DEPARTMENT OF PHYSICAL THERAPY

CLINICAL FACULTY
HANDBOOK

Updated September 2014
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Thank you for being a part of the University of North Dakota Department of Physical Therapy as a clinical experience site. As Director of Clinical Education I would like to thank you for your past support and anticipated future involvement in our program. I am hopeful this clinical faculty handbook will provide you and the clinical instructors an overview of our program and critical documents that students are provided as a guide for their clinical experiences. We hope that this will assist you as clinical faculty in providing a beneficial experience for the student as well as the staff at your facility.

We do continue to offer the benefit of an account for electronic access to journals through the Harley French Medical Library at the University of North Dakota to the clinical coordinator and any clinical instructor who works with a student from the University of North Dakota. For the clinical coordinator this is an ongoing benefit and for clinical instructors it will remain active for 18 months. To obtain access send an email to cindy.flom.meland@med.und.edu for clearance and instructions for application.

Materials to support clinical education are also available on the APTA website at <www.apta.org> under Career & Education. Follow the link to “For Educators” and then click on “Clinical Educator & Clinical Site Development”. Listed below are some documents that you may find useful.

**Clinical Educator Development**
- Reference Material for Center Coordinators of Clinical Education
- Credentialed Clinical Instructor Program (CCIP)
- Advanced Credentialed Clinical Instructor Program (ACCIP)

**Clinical Site Development**
- Guidelines and Self-assessments for Clinical Education
- Clinical Site Information Form (CSIF)
- PT Student Site Evaluation Form

**Regulations**
- APTA Policies & Positions
- Medicare Payment & Reimbursement: Supervision of Students Under Medicare Chart

In addition to me, our Clinical Education team at UND consists of Bev Johnson, Assistant Director of Clinical Education (bev.johnson@med.und.edu) and Sandy Monette, Administrative Assistant (sandra.monette@med.und.edu).

Thank you again for your interest in the University of North Dakota Department of Physical Therapy. I look forward to working with you. If I may be of assistance at any time please feel free to contact me at cindy.flom.meland@med.und.edu or by phone to (701) 777-4130.

Sincerely,

Cindy Flom-Meland, PT, PhD, NCS
Associate Professor and Director of Clinical Education
# DEPARTMENT/CAMPUS TELEPHONE NUMBERS

**Department of Physical Therapy**  
**Office Hours:** 8:00 a.m. to 4:30 p.m.  
**Main Office:** 701-777-2831

<table>
<thead>
<tr>
<th>Faculty Telephone Numbers:</th>
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<tbody>
<tr>
<td>Dave Relling 777-4091</td>
<td>Affirmative Action Office 777-4171</td>
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<td>Cindy Flom-Meland 777-4130</td>
<td>Career Services 777-3904</td>
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<tr>
<td>Tom Mohr 777-3862</td>
<td>Chester Fritz Library 777-2617</td>
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<tr>
<td>Beverly Johnson 777-3871</td>
<td>Disability Services for Students 777-3425</td>
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<td>Renee Mabey 777-4854</td>
<td>Health Sciences Library 777-3993</td>
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<tr>
<td>Peggy Mohr 777-3689</td>
<td>Memorial Union Info Center 777-4321</td>
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<td>Sue Jeno 777-3662</td>
<td>School of Graduate Studies 777-2784</td>
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<td>Mark Romanick 777-3668</td>
<td>Student Financial Aid 777-3121</td>
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<td>Meridee Danks 777-3861</td>
<td>Student Health 777-4500</td>
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<tr>
<td>Gary Schindler 777-6081</td>
<td>University Counseling Center 777-2127</td>
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<tr>
<td>Michelle LaBrecque 777-6389</td>
<td>University Police 777-3491</td>
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<td>Schawnn Decker 777-6389</td>
<td>Writing Center 777-2795</td>
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<tr>
<td>Alyson White 777-3873</td>
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<tr>
<td>Sherri Johnson 777-2831 (am) 777-4176 (pm)</td>
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<tr>
<td>Sandy Monette 777-4176 (am) 777-2831 (pm)</td>
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DEPARTMENT FACULTY & STAFF

David Relling, PT, PhD.
Associate Professor and Chair: BSPT, University of North Dakota; M.S., Kinesiology, Kansas State University; Ph.D. Physiology, University of North Dakota. Dr Relling became Chair of the Department of Physical Therapy in June 2014. He has served on numerous University committees and is active in the North Dakota Physical Therapy Association and Federation of State Boards of Physical Therapy. Dr. Relling teaches a number of courses in the areas of pathology, acute care, cardiopulmonary PT, exercise physiology and orthopedics. Areas of research interests include exercise physiology, orthopedics, EMG and motion analysis.

Cindy Flom-Meland, PT, PhD, NCS.
Associate Professor and Director of Clinical Education; BSPT, MPT, Ph.D., Teaching & Learning, University of North Dakota. Dr. Flom-Meland is the Director of Clinical Education program and primarily works with students and clinicians to arrange clinical experiences and obtain clinical sites for students. Dr. Flom-Meland is a credentialed trainer for the APTA Clinical Instructor Education and Credentialing Program. She is active in the North Dakota Physical Therapy Association, APTA, and University committees. Dr. Flom-Meland teaches in the areas of communication and professional behavior, therapeutic agents, motor control, psychological aspects, and neuro-rehabilitation. Areas of research interests include neuro-rehabilitation, clinical education, and professional behavior.

Thomas Mohr, PT, PhD.
Professor and Associate Dean for Health Sciences; BSPT, University of North Dakota; M.S., Physical Therapy, University of Minnesota; Ph.D. Physiology, University of North Dakota. Dr. Mohr served as Chair of the Department of Physical Therapy from 1993 to 2014. Dr. Mohr teaches in the areas of neuroscience, research, electrotherapy, and biomechanics. Areas of research are Neuroscience, Biomechanics, Electromyography, and Motion Analysis.

Beverly Johnson, PT, DSc, GCS.
Associate Professor and Assistant Director of Clinical Education; BSPT, M.S., Physical Education, University of North Dakota; Doctor of Science, Rocky Mountain University. She works with students and clinicians to arrange clinical experiences. She is a team leader for CAPTE’s onsite accreditation teams and a credentialed trainer for the APTA Clinical Instructor Education and Credentialing Program and Advanced Clinical Instructor Program. She presents a number of credentialing workshops for clinical instructors. Teaching areas include physical therapy administration, geriatrics, and prevention and wellness. Research interests are clinical education, interdisciplinary clinical education, and geriatrics (balance and falls).
Renee Mabey, PT, PhD.
Professor of Physical Therapy; BSPT; M.S. Health, Physical Education and Recreation; Ph.D., Teaching & Learning: Research Methods, University of North Dakota. Dr. Mabey is the Director of Outcome Assessment and has been instrumental in designing and implementing our outcome assessment program. Dr. Mabey has served on a number of university committees, particularly in the areas of student learning and program assessment. Dr. Mabey teaches in the areas of patient evaluation, statistics, cardio-pulmonary care, case management, and critical inquiry. Her research interests include outcome assessment and patient evaluation.

Peggy Mohr, PT, PhD.
Professor of Physical Therapy; BSPT, M.S., Ph.D., Special Education, University of North Dakota. Dr. Mohr is very involved in the Pediatric Section of the APTA and is currently on the Pediatric Section Board of Directors. Dr. Mohr has extensive grant writing experience which has benefited the Department and gained recognition for the Department within the University and across the nation. Dr. Mohr teaches in the areas of pediatrics and early intervention, pathology, therapeutic modalities, clinical examination, and soft tissue techniques. Her areas of research are pediatrics, early intervention and family involvement.

Susan Jeno, PT, PhD.
Associate Professor of Physical Therapy; BSPT University of Michigan-Flint: B.S. and M.A., Education/Kinesiology, University of Michigan; PhD, Anatomy and Cell Biology, University of North Dakota. Dr. Jeno serves as the University NCAA Faculty Athletics Representative and participates in numerous campus and professional committees. She chaired the University Senate, active in University governance, and maintains an active role in the PT profession. Dr. Jeno teaches anatomy, biomechanics, orthopedics, manual therapy, acute care, and administration. Areas of research interest are primarily in anatomy, biomechanics, electromyography, orthopedics exercise science, and alternative/complimentary medicine.

Mark Romanick, PT, PhD, ATC.
Associate Professor of Physical Therapy; BSPT and MPT, University of North Dakota. Ph.D. Physiology, University of North Dakota; Athletic Training, University of Idaho. Dr. Romanick has served as an officer and is a Hall of Fame member in the North Dakota Athletic Trainers’ Association. He served on the Board of Directors in the Mid-America Athletic Trainers’ Association and is current treasurer of the North Dakota Physical Therapy Association. Dr. Romanick teaches in the areas of biomechanics and kinesiology, clinical examination and evaluation, manual therapy, intervention techniques, prevention and wellness and advanced anatomy and sports physical therapy. Areas of interest are sports medicine, orthopedics, biomechanics, and biology of aging.
**Meridee Danks, PT, DPT, NCS.**
Assistant Professor of Physical Therapy; BSPT, MPT, and DPT; University of North Dakota. Dr. Danks has an extensive clinical background working with patients following spinal cord injuries, stroke, traumatic brain injuries and other neurological diseases. Dr. Danks is currently serving on the University’s Institutional Review Board and is active in the North Dakota Physical Therapy Association. Dr. Danks teaches in the areas of motor control, applied movement science and rehabilitation, biomechanics and kinesiology, clinical examination and case management. Areas of research include balance training, gait analysis and pressure mapping.

