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Disclaimer
Whenever policies and procedures in this Handbook differ from those outlined in the University's Student Handbook, this handbook should take precedence.

Notice of Non-Discrimination
Anderson University does not illegally discriminate on the basis of race, color, national or ethnic origin, sex, disability, age, religion, genetic information, veteran or military status, or any other basis on which the University is prohibited from discrimination under local, state, or federal law, in its employment or in the provision of its services, including but not limited to its programs and activities, admissions, educational policies, scholarship and loan programs, and athletic and other University-administered programs. In order to fulfill its purpose, the University may legally discriminate on the basis of religion in employment. The University has been granted exemption from certain regulations promulgated under Title IX of the Education Amendments of 1972 which conflict with the University's religious tenets.

The following person has been designated to handle inquiries or complaints regarding the non-discrimination policy including compliance with Title IX of the Education Amendments of 1972 and inquires or complaints regarding the disability non-discrimination policy, including compliance with Section 504 of the Rehabilitation Act of 1973:

Dr. L. Diane King
Associate Vice President for Student Development/Dean of Student Success/Title IX Administrator
Thrift Library, Office 203
316 Boulevard, Anderson, SC 29621
(864) 231-2026
ldking@andersonuniversity.edu

A report may also be made to the U.S. Department of Education, Office of Civil Rights:
U.S. Department of Education, Office of Civil Rights
400 Maryland Ave., SW
Washington, D.C. 20202-1328
1-800-421-3481
Email Address: ocr@ed.gov
Web: http://www.ed.gov/ocr
Introduction

Welcome to Anderson University’s School of Physical Therapy!

We are excited to have you join the Anderson family in our newly developed Doctor of Physical Therapy (DPT) program. Physical therapy is a rewarding profession that allows you to work one-on-one with individuals of all ages who have experienced some type of developmental anomaly, illness, or traumatic injury which has limited their ability to move and interact effectively with their environment. Physical therapists work closely with other members of the health care team to help restore functional independence in these individuals, as well as promote fitness and prevent movement dysfunction in healthy populations. Employment projections for physical therapists are expected to remain above average as the need for physical rehabilitation continues to grow in the future, particularly among aging baby boomers who are staying active later in life.

Anderson’s DPT program has several distinctive features. First and foremost, we embrace our Christian heritage and beliefs which form the foundation for all that we do. Our program not only provides students with an opportunity to develop a professional career in health care, but also enables them to grow and mature in their spiritual journey. Our faculty is committed to serving God by serving others. Together we create an open learning environment that shares and supports Christian values and practices. Thus, we selectively recruit students who share our service commitment and provide them with opportunities to participate in local and global service-learning experiences as part of our DPT curriculum. Second, we are committed to maintaining a small class size (28 per class) which allows us to provide our students with more individualized instruction and mentoring. Our dual mentoring process assists students in acquiring and refining professional behaviors and skills through interactions with the faculty and older volunteers from the local community who serve as learning partners in our “SPICE of Life” program. Third, our curriculum incorporates opportunities for students to pursue their individual areas of interest through advanced clinical electives, a specialty clinical education experience, and completion of a scholarly project. In addition, professional development activities and the dissemination of scholarly projects ensure that graduates begin their career with a distinctive resume.

All of these features allow us to function as a family unit and establish meaningful, supportive relationships that we hope will last well beyond the 8 semesters you spend with us. If there is anything that I, or the rest of the faculty and staff, can do to make your educational journey proceed more smoothly, please do not hesitate to let us know. We are praying for your success as you begin your journey with us at AU!

Sincerely,

Martha (Marty) Hinman, PT, DPT, EdD, MHEd
Professor and Chair, School of Physical Therapy
About Anderson University

Anderson University was one of the first institutions of higher learning for women in the United States. In 1848, the Johnson Female Seminary was founded by the Reverend William B. Johnson, a Baptist minister and first president of the South Carolina Baptist Convention. Unfortunately, the school was forced to close during the Civil War and did not reopen. In 1910, a group of Anderson residents who wanted an institution of higher learning in their city, offered 32 acres of land and $100,000 to the South Carolina Baptist Convention. The convention nominated a group of trustees, and Anderson College was granted a charter in 1911 by the South Carolina General Assembly. The College opened its doors in 1912 and operated as a four-year college for women until 1930. Because economic conditions at that time limited the affordability of a college education, the institution transitioned to a junior college and subsequently became coeducational.

In December 1989, the Board of Trust voted to return the College to its former status as a four-year institution beginning in the fall of 1991. This decision was affirmed by a unanimous vote of the General Board of the South Carolina Baptist Convention. In the spring of 2005, Anderson’s Board of Trust again voted to transition the institution from a college to a university designation to reflect the addition of graduate programs and the reorganization of academic divisions into colleges. Thus, on January 1, 2006, Anderson College officially became known as Anderson University.

About the School of Physical Therapy (SoPT)

In response to a growing need and demand for health professionals in the Upstate region of South Carolina, the senior leadership began to explore the feasibility of adding a College of Health Professions (CHP) as part of its 2014 strategic plan. The new college would house Schools of Nursing, Health and Human Performance, Allied Health, and Physical Therapy. Following approval by the Board of Trust in early 2016, the School of Physical Therapy (SoPT) was officially launched in 2017 with the hiring of its Founding Chair (Dr. Martha Hinman) and Director of Clinical Education (DCE, Dr. Jessica Jacobs). The newly hired faculty immediately began developing the entry-level Doctor of Physical Therapy (DPT) degree program by outlining a curriculum plan, establishing clinical education contracts, purchasing equipment and supplies, renovating laboratory and office space, recruiting faculty/staff, launching a web site to attract prospective students, and completing numerous other tasks required for its initial start-up. The first student cohort was admitted in May 2019, shortly after the program was granted its pre-accreditation status by the Commission on Accreditation in Physical Therapy Education (CAPTE).
About the University Center of Greenville (UCG)

Anderson University’s SoPT is housed at the University Center of Greenville (UCG) which is located at 225 S. Pleasantburg Dr., Greenville, SC 29607. UCG is a consortium of higher education institutions dedicated to providing greater access to educational opportunities for Upstate citizens. Greenville is one of the largest cities in the Southeast without its own university. To help the community maintain a competitive edge educationally, UCG was chartered to bring undergraduate and graduate degrees from some of South Carolina’s top universities to the Greenville area.

UCG occupies a facility that was formerly known as McAlister Square shopping mall. As such, UCG offers a large indoor space that is open to the public, many of whom enjoy walking for exercise on a regular basis. Within the mall, the SoPT has dedicated office, teaching, and research space along with access to a wide selection of classrooms, a large auditorium, and an electronic library.

About Accreditation

Anderson University is accredited by the Southern Association of Schools and Colleges (SACS). SACS approved the developing DPT program on February 2, 2018. A site visit by SACS reviewers is expected to occur soon after the first class is enrolled. In addition, all entry-level education programs for physical therapists must be accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE). In March 2017, Anderson University began the pre-accreditation process by submitting a letter of intent to develop an entry-level DPT program.

The program’s Application for Candidacy (AFC) was submitted on December 1, 2018 and was approved by CAPTE on April 30, 2019. The program will undergo further review by CAPTE in the fall of 2021 for initial accreditation; this decision is expected to be rendered prior to the scheduled graduation of the inaugural class in December 2021.

Effective April 30, 2019, the Doctor of Physical Therapy program at Anderson University has been granted Candidate for Accreditation status by the Commission on Accreditation in Physical Therapy Education (1111 North Fairfax Street, Alexandria, VA, 22314; phone: 703-706-3245; email: accreditation@apta.org). If needing to contact the program directly, please call 864-622-6084 or email mhinman@andersonuniversity.edu.

Candidate for Accreditation is a pre-accreditation status of affiliation with the Commission on Accreditation in Physical Therapy Education that indicates that the program is progressing toward accreditation and may matriculate students in professional courses. Candidate for Accreditation is not an accreditation status nor does it assure eventual accreditation.
Physical Therapy Student Pledge: “The 8As of Anderson”

I pledge to:

Accept responsibility,
Act with integrity, and
Aspire to excellence, as I
Acquire the knowledge and skills needed to
Alleviate movement dysfunction,
Advance practice through research and service,
Advocate for the health care needs of society, and
Adapt to an ever-changing world.
SoPT Faculty and Staff

Martha (Marty) Hinman, PT, DPT, EdD, MHEd
Professor and Chair

Dr. Hinman began working with the AU administration in a consultative capacity in 2007 and ultimately joined the AU faculty 10 years later as Founding Chair for the new School of Physical Therapy. She is a 1976 graduate of Medical College of Georgia (now Augusta University) and earned doctoral degrees at the University of Houston and Nova Southeastern University. Dr. Hinman has been a full-time PT faculty member for over 40 years at 5 different universities. Her involvement with PT accreditation spans more than three decades and includes numerous site visits and two terms of service on the Commission for Accreditation in Physical Therapy Education (CAPTE) which awarded her their Distinguished Service Award in 2015. Dr. Hinman’s clinical areas of expertise include geriatric wellness and balance training, along with osteoporosis management and the use of complementary therapies. Currently, her scholarship focuses on various educational and accreditation issues. Her resume includes over 40 peer-reviewed publications and more than 70 presentations. She is a Certified Exercise Expert for Aging Adults (CEEAA) and master trainer for the “Matter of Balance” program. Dr. Hinman is married to husband, Pete, and has homes in Simpsonville, SC and Abilene, TX.

