolingbrook	IL
Auro Physical Therapy	Kalamazoo	MI
Baton Rouge Rehab Hospital	Baton Rouge	LA
Baton Rouge Rehab Hospital - Outpatient	Baton Rouge	LA
Bay Area Medical Center	Marinette	WI
BEATS, Inc.	Woodstock	GA
Beaumont Grosse Pointe	St. Clair Shores	MI
Beekman Center	Lansing	MI
Bellin Sportsmedicine	Green Bay	WI
Borgess Medical Center	Kalamazoo	MI
Botsford Center for Rehab	Novi	MI
Botsford General Hospital - Acute Care	Farmington Hills	MI
Botsford General Hospital - Rehabilitation	Farmington Hills	MI
Brighton Rehabilitation	Salt Lake City	UT
Bronson Rehabilitation Center	Kalamazoo	MI
Brooke Army Medical Center	Ft Sam Houston	TX
Building Blocks Physical Therapy	Fairbanks	AK
C. Weaver Physical Therapy	East Lansing	MI
Camp LeJeune	Camp LeJeune	NC
Canyon Vista Medical Center	Sierra Vista	AZ
Captain James A. Lovell Federal Health Care Facility	North Chicago	IL

Cardinal Hill Rehabilitation Hospital	Lexington	KY
Carson Health Network	Carson City	MI
Center for Independence	Countryside	IL
Center for Physical Excellence	Prescott	AZ
Center for Physical Rehabilitation	Grand Rapids	MI
Central Texas Rehabilitation Hospital	Austin	TX
Champion Sports Medicine - Shelby	Pelham	AL
Charlevoix Area Hospital	Charlevoix	MI
Children's Hospital at Vanderbilt	Nashville	TN
Children's Hospital of Alabama	Birmingham	AL
Children's Hospital of Michigan	Detroit	MI
Cincinnati Children's Hospital Medical Center	Cincinnati	OH
Clinton County RESA	St. Johns	MI
Community Health Center of Branch County	Coldwater	MI
Competitive Edge Performance, Inc.	Oldsmar	FL
Comprehensive Physical Therapy Center	Grand Rapids	MI
Concentra AMS East	Warren	MI
Concentra Medical Center - Downtown Denver	Denver	CO
Concept Rehab, Inc.	Toledo	OH
CORA Rehab	Lapeer	MI
Covenant Healthcare	Saginaw	MI
Cracciolo Inpatient Rehabilitation Center - St. John	Detroit	MI
Crittenton Outpatient Physical Therapy Center	Washington	MI
Crouse Hospital	Syracuse	NY
Dery Physical Therapy	Lowell	MI
Detroit Institute for Children	Walled Lake	MI
Detroit Receiving Hospital & University Health Center	Detroit	MI
Dickinson County Healthcare System	Iron Mountain	MI
Dynamic Physical Therapy - Cadillac	Cadillac	MI
Dynamic Physical Therapy - Gaylord	Gaylord	MI
Dynamic Physical Therapy - Traverse City	Traverse City	MI
Eduglobal Associates	Indiana	PA
Elite Physical Therapy and Sports Performance	Traverse City	MI
Encore Rehabilitation Services	New Stanton	PA
Essentia Health Fitness & Therapy Center	Duluth	MN
Essentia Health Miller Dwan Rehabilitation Center	Duluth	MN
Euro-Peds National Center for Intensive Pediatric PT	Pontiac	MI
Excel Physical Therapy and Fitness	Philadelphia	PA
EXOS	Frisco	TX
Fruitport Community Schools	Muskegon	MI
Generation Care	Grand Haven	MI
Genesis Rehab Services	Loveland	OH
Genesys Regional Medical Center	Grand Blanc	MI
Good Samaritan Hospital	Puyallup	WA
Good Shepard Penn Partners	Philadelphia	PA
Grand Haven Area Public Schools	Grand Haven	MI
Grand River Physical Therapy Specialists, PC	Ionia	MI
Grant Medical Center	Columbus	OH