**Gary Schindler, PT, DPT, OCS, ATC, CSCS.**
Assistant Professor of Physical Therapy; BA, Athletic Training, University of North Dakota; MS, Physical Therapy, University of Wisconsin-La Crosse; Transitional Doctorate degree in Physical Therapy Massachusetts General Hospital Institute of Health Professionals. Dr. Schindler is Director of UND PT Sports Residency. He was a clinical instructor and assisted with UW-Madison and Meriter Hospital’s orthopaedic residency program. He is currently pursuing a PhD in Educational Leadership. Dr. Schindler teaches in the areas of orthopaedics, sports medicine, anatomy and therapeutic agents. Areas of interest include sports medicine, orthopaedics, and anatomy.

**Michelle LaBrecque, PT, DPT.**
Part-time Assistant Professor of Physical Therapy; BSPT, University of Minnesota; MPT and DPT University of North Dakota. Dr. LaBrecque is employed half-time in the Department of Physical Therapy and works part-time in a physical therapy clinic outside the University. Areas of teaching are motor control, clinical examination and evaluation, therapeutic agents, intervention techniques, and applied movement science and rehabilitation.

**Schawnn Decker, PT, DPT.**
Part-time Assistant Professor of Physical Therapy; BSPT, MPT, and DPT, University of North Dakota. Dr. Decker works half-time in a physical therapy clinic outside the university, and is employed half-time by the Department of Physical Therapy. Dr. Decker has been involved with a number of courses in the curriculum. Areas of teaching are clinical examination and evaluation, orthopedics, manual therapy, prevention and wellness and electrotherapy.
Alyson C. White, BSBA.
Administrative Officer and Coordinator of Admissions. Alyson has been with the Department since 1975. She has a Bachelor of Science in Business Administration from the University of North Dakota. Alyson works with budgets, WICHE, admissions and a variety of other duties. Alyson assists with the advisement of both pre-professional and professional students regarding registration, financial aid, graduation requirements, and housing.

Sherri Johnson
Administrative Secretary/Assessment Coordinator. Sherri has been with the Department of Physical Therapy since June 1997. She has served as coordinator for the Parents as Trainers Project. Sherri is responsible for front office duties and primarily assists with assessment data, development of the department alumni newsletter, and is involved with a number of department projects including setup of student/faculty events.

Sandy Monette, BS.
Administrative Secretary/Database Coordinator. Sandy joined the Department of Physical Therapy in March of 2012. She has a bachelor of science degree in Management from the University of Mary. Sandy is responsible for front office duties and primarily assists with the various functions of the clinical education program. She manages the database programs and is the web page coordinator for the department.
PHILOSOPHY STATEMENT

The UND Department of Physical Therapy seeks to graduate physical therapists concerned with restoring, maintaining, and promoting optimal physical function for all persons under their care, within a variety of practice environments. The graduate is to be an advocate for health and wellness at the individual and societal levels.

The guiding principle of the Department is that professional education is best accomplished through the interplay of curriculum, faculty, and students. The curriculum plan places particular value on the inclusion of liberal arts, foundational sciences, clinical sciences, and complimentary clinical education. The curriculum content is presented through traditional, problem solving, case scenario, and clinical experience formats. A progression in concept development from simple to complex is evident. The curriculum values and promotes skills for life long learning, encourages the critical analysis of current and new knowledge, supports research for the advancement of the profession, and advocates service to the community and the profession.

The principle role of faculty is to facilitate the teaching and learning process, and to enable and challenge the growth of the learner. The faculty, with diverse interests and experiences, are to model professional behaviors of education, research, service, and life-long learning. Students are expected to be self-aware, self-directed, and responsible for their learning. They are presumed to be intellectually curious and will desire to be reflective learners and practitioners. Student will demonstrate respect for self and others, and a commitment to the profession of physical therapy.

It is also the intent that the professional program be reviewed periodically and evaluated by academic and clinical faculty, students, practitioners, and other community and university personnel to maintain an optimal educational experience for students. It is expected that the program will continually evolve in response to political, social, economic and professional forces and emerging health care delivery trends.

MISSION STATEMENT

The mission of the Department of Physical Therapy is to prepare physical therapists who will provide quality physical therapy services. The professional services provided by a physical therapist demand a strong background in the liberal arts and clinical sciences as well as high moral and ethical standards. In addition to clinical practice expectations, teaching, service, and research responsibilities are an integral part of the educational experience.
GOALS & OBJECTIVES

STUDENTS

Goal 1: The student will demonstrate the skills necessary for the entry-level practice of physical therapy.

- Objective: The student will demonstrate entry-level competence on all written and practical examinations.
- Objective: The students will demonstrate entry-level competence in all clinical skills by the end of their clinical experiences.
- Objective: The student will demonstrate entry-level skill in physical therapy examination, evaluation, diagnosis, and the development of an appropriate plan of care and physical therapy intervention.
- Objective: The student will plan, initiate, coordinate and evaluate the efficacy of intervention programs to meet patient/client needs.
- Objective: The student will demonstrate effective written and oral communication skills.
- Objective: The student will demonstrate knowledge of basic administrative procedures.

Goal 2: The student is an advocate for service to the community and the profession.

- Objective: The student will develop an awareness of the importance of physical therapy in community health systems and participate in service learning projects and activities.

Goal 3: The student will develop critical inquiry skills related to clinical and basic science research.

- Objective: The student will demonstrate a commitment to evidence based practice, interpreting and applying the results of published research.
- Objective: The student will apply principles of the scientific method and collaborate with faculty and peers to design and implement a scholarly project.

Goal 4: The student will develop the skills required for life long learning.

- Objective: The student will demonstrate a commitment to evidence based practice, continuing education, continued competency and involvement in professional organizations.
- Objective: The student is expected to be self-aware, self-directed, and responsible for his or her learning.

Goal 5: The student is to be an advocate for health and wellness at the individual and societal levels, demonstrate respect for self and others, and a commitment to the profession of physical therapy.

- Objective: The student will demonstrate professionalism in the classroom and in the clinic.
- Objective: The student will demonstrate ethical behavior and proper concern for patient's rights.
- Objective: The student will participate in an advocacy role regarding health, wellness, and societal needs.
FACULTY

Goal 1: Faculty members should role model a commitment to service activities to the community and the profession.

- Objective: Faculty members will demonstrate an active role in community and/or professional service involvement and encourage that same activity in the professional students.

Goal 2: Faculty members are to be engaged in scholarly activity, the promotion of evidence based practice and pursuit of professional advancement.

- Objective: Faculty members are expected to engage in research activities that will contribute to the body of knowledge in physical therapy.
- Objective: Faculty members should provide evidence for the methods, procedures and theories taught in the curriculum.
- Objective: Faculty members must show accomplishments in teaching, service and scholarly activity that is consistent with the expectations for promotion.

PROGRAM

Goal: The program, through its faculty and students, will show a commitment to the private and professional communities through activities of health promotion, continuing education, service and advocacy for the physical therapy profession.

CORE VALUES

Accountability: Active acceptance of the responsibility of the diverse roles, obligations, and actions of the self-including self-regulation and other behaviors that positively influence outcomes, the professional and the health needs of society.

Altruism: Primary regard for or devotion to the interest of others, assuming the fiduciary responsibility of placing the needs of others ahead of self-interest.

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

Excellence: Practice that consistently uses current knowledge and theory while understanding personal limits, integrates judgment and the other’s perspective, embraces advancement, challenges mediocrity, and works toward development of new knowledge.

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

Professional Duty: The commitment to meeting one’s obligations to provide effective services to (others), to serve the profession, and to positively influence the health of society.
Social Responsibility: The promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness.

STUDENT CLINICAL EXPERIENCES

GUIDELINES & STUDENT RIGHTS & RESPONSIBILITIES

Clinical experiences are a crucial component of the UND-PT curriculum. These experiences meld the academic information with the “hands-on” clinical experience. The student will participate in direct delivery of physical therapy services in a variety of settings under the direction and supervision of one or more clinical instructors. A licensed Physical Therapist must be on site during the delivering of any service by a student physical therapist. The clinical component of the UND-PT curriculum is comprised of:

1. One one-week integrated clinical experience (sometime during the first year of the program);
2. Two nine-week clinical experience (fall semester of the second year in the professional program); and
3. Two final nine-week clinical experience (spring semester of the third year in the professional program);
   focus of these clinical experiences are neuro and the students’ “area of interest.”