Jessica Jacobs, PT, DPT, NCS
Assistant Professor and Director of Clinical Education

Dr. Jacobs was hired in January 2017 to develop the clinical education component of the new DPT program. Dr. Jacobs is a 2009 graduate from the Medical University of South Carolina in Charleston and was the first PT to complete MUSC’s post-professional residency program in neurology. Dr. Jacobs is a board-certified specialist in Neurological Physical Therapy (NCS) and an APTA-certified clinical instructor. In addition, she holds certifications in specialized rehabilitation techniques for patients with brain injury, stroke, and Parkinson’s disease. Dr. Jacobs is currently earning her PhD in Educational Leadership at Clemson University. Her research interests include novel therapy approaches for the treatment of neurological dysfunction and the influence of thinking and personality styles on the clinical performance of PT students. Dr. Jacobs also loves to cook and makes her home in Greenville, SC.
Curt Kindel, PT, PhD, OCS
Associate Professor and Research Coordinator

Dr. Curt Kindel joined the SoPT faculty in August 2018 after holding an academic appointment for 11 years at Saint Francis University in Pennsylvania. His previous teaching experience included courses in functional anatomy, biomechanics, therapeutic exercise, and musculoskeletal patient management. Dr. Kindel is also a graduate of Saint Francis University where he earned his bachelor's degree in Health Science (1999) and entry-level Master of Physical Therapy degree (2001). He was certified as an Orthopaedic Clinical Specialist (OCS) in 2007 and re-certified in 2017. In 2015, Dr. Kindel earned his PhD in Biomechanics from Penn State University. His research focuses on investigations of joint and muscle mechanics and their influence on rehabilitation; Dr. Kindel has multiple peer-reviewed publications and presentations related to these topics and serves as the Research Coordinator for the SoPT. He is married to Dr. Heather Kindel, who is also a member of the AU’s SoPT faculty. They live in Easley, SC with their two daughters.

Matthew de Ruig, PT, DPT, CMTPT
Assistant Professor and Admissions Coordinator

Dr. de Ruig joined the faculty in May 2019 following 14 years of clinical experience in a variety of clinical settings in California and South Carolina. Prior to coming to AU, he worked as a multi-site center manager for Select Physical Therapy in the Greenville area. He has also served as a clinical instructor for PT and PTA students from multiple education programs. Dr. de Ruig earned his undergraduate degree in Kinesiology and Exercise Science from California State University in Hayward and his DPT degree from Duke University. He is currently pursuing a second doctorate in Healthcare Education from Nova Southeastern University in Ft. Lauderdale, Florida. Dr. de Ruig is a certified myofascial trigger point therapist (CMTPT) and has expertise in dry needling, functional capacity evaluations, and work conditioning. He is currently developing his clinical expertise in the use of diagnostic ultrasound and managing the admissions process for the SoPT. Dr. de Ruig loves playing the piano, disc golf, or whatever sport his two young sons are interested in. His wife, Marla, is also a PT, and they make their home in Traveler's Rest, SC.
Heather Kindel, PT, PhD  
Assistant Professor and Curriculum Coordinator

Dr. Heather Kindel joined the SoPT faculty in August of 2018 after serving as a faculty member and assistant DCE at Saint Francis University in Pennsylvania. She earned her bachelor’s degree in Health Science in 1999 and her master’s degree in Physical Therapy in 2001, both from Saint Francis. More recently (2018), Dr. Kindel completed her PhD in Instructional Management and Leadership from Robert Morris University. Her clinical expertise in women’s health includes a special interest in the treatment of stress urinary incontinence among female athletes. Dr. Kindel is also a certified True Colors® facilitator and enjoys helping people communicate more effectively with one another. She has been involved in physical therapy education for more than 15 years and has developed research interests in the use of mindfulness as a strategy for managing student stress. She makes her home in Easley, SC along with her husband, Dr. Curt Kindel, and their daughters, Jessa and Maura.

Cindy Watson, PT, DPT, OCS  
Assistant Professor and Community Outreach Coordinator

Dr. Watson joined the SoPT faculty in August 2018 following 23 years of clinical experience in orthopedic physical therapy in a variety of settings including level I trauma centers, hospital-based outpatient centers, and private practice. She holds a bachelor’s degree in Exercise Physiology from Slippery Rock University (1985), a Master of Science in Physical Therapy from Duke University (1988), and a Doctor of Physical Therapy degree from Drexel University (2006). Dr. Watson is a board certified clinical specialist in orthopedic physical therapy practice. Her scholarly interests primarily relate to bone health and physical therapy screening with quantitative ultrasound, questionnaires and balance tests to prevent fractures. Dr. Watson is also coordinating the Senior Partners in Clinical Education (SPICE) program and is studying the impact of that program on preparing Doctor of Physical Therapy students for successful clinical practice. She has published in multiple peer-reviewed journals, taught continuing education for physical therapists, spoken at national professional meetings, and received grant funding for her clinical research. She makes her home in Greenville, SC along with her daughters Katie and Amy.
Sue Denninger, PT, DPT, PCS
Assistant Professor and Social Media Coordinator

Dr. Denninger joined the faculty in the fall of 2019. As a board-certified pediatric clinical specialist (PCS), she teaches the pediatric content in the DPT curriculum. In addition, she coordinates the part-time and service-learning clinical practicums. Dr. Denninger holds her undergraduate degree in Exercise Science and DPT degree from Sacred Heart University in Connecticut. She is currently working on a doctorate in higher education from North Greenville University. In addition to her PCS, Dr. Denninger is a certified clinical instructor, strength and conditioning specialist, and child passenger safety technician. She has held adjunct teaching positions in two other DPT programs and has 9 years of full- or part-time clinical experience at multiple children’s hospitals. Dr. Denninger is raising two young children with her husband, Tom, who is also a PT in the Greenville area. Her research focuses on the teaching and learning of clinical reasoning and post-operative management of single event, multi-level surgeries in children with cerebral palsy.

Ana Lotshaw, PT, PhD, CCS
Assistant Professor and Coordinator of Interprofessional Education

Dr. Lotshaw joined the School of Physical Therapy faculty in March 2020 following almost 30 years of clinical practice in cardiovascular and pulmonary physical therapy in a multiple practice settings including acute and critical care, pulmonary rehabilitation, and the cardiothoracic transplantation team at Baylor University Medical Center, Baylor Scott and White Healthcare, Dallas Texas where she was most recently an advanced clinical specialist. Dr. Lotshaw holds a bachelor’s degree in Physical Therapy from Georgia State University (1990), and a Master of Science (2002) and PhD (2007) in Physical Therapy from Texas Woman’s University. Dr. Lotshaw is a board-certified clinical specialist in cardiovascular and pulmonary physical therapy (CCS in 1998, recertified 2008, 2016). Her scholarly interests include outcomes in pulmonary rehabilitation, lung transplantation, and staff development. She has published in peer-reviewed journals and textbooks, taught continuing education for physical therapists, presented at national and international professional meetings, and served on national committees for physical therapy interests. She is an avid gardener, enjoys photography and resides in Greenville, SC with her rescued Shelties, Bentley and Bradley.
Additional Faculty

In addition, several other health care professionals will provide instructional support by providing guest lectures and lab instruction, supervising students during their clinical practicums, and providing elective coursework. These individuals will include PT clinical specialists, nurses and nurse practitioners, physicians, occupational therapists, respiratory therapists, orthotists, prosthetists, pharmacists, exercise physiologists, and others.
Program Mission and Philosophy

As a faith-based institution of higher education, we believe that learning is most effective when it is grounded in Christian values that enlighten, empower, and enrich the educational process. Furthermore, we believe that Christian faith and values provide the impetus for serving others which is a core principle for this physical therapy education program. Although students are not required to profess any specific religious or denominational affiliation, we do preferentially admit those who have demonstrated a heart for serving others through prior involvement in altruistic activities. In addition, physical therapy faculty members are committed to being servant-leaders as we mentor students who matriculate into our Doctor of Physical Therapy (DPT) program.