Gratiot- MidMichigan Medical Center	Alma	MI
Great Northern Rehab	Ironwood	MI
Gundersen Lutheran Sports Medicine Center	Onalaska	WI
Hayes Green Beach Memorial Hospital	Charlotte	MI
Health Motion Physical Therapy	Kentwood	MI
Health South Hammarville	Pittsburgh	PA
Health South Rehabilitation	Sarasota	FL
HealthSound Rehabilitation Hospital at Martin Health	Stuart	FL
HealthSouth Rehabilitation Hospital of Colorado Springs	Colorado Springs	CO
Healthsouth Rehabilitation Hospital of Miami	Miami	FL
Healthsouth Rehabilitation Institute of Tucson	Tucson	AZ
Healthsouth Valley of the Sun Rehabilitation Hospital	Glendale	AZ
Heartland Health Care Center Greenview	Grand Rapids	MI
Heartland Health Care Center-Crestview	Wyoming	MI
Heartland Health Care Grand Rapids	Grand Rapids	MI
Heartland West Bloomfield	West Bloomfield	MI
Hearts in Motion	Munster	IN
Hearts in Motion	Munster	IN
Helen DeVos Children's Hospital of Spectrum Health	Grand Rapids	MI
Henry Ford Health System	Grosse Pointe Farms	MI
Henry Ford Hospital	Detroit	MI
Henry Ford Macomb Health Center - Bruce Twp	Romeo	MI
Henry Ford Medical Group	Novi	MI
Henry Ford Wyandotte Hospital	Wyandotte	MI
Holland Home - Rehab Dimensions	Grand Rapids	MI
Holland Hospital Rehabilitation Services	Holland	MI
Hope Network Lansing Rehab Services	East Lansing	MI
Hope Network Rehabilitation Services	Grand Rapids	MI
Hudsonville Physical Therapy	Georgetown Twp.	MI
Hulst Jepsen Physical Therapy-Rockford	Rockford	MI
I'move	Spring Lake	MI
Ideal Rehabilitation	Scottsdale	AZ
Ingham Intermediate School District	Mason	MI
Jackson County ISD	Jackson	MI
Journey Physical Therapy	Chicago	IL
Ken-O-Sha Elementary	Grand Rapids	MI
Kent Intermediate School District	Grand Rapids	MI
Kentwood Physical Therapy	Kentwood	MI
Keweenaw Memorial Rehabilitation Center	Laurium	MI
Keystone Rehabilitation Systems	Glenshaw	PA
Kimberlee J. O'Donald, P.T., P.C.	Greenville	MI
Lakeland Community Hospital Watervliet	Coloma	MI
Lakeland Medical Center	St. Joseph	MI
Lakeland Orthopedic Physical Therapy	St. Joseph	MI
Lakeland Rehab Center	Niles	MI
Lakeland Rehabilitation Services Health Park	St. Joseph	MI

Lakeside Comprehensive Rehabilitation, Inc.	Hart	MI
Lakeview Specialty Hospital & Rehab	Waterford	WI
Life in Balance Physical Therapy	Niles	MI
Lincoln Developmental Center	Grand Rapids	MI
Lincoln School	Grand Rapids	MI
Macquarie Sports Physiotherapy	Australia	
Marquette General Health System - UP Rehab	Marquette	MI
Mary Free Bed Outpatient Therapy Center	Grand Rapids	MI
Mary Free Bed Rehabilitation Hospital	Grand Rapids	MI
Mary Free Bed Rehabilitation Hospital - The Pain Center	Grand Rapids	MI
Mary Washington Healthcare	Fredericksburg	VA
Marywood Health Center	Grand Rapids	MI
Max Motion Physical Therapy	Sierra Vista	AZ
Mayo Foundation - St. Mary's Hospital	Rochester	MN
McLaren - Bay Region Medical Center	Bay City	MI
McLaren - Greater Lansing	Lansing	MI
McLaren Regional Medical Center	Flint	MI
Medical Services Flight Commander - Germany	Spangdahlem	AB
MedSport at the Ann Arbor Ice Cube	Ann Arbor	MI
Memorial Regional Rehabilitation Center	South Bend	IN
Memorial Healthcare	Chesaning	MI
Mercy Health Hauenstein Neuro Rehab	Grand Rapids	MI
Mercy Health Partners	Muskegon	MI
Mercy Healthcare St. Mary's	Grand Rapids	MI
Mercy Rehabilitation Services	Cadillac	MI
Metro Health Hospital	Jenison	MI
Midland County ESA	Midland	MI
Mid-Michigan Health Park Campus Ridge Rehabilitation Services	Midland	MI
Mobley Physical Therapy	Rigby	ID
Montcalm Area ISD	Greenville	MI
Mountain Land Rehab	Salt Lake City	UT
Munson Medical Center	Traverse City	MI
Muskegon Public Schools	Muskegon	MI
North Service Unit	Muskegon	MI
Northern Michigan Sports Medicine Center	Petoskey	MI
Northern Physical Therapy Services	Cedar Springs	MI
Northshore University Health System	Evanston	IL
Northstar Health System	Iron River	MI
Northwest Community Hospital	Rolling Meadows	IL
Northwestern Medicine	Glen Ellyn,	IL
Nottingham University Hospital	Nottingham	
Novacare Rehabilitation - PA	Broomall	PA
NovaCare Rehabilitation - Ridgedale	Minnetonka,	MN
Novacare Rehabilitation - Westside	Cincinnati	OH
NovaCare Rehabilitation Chicago	McHenry	IL
Novacare-Moon Twp.	Moon Twp.	PA
Oakland Physical Therapy, P.C.	Novi	MI