Clinical experiences are set up by the Director of Clinical Education (DCE) and the Assistant DCE. Students are asked to study the clinical experience files in the Conference Room and/or online via the PT clinical Education Community Blackboard to familiarize themselves with the approximately 300 available clinical experience sites. Determination of the student’s particular clinical experience sites will take into consideration student preference, availability of the clinical site, student’s state of residency, and previous clinical experiences to ensure maximal diversity of experience. The DCE or school representative is responsible for contacting the sites and securing the clinical experiences. The student is responsible for transportation and setting up living arrangements.

CLINICAL EXPERIENCES - 2ND YEAR

Scheduling for these clinical experience arrangements will be started early in the first year of the program, at which time students will be asked for tentative clinical experience selections. This early selection will allow time for the DCE and school representative to work out possible conflicts and attempt to secure additional clinical spots, where necessary. This extended time is to allow students and the DCE the opportunity to alter selections to meet students’ needs and availability in clinical sites. Once confirmation is received from the clinical sites, selections will not be altered. Selections of these clinical experiences include: 1) acute care/rural hospital, or 2) general outpatient orthopedic clinic.

CLINICAL EXPERIENCES - 3RD YEAR

Selection of “final clinical experiences” is implemented in the spring semester of the second year. Selection options include neuro-rehabilitation, pediatric or adult, and an area of interest.
GENERAL INFORMATION

CLINICAL SITE SELECTION

A file is available (currently in the PT conference room) and/or online via the PT Clinical Education Community in Blackboard for each clinical site. The files contain information sent by the facility, previous student evaluations of the clinical experience, and a CSIF (Clinical Site Information Form) which is a brief overview of the site.

Consider the following criteria when selecting your sites: finances, travel distances, quality of the learning experience, your short- and long-term goals, previous experience, spouse and/or family commitments. Once a site is confirmed, changes will not be made.

Students from the ND pool are encouraged to do at least one clinical experience in the state of ND. Students from WICHE states are strongly encouraged to do at least one clinical experience in their home state.

ASSIGNMENTS

1. The DCE is responsible for assignment of students for clinical experiences and for official contact and correspondence with the clinical education center. Students are not to contact a clinic concerning establishing an clinical experience or changing scheduled clinical rotations. Once the clinical experience is officially established, the student should feel free to contact the Clinical Coordinator of Clinical Education (CCCE) and is expected to contact the CCCE/CI a minimum of 6-8 weeks prior to the start of the clinical experience. The student will also send (electronically) a biography/student information form to the CCCE/CI.

2. The student is responsible for knowing the hours, where, and to whom he/she reports for each facility. The student is responsible to travel to and from each clinical site, and for room and board while at the clinical site (a few clinical sites do offer housing or a stipend). Please check CSIF for further information, however; keep in mind these offerings are subject to change.

3. You are responsible for arranging housing. The assistance that clinical sites offer for housing arrangements is variable. Some facilities offer housing, others will send a list of recommended housing options for which the student is responsible to contact and set up, and some expect the student to secure their own housing. The DCE and the assistant DCE are available to assist you with ideas for exploring housing arrangements. Housing arrangements should be secured at least six weeks in advance of your clinical experience and it is recommended that you consider up to six months in advance.

4. The student is to be prompt for all scheduled clinical experience assignments (e.g., clinics, demonstrations, rounds, in-service programs, etc.). The student must be prepared for the start of each day; it is recommended you arrive 15 minutes early most days to be ready for the start of the day. All hours of assigned clinical education must be completed. Clinical experiences are generally 40 hours per week for nine weeks. Please note the last week is 3 days with Thursday and Friday open as “make-up” days (for Illness, funeral). These are not intended to be make-up days for vacation or job interviews.
EVALUATIONS

Clinical evaluation forms, proof of liability insurance, and a copy of the syllabus for the courses and course objectives are available on our web site. You will have access to the electronic Clinical Performance Instrument (CPI) once you have completed the on-line training and assessment and have been paired with your clinical instructor. The DCE or Assistant DCE will review the evaluation criteria with you prior to your leaving campus. Students should be familiar with the criteria for evaluation prior to his/her clinical experiences.

Evaluation forms for you to evaluate the Clinical Facility and the Clinical Instructor (CI) will be available to you online. At the mid-term and the end of each clinical experience, the evaluation forms are to be discussed with your CI, signed, and returned to the DCE. If you feel you are unable to discuss the evaluations with the CI, please contact your assigned DCE or Assistant DCE prior to the end of your clinical experience.

The following forms are to be signed and submitted to the DCE by the specified due dates.

• Student Clinical Performance Instrument (mid-term and final)
• Student Evaluation of Clinical Site
• Student Evaluation of Clinical Supervisor (mid-term and final)
• Diagnoses Treated in the Clinical Setting
• Two-Week Clinical Experience

Credit will not be given for PT 528, PT 529, PT 552 or PT 553 without meeting the above requirement. All evaluation material will be submitted electronically.

FIRST WEEK OF CLINICAL EXPERIENCE

Send an e-mail to the DCE or Assistant DCE (whoever is assigned to you):

• Name of your CI(s)
• Phone number and e-mail if applicable for your CI
• Phone number to contact you in case of an emergency
• A statement of how your first week is going

If you arrive at your clinical and the type of setting is different from notation on your student affiliation report or some aspect of your setting is of concern contact your assigned DCE or Assistant DCE ASAP.

ABSENCES

1. In case of illness during a clinical rotation, you must notify the DCE at UND-PT, and either the CI or CCCE at the beginning of the work day.
2. Absences must be made up on weekend days, Thursday and Friday of the last week, or by extending the time. Make-up time will be arranged by the DCE and the CCCE/CI.
3. Attendance at professional conferences during week days should be cleared through the DCE. The DCE in cooperation with the CCCE may be able to make arrangements for the student to attend the conference during the clinical rotation.
4. Absences due to funerals or for personal reasons must be approved by the DCE. The DCE in cooperation with the CCCE will assist with arrangements to make up the time on an individual basis.
5. Time off from a clinical experience for the purpose of a job interview is NOT an excused absence. Interviews should be scheduled at times other than scheduled clinical experience days or hours.
6. Vacations are not to be scheduled during a clinical experience.
INTRODUCTION TO PATIENT OR CLIENT

Identify yourself as a student; patient has the right to refuse to participate in the clinical education program. The patient should also realize the clinical instructor is the Physical Therapist in charge of his/her care and services provided to them.

DRESS AND APPEARANCE

Students are expected to use discretion and good judgment in their personal appearance and grooming. The goal is to present a professional appearance and maintain a safe environment for both the student and the patient.

1. Professional dress for females consists of dress slacks or skirt and conservative top. (Low cut, close fitting, or short tops which do not go below the waistline are unacceptable.) You should be able to raise your hands above your head and bend over without any skin in the “midriff” area showing. Males should wear shirt and tie and dress slacks. Lab coats should be worn during rotations in the acute care setting and at the request of your CI in any other setting. It is much easier for a clinician to tell you to dress down than to look more professional.

2. UND-PT student name tag should be worn at all times during your clinical experiences, unless otherwise specified by the CI. If you should lose your student name tag contact the department secretary for a replacement. The student is responsible for the replacement cost.

3. Footwear should be professional. Tennis shoes, hiking boots, and clogs are unacceptable. White leather athletic shoes are acceptable in many clinics. Socks or hosiery must be worn.

4. If jewelry is worn, it must be plain and simple.

5. Avoid strong perfumes or shaving lotions when in the clinic. Olfactory sense is often enhanced when ill.

6. Some facilities may have additional criteria related to dress and appearance; you will be responsible to follow clinical site policy if the dress code is more specific than UND PT.

HOLIDAYS

While on clinical experiences, students follow the holidays observed by the facility; these may not be the same as UND holidays. For example, the day after Thanksgiving is not typically a holiday at most clinical sites. You will be expected to report to the clinic if it is not an observed holiday at that clinical site. If UND closes you are expected to follow the schedule of the clinical site.

HEALTH INFORMATION

1. It is the student’s responsibility to maintain continuous health insurance coverage during clinical experiences. Submit a copy of your health insurance to the DCE. For information on policies available to students, contact Student Health Services on campus (777-4500) or the APTA or other insurance companies in your area.

2. Students must either obtain Hepatitis B Vaccine (3 dose series) or sign a Hepatitis B Vaccine Waiver prior to clinical experiences. Information to assist you in the decision to obtain the vaccine or not will be presented in PT 401: Intervention Techniques I, PT 409: Clinical Pathology I, and PT 513: Intervention Techniques II.