A recent study commissioned by the American Express company revealed how today’s Americans define success. The most important factor rated by 85% of respondents, was “good health;” 66% also cited “being physically fit.” These results point to the high value Americans place on their physical health and wellness which are central to the practice of physical therapy. These American values, when coupled with our faith-based principles of education, form the mission of the DPT program at Anderson University:

The mission of the School of Physical Therapy is to prepare physical therapists who are clinical experts in the diagnosis and treatment of movement dysfunction, advocates for healthy living and physical wellness, and scholar-practitioners who advance the practice of physical therapy. This mission is accomplished by engaging graduate students in learning and service activities that are grounded in Christian principles, guided by professional values and ethics, focused on quality outcomes, and driven by innovative thinking.

To achieve this mission, the DPT Program will seek to enroll individuals who have a passion for serving others, possess a strong work ethic, demonstrate uncompromising integrity, and consistently strive for excellence. These individuals must be self-directed learners who enjoy actively engaging in the educational process through guided discovery, meaningful experience, and reflective thinking. They must also possess a high degree of emotional intelligence that enables them to effectively interact with faculty,

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4 The term “scholar practitioner” expresses an ideal of professional excellence grounded in theory and research, informed by experiential knowledge, and motivated by personal values, political commitments, and ethical conduct. The Scholar Practitioner model is described by Charles McClintock in the Encyclopedia of Distributed Learning; 2004, Sage Publications.
5 Based on educational theories espoused by Dewey, Bruner, Kolb, and others
peers, professional colleagues, and patients/clients from all walks of life. Faculty members serve as content experts, educational facilitators, professional mentors, and spiritual guides. This multi-faceted role requires a commitment to lifelong learning, professional development, and spiritual growth that is demonstrated through participation in a variety of educational, scholarly, and service activities. Together, faculty and students are partners in the educational process and are mutually respected as professional colleagues.

The curriculum is the vessel used to deliver the professional knowledge, skills, and attitudes needed to successfully practice as an entry-level physical therapist. Considering the diverse nature of thinking and learning styles among both faculty and students, we believe that the DPT curriculum should include a mix of structured and unstructured learning experiences that challenge learners to progress their thinking from a relatively focused, concrete mode to a more holistic and abstract perspective as they learn to synthesize a growing body of knowledge. Given the rapid evolution of information technology and ever-changing health care delivery system, students must be prepared to acquire and integrate new information and skills as quickly as they emerge. This ability requires a conceptual understanding of movement systems and pathology as well as skills in critical inquiry and clinical reasoning that may be applied to any patient or management scenario.

To develop these skills, the curriculum is organized around the following behavioral themes: (1) foundational content and concepts that students synthesize to thoroughly understand how the human body functions; (2) clinical problems that students solve to help alleviate movement dysfunction in individuals with debilitating conditions; (3) new knowledge and skills that students seek to advance the practice of physical therapy and optimize wellness for the general population; (4) professional attitudes, values, and habits that students strive to attain; and (5) opportunities for students to serve others via clinical practice, community service, and professional advocacy. The integration of these curricular themes occurs through careful sequencing of course content, planned repetition and application of key concepts, progressive clinical experiences, and ongoing professional development activities.

Additionally, the curriculum provides opportunities for students to explore and develop areas of individual interest through an elective/specialty clinical experience, a variety of service learning opportunities, attendance at professional meetings/conferences, and completion of a scholarly project. The students’ involvement in the selection of required clinical education sites provides an added opportunity to personalize their educational experience and make it more meaningful.

Finally, the DPT curriculum not only prepares students for their individual role and responsibilities as physical therapists, but also helps develop the core competencies needed for effective collaborative practice. The Interprofessional Education Collaborative (IPEC) defines these competencies as: (1) mutual respect and shared values with other members of the healthcare team; (2) an appreciation for the skills and resources provided by other professionals that complement the physical therapist’s expertise; (3) responsive communications that are clear, timely, and respectful; and (4) team development through
relationship building, shared problem-solving and accountability, use of evidence, and effective leadership. Ultimately, the desired outcome of the DPT curriculum is to graduate competent and caring physical therapists who can work with other members of the healthcare team to optimize the well-being of people living in God’s global community. Thus, our program motto is: **Serving Him by serving others.**
Program Goals

GOAL # 1:
The School of Physical Therapy will prepare competent entry-level physical therapists who are:
  ● clinical experts in the diagnosis and treatment of movement dysfunction;
  ● advocates for healthy living and physical wellness; and
  ● scholar-practitioners who advance the practice of physical therapy.

GOAL # 2:
Students in, and graduates from, the School of Physical Therapy will exhibit:
  ● the core values and ethics of the physical therapy profession; and
  ● behaviors that are compatible with Christian faith and principles.

GOAL # 3:
The School of Physical Therapy will promote and support the development of its core faculty members by:
  ● securing external peer mentors for faculty who are new to academia;
  ● providing opportunities for clinical practice and/or professional consultation;
  ● facilitating the design, completion, and dissemination of scholarly projects;
  ● sponsoring or funding continuing education courses to maintain licensure and enhance teaching and/or content expertise;
  ● encouraging involvement in professional service at the local, state, or national level; and
  ● providing opportunities to participate in shared governance and leadership within the university and/or school.

GOAL # 4:
The School of Physical Therapy will actively engage in community activities which:
  ● promote physical health and wellness among the general public at a local or global level;
  ● provide professional learning opportunities for physical therapy clinicians in our service area; and
  ● further enhance the visibility and positive perceptions of the physical therapy profession and Anderson University.

GOAL # 5:
The School of Physical Therapy will systematically assess its processes and outcomes to ensure fulfillment of its mission and continuous quality improvement by:
  ● collecting and analyzing internal survey data from students, graduates, faculty, staff, and campus administrators on an annual basis;
● collecting and analyzing external survey data from clinical instructors, patients/clients, employers, professional colleagues, and the program advisory committee (PAC) on an annual basis;
● holding an annual faculty summit to review analyzed data, recommend needed action, and determine whether the program’s strategic plan needs revision;
● reviewing and updating publicized program information, policies, and procedures on an annual basis or as needed;
● supporting program faculty in the promotion and tenure process;
● maintaining compliance with standards established by the Commission on Accreditation in Physical Therapy Education (CAPTE).

Student Learning Outcomes
Consistent with the above program goals are the following student learning outcomes (SLOs). Every course in the DPT curriculum addresses one of more of these SLOs:

1. Develop expertise in the human movement system through the synthesis of knowledge from other scientific disciplines.
2. Demonstrate entry-level competence in the diagnosis and treatment of movement dysfunction in people of all ages.
3. Access and utilize the best evidence to support clinical decision-making.
4. Promote physical health and wellness among the general public.
5. Advance the practice of physical therapy through the pursuit of scholarship, lifelong learning, advocacy, and leadership.
6. Practice physical therapy in a manner that reflects both professional and Christian values.
Admission Requirements

Anderson University accepts students on the basis of their academic qualifications, character, and evidence of potential to benefit from the university experience. The University accepts all qualified applicants without regard to race, religious creed, national origin, sex, age, disability, or ethnic group.

The DPT program accepts one cohort of 28 students per year. This ensures that students receive the optimal level of instruction and mentoring during their educational journey.

Prerequisites for admission include the following:

- Baccalaureate degree in any major/discipline
- Completion of the following prerequisites:
  - 2 biology courses, 1 lower level and 1 upper level (7-8 SH); at least 1 must be a lab course
  - 1 anatomy and 1 physiology course OR 2 combined A&P courses (8 SH); must include lab
  - 2 chemistry courses with lab (8 SH)
  - 2 physics courses with lab (8 SH)
  - 1 statistics course (3 SH); may be a math or psychology based course
  - 3 social science courses; at least 1 must be a psychology course (9 SH)
  - 1 medical terminology course OR an approved self-study course
  - 1 composition or technical writing course (3 SH)
- Overall undergraduate GPA and prerequisite GPA\(^7\) = 3.00 or higher
- GRE scores
  - Verbal and Quantitative GRE scores = 150 or higher
  - GRE analytical writing score = 3.5 or higher
  - OR 50% or higher on all 3 scores
- CASPer test score
- At least 40 hours of volunteer/work experience in one or more PT clinical settings
- Evidence of involvement/leadership in college or community service activities
- 2 personal references:
  - 1 letter from a teacher/professor addressing the applicant’s academic aptitude
  - 1 letter from a physical therapist, former supervisor, coach, or service activity sponsor addressing the applicant’s attitude and/or work ethic
- Video introduction
- On-site interview
- Written acknowledgement of one’s ability to perform the essential functions of a physical therapist (with or without accommodations)

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\(^7\) When transcripts show a course that has been repeated, the most recent grade will be used to calculate prerequisite GPA. We will not accept courses that have been repeated more than once.
Essential Functions for Physical Therapists

Purpose

Students in the DPT program must acquire and integrate a large body of scientific knowledge, while simultaneously developing the clinical skills, behaviors, and attitudes necessary for physical therapy practice. The DPT faculty selects applicants who we believe have the ability to become entry-level physical therapists, ready to meet the challenges of today’s healthcare environment. In accordance with the accreditation standards set forth by the Commission on Accreditation for Physical Therapy Education (CAPTE), the DPT program has the prerogative and ultimate responsibility for selecting and evaluating its students; the design, implementation, and evaluation of its curriculum; and the determination of who is eligible to receive a degree. Admission and retention decisions made by the faculty are based on both academic and non-academic factors. Enrolled students are evaluated across didactic and clinical courses to ensure that they can successfully perform the essential functions of the program required for graduation.