Oakwood Center for Exceptional Families	Dearborn	MI
Oakwood Healthcare System	Dearborn	MI
Ohio Health Neighborhood Care	Westerville	OH
Ohio Health Rehabilitation Hospital	Columbus	OH
Origami Brain Injury Rehabilitation Center	Mason	MI
Orthopedic Rehab Specialists, P.C.	Jackson	MI
Ottawa Area Center	Allendale	MI
Parkview Memorial Hospital	Ft. Wayne	IN
Peak Performance Physical Therapy, PLC	Lansing	MI
Physical Therapy One - Kalamazoo	Kalamazoo	MI
Physical Therapy One - Portage	Portage	MI
Physiotherapy Associates - Kalamazoo	Kalamazoo	MI
Physiotherapy Associates - Kentwood	Kentwood	MI
Physiotherapy Associates - Lansing	Lansing	MI
Physiotherapy Associates - Livermore	Livermore	CA
Physiotherapy Associates – Scottsdale	Scottsdale	AZ
Physiotherapy Associates - Warren	Warren	MI
Physiotherapy Associates - Western Ohio Therapy	Greenville	OH
Physiotherapy Associates/Prescription Fitness, Inc.	Lake Orion	MI
Physiotherapy Associates-East Naples	Naples	FL
Plymouth Physical Therapy Specialists	Plymouth	MI
Portage Health Rehabilitation & Sports Medicine	Hancock	MI
Porter Hills Rehabilitation Center	Grand Rapids	MI
Proaxis Therapy at Swedish Medical Center	Englewood	CO
Probility Therapy Services	Ypsilanti	MI
Pro-Motion Physical Therapy	Yakima	WA
Providence Hospital	Southfield	MI
PT 360 Physical Therapy	Grand Rapids	MI
Rehabilitation Institute of Michigan	Detroit	MI
Rehabilitation Institute of Michigan - Novi	Novi	MI
Rehabilitation Institute of Michigan Sterling Heights - Neuro	Sterling Heights	MI
Rehabilitation Institute of Michigan Sterling Heights - Ortho	Sterling Heights	MI
Riverside Methodist Hospital	Columbus	OH
Rogers City Rehab Hospital	Rogers City	MI
Rose Medical Center	Denver	CO
Santa Barbara Cottage Hospital	Santa Barbara	CA
Schwab Rehabilitation Hospital	Chicago	IL
Select Physical Therapy - Murfreesboro	Murfreesboro	TN
Select Physical Therapy - Orlando Market	Kissimmee	FL
Select Physical Therapy - Tampa	Tampa	FL
SIMIO Physical Therapy, PLLC	Holland	MI
Sinai-Grace Hospital	Detroit	MI
South Haven Health System	South Haven	MI
Sparrow Health System	Lansing	MI
Sparrow Hospital	Lansing	MI
Sparrow Hospital	Lansing	MI
Sparrow Hospital Pediatric Rehab	Lansing	MI