3. The student will provide current medical/immunization records as follows:
   a) Evidence of immunity to rubeola (red measles) as demonstrated by one or more of the following:
      i) Physician documentation of two doses of live measles vaccine on or after the first birthday;
      ii) Documentation of physician diagnosed measles;
      iii) Laboratory evidence (blood titer) of immunity to measles; and/or
iv) A date of birth that is before January 1, 1957.

b) Evidence of immunity to rubella as demonstrated by:
   i) Laboratory evidence (rubella titer) of immunity/ or
   ii) Documented immunization with live virus vaccine on or after the first birthday.

c) Evidence of the absence of tuberculosis as demonstrated by a negative Mantoux test within the year preceding entrance into the clinical facility. In the event that the Mantoux test is positive, students will be required to provide documentation of having received a negative chest x-ray after the positive Mantoux test. Alyson White, Administrative Officer, will schedule group times when a Mantoux test will be given by a nurse for Student Health Services with the Department of Physical Therapy. There is no charge to the student when the Mantoux test is completed during this group time. Students may elect to go to Student Health; however, the student will be responsible for the cost.

d) Evidence of immunity to Chicken Pox as demonstrated by:
   i) Documented immunization
   ii) Laboratory evidence (varicella titer) of immunity.

e) Evidence of seasonal Flu vaccine.

4. It is the student’s responsibility to be able to provide verification of health information to the clinical site if requested. Failure to do so may result in delay in the scheduled completion of the clinical experience or in termination of the clinical experience.

**STUDENT PROFESSIONAL LIABILITY INSURANCE**

The UND School of Medicine and Health Sciences provides professional liability insurance for UND-PT students while on their clinical experiences. Proof of insurance will be sent to the clinical site in advance of your arrival.

**CPR CERTIFICATION**

CPR Certification for the Healthcare provider is required while on clinical experiences. The student will be responsible for obtaining CPR Certification at his/her own expense.

**CRIMINAL BACKGROUND CHECK**

The University of North Dakota requires background checks of its students in selected health-related programs prior to admission and repeated prior to clinical assignment. Failure to submit a background check will suspend the admission to the program and assignment to a clinical experience. The background check report must be completed by Verified Credentials, Inc. Instructions will be provided to you. You will be required to provide identifying information as well as a payment source for the fee. You will be directed through the application process and results will be returned to you (if you request) as well as to the director of clinical education in the Department of Physical Therapy. Information must be submitted by the assigned due date to assure a timely progression to fall and spring clinical experiences. It is essential that that the Department of Physical Therapy be able to document this background check for you when requested by your affiliating hospital, clinic, and other non-UND training site.
CORE VALUES

Students are expected to uphold high ethical and moral standards during clinical experience including interactions with all parties involved. Adherence to the APTA code of ethics, APTA standards of practice and your class’s core value document are expected and failure to do so may result in termination of the clinical experience and could result in dismissal from the program. Actions which jeopardize the safety of the patient, clinical faculty or the student are considered grounds for termination of the clinical experience.

CANCELLATION OR CHANGE POLICY

Once the clinical experience is confirmed no change will be made unless it is considered an “extreme circumstance.” A change requires a written request which the DCE will bring to the faculty as a whole for determination of appropriate action. Clinical experiences are confirmed with the CCCE at the clinical site from 3 months to a year in advance. Clinical sites are encouraged to contact the DCE of any staffing changes or administrative changes that may impact the student leaving experience. If changes have occurred after the confirmation, the implication of these changes will be discussed among the DCE, student, and CCCE. A quality learning experience for the student will be the prime determinant if cancellation or change is necessary. The DCE will work with the student on setting up an appropriate alternative clinical experience.

STANDARD PRECAUTIONS

As discussed in previous academic course work Student should be aware of and comply with OSHA standards and HIPAA regulations during all clinical experiences. In addition students will follow the standard precautions as stated in the Policies and Procedures of each clinical facility. Any information used for educational purposes (i.e. case studies) must follow confidentially and HIPAA regulations. All identifying personal information must be removed prior to any use. Also you must follow facilities policies and procedures.

RESPONSIBILITY AND RIGHTS OF THE CLINICAL FACULTY

The responsibilities of the clinical faculty are stated in the University of North Dakota clinical agreement with the clinical facility. The Clinical Instructor has the right to expect the student to come to the facility prepared to apply academic knowledge in the clinical environment and to demonstrate professional behavior in all activities. The Clinical Instructor has the right to expect the student to respect the needs of the patient/client, clinical faculty, and the facility. The Clinical Instructor has the right to expect the student to perform in a manner that does not jeopardize the safety of the patient/client, the clinical instructor or the student. The CI or CCCE has the right to contact the DCE at any time for any reason related to the clinical education or safety of the student.

COMPLAINTS

Any complaints or concerns related to clinical education (PT 510, PT 528, PT 529, PT, PT 552, or PT 553) should follow University policy and procedures. Complaint in writing first to Director of Clinical Education, if not resolved to Department Chair Physical Therapy. If complaint or concern is not resolved in the Department of Physical Therapy a written notice may be sent to the Dean of School of Medicine and Health Sciences and then to the President of the University.
FINANCIAL
Payment of tuition is required for all clinical course work. For those students receiving financial aid, forms are available to show expenses above and beyond normal. Alyson White is available to assist you in completing these forms. For Fall Semester experiences, the forms should be sent to Financial Aid by March 1st. For Spring Semester affiliations, the deadline is September 15th.

STUDENT INFORMATION FORM
A Student Information Form will be sent to the clinical coordinator at your clinical site prior to your arrival (this will be sent by the student 6-8 weeks prior to the start of the clinical experience).

ADDITIONAL IDEAS AND SUGGESTIONS
✓ Six to eight weeks prior to the start of your clinical experience, send a short letter or note. Include phone number and address at which you may be reached if any additional information needs to be relayed. Acknowledge information sent from the school and any other information you would like to share. KEEP IT SHORT!

✓ If you receive information from a clinical site, send a note of recognition of receipt. Be sure to send back any requested information as soon as possible.

✓ Following your clinical experience, send a thank-you or appreciation note.

✓ This is your learning experience. Respect the knowledge of the experienced clinicians. If you are not receiving feedback or supervision necessary for learning, ask questions. If this does not yield the desired response contact the DCE.

Clinical rotations are an extremely important aspect of your professional program. These experiences can be very exciting and rewarding. While on your clinical experiences, you are not only representing yourself, but also your classmates and UND-PT. In the past, due to the excellent quality of students, the reputation of UND-PT students has been good to excellent. This has allowed us to maintain numerous and quality affiliation sites. I trust that we can continue to build on that reputation.
QUESTIONS AND CONCERNS CONTACT

Occasionally problems and/or concerns do arise during clinical experiences. Remember, we at UND-PT are here to assist you. If you have any questions or concerns, please contact:

1. **DCE:** Cindy Flom-Meland
   - Work: (701) 777-4130
   - Home: (701) 775-2476
   - Cell: (218) 779-4141
   - E-mail: cindy.flom.meland@med.und.edu

2. **Assistant DCE:** Bev Johnson
   - Work: (701) 777-3871
   - Home: (701) 772-8375
   - Cell: (701) 610-8845
   - E-mail: bev.johnson@med.und.edu

3. **Department Chair:** Dave Relling
   - Work: (701) 777-2831
   - Cell: (701) 741-3481
   - E-mail: david.relling@med.und.edu
CENTER COORDINATOR OF CLINICAL EDUCATION DUTIES AND RESPONSIBILITIES

1. Plan and implement the clinical education program collaborating the physical therapy staff and administration.
2. Maintain the liaison with the educational program via Director of Clinical Education (DCE).
3. Coordinate the calendar and acceptance of student assignments with the DCE, provide the academic facility with an updated clinical site information form on a yearly or as needed bases, coordinate student assignments with the DCE, develop learning experiences appropriate to the facility and individual student.
4. Provide education and training for clinical instructors.
5. Review and revise clinical education program as changes in objectives, programs and staff occur. Evaluate the ability of the clinical instructors.
6. Act as a liaison between clinical instructor and the DCE.
7. Demonstrate effective supervisory skills, provide a comprehensive orientation to the student during the first few days of clinical experience.
8. Demonstrate effective administrative and managerial skills.
9. Demonstrate effective communication and interpersonal skills.

CLINICAL INSTRUCTOR DUTIES AND RESPONSIBILITIES

1. Demonstrate an interest and willingness to be involved in the education and supervision of students pursuing their career in the Physical Therapy profession.
2. Practice a minimum of one year in the setting that clinical instruction will occur. For a final clinical experience a minimum of two years is required.
4. Possess the ability to plan, coordinate and evaluate a clinical education experience based on sound educational principles with the guidance of the CCCE.
5. Possess the ability to develop written objectives for a variety of learning experiences.
6. Demonstrate effective communication skills.
7. Demonstrate effective interpersonal skills.
8. Demonstrates knowledge of various learning styles and ability to adapt to these learning styles.
9. Provide feedback both formally and informally, seeks assistance and resources as indicated to manage the clinical education experience considering the students best interest. Serves as a positive role model in physical therapy practice.
10. Facilitates patient therapist and therapist student relationships.
11. Demonstrates commitment to life long learning, contacts the DCE regarding any anticipated or complicating events during the clinical education experience.
12. Provides informative and summative feedback adjusting the learning experience accordingly.
13. Possesses the ability to sequence the learning experiences to allow for progressive individual student progression.