The DPT program meets its responsibility to society to graduate knowledgeable, competent, and caring physical therapists, by requiring students to meet academic standards as well as the essential functions of the program. Consistent performance across all of these domains is required to enter the DPT program, progress through the curriculum, and meet the requirements for graduation. Policies and procedures outlining academic requirements for entrance into the DPT program and progression through the program are located elsewhere in this handbook.

Essential Functions Defined

Essential functions refer to the aptitudes and abilities that DPT students need to complete the professional curriculum and perform clinical skills consistent with the contemporary practice of physical therapy. Acceptable levels of mastery are judged by standards/criteria established by the core faculty, clinical faculty, examinations, and other measurements of performance. These areas of competence include:

1. **Communication** that includes verbal (oral and written) and non-verbal abilities.
2. **Motor function** that includes all psychomotor skills needed to examine patients/client and perform interventions in a safe and effective manner.
3. **Sensory function** that includes perceptual and observation skills needed to ensure safe and effective patient care.
4. **Cognitive function** that includes sufficient intellectual, conceptual, integrative, and quantitative abilities to make effective judgments about patient/client management and other practice-related tasks.

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8 Adapted with permission from the DPT program at University of the Sciences in Philadelphia, PA
5. **Affective behaviors** that demonstrate emotional, social, professional, and cultural competence.

**Students with Disabilities**

Individuals with learning and physical disabilities, as defined by Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA), may be qualified to study and practice physical therapy with or without the use of reasonable accommodations. To qualify for the study of physical therapy in the DPT program at Anderson University, students must be able to meet both our academic standards and essential functions, with reasonable accommodations, if needed. Accommodation is viewed as a means of assisting students with disabilities to meet essential standards by providing them with an equal opportunity to participate in all aspects of each learning experience (in the classroom, lab, or clinical setting) and/or providing extended time or alternative means of demonstrating their clinical competence. The granting of accommodations does not guarantee that students will be successful in meeting the requirements of any one course or clinical practicum.

**Reasonable Accommodations**

According to the ADA, a reasonable accommodation is any modification or adjustment to a job/work [or educational] environment that will enable a qualified applicant with a disability to perform essential job functions. For qualified students with a documented learning disability, reasonable accommodations may include such things as extended exam time, a private exam environment, or alternative testing mode. Students with documented physical disabilities may also request use of an intermediary or an auxiliary aid similar to those recommended by the Job Accommodation Network ([https://askjan.org/](https://askjan.org/)). It should be understood that no disability can be reasonably accommodated with an intermediary that provides cognitive support or substitutes for essential clinical skills, or supplements clinical and ethical judgment. Such reasonable accommodations should be designed to help the student meet learning outcomes without eliminating essential program elements or fundamentally altering the DPT curriculum.

**Procedures**

1. When applying for admission to the DPT Program at Anderson University, prospective students who are invited to interview must acknowledge that they have been informed about the *Essential Functions for Physical Therapy*.

2. Once a student is accepted into the program, these essential functions will be reviewed again during the program orientation session and students will sign a form indicating that they have read and understood these functions. Should a student have concerns about meeting these expectations, he/she is advised to meet with the Chair of the School of Physical Therapy.

3. If a student feels that he/she requires reasonable accommodation to successfully complete the didactic and/or clinical components of the program, he/she must
contact Ms. Genia Berndt in the Center for Student Success to complete the necessary documentation for requesting accommodations.

4. Due to the time it takes to properly evaluate a student’s needs and implement reasonable accommodations, students should request accommodations as early as possible. Although students’ may occasionally experience an unexpected need for accommodations, it is preferable to make such requests at least 30 days before the start of a course or clinical education experience. Should a student experience a change in his/her status which necessitates accommodation at any point during the DPT program, he/she should begin this process as soon as possible.

5. For accommodations needed during clinical education courses, students with disabilities should request a meeting with the SoPT Chair and the DCE as early as possible to ensure that the planned site assignments will meet their needs. Students should be advised that not every clinical site will be able to reasonably accommodate students with disabilities. In most cases, students will be strongly encouraged to disclose the nature of their disability and accommodation needs to clinical instructors at the assigned clinical site so they may optimize the learning experience and ensure patient safety.

Specific Behavioral Competencies Related to Essential Functions

COMMUNICATION: Use of appropriate verbal, nonverbal, and written communication with all individuals when engaged in physical therapy practice, research, and education, including patients, clients, families, caregivers, practitioners, consumers, payers, and policy makers. Specifically, students must be able to:

Verbal:

- Express own ideas and feelings clearly and demonstrate a willingness and ability to give and receive feedback.
- Receive and send verbal communication in emergency situations in a timely manner according to the procedures established by each clinical setting.
- Analyze and accurately communicate information on the patient’s status in a timely manner to members of the health care team, including seeking supervision and consultation as needed.
- Demonstrate interpersonal skills needed for productive classroom discussion, respectful interaction with classmates and faculty, and development of appropriate therapist–patient relationships.
- Communicate clearly and audibly during interactions with classmates, instructors, patients, members of the healthcare team, and others involved in the educational or patient care process.
- Listen attentively and actively in order to receive and accurately interpret oral communication.
• Communicate effectively and sensitively in English with other students, faculty, staff, patients, family, other professionals, and members of the general public in both oral and written formats.

• Elicit a thorough patient history and explain complex findings to patients and various members of the health care team using appropriate terminology.

Written:

• Receive, write, and interpret written communication in both the academic and clinical setting.

• Read and record observations and plans legibly, efficiently, and accurately in documents such as the patient's health care record, which may be written or electronic.

• Search for and evaluate published research/literature.

• Complete written assignments and maintain written records in both handwritten and electronic formats.

Non-Verbal:

• Establish a professional rapport with patients/clients, caregivers, and colleagues.

• Recognize and promptly respond to signs of emotional distress such as sadness, worry, agitation, pain, and lack of comprehension of therapist communication.

• Use non-verbal therapeutic communication techniques such as attending, clarifying, coaching, facilitating, and touching.

MOTOR FUNCTION: Acquisition and application of a variety of gross and fine motor skills that reflect the physical capacities needed to safely and effectively perform the job of a physical therapist in a variety of settings. Specifically, students must be able to:

• Maintain and assume a variety of positions including sitting for up to 2 hours continuously, frequent standing, walking, bending, squatting, kneeling, stair climbing, reaching forward, reaching overhead, turning, and movement of the trunk and neck in all directions.

• Manually palpate various body structures during examination and intervention procedures.

• Perform manual material handling and manipulation of various sizes and weights including lifting and transferring patients, guarding patients during gait training on level surfaces/uneven surfaces/ramps/stairs, pushing and pulling to provide resistance and to assist in maneuvering patients. Specific requirements include:
  - Safely lift up to 50 lbs. independently
  - Safely lift up to 200 lbs. with manual or mechanical assistance
  - Safely push and pull up to 200 lbs.
● Demonstrate strong bilateral grasp during joint mobilization/manipulation and manually resisted exercise, bilateral gross and fine motor control and strength to perform therapeutic massage, and fine motor control to manipulate testing instruments/equipment/writing instruments/computers.

● Balance self and provide support and balance to patients on a variety of surfaces including level and uneven ground, ramps, curbs, and stairs.

● Have sufficient endurance to continue performing a variety of exertional activities for up to 8-12 hours with occasional rest breaks.

● Respond quickly to emergency situations by physically moving patients, applying sufficient manual force to perform CPR, or assisting with patient transport during an evacuation.

SENSORY FUNCTION: The ability to perceive all information necessary for safe and effective patient/client management including the functional use of vision, hearing, and tactile sensations. Specifically, students must demonstrate:

Visual observation of:

● Audiovisual presentations and written materials presented in class.