Sparrow Specialty Hospital	Lansing	MI
Specialists in Sports and Orthopedic Rehabilitation	Overland Park	KS
Spectrum Health Center for Acute Rehabilitation	Grand Rapids,	MI
Spectrum Health Inpatient - Blodgett	Grand Rapids	MI
Spectrum Health Inpatient - Butterworth	Grand Rapids	MI
Spectrum Health Ludington Hospital	Ludington	MI
Spectrum Health Neurorehab Services	Grand Rapids	MI
Spectrum Health Pennock	Hastings	MI
Spectrum Health Physical Therapy	Rockford	MI
Spectrum Health Rehab & Nursing Center Fuller Ave.	Grand Rapids	MI
Spectrum Health Rehab & Nursing Center Kalamazoo Avenue	Grand Rapids	MI
Spectrum Health United Memorial	Greenville	MI
Spectrum Health/Mecosta County Medical Center	Big Rapids	MI
Spooner Physical Therapy	Phoenix	AZ
Sports Spine & Industrial	Greer	SC
SportsMed Physical Therapy	Los Angeles	CA
Spring Valley Hospital Medical Center	Las Vegas	NV
St. Francis Hospital	Escanaba	MI
St. Francis Memorial Hospital	San Francisco	CA
St. John Hospital & Medical Center	Detroit	MI
St. John Macomb Hospital - Outpatient	Macomb Twp	MI
St. John Macomb Inpatient Hospital	Warren	MI
St. John Medical Center - Harrison Twp	Harrison Township	MI
St. John- Providence Park	Novi	MI
St. Joseph - Mercy Port Huron	Marysville	MI
St. Joseph Mercy Health - Chelsea Wellness Center - Chelsea Hospital	Chelsea	MI
St. Joseph Mercy Health System's outpatient services	Ann Arbor	MI
St. Joseph Mercy Hospital	Ann Arbor	MI
St. Joseph Regional Medical Center	Mishawaka	IN
St. Luke's Rehabilitation Institute	Spokane	WA
St. Mary's Healthcare Center	Pierre	SD
St. Mary's of Michigan	Saginaw	MI
St. Mary's of Michigan Spine Care	Saginaw	MI
St. Vincent Mercy Medical Center	Toledo	OH
Straith Hospital	Southfield	MI
Sunnyview Hospital & Rehabilitation Center	Schenectady	NY
Superior Physical Therapy	Traverse City	MI
Swedish Covenant Hospital (IP)	Chicago	IL
Swedish Covenant Hospital (OP)	Chicago	IL
Synergy Physical Therapy Group	Grand Rapids	MI
Team Rehabilitation	Clinton Township	MI
The Lighthouse Inc. - Caro	Caro	MI
The Lighthouse Inc. - Kingsley	Kingsley	MI
The Recovery Project, LLC	Macomb	MI
Therapeutic Associates, Inc.	Portland	OR
Tim Bondy Physical Therapy	Petoskey	MI

TIRR Rehabilitation Centers	Houston	TX
Toledo Hospital - Center for Health Services	Toledo	OH
Total Rehab	Maryville	TN
Troy Beaumont - Rehab Department	Rochester Hills	MI
UAB Sports Medicine	Birmingham	AL
University of Michigan Medical Center	Ann Arbor	MI
University of North Carolina Hospitals	Chapel Hill	NC
VA Maine	Augusta,	ME
Veteran's Affairs Ann Arbor Healthcare System	Ann Arbor	MI
Virginia Commonwealth University Health System	Richmond	VA
Visiting Nurse Services	Grand Rapids	MI
War Memorial Hospital	Sault Ste. Marie	MI
Wellerwood Early Childhood Center	Grand Rapids	MI
West Branch Regional Medical Center	West Branch	MI
William Beaumont Hospital - Royal Oak	Royal Oak	MI
William Beaumont Hospital - Troy	Troy	MI
Wyoming Health Care Center	Wyoming	MI

APPENDIX D

Permission to Release Non-Public Information Form

GRAND VALLEY STATE UNIVERSITY

PERMISSION TO RELEASE NON-PUBLIC INFORMATION

The Family and Educational Rights and Privacy Act of 1974 (as amended in December 1974) provides that the release of education records (or personally identifiable information therein, except for public directory information) without the written consent of the student will not be made.

In order that GVSU may comply with the law, please provide the information requested below and sign this request form.