PATIENTS/CLIENTS RIGHT OF REFUSAL

Patients/clients at your facility have the right to refuse treatment from students participating in the clinical education program. This refusal to participate will not prejudice their future relationship with the Department of Physical Therapy School of Medicine & Health Science or the University of North Dakota.
COMPLAINTS

Any complaints or concerns related to clinical education should follow University policy and procedures. Complaint in writing first to Director of Clinical Education, if not resolved to Department Chair Physical Therapy. If complaint or concern is not resolved in the Department of Physical Therapy a written notice may be sent to the Dean of School of Medicine and Health Sciences and then to the President of the University.

CANCELLATION OR CHANGE POLICY

If core faculty determines a change is necessary the clinical site will be notified via the CCCE ASAP to allow an opening for another student. Clinical sites are encouraged to contact the DCE of any staffing changes or administrative changes that may impact the student leaving experience. If changes have occurred after the confirmation the implication of these changes will be discussed among the DCE, student and CCCE. A quality learning experience for the student will be the prime determinant if cancellation or change is necessary. The DCE will work with the student on setting up an appropriate alternative clinical experience.

Once the clinical experience is confirmed no change will be made unless it is considered an “extreme circumstance.” A change requires a written request which the DCE will bring to the faculty as a whole for determination of appropriate action.

PROGRAM REQUIREMENTS

PRE-PHYSICAL THERAPY

Prior to admission, a minimum of 90 semester hours of credit from an approved college or university is required. Students should be broadly educated in the sciences and humanities. The Department of Physical Therapy recognizes that, since physical therapy deals with people, an understanding of literature, art, history, ethics, and philosophy is an adjunct to a physical therapist. Science and humanities are both viewed as necessary for the practice of physical therapy.

The following list of courses and credits indicates the core prerequisites all applicants must complete prior to admission to the physical therapy program. It is strongly recommended that students be computer literate prior to entering the professional program. Students may take additional electives from any field of study; however, the depth of the pre-physical therapy education should demonstrate that students have progressed from simple to complex studies in at least one content area. This requirement might typically be demonstrated by a discipline major, but in any case should demonstrate a basic comprehensiveness and integrity of study within a particular content area. This does not suggest that a separate undergraduate degree must be awarded; however, the breadth and depth in a discipline should be demonstrated. Course credits equivalent to a minor, i.e., approximately 20 credits at UND, in a particular discipline could accomplish this requirement. The prospective student should include eight (8) credits from upper level courses, i.e., 300 and 400 numbers.

- Two semesters of General Biology (8 cr.)
- Two semesters of General Chemistry (8 cr.)
- Two semesters of General Physics (8 cr.)
- One semester of Human Anatomy (3 cr.)
- One semester of Human Physiology (3 to 4 cr.)
- One semester of Introductory Psychology (3 cr.)
• One semester of Developmental Psychology (3 to 4 cr.)
• One semester of Abnormal Psychology (3 cr.)
• One semester of Introductory Sociology (3 cr.)
• One semester of a Public Speaking course (3 cr.)
• Two semesters of English Composition (6 cr.)
• One semester of Statistics (3 cr.)
• Arts and Humanities coursework (9 cr.)
• World Culture course

DPT CURRICULUM

YEAR 01

YEAR 01 – FALL SEMESTER (16 CR.)
PT 401 Intervention Techniques I (2)
PT 402 Professional Communication & Behavior (2)
PT 422 Anatomy for Physical Therapy (5)
PT 423 Neuroscience for Physical Therapy (4)
PT 513 Intervention Techniques II (3)

YEAR 01 – SPRING SEMESTER (19 CR.)
PT 409 Clinical Pathology I (4)
PT 412 Biomechanics and Kinesiology (4)
PT 413 Exercise in Health and Disease (3)
PT 415 Motor Control (3)
PT 417 Clinical Examination and Evaluation I (4)
PT 426 Manual Therapy I (2)

YEAR 01 – SUMMER SESSION (10 CR.)
PT 410 Clinical Pathology II (3)
PT 512 Therapeutic Agents (3)
PT 514 Case Management I (2)
PT 519 Electrotherapy and Electrodiagnosis (2)

**PT 510 Integrated Clinical Experience (1 cr.) - taken sometime during the first year of the program.**
**YEAR 02**

**Year 02 – FALL SEMESTER (19 CR.)**
- PT 528 Clinical Experience I (9)
- PT 529 Clinical Experience II (9)
- PT 521 Critical Inquiry I (1)

**YEAR 02 – SPRING SEMESTER (17-19 CR.)**
- PT 522 Administration in Physical Therapy (3)
- PT 523 Lifespan I (3)
- PT 524 Psychological Aspects of Disability (2)
- PT 525 Clinical Examination & Evaluation II (3)
- PT 527 Critical Inquiry II (2)
- PT 540 Cardiopulmonary Physical Therapy (2)
- PT 584 Evidence in Practice (2)
- Electives (0-2)

**YEAR 02 – SUMMER SESSION (10 CR.)**
- PT 535 Lifespan II (2)
- PT 562 Readings: Imaging / Pharmacology (2)
- PT 591 Research in Physical Therapy (2)
- PT 592 Case Management II (2)
- Electives (1-2)

**YEAR 03**

**Year 03 – FALL SEMESTER (12 CR.)**
- PT 511 Applied Movement Science/Rehab Procedures (4)
- PT 541 Clinical Examination and Evaluation III (3)
- PT 526 Manual Therapy II (2)
- PT 539 Prevention and Wellness (2)
- PT 561 Seminar in Physical Therapy (1)

*** PT 490 Interprofessional Health Professions Course (1)  
(Will be taken as assigned either spring year 02 or fall year 03)  
***1 credit of elective coursework at some point during the program is required

**YEAR 03 – SPRING SEMESTER (19 CR.)**
- PT 552 Clinical Experience III (9)
- PT 553 Clinical Experience IV (9)
- PT 995 Scholarly Project (1)
PROFESSIONAL COURSES

PT 510. Integrated Clinical Experience. 1 Credit. Short-term clinical experience to provide hands-on experience for students to apply knowledge learned during the first year of the professional program. Experiences will be set up in acute care, sub-acute care, long-term care, out-patient orthopedic, or a rural site. Registered in Professional Physical Therapy Curriculum is the prerequisite. F,S,SS.

PT 511. Applied Movement Science and Rehabilitation Procedures. 4 Credits. Integration of clinical evaluation, functional goals, and treatment planning for individuals with neurological and multiple musculoskeletal dysfunction. The primary focus is on rehabilitation skills including assessment, exercise, handling techniques, functional activities, equipment prescription, patient education, and ADLs, as well as community mobility and governmental services. Laboratory. Prerequisite: Registered in Professional Physical Therapy Curriculum.

PT 512. Therapeutic Agents. 3 Credits. Theory and application of various hydrotherapy, phototherapy, and thermotherapy modalities in Physical Therapy, including heat, light, sound, and water. Laboratory. Prerequisite: Registered in Professional Physical Therapy Curriculum.

PT 513. Intervention Techniques II. 3 Credits. Theory and practical application of introductory patient care techniques in physical therapy. Laboratory. Prerequisite: Registered in Professional Physical Therapy Curriculum.

PT 514. Case Management I. 2 Credits. Theory and practical application of introductory patient care techniques in physical therapy. Laboratory. Prerequisite: Registered in Professional Physical Therapy Curriculum.

PT 519. Electrotherapy and Electrodiagnosis. 2 Credits. Theory and application of therapeutic electrical currents, biofeedback, electromyography, and nerve conduction velocity in physical therapy. Laboratory Prerequisite: Registered in Professional Physical Therapy Curriculum.

PT 521. Critical Inquiry I. 1 Credit. Introduction to the collection of clinical data leading to a case study report. Prerequisite: Registered in Professional Physical Therapy Curriculum.

PT 522. Administration in Physical Therapy. 3 Credits. Lectures/discussion and seminar formats used to explore concepts of administration procedures as applied to Physical Therapy and the health care delivery system. Prerequisite: Registered in Professional Physical Therapy Curriculum.

PT 523. Lifespan I. 3 Credits. Course focus is on rehabilitation issues related to pediatrics including the characteristics of disabling conditions, developmental evaluation and intervention, the use of adaptive equipment, legal issues, and strategies to promote collaborative service provision to children and families. Laboratory. Prerequisite: Registered in Professional Physical Therapy Curriculum.

PT 524. Psychological Aspects of Disability. 2 Credits. Readings and discussion course. Study of psychological coping mechanisms, reactions, and motivational factors pertinent to people with disabilities. Review of adjustment problems unique to specific disabilities and/or disease processes, including terminal illness. Prerequisite: Registered in Professional Physical Therapy Curriculum.