● Laboratory demonstrations and procedures.

● Patients (close up and at a distance) for purpose of eliciting information and monitoring changes in their functional status (e.g., facial expression, conscious awareness, posture, and gait patterns).

● Therapeutic devices/equipment, including textual and graphic readouts, for purpose of ensuring safe and effective operations.

Auditory ability for:

● Effective auscultation/auditory evaluation including, but not limited to, the lungs, heart, apical pulse, blood pressure, bowel sounds, and joint noises.

● Environmental cues including but not limited to, telephones, overhead paging systems, equipment monitors/alarms, and verbal communications in a setting with competing ambient noise.

Tactile ability for:

● Safe application of gradient pressures during examination and intervention including, but not limited to, palpation of anatomical landmarks, muscle tone, and soft tissue restrictions; manual muscle testing; joint mobilization/manipulation; percussion; and massage.

● Appropriate manipulation of dials, sensors, and switches on all examination and therapeutic equipment.
COGNITIVE FUNCTION: Sufficient intellectual-conceptual abilities to obtain and process information from multiple sources to make informed clinical decisions related to patient/client management, efficiently and effectively operate a clinical practice, pursue advanced learning opportunities, and advocate for the needs of the profession and society. Specifically, students must be able to:

- Recall and retain information in an efficient manner in order to meet the minimal requirements in classroom and clinical environments to provide safe and effective patient care.
- Appraise published evidence to determine the most appropriate tests, measures, and interventions to use during a patient/client examination or treatment.
- Gather information during all patient examination and treatment procedures to make appropriate clinical decisions and/or respond to emergency situations.
- Evaluate the information gleaned from the patient/client examination, including patient history and any available medical/surgical/radiologic information, to formulate a patient/client diagnosis, prognosis, and plan of care.
- Prescribe therapeutic home programs as indicated by the results of the examination, utilizing a variety of instructional methods for patient/clients and/or family members.
- Acknowledge limitations of knowledge and/or performance in order to provide safe, effective patient care including the necessity of referring the patient/client to other healthcare professionals.
- Assess patient outcomes to determine the need for continuation of care by summarizing and interpreting changes in the patient’s status over time.
- Integrate new information learned outside the classroom with prior body of knowledge to continuously improve decision-making abilities.
- Recognize the resources needed to effectively operate or manage a physical therapy clinical facility.
- Analyze current issues, payment policies, or other events that affect the delivery of health care and the practice of physical therapy.

AFFECTIVE BEHAVIOR: The emotional health and intelligence needed to fully utilize one’s own intellectual abilities, exercise good judgment, and effectively complete all responsibilities attendant to the diagnosis and care of patients. Specifically, students must:

- Understand that his/her values, attitudes, beliefs, emotions, and experiences affect his/her perceptions and relationships with others.
- Possess the emotional stability to function effectively under stress and adapt to an environment that may change rapidly and/or unpredictably.
- Maintain mature, sensitive, and respectful relationships with patients, families, student colleagues, faculty, staff, and other health care professionals in academic and clinical environments, including highly stressful situations.
- Possess the ability to reason morally and practice physical therapy in an ethical manner.
- Demonstrate a willingness to learn and adhere to professional standards of practice.
- Possess attributes that include altruism, accountability, compassion, integrity, responsibility, grace, humility, service, justice, and tolerance.
- Interact effectively with individuals, families, and groups from a variety of social, emotional, cultural and intellectual backgrounds in a variety of settings.
- Acknowledge and respect individual values and opinions in order to foster harmonious working relationships with colleagues, peers, and patients/clients.
- Demonstrate the ability to be self-reflective.
- Maintain general good health, self-care, and hygiene in order not to jeopardize the health and safety of self or the individuals with whom one interacts.
- Possess appropriate coping strategies to manage physically, emotionally, and mentally taxing workloads; function effectively under time constraints; and proactively use available resources to maintain both physical and mental health.
- Accept suggestions and criticisms; modify behavior as needed in response to such feedback.
- Demonstrate assertiveness and respect when delegating responsibilities to physical therapy support staff.
Professional Development & Mentoring

In addition to the “Community Values and Expectations” described in AU’s Student Development Handbook, DPT students are expected to demonstrate professional behaviors that reflect the core values of the physical therapy profession. The faculty considers all students to be professional colleagues and assumes responsibility for assisting them in their professional development. As part of this mentoring process, each student is assigned to a faculty advisor who will meet with him/her at least once a semester. Students assigned to the same faculty advisor may wish to form learning communities to support and encourage one another throughout their educational journey. In addition to faculty advisors, students may seek guidance from the SoPT Journey Coach who can assist students in obtaining support services to facilitate their plan of study or deal with personal issues that may arise.

Please note: Although faculty generally maintain an open door policy, there may be times when they are involved in work of a confidential or urgent nature. Thus, students should always check on their availability with office staff prior to any scheduled or impromptu meetings.

Advising Process

During the first two weeks of the program, each advisor will meet with his/her advisees, either as a group or individually, to review the advising process, perform a self-assessment of professional values, and help students formulate their initial Professional Development Plan (PDP). This plan will establish goals for each student to address during the initial didactic phase of the curriculum. The goals in the PDP should go beyond minimal program expectations and reflect a commitment to the professional and Christian values defined in the section below. Students will maintain a development log of activities, events, or situations in an electronic format to provide evidence of goal achievement that can be shared with their advisors and peers throughout the program. Advisors will meet with their advisees, both individually and as a group, at least once a semester to reflect on their professional development and share experiences.

During the 6th semester of the curriculum, students will update their PDPs to include goals for the terminal clinical phase of the curriculum. Evidence supporting these goals will continue to be documented in the student’s development log which will be submitted electronically to the student’s advisor at the midpoint of their final clinical practicum. During the final two weeks of the curriculum when students return to campus, they will formulate a transitional PDP which will specify goals for their first 5 years of practice.

In addition to the PDPs and development logs, assessment of the student’s professional conduct will be based on adherence to the SoPT policies outlined in this handbook (e.g., courtesy, attendance, dress code, APTA membership), progression seen in the students’ self-assessments of core values, faculty observations of student behavior during classroom and lab activities, CPI ratings of professional behavior, and patient assessments of professionalism.
Core Values of the Physical Therapy Profession

The APTA has identified seven core values related to the practice of physical therapy:

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

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

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

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

**Integrity** is the 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** is the commitment to meeting one’s obligations to provide effective physical therapy services to patients/clients, to serve the profession, and to positively influence the health of society.

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

Core Christian Values

In addition to the professional values defined above, the SoPT faculty has identified the following Christian values which relate to the practice of physical therapy:

**Grace** is an act that extends kindness, favor, good will, or mercy to another person.

**Humility** is the absence of pride; a humble person has an attitude that he/she has no greater importance than anyone else.

**Justice** is the quality of being fair and righteous when dealing with people and resources.

**Service** is an act in which one voluntarily helps or renders assistance to someone in need.

**Tolerance** is a willingness to respect the opinions, beliefs, or practices that are different from one’s own without criticism or judgment.
SPICE of Life Program

A unique feature of the DPT Program at Anderson University is the SPICE of Life program. The term “spice of life” is commonly used to describe a variety of experiences that enrich our lives (“adds flavor”) and makes us more well-rounded individuals. In this program, “SPICE” is an acronym, which stands for “Senior Partners In Clinical Education.” Each DPT student is paired with an older adult in the community who has volunteered to assist them as lay mentors by providing the following types of support during their educational journey:

1. **Individual feedback to the student as he/she practices newly learned clinical skills.** In essence, these senior partners are volunteering to be human “guinea pigs” for students who need to practice newly learned clinical skills on someone other than a fellow student. Students rely on these volunteers to provide constructive feedback related to the clarity of the student’s instructions and explanations, as well as their comfort level when the student is touching them.

2. **Regular meetings with the student** once or twice a month at the University Center or over lunch to informally discuss the student’s progress and offer advice from a consumer perspective.

3. **Psychological and spiritual support throughout the educational process.** The DPT program follows an extremely intense and rigorous curriculum with a packed schedule that creates a great deal of stress in the lives of most students. SPICE volunteers must be Christians with a strong faith and sense of optimism who can encourage and pray for these students as they struggle with the challenges and stresses associated with PT school.

4. **Celebration of the student’s success.** Another goal of this program is to celebrate the accomplishments of our students. We want our SPICE partners to be active participants in these joyous occasions which include special events such as orientation, the bestowing of our blessing as they enter the PT program, formal presentation of their scholarly projects, and graduation.