PLEASE PRINT

NAME _____ STUDENT NUMBER _____
First Middle Last

PERMANENT ADDRESS _____
Number and Street City State Zip

INFORMATION TO BE RELEASED: _____

PERSON TO RECEIVE INFORMATION: _____
Name

Number and Street

City

State

Zip

Student Signature

Date

APPENDIX E

Additional Resources

ADDITIONAL RESOURCES

University Catalog

Available on line @ <http://catalog.gvsu.edu/index.php>

For additional information, the following sections of the University Catalog found at the above website may be useful to students:

- Academic Calendar
- Academic Policies and Regulations
- All Academic Programs I-Z
- Physical Therapy
- Costs and Financial Aid

Student Code

Students can refer to the Student Code at www.gvsu.edu/studentcode for information on the following topics:

- Student Conduct
- Academic Honesty
- Student Academic Grievance Process

Physical Therapy Handbooks

Physical Therapy Student Handbook and Research Handbook can be accessed at www.gvsu.edu/pt
Clinical Education handbook will be provided to you by the clinical education faculty at the appropriate time.

Office of Graduate Studies

<http://www.gvsu.edu/gs/graduate-student-resources-30.htm>

Current Students

- New Graduate Student Orientation
- Campus Maps
- Student Health Insurance

Career and Development Opportunities

- PACES (Professional Development for Graduate Students)
- Office of Graduate Studies Dean Citation Awards

Manuals, Guidebooks and Handbooks

- Graduate Student Guidebook

GVSU Web Page

Go to www.gvsu.edu and select "Current Students" for the following topics:

Current Students

Academic Advising	FieldHouse/Recreation Center	Registrar
Academic Calendar	Financial Aid	Scholarships
Bus Schedule	Housing	Student Accounts
Bookstore	Information Technology	Student Life
Campus Dining	IT Self Service	Student Jobs
Course Catalog	Library	Student Services
Email	myBanner	Veterans Network
Events Calendar	myBlackboard	

Graduate

Academic Calendar	Financial Aid	Student ID
Admissions	Graduate Student Orientation	Student Services
Assistantships	Graduate Programs	Virtual Orientation
Bookstore	Graduate Student Association	Visit Campus
Campus Dining	Housing	
Child Care	Office of Graduate Studies	
Course Catalog	Parking Permit	

International

Admissions	Jobs	Social Security
Bookstore	Orientation	State ID
Change of Address	Regulations	Student Life
Culture Shock	Scholarships and Loans	Transportation
Financial Aid	Services	Tuition
Housing		

Learning & Success

Academic Advising	Disability Support Resources	Student Life
Campus Health Center	Family Health Center	Student Services
Career Center	LGBT Resource Center	Tutoring Center
Child Care	Office of Multicultural Affairs	Women's Center
Counseling & Career	Police Department	Writing Center
Development	my Banner	

GVSU ROUTE INFORMATION

The Grand Rapids bus system (known as “The Rapid”) is free throughout the city for all GVSU students, if you provide your GVSU ID. The Rapid also provides free transportation between the Allendale campus, as well as all of the downtown campuses of the university. Bus #50 will take you from Allendale directly to CHS and vice-versa. It will also get you from the DeVos campus (on Lake Michigan Drive @ Seward), where parking for the CHS building is provided, directly to CHS. The “Dash to the Hill” (#51) will also get you from the DeVos parking to within 2 blocks of CHS. It is a 7-9 minute commute from that lot to CHS on either bus. “The Dash”(#51), as well as #50, run every 7-8 minutes during peak hours of the main academic year. Commuters should allow 45 minutes to make the trip between the CHS building and Allendale.

We encourage you to check the website (www.gvsu.edu/bus) for specific times and frequency of the Rapid’s routes.

APPENDIX F

Student Sign-Off Form

DPT CLASS OF 2018

If you have any questions about the Student Handbook, please ask your questions and comprehend the answers before you sign this form. Those questions should be addressed to Dr. Vaughn at vaughnd@gvsu.edu, or in-person. You are also encouraged to ask questions of any of the DPT faculty members.

Student Handbook:

I have read the "Student Handbook, Class of 2018", and agree to comply with the Department's expectations. My questions regarding the Handbook have been asked and answered to my satisfaction.

Printed name

Signature

Date**Professional Behaviors in the Handbook:**

I understand that I am expected to make progress in the demonstration of professional behaviors (p. 19-28, Student Handbook) throughout the curriculum. I also understand that I am expected to demonstrate entry-level criteria consistently in the classroom and clinical setting prior to graduation.

Printed name

Signature

Date