PT 525. Clinical Examination and Evaluation II. 3 Credits. Emphasis is given to physical therapy examination, evaluation, and diagnoses as related to an advanced dynamic biomechanical evaluation. Also included will be the integration of NMS and support systems; clinical reasoning resulting in referral and/or modified physical therapy interventions; and the communication of findings and recommendations. Lecture & Laboratory. Prerequisite: Registered in Professional Physical Therapy Curriculum. F,S.
PT 526. Manual Therapy II. 2 Credits. Theory and application of manual therapy skills for examination and intervention techniques, including thrust and nonthrust manipulations of the spine, pelvis, and associated areas. Laboratory. Prerequisite: Registered in Professional Physical Therapy Curriculum.

PT 527. Critical Inquiry II. 2 Credits. Application, analysis, and evaluation of clinical decisionmaking components, strategies, and skills. Preparation of a clinical case study to be presented in oral and written forms. Prerequisite: Registered in Professional Physical Therapy Curriculum.

PT 528. Clinical Education I. 9 Credits. The first in a sequence of four full-time clinical experiences in selected physical therapy provider centers throughout the United States. Prerequisite: Registered in Professional Physical Therapy Curriculum.

PT 529. Clinical Education II. 9 Credits. The second in a sequence of four full-time clinical experiences in selected physical therapy provider centers throughout the United States. Prerequisite: Registered in Professional Physical Therapy Curriculum.

PT 535. Lifespan II. 2 Credits. Examine the factors and forces that affect life quality in later years. The physiological, psychological, and sociological aspects of aging will be considered, including those influences in the cultural context that enhance and impede continued growth of the person. Laboratory. Prerequisite: Registered in Professional Physical Therapy Curriculum.

PT 537. Strategies Early Intervention. 2 Credits. This course is designed to review current practices in early intervention. Course materials will focus on characteristics of disabling conditions that influence growth and development of motor skills, cognition, and educational development. Emphasis will be on collaborative service provision with an interdisciplinary approach. Topics also covered include: current issues, assessment of the child/family unit, and legislative guidelines for service provision. Prerequisite: Registered in Professional Physical Therapy Curriculum.

PT 538. Advanced Topics in Pediatric Physical Therapy. 3 Credits. This course is designed to present current and advanced topics relating to pediatric physical therapy clients and their families. Prerequisite: Registered in Professional Physical Therapy Curriculum.

PT 539. Prevention and Wellness. 2 Credits. The theory and practice of prevention of injury, maintenance and improvement of wellness, and promotion of health and healthy behaviors across the lifespan. Concepts are applied to the general, athletic, and industrial populations, with a view to interdisciplinary involvement in wellness optimization. Prerequisite: Registered in Professional Physical Therapy Curriculum.

PT 540. Cardiopulmonary Physical Therapy. 2 Credits. This course is designed to expand the theoretical understanding and clinical application of cardiopulmonary physical therapy examination, evaluation, diagnosis, prognosis, intervention and outcomes. Laboratory. Prerequisite: Registered in Professional Physical Therapy Curriculum.

PT 541. Clinical Examination and Evaluation III. 3 Credits. Emphasizes patient/client management elements of examination and evaluation. Emphasis is given to systems screening, physical therapy diagnoses, and clinical reasoning resulting in referral and/or modified physical therapy interventions. Emphasis is also given to the communication of findings. Laboratory. Registered in Professional Physical Therapy Curriculum is the prerequisite. F.
PT 549. Advanced Applied Anatomy/Clinical Kinesiology. 2 Credits. Study of applied anatomy and its importance to research and clinical application, particularly as related to Physical Therapy. Prerequisite: Registered in Professional Physical Therapy Curriculum.

PT 552. Clinical Education III. 9 Credits. The third in a sequence of four full-time clinical experiences in selected physical therapy provider centers throughout the United States. Prerequisite: Registered in Professional Physical Therapy Curriculum.

PT 553. Clinical Education IV. 9 Credits. The fourth in a sequence of four full-time clinical experiences in selected physical therapy provider centers throughout the United States. Prerequisite: Registered in Professional Physical Therapy Curriculum.

PT 561. Seminar: Physical Therapy. 1-4 Credits. This course serves to focus student attention toward graduate study in Physical Therapy. Explore and discuss areas of interest for students and faculty. May repeat to 4 credits maximum. Prerequisite: Registered in Professional Physical Therapy Curriculum.


PT 583. Critical Inquiry III. 1 Credit. Introduction to research instruments including surveys, electrical and mechanical instrumentation critical to research methods. Includes discussion of validation, calibration, and reliability of instruments used in physical therapy research. Students develop a proposal for their scholarly projects and complete IRB use of human subject forms. Prerequisite: Registered in Professional Physical Therapy Curriculum.

PT 584. Evidence in Practice. 2 Credits. Application of qualitative and quantitative research designs. Interpretation of statistical tests used in evidence-based medicine. Critical review of current articles related to diagnosis, prognosis, therapy, harm, cost, systematic reviews, meta-analysis, and clinical practice guidelines. Application of evidence to physical therapy practice. Prerequisite: Registered in Professional Physical Therapy Curriculum. S.

PT 590. Directed Studies: Clinical Concepts in Physical Therapy. 1-12 Credits. Individualized study of a particular area of interest for the student approved by his/her major advisor and supervised by preceptors with specialty and/or recognized expertise in the area of interest. Study may include library research, clinical research, discussion/seminars, projects, and directed clinical experience. Prerequisite: Registered in Professional Physical Therapy Curriculum.

PT 591. Research in Physical Therapy. 2 Credits. Students develop the ability to effectively and accurately interpret and communicate results/clinical outcomes as a component of the written Scholarly Project. Frequent group and/or individual meetings with the advisor incorporate peer review discussion to facilitate student development of professional written and oral communication skills. Prerequisite: Registered in Professional Physical Therapy Curriculum. SS.
PT 592. Case Management II. 2 Credits. Case management, with emphasis on the teaching and learning process and techniques targeted to promote and optimize physical therapy services, including advocacy. Strategies appropriate for conflict resolution are introduced. Professional development as a practitioner of physical therapy is emphasized through introduction and preliminary development of a portfolio. Prerequisite: Registered in Professional Physical Therapy Curriculum.

PT 995. Scholarly Project. 1 Credit. Students provide a final written and oral report to the faculty on the results of their collaborative Scholarly Project. Prerequisite: Registered in Professional Physical Therapy Curriculum.

PT 996. Continuing Enrollment. 1-12 Credits.

PT 997. Research III: Independent Study. 2 Credits.

STUDENT CLINICAL COMPETENCIES

PRIOR TO FALL SEMESTER CLINICAL EXPERIENCE

Vital Signs
Massage
Bandaging — ace, gauze, residual limb wrapping, special wound dressings (gels, films, calcium alginate, foams)
Basic Taping Awareness
Patient Positioning
Transfers and Lifts — Hoyer, two and three-man lift, pivot, dependent transfers
Tilt Table
Wound healing and care
Aseptic and Isolation Techniques
PROM, AAROM, AROM
Crutch and cane Fitting, Walkers, and Gait Training with these devices
Medical Terminology Usage
Anatomy Knowledge (including histology and embryonic)
Introduction to disease process and pathologies associated with various body systems
Neuroscience — students have a basic knowledge of neuro-anatomy and physiology
Surface Anatomy
Universal Precautions and Blood-Borne Pathogens
Knowledge of surgical procedures for total joint arthroplasties and general orthopedic surgical procedures
Knowledge of neurological diagnosis and pathology
Patient education principles
Writing goals and objectives
Therapeutic Agents
Manual and mechanical spinal traction
Basic joint mobilization emphasis on peripheral joints
Spinal Mobilization: PA glides, transverse glides and SI muscle energy technique for innominate rotation, passive accessory and passive physiological motion assessment and treatment, rib-vertebral mobs
Soft tissue mobilization
Manual muscle testing
Gait evaluation
Goniometric measurements
Muscle physiology
Strength training
Connective tissue physiology
Cardiac rehabilitation – Introduction
Endurance/Aerobic training
Treatment protocols for basic orthopedic procedures including total joints
Developmental progression
Motor control
Motor learning
PNF
Coordination exercises
NDT, Rood, Brunnstrom and classical muscle re-education - introduction to basic techniques and patient progression
Posture evaluation
Orthopedic assessment spine and extremities including special tests for peripheral joints
Cranial Nerve Testing
Proprioception/Kinesthetic Testing
Application of electrotherapeutic modalities including HVPS, FES, TENS, IFC & biofeedback
Iontophoresis
Understanding of therapeutic implications of EMG, NCV & SD curves
Evidence based medicine – levels of evidence
Cultural awareness
Exercise Program Development
Integumentary System (understanding of basic concepts and connective tissue physiology)
Universal precautions
Bloodborne pathogens
Functional Testing