Changing Advisors

As mature adults, DPT students are expected to establish working relationships with people from all walks of life. However, occasionally situations arise in which the mentoring relationship is not effectively meeting the student’s needs. Students who wish to be reassigned to another academic advisor or SPICE partner should request a meeting with the SoPT Chair to discuss the rationale for the change. The Chair will consider the needs of the student and the validity of his/her reasons for requesting the change before assigning the student. In situations where a faculty member leaves the university or a SPICE partner is no longer available to meet with the student on a regular basis, reassignment will be automatic.
Academic Information

Educational Philosophy of DPT Program

The philosophical framework of the curriculum was previously described in this document. The stated behavioral themes are addressed in the following courses:

- **Foundational content and concepts that students **STUDY** to thoroughly understand the human movement system:**
  - Clinical Human Anatomy
  - Biomechanics & Kinematics of Human Motion
  - Physiology of Movement
  - Clinical Neuroscience
  - Pathological Processes
  - Pharmacology
  - Motor Development & Control Across the Lifespan

- **Clinical problems that students **SOLVE** to help alleviate movement dysfunction in individuals with debilitating conditions:**
  - Basic Physical Therapy Examination Skills
  - Assistive Technology & Training
  - Therapeutic Exercise & Motor Learning
  - Medical Screening & Diagnostic Imaging
  - Biophysical Agents & Soft Tissue Mobilization
  - Management of Cardiovascular & Pulmonary Dysfunction
  - Management of Upper Quarter Musculoskeletal Dysfunction
  - Management of Lower Quarter Musculoskeletal Dysfunction
  - Management of Immunological & Metabolic Dysfunction
  - Management of Pediatric Trauma & Developmental Dysfunction
  - Management of Brain Trauma & Progressive Neuromuscular Dysfunction
  - Management of Spinal Cord and Peripheral Nerve Trauma
  - Management of Integumentary Dysfunction & Amputations
  - Advanced Clinical Elective

- **New knowledge and skills that students **SEEK** to advance the practice of physical therapy and optimize wellness for the general population:**
  - Introduction to Clinical Reasoning & Evidence-based Practice
  - Health Behavior & Patient Education
  - Clinical Research Methods
  - Capstone Project 1
  - Capstone Project 2
  - Capstone Project 3
  - Practice Management & Marketing
  - Population Health Issues
● Professional attitudes, values, and habits that students STRIVE to attain:
  - Orientation to the Physical Therapy Profession
  - Health Care Communications & Informatics
  - Legal, Ethical & Regulatory Issues in Health Care
  - Psychosocial & Spiritual Issues in Health Care
  - Professional Development, Leadership & Advocacy

● Opportunities for students to SERVE others via clinical practice, community service, and professional advocacy:
  - Clinical Practicum 1: Interprofessional Experiences
  - Clinical Practicum 2
  - Clinical Practicum 3
  - Clinical Practicum 4: Service Learning / Pro Bono Care
  - Clinical Practicum 5
  - Clinical Practicum 6

The integration of these curricular themes occurs through careful sequencing of course content, planned repetition and application of key concepts, progressive clinical experiences, and ongoing professional development activities. The curriculum also includes opportunities for students to explore and develop areas of individual interest through an elective/specialty clinical experience, a variety of service learning opportunities, attendance at professional meetings/conferences, and completion of a capstone project. The students' involvement in the selection of required clinical education sites provides an added opportunity to personalize their educational experience and make it more meaningful.

DPT Curriculum Sequence
Due to the delayed start date associated with the COVID-19 pandemic, the Class of 2022 will follow a modified curriculum plan as shown below:

### Year 1 – Summer

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course</th>
<th>Credits</th>
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<tbody>
<tr>
<td>PT 700</td>
<td>Orientation to the Physical Therapy Profession</td>
<td>2</td>
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<tr>
<td>PT 706</td>
<td>Clinical Human Anatomy 1</td>
<td>3</td>
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<tr>
<td>PT 715</td>
<td>Physiology of Movement</td>
<td>3</td>
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<td></td>
<td><strong>Total Credits</strong></td>
<td><strong>8</strong></td>
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### Year 1 – Fall

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<tbody>
<tr>
<td>PT 707</td>
<td>Clinical Human Anatomy 2</td>
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<tr>
<td>PT 710</td>
<td>Biomechanics &amp; Kinematics of Human Motion</td>
<td>4</td>
</tr>
<tr>
<td>PT 720</td>
<td>Pathological Processes</td>
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<tr>
<td>Course #</td>
<td>Course</td>
<td>Credits</td>
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<tr>
<td>---------</td>
<td>---------------------------------------------</td>
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</tr>
<tr>
<td>PT 735</td>
<td>Assistive Technology &amp; Functional Training</td>
<td>3</td>
</tr>
<tr>
<td>PT 745</td>
<td>Foundations of Clinical Reasoning &amp; Evidence-Based Practice 1</td>
<td>2</td>
</tr>
<tr>
<td>PT 750</td>
<td>Health Care Communications &amp; Informatics</td>
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**Year 1 – Spring**

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<th>Course</th>
<th>Credits</th>
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<td>PT 730</td>
<td>Basic Physical Therapy Examination Skills</td>
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<tr>
<td>PT 800</td>
<td>Foundations of Clinical Reasoning &amp; Evidence-based Practice 2</td>
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<td>PT 810</td>
<td>Legal, Ethical, &amp; Regulatory Issues</td>
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<td>PT 740</td>
<td>Therapeutic Exercise and Motor Learning</td>
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<td>PT 775</td>
<td>Management of Cardiovascular &amp; Pulmonary Dysfunction</td>
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<tr>
<td>PT 780</td>
<td>Clinical Practicum 1: Inter-professional Experiences</td>
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**Total Credits**: 18

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<tr>
<td>PT 755</td>
<td>Clinical Neuroscience</td>
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<tr>
<td>PT 770</td>
<td>Health Behavior &amp; Patient Education</td>
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<td>PT 725</td>
<td>Pharmacology</td>
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<td>PT 815</td>
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<td>PT 820</td>
<td>Management of Lower Quarter Musculoskeletal Dysfunction</td>
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**Total Credits**: 17

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<td>Biophysical Agents &amp; Soft Tissue Mobilization</td>
<td>3</td>
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<tr>
<td>PT 855</td>
<td>Management of Spinal Cord &amp; Peripheral Nerve Trauma</td>
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<tr>
<td>PT 840</td>
<td>Management of Immunological &amp; Metabolic Dysfunction</td>
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<tr>
<td>PT 825</td>
<td>Clinical Practicum 2 (6 weeks)</td>
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**Total Credits**: 13

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<td>PT 760</td>
<td>Medical Screening &amp; Diagnostic Imaging</td>
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<tr>
<td>PT 870</td>
<td>Psychosocial &amp; Spiritual Issues in Health Care</td>
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**Year 2 – Spring**
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<tr>
<th>Course #</th>
<th>Course</th>
<th>Credits</th>
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</thead>
<tbody>
<tr>
<td>PT 860</td>
<td>Management of Brain Trauma &amp; Progressive Neuromuscular</td>
<td>4</td>
</tr>
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<td>Dysfunction</td>
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<tr>
<td>PT 835</td>
<td>Motor Development &amp; Control Across the Lifespan</td>
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<tr>
<td>PT 875</td>
<td>Practice Management &amp; Marketing</td>
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<tr>
<td>PT 865</td>
<td>Mgmt. of Integumentary Dysfunction &amp; Amputations</td>
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Total Credits 17

### Year 3 – Summer

<table>
<thead>
<tr>
<th>Course #</th>
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<tbody>
<tr>
<td>PT 905</td>
<td>Advanced Clinical Elective</td>
<td>1</td>
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<tr>
<td>PT 850</td>
<td>Management of Pediatric Trauma &amp; Developmental Dysfunction</td>
<td>2</td>
</tr>
<tr>
<td>PT 915</td>
<td>Clinical Practicum 4 (Service learning experience)</td>
<td>1</td>
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<tr>
<td>PT 880</td>
<td>Capstone Project 1</td>
<td>1</td>
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<tr>
<td>PT 920</td>
<td>Clinical Practicum 5 (10 weeks)</td>
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Total Credits 14

### Year 3 – Fall

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<tr>
<td>PT 885</td>
<td>Capstone Project 2</td>
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<tr>
<td>PT 925</td>
<td>Clinical Practicum 6: (10 weeks)</td>
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<tr>
<td>PT 910</td>
<td>Population Health Issues</td>
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<tr>
<td>PT 945</td>
<td>Capstone Project 3</td>
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<tr>
<td>PT 940</td>
<td>Professional Development, Leadership &amp; Advocacy</td>
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Total Credits 15

### Year 3 – Spring

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<tbody>
<tr>
<td>PT 925</td>
<td>Clinical Practicum 3 (6 weeks)</td>
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Total Credits 6

Total Credit Hours = 125 (completely by end of February 2022)

Total Weeks of Full-time Clinical Education = 32
DPT Course Descriptions

- **PT 700: Orientation to the Physical Therapy Profession (2 credits; 30 lecture hrs.)**
  This orientation course provides an introduction to the physical therapy profession including its history and trends, core values, role delineations, and organizational structure. Program policies and procedures are reviewed along with medical terminology, isolation techniques, emergency procedures, and HIPPA regulations. Strategies for effective learning, interpersonal communication, and team-building are also introduced.

- **PT 706: Clinical Human Anatomy 1 (3 credits; 30 lecture and 30 lab hrs.)**
  This advanced anatomical study allows students to develop an in-depth knowledge and appreciation of the intricate design of the human body including the structure of the extremities, spine, thorax, and internal organs and their embryonic derivations. Through the use of virtual dissection tools and the study of gross cadaver prosections, students will also have an opportunity to detect anatomical anomalies or pathological changes and relate these deviations to movement dysfunction. This course emphasizes the structure of the back and lower extremities.

- **PT 707: Clinical Human Anatomy 2 (4 credits; 30 lecture and 60 lab hrs.)**
  This course is a continuation of PT 706 which emphasizes the structures of the head, neck, upper extremities, thorax, and abdomen.

- **PT 710: Biomechanics & Kinematics of Human Motion (4 credits; 30 lecture and 60 lab hrs.)**
  This course applies previously learned physical and biomechanical principles to the human body to develop a working knowledge of the osteokinematic and arthrokinematic motions that produce functional movement patterns. Students begin to develop the palpation skills needed to locate specific bony or soft tissue landmarks as well as assess joint play, end feels, muscle tone, and postural alignment. Components of the gait cycle are introduced as students also learn to differentiate normal and deviant gait patterns.

- **PT 715: Physiology of Movement (3 credits; 45 lecture hrs.)**
  This course presents an overview of the normal regulatory function of the skeletal, neuromuscular, autonomic, cardiovascular, pulmonary, renal and urinary, digestive, hepatic and biliary, endocrine, and reproductive systems and how these systems influence human movement. Students learn to assess vital signs and body composition as well as perform basic anthropometric measures.

- **PT 720: Pathological Processes (3 credits; 45 lecture hrs.)**
  This course provides a conceptual overview of common pathological processes that affect functional movement including genetic mutations, trauma, infection, neoplasia, autoimmune responses, and degenerative changes. The histological changes, lab
values, and clinical signs and symptoms associated with these pathological processes are also introduced.

- **PT 725: Pharmacology** (2 credits; 30 lecture hrs.)
  This course provides an overview of various drug classifications, their mechanism of action, and indications for use. Pharmacokinetics, therapeutic dosages, drug actions and interactions, and common side effects will be examined with an emphasis on how they affect cognitive and motor function.

- **PT 730: Basic Physical Therapy Examination Skills** (4 credits; 15 lecture and 90 lab hrs.)
  This course teaches students to accurately, efficiently, and reliably perform basic assessment skills including skin integrity, goniometry, muscle testing, sensory and reflex testing, analysis of posture and balance, and rating scales for pain and activities of daily living (ADL).

- **PT 735: Assistive Technology & Functional Training** (3 credits; 15 lecture and 60 lab hrs.)
  This course covers the prescription and application of a variety of orthotic and assistive devices that are commonly used to prevent contractures, facilitate transfers and gait, and improve the mobility of patients with joint deformities or muscle weakness. Progressive functional training and outcome assessment will be emphasized.

- **PT 740: Therapeutic Exercise & Motor Learning** (4 credits; 30 lecture and 60 lab hrs.)
  This course covers the physiological rationale for designing a progressive exercise intervention to improve muscle strength, motor coordination, cardiovascular endurance, joint and muscle flexibility, and balance. Theories and principles of motor learning are applied to selected patient scenarios.

- **PT 745: Foundations of Clinical Reasoning & Evidence-based Practice 1** (2 credits; 30 lecture hrs.)
  This course introduces the concepts of clinical reasoning and evidence-based practice as they relate to patient management. Students learn how to pose clinical questions, search for evidence using relevant databases, and interpret the findings from published research reports.

- **PT 750: Health Care Communications & Informatics** (2 credits; 30 lecture hours)
  This course teaches students how to conduct a thorough patient interview, formulate functional goals, and properly document all patient interactions. Principles and strategies for effective communications and conflict management are presented along with an overview of health informatics and the ICF model.

- **PT 755: Clinical Neuroscience** (3 credits; 37 lecture and 15 lab hrs.)
  This course provides a focused study of the structure and function of the peripheral and central nervous system including the cerebral cortex, brain stem nuclei, spinal
tracts, peripheral plexuses and nerves, and autonomic ganglia. Theories of brain organization, information processing, and pain perception are introduced along with screening procedures for cranial nerve and cognitive function.

- **PT 760: Medical Screening & Diagnostic Imaging** (3 credits; 30 lecture and 30 lab hrs.)
  This course emphasizes relevant information gleaned from the patient history, systems screen, physical exam, laboratory tests, and diagnostic imaging which help distinguish between pathologies of a neuromusculoskeletal versus systemic origin. Lab practice and case studies are used to structure clinical decision-making and discuss appropriate referral mechanisms.

- **PT 765: Biophysical Agents & Soft Tissue Mobilization** (3 credits; 15 lecture and 60 lab hrs.)
  This course covers the physiological rationale, indications, contraindications, and treatment parameters used to safely administer various thermal, mechanical, sound, light, and electrical modalities to augment the effectiveness of other physical therapy interventions. In addition, soft tissue mobilization techniques such as massage, myofascial release, Graston technique (instrument-assisted soft tissue mobilization), manual traction, and dry needling will be introduced.

- **PT 770: Health Behavior & Patient Education** (3 credits; 45 lecture hrs.)
  This course applies theories of learning and health behavior to patient education. Students will assess the learning style of their patients and design appropriate instructional and motivational strategies to complement their patients’ needs. In addition, students will have an opportunity to develop teaching media and participate in health promotion activities within the local community.

- **PT 775: Management of Cardiovascular & Pulmonary Dysfunction** (4 credits; 30 lecture and 60 lab hrs.)
  This course provides students with experience in the physical therapy examination, diagnosis, management, and outcome assessment of individuals with cardiovascular and pulmonary conditions such as myocardial infarction, valvular dysfunction, peripheral vascular disease, congestive heart failure, and restrictive and obstructive lung diseases. Specific evaluation and treatment procedures include stress testing protocols, auscultation techniques, breathing exercises, cardiac rehab, lymphedema management, airway clearance and resuscitation techniques. Relevant medical, surgical, pharmacological, and imaging procedures will also be presented in relation to the physical therapy management. Case studies will be used to integrate information and enhance the development of clinical problem solving skills and inter-professional collaboration.

- **PT 780: Clinical Practicum 1: Inter-professional Experiences** (1 credit; 30 lab hrs.)
  This course provides students with early exposure to a variety of healthcare settings where they have an opportunity to interact with patients and other members of the healthcare team. Through these weekly clinical experiences, students gain
knowledge of, and an appreciation for, the variety of patient care services that fall outside the realm of physical therapy.

- **PT 800: Clinical Reasoning & Evidence-based Practice 2** (2 credits; 30 lecture hrs.)
  This course describes the quantitative and qualitative research designs commonly used in physical therapy practice, along with the advantages and limitations of each design. Students also learn how to critique various research studies to inform their clinical decision-making and predict therapeutic outcomes.

- **PT 810: Legal, Ethical, & Regulatory Issues in Health Care** (2 credits; 30 lecture hrs.)
  This course explores legal and ethical issues affecting health care delivery in the U.S. Specific topics include ethical principles, duties, and decision making; physical therapy practice regulations in the State of South Carolina; fraud and abuse; negligence and malpractice; ADA legislation. Current ethical issues related to topics such as genetic testing and engineering, stem cell research and regenerative medicine, right-to-life and right-to-die issues, and resource distribution will be debated and discussed.

- **PT 815: Management of Upper Quarter Musculoskeletal Dysfunction** (4 credits; 30 lecture and 60 lab hrs.)
  This course provides students with experience in the physical therapy examination, diagnosis, management, and outcome assessment of individual with musculo-skeletal conditions affecting the cervical and thoracic spine and upper extremities such as TMJ dysfunction, disc herniation, facet joint dysfunction, shoulder impingement, fractures, and hand trauma. Specific evaluation and treatment procedures include postural correction, joint mobilization and manipulation techniques, ergonomic modifications, and post-operative orthopedic protocols. Relevant medical, surgical, pharmacological, and imaging procedures will also be presented in relation to the physical therapy management. Case studies will be used to integrate information and enhance the development of clinical problem solving skills and inter-professional collaboration.