PRIOR TO SPRING SEMESTER CLINICAL EXPERIENCE

Vital Signs
Massage
Bandaging – ace, gauze, residual limb wrapping, special wound dressings (gels, films, calcium alginate, foams)
Basic Taping Awareness
Patient Positioning
Transfers and Lifts – Hoyer, two and three-man lift, pivot, dependent transfers
Tilt Table
Wound healing and care
Aseptic and Isolation Techniques PROM, AAROM, AROM
Crutch and cane Fitting, Walkers, and Gait Training with these devices
Medical Terminology Usage
Anatomy Knowledge (including histology and embryonic)
Introduction to disease process and pathologies associated with various body systems
Neuroscience – students have a basic knowledge of neuro-anatomy and physiology
Surface Anatomy
Universal Precautions and Blood-Borne Pathogens
Knowledge of surgical procedures for total joint arthroplasties and general orthopedic surgical procedures
Knowledge of neurological diagnosis and pathology
Patient education principles
Writing goals and objectives
Thermo-Photo – Hydro modalities Manual and mechanical spinal traction
Basic joint mobilization emphasis on peripheral joints
Spinal Mobilization: PA glides, transverse glides and SI muscle energy technique for innominate rotation, passive accessory and passive physiological motion assessment and treatment, rib-vertebral mobs, thrust and nonthrust mobilization/ manipulation
Soft tissue mobilization
Manual muscle testing
Gait evaluation
Goniometric measurements
Muscle physiology
Strength training
Connective tissue physiology
Cardiac rehabilitation – Introduction Endurance/Anaerobic training
Treatment protocols for basic orthopedic procedures including total joints
Developmental progression
Motor control
Motor learning
PNF
Coordination exercises
Knowledge of diagnosis, pathology and treatment progression for Pediatric disorders (including CP, Muscular Dystrophy, Juvenile RA, congenital anomalies, Retts & FAS
NDT, Rood, Brunnstrom and classical muscle re-education- introduction to basic techniques and patient progression Posture evaluation
Orthopedic assessment spine and extremities including special tests for peripheral joints
Cranial Nerve Testing
Proprioception/Kinesthetic Testing
Application of electrotherapeutic modalities including HVPS, FES, TENS, IFC & biofeedback
Iontophoresis
Understanding of therapeutic implications of EMG, NCV & SD curves
Evidence based medicine
Amputee Rehabilitation: basic knowledge of pre and post prosthetic programs and prosthetic componentry
Heart, lungs, abdominal and peripheral vessels be able to palpate, percuss, ausculate
Extremely familiar with basic orthopedic protocols, such as: TKA, TSA, THA, etc.
Evidence based medicine – levels of evidence
Cultural awareness
Administration (delegation of responsibilities to PTA, understanding of risk management and quality improvement)
Functional Testing
Screening for 3Ds in geriatric population (Dementia, Delirium, Depression)
Screening for risk of falls
Instructors:
Cindy Flom-Meland, PT, PhD, NCS and Beverly Johnson, PT, DSc, GCS

Description:
Short-term clinical experience to provide hands-on experience for students to apply knowledge learned during the first year of the professional program. Experiences will be set up in acute care, sub-acute care, long-term care, out-patient orthopedic, or a rural site. Registered in Professional Physical Therapy Curriculum is the prerequisite.

Course Objectives:

Following the early clinical experience the student will:
1. Interview a patient and write up history and patient specific goals.
2. Develop a POC for the patient interviewed and discuss how POC is customized to meet the patient’s goals.
3. Provide gait training for at least 3 patients
4. Record and monitor vital signs for at least 5 patients
5. Independently carry out intervention (exercise) program for at least 3 patients
6. Perform and demonstrate proficiency in at least 5 of the following basic skills
   a) MMT
   b) Goniometry
   c) Transfers
   d) Bed positioning
   e) Massage
   f) Gait Training
   g) Measuring for and providing rationale for an assistive device for ambulation
   h) Provide Physical Therapy intervention for a patient with an orthopedic condition
   i) Provide Physical Therapy intervention for a patient with a neurological condition
   j) Provide Physical Therapy intervention for a patient with a primarily a medical condition
7. Pick a diagnosis or medical condition you find unique and write up a brief summary (one page) to share with classmates. Include:
   a) etiology
   b) pathology
   c) treatment intervention
   d) medications
   e) imaging performed
   f) impact Physical Therapy may have on this patient (diagnosis medical/condition)
   g) at least four references one of which is an article to justify PT intervention

Assignments to be turned in:
1. Patient note (including history, POC, and patient goals)
2. Checklist
3. Diagnosis or medical condition
Instructors: Cindy Flom-Meland PT, PhD, NCS and Beverly Johnson PT, DSc, GSC

Description:
Full-time clinical experience (two nine-week segments) in selected physical therapy provider centers throughout the United States. (9 credit hours each)

Course Objectives:

Upon completion of the course, the student will be able to:
1. Practice in a safe manner that minimizes risk to patient, self and others.
2. Present self in a professional manner.
3. Demonstrate professional behavior during interactions with others.
4. Adhere to ethical practice standards.
5. Adhere to legal practice standards.
6. Communicate in ways that are congruent with situational needs.
7. Produce documentation to support the delivery of physical therapy services.
8. Adapt delivery of physical therapy care to reflect respect for and sensitivity to individual differences.
9. Apply the principles of logic and the scientific method to the practice of physical therapy.
10. Screen patients using procedures to determine the effectiveness of and need for physical therapy services.
11. Perform a physical therapy patient examination.

Upon completion of the course, the student will begin to:
12. Evaluate clinical findings to determine physical therapy diagnoses and outcomes of care.
13. Design a physical therapy plan of care that integrates goals, treatment, outcomes, and discharge plan.
14. Perform physical therapy interventions in a competent manner.
15. Educate others (patients, family, care givers, staff, students, other health care providers) using relevant and effective teaching methods.
16. Participate in activities addressing quality of service delivery.
17. Provide consultation to individuals, businesses, schools, government agencies, or other organizations.
18. Address patient needs for services other than physical therapy as needed.
19. Manage resources (e.g., time, space, equipment) to achieve goals of the practice setting.
20. Incorporate an understanding of economic factors in the delivery of physical therapy services.
21. Use support personnel according to legal standards and ethical guidelines.
22. Demonstrates that a physical therapist has professional/social responsibilities beyond those defined by work expectations and job description.
23. Implement a self-directed plan for professional development and lifelong learning.
24. Address primary and secondary prevention, wellness, and health promotion needs of individuals, groups and communities.
Course Prerequisites:
Registered in Professional Physical Therapy Curriculum

Description of Teaching Methods and Learning Experiences:
Full-time clinical experience; the student follows the schedule of the supervising clinical instructor.

Outline of Content:
Supervised experience in clinical instruction including patient/client management, prevention, education and patient/therapist relationships. The student participates in two separate nine-week clinical experiences including acute care, with an emphasis either in outpatient or inpatient care, and outpatient orthopedic center or rural setting.

Required and Recommended Readings:
No specific text is required. During the affiliations, students are encouraged to utilize personal, clinical department, local medical libraries and on-line services through UND Medical Library for reference materials to assist in clinical decision-making and problem-solving.

Method of Evaluation:
The attached CPI reiterates the clinical objectives for clinical experiences at UND. Each objective on the form is, in fact, a criteria for assessment of the student’s performance. Specific grading criteria are a passing grade will be given to a student who satisfies the following course requirements.

1. Communicate with assigned CCCE or CI 6-8 weeks prior to the start of each clinical experience.
2. Completion of student information form prior to clinical experience.
4. Maintains health insurance coverage.
5. Upload requested health requirements to our student system (Acadaware) and provide to clinical sites as requested.
6. Forms to be signed and submitted to the DCE by the specified due dates.
   a. Student Clinical Performance Instrument (mid-term and final)
   b. Student Evaluation of Clinical Site
   c. Student Evaluation of Clinical Supervisor (mid-term and final)
   d. Diagnoses Treated in the Clinical Setting
   e. Two-Week Clinical Experience
7. Compliance with Clinical Experience Guidelines as documented in the Physical Therapy Student Handbook (attendance is mandatory).
8. Completion of CPI by clinical instructor with a performance rating of all criteria below the “Intermediate Performance” for a letter grade of ‘C’; performance rating of all criteria at “Intermediate Performance” for a letter grade of ‘B’; and performance rating of all criteria above “Intermediate Performance” for a letter grade of ‘A’. Any safety issues will constitute failure of the clinical experience. The expectation is independence in examination, development of plan of care and treatment of patients with simple conditions.

*All paperwork will be completed and submitted electronically; if it is not submitted by the assigned due date it may affect the course grade.
Instructors: Cindy Flom-Meland PT, PhD, NCS and Beverly Johnson PT, DSc, GSC

Description:
Full-time clinical experience (two nine-week segments) in selected physical therapy provider centers throughout the United States. (9 credit hours each)

Course Objectives:
Upon completion of the course, the student will be able to perform the following at entry level:
1. Practice in a safe manner that minimizes risk to patient, self and others.
2. Present self in a professional manner.
3. Demonstrate professional behavior during interactions with others.
4. Adhere to ethical practice standards.
5. Adhere to legal practice standards.
6. Communicate in ways that are congruent with situational needs.
7. Produce documentation to support the delivery of physical therapy services.
8. Adapt delivery of physical therapy care to reflect respect for and sensitivity to individual differences.
9. Apply the principles of logic and the scientific method to the practice of physical therapy.
10. Screen patients using procedures to determine the effectiveness of and need for physical therapy services.
11. Perform a physical therapy patient examination.
12. Evaluate clinical findings to determine physical therapy diagnoses and outcomes of care.
13. Design a physical therapy plan of care that integrates goals, treatment, outcomes, and discharge plan.
14. Perform physical therapy interventions in a competent manner.
15. Educate others (patients, family, care givers, staff, students, other health care providers) using relevant and effective teaching methods.
16. Participate in activities addressing quality of service delivery.
17. Provide consultation to individuals, businesses, schools, government agencies, or other organizations.
18. Address patient needs for services other than physical therapy as needed.
19. Manage resources (e.g., time, space, equipment) to achieve goals of the practice setting.
20. Incorporate an understanding of economic factors in the delivery of physical therapy services.
21. Use support personnel according to legal standards and ethical guidelines.
22. Demonstrates that a physical therapist has professional/social responsibilities beyond those defined by work expectations and job description.
23. Implement a self-directed plan for professional development and lifelong learning.
24. Address primary and secondary prevention, wellness, and health promotion needs of individuals, groups and communities.
Course Prerequisites:
Registered in Professional Physical Therapy Curriculum

Description of Teaching Methods and Learning Experiences:
Full-time clinical experience; the student follows the schedule of the supervising clinical instructor.

Outline of Content:
Supervised experience in clinical instruction including examination, evaluation, diagnosis, prognosis, intervention, outcomes, consultation, community service, and patient/therapist relationships.

Required and Recommended Readings:
Students are required to read clinical files and Physical Therapy Student Survival Guide prior to the start of the semester. No additional text is required. During the affiliations, students are encouraged to utilize personal, clinical department, local medical libraries and on-line services through UND Medical Library for reference materials to assist in clinical decision-making and problem-solving.

Methods of Evaluation:
The attached CPI reiterates the clinical objectives for clinical experience at UND. Each objective on the form is, in fact, a criteria for assessment of the student’s performance. Specific grading criteria are as follows. A passing grade will be given to a student who satisfies the following course requirements.
1. Communicate with assigned CCCE or CI 6-8 weeks prior to the start of each clinical experience.
2. Completion of student information form prior to clinical experience.
4. Maintains health insurance coverage.
5. Upload requested health requirements to our student system (Acadaware) and provide to clinical sites as requested.
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   a. Student Clinical Performance Instrument (mid-term and final)
   b. Student Evaluation of Clinical Site
   c. Student Evaluation of Clinical Supervisor (mid-term and final)
   d. Diagnoses Treated in the Clinical Setting
   e. Two-Week Clinical Experience
7. Compliance with Clinical Experience Guidelines as documented in the Physical Therapy Student Handbook (attendance is mandatory).
8. Completion of CPI by clinical instructor with an average score between advanced intermediate and entry level grade C. Grade of B requires entry level on all criteria. A letter grade of A requires all criteria at entry level with at least 3-5 criteria noted as beyond entry level.
# TWO-WEEK CLINICAL EXPERIENCE

Two-Week Clinical Experience Form

Name: ___________________________________________________

Type of Clinical Experience: __________________________________

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Medical Dx</th>
<th>PT Dx (from The Guide to PT Practice)</th>
<th>Special Tests &amp; Functional Assessments</th>
<th>Interventions</th>
<th>Avg. # Pts/day</th>
<th>Other Educ. Exper.</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Week 2</th>
<th>Medical Dx</th>
<th>PT Dx (from The Guide to PT Practice)</th>
<th>Special Tests &amp; Functional Assessments</th>
<th>Interventions</th>
<th>Avg. # Pts/day</th>
<th>Other Educ. Exper.</th>
</tr>
</thead>
<tbody>
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Title of In-Service Presented: ______________________________________________

Audience: __________________________ Date: ________________
### DIAGNOSES TREATED IN THE CLINICAL SETTING

#### Student Name:  

#### Facility Name:  

**Clinical Education:** I  II  III  IV  

**Type of Clinical Rotation:**  
- Acute  
- OP Ortho  
- Rural  
- Peds  
- Adult Neuro IP  
- Adult Neuro OP  
- Other  

Please indicate next to the diagnosis listed the number of different patients you treated with this as their primary diagnosis and secondary diagnosis if applicable.

<table>
<thead>
<tr>
<th>Musculoskeletal:</th>
<th>Primary Diagnosis</th>
<th>Secondary Diagnosis</th>
<th>Age Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotator Cuff Tear or Repair</td>
<td></td>
<td></td>
<td>0-12, 13-21, 22-60, over 60</td>
</tr>
<tr>
<td>Shoulder Impingement Syndrome</td>
<td></td>
<td></td>
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<tr>
<td>Total Shoulder Replacement</td>
<td></td>
<td></td>
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<tr>
<td>Elbow, wrist or hand pain/pathology</td>
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<td></td>
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<tr>
<td>Low Back Pain - nonsurgical</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Low Back Pain - post surgical</td>
<td></td>
<td></td>
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<tr>
<td>Cervical Dysfunction</td>
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<td></td>
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<tr>
<td>Total Hip Replacement</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Total Knee Replacement</td>
<td></td>
<td></td>
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<tr>
<td>ACL Reconstruction</td>
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<tr>
<td>Patellofemoral Dysfunction</td>
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<td></td>
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<tr>
<td>Ankle or Foot Pathology</td>
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<td></td>
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<tr>
<td>Ankle Sprain</td>
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<tr>
<td>Other Musculoskeletal Diagnoses: (list)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Neuromuscular:</th>
<th>Primary Diagnosis</th>
<th>Secondary Diagnosis</th>
<th>Age Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>CVA</td>
<td></td>
<td></td>
<td>0-12, 13-21, 22-60, over 60</td>
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<tr>
<td>Brain Injury</td>
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<tr>
<td>Parkinson’s Disease</td>
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<tr>
<td>Spinal Cord Injury</td>
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<tr>
<td>Multiple Sclerosis</td>
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<tr>
<td>Guillain Barre</td>
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<tr>
<td>Vestibular Disorders</td>
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<tr>
<td>Muscular Dystrophy</td>
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<tr>
<td>Cerebral Palsy</td>
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<tr>
<td>Spina Bifida</td>
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<tr>
<td>Developmental Delay</td>
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<tr>
<td>Other Neuromuscular Diagnoses: (list)</td>
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</table>

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<thead>
<tr>
<th>Cardiopulmonary:</th>
<th>Primary Diagnosis</th>
<th>Secondary Diagnosis</th>
<th>Age Range</th>
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</thead>
<tbody>
<tr>
<td>CABG/Valve Replacement</td>
<td></td>
<td></td>
<td>0-12, 13-21, 22-60, over 60</td>
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<tr>
<td>Congestive Heart Failure</td>
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<tr>
<td>Myocardial Infarction</td>
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<tr>
<td>Hypertension</td>
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<tr>
<td>Peripheral Vascular Disease</td>
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<tr>
<td>Pneumonia</td>
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<tr>
<td>COPD</td>
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<tr>
<td>Respiratory Failure</td>
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<td>Asthma</td>
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<tr>
<td>Lung Cancer</td>
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<tr>
<td>Other Cardiopulmonary Diagnoses: (list)</td>
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<thead>
<tr>
<th>Integumentary:</th>
<th>Primary Diagnosis</th>
<th>Secondary Diagnosis</th>
<th>Age Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arterial Wound</td>
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<td></td>
<td>0-12, 13-21, 22-60, over 60</td>
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<tr>
<td>Venous Wound</td>
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<tr>
<td>Skin Grafts</td>
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<tr>
<td>Burns</td>
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<tr>
<td>Amputations</td>
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<tr>
<td>Other Integumentary Diagnoses: (list)</td>
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</tbody>
</table>

**Other:**  
- Individuals for Health Promotion/Wellness Consult Visits  
- Obesity  
- Women’s Health  
- Worksite Evaluation  
- Others:  
- Additional Comments:  

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WEEKLY PLANNING FORM

Weekly Planning Form

Date: ___________________________ Week #: ___________________________

Summary of Previous Week:
(Progress, Feedback)
Student: _______________________

Clinical Instructor: _____________

Goals for the Upcoming Week: ___________________________

Student’s Signature ___________________________ Clinical Instructor’s Signature ___________________________
STUDENT EVALUATION: CLINICAL EXPERIENCE AND CLINICAL INSTRUCTOR
www.apta.org/uploadedFiles/APTAorg/Educators/Assessments/StudentPTEvaluationForm.doc

CLINICAL PERFORMANCE INSTRUMENT
www.med.und.edu/physical-therapy/cpi-pt_final_revision_11-30-2010.pdf

UND CLINICAL AGREEMENT
http://www.med.und.edu/physical-therapy/und-clinical-agreement-template.pdf