- **PT 820: Management of Lower Quarter Musculoskeletal Dysfunction** (4 credits; 30 lecture and 60 lab hrs.)
  This course provides students with experience in the physical therapy examination, diagnosis, management, and outcome assessment of individual with musculoskeletal conditions affecting the lumbar spine and lower extremities such as disc herniation, facet joint dysfunction, spinal stenosis, sacroiliac dysfunction, lower extremity fractures, ligamentous instabilities, osteoarthritis and joint arthroplasty. Specific evaluation and treatment procedures include joint mobilization and manipulation techniques, work hardening, and post-surgical rehab. Relevant medical, surgical, pharmacological, and imaging procedures will also be presented in relation to the physical therapy management. Case studies will be used to integrate information and enhance the development of clinical problem solving skills and inter-professional collaboration.
• **PT 825: Clinical Practicum 2** (6 credits; 240 clinical hrs.)

This full-time, 6-week clinical practicum provides students with an opportunity to apply previously learned knowledge and skills on patients seeking physical therapy care in an outpatient or inpatient setting. Students will evaluate and treat individuals of all ages, primarily those with simple health conditions, under the direction of a licensed physical therapist.

• **PT 830: Clinical Practicum 3** (6 credits; 240 clinical hrs.)

This full-time, 6-week clinical practicum provides students with an opportunity to apply previously learned knowledge and skills on patients seeking physical therapy care in an outpatient, inpatient, long-term care, or specialty setting. Students will evaluate and treat individuals of all ages, with simple and complex health conditions, under the direction of a licensed physical therapist.

• **PT 835: Motor Development & Control Across the Lifespan** (3 credits; 30 lecture and 30 lab hrs.)

This course provides an overview of normal motor development across the lifespan. Students will explore the stages of motor development including developmental milestones and reflexes as well as changes associated with pregnancy, childbirth, and the aging process. Laboratory experiences will provide opportunities to analyze gross motor development, play skills, motor coordination, pelvic floor exercise, and balance.

• **PT 840: Management of Immunological & Metabolic Dysfunction** (2 credits; 22 lecture and 15 lab hrs.)

This course provides students with experience in the physical therapy examination, diagnosis, management, and outcome assessment of individuals with common metabolic and immunologic disorders such as diabetes, hormonal deficiencies, rheumatic diseases, malignancies, chronic liver and renal failure, AIDS, and infectious conditions. Relevant medical, surgical, pharmacological, and imaging procedures will be presented along with options for end-of-life care such as hospice. Case studies will be used to integrate information and enhance the development of clinical problem solving skills and inter-professional collaboration.

• **PT 850: Management of Pediatric Trauma & Developmental Dysfunction** (2 credits; 15 lecture and 30 lab hrs.)

This course provides students with experience in the physical therapy examination, diagnosis, management, and outcome assessment of children with congenital disabilities, traumatic injuries, or other pathologies that impair normal development. Relevant medical, surgical, pharmacological, and imaging procedures will also be presented along with information related to genetic counseling. Case studies will be used to integrate information and enhance the development of clinical problem solving skills and inter-professional collaboration.
• **PT 855: Management of Spinal Cord & Peripheral Nerve Trauma** (2 credits; 15 lecture and 30 lab hrs.)

This course provides students with experience in the physical therapy examination, diagnosis, management, and outcome assessment of individuals with spinal cord and peripheral nerve injuries and compression syndromes. Students will learn how to prescribe wheelchairs, orthotics, and other adaptive equipment to maximize functional movement. Relevant medical, surgical, imaging, and electrodiagnostic procedures will also be presented, and the implications of new developments in regenerative medicine will be discussed.

• **PT 860: Management of Brain Trauma and Progressive Neuromuscular Dysfunction** (4 credits; 30 lecture and 60 lab hrs.)

This course provides students with experience in the physical therapy examination, diagnosis, management, and outcome assessment of adults with brain trauma, stroke, and progressive neuromuscular conditions such as multiple sclerosis, Parkinsonism, and dementia. Relevant medical, surgical, pharmacological, and imaging procedures will also be presented in relation to the physical therapy management. Case studies will be used to integrate information and enhance the development of clinical problem solving skills and inter-professional collaboration.

• **PT 865: Management of Integumentary Dysfunction & Amputations** (2 credits; 15 lecture and 30 lab hrs.)

This course provides students with experience in the physical therapy examination, diagnosis, management, and outcome assessment of individuals with integumentary conditions such as burn trauma, vascular ulcers. Relevant medical, surgical, pharmacological, and imaging procedures will also be presented in relation to the physical therapy management. Case studies will be used to integrate information and enhance the development of clinical problem-solving skills and inter-professional collaboration.

• **PT 870: Psychosocial and Spiritual Issues in Health Care** (2 credits; 30 lecture hours)

The course provides students with an opportunity to discuss assessment and support strategies for interacting effectively with patients who exhibit stress, anxiety, depression, changes in body image, chronic pain, dementia, loss and grief. In addition, students will learn how to recognize and report signs of abuse, addiction, and caregiver stress including referrals to counselors, social workers, clergy, and support groups.

• **PT 875: Practice Management & Marketing** (3 credits; 45 lecture hrs.)

This course introduces various marketing strategies and management principles and applied them to a variety of physical therapy practice settings. Specific topics include regulatory policies and procedures, billing and reimbursement, personnel management, advertising, budgeting and equipment purchasing, strategic planning, liability and risk management.
• **PT 880: Capstone Project 1** (1 credit; 30 independent study hrs.)
  Students will prepare the first part of an in-depth case study which will focus on a specific clinical condition. In this course, students will pose research questions related to the epidemiology, diagnosis, and prognosis of the selected clinical condition. They will then explore, interpret, and critique the best available evidence to answer those questions and document the results in the form of a written summary.

• **PT 885: Capstone Project 2** (1 credit; 30 independent study hrs.)
  Students will prepare the second part of an in-depth case study which will focus on the previously selected clinical condition. In this course, students will pose research questions related to the physical therapy treatment for that condition and selected outcome measures. They will then explore, interpret, and critique the best available evidence to answer those questions and document the results in the form of a written summary.

• **PT 900: Capstone Project 3: Data Analysis** (1 credit; 30 seminar hrs.)
  Working in small groups under the direction of a faculty mentor, students will use the appropriate quantitative or qualitative data analysis software to analyze their previously collected data and interpret the results.

• **PT 905: Advanced Clinical Elective** (1 credit; 8 lecture and 15 lab hrs.)
  This course provides students with an opportunity to pursue advanced knowledge and skill in a specialized area of clinical practice. Courses will be taught in a concentrated, continuing education format; topics may vary from year to year, depending on student interest.

• **PT 910: Population Health Issues** (1 credit; 15 lecture hrs.)
  This course focuses on the epidemiology and social determinants of population health problems affecting the U.S. and other countries. Emphasis is placed on health education and health promotion initiatives that physical therapists can engage in at the community level.

• **PT 915: Clinical Practicum 4: Service Learning** (1 credit; 30 lab hrs.)
  Students will participate as volunteers in a week-long summer camp, mission trip, or community-based service learning experience which allows them to interact directly with children or adults who have special needs. A reflective journal will be used to assess the outcomes of this practicum.

• **PT 920: Clinical Practicum 5** (10 credits; 400 clinical hrs.)
  This full-time, 10-week clinical practicum provides students with an opportunity to apply previously learned knowledge and skills on patients seeking physical therapy care in an outpatient, inpatient, long-term care, or specialty setting. Students will evaluate and treat individuals of all ages with simple and complex health conditions under the direction of a licensed physical therapist.
PT 925: Clinical Practicum 6 (10 credits; 400 clinical hrs.)

This full-time, 10-week clinical practicum provides students with an opportunity to apply previously learned knowledge and skills on patients seeking physical therapy care in an inpatient, outpatient, long-term care, or specialty setting. Students will evaluate and treat individuals of all ages with simple and complex health conditions under the direction of a licensed physical therapist.

PT 940: Professional Development, Leadership & Advocacy (2 credits; 15 lecture hrs. and 30 hrs. of cumulative service activities)

This course provides students with multiple opportunities to engage in professional development and community service activities outside the classroom to demonstrate the core values of the physical therapy profession. Classroom experiences are designed to facilitate students' transition to a professional role by preparing for the national licensure exam, formulating a career development plan, exploring professional service and leadership opportunities, and advocating for current issues affecting the physical therapy profession.

PT 945: Capstone Project 3 (1 credit; 30 independent study hrs.)

Students will prepare and deliver a structured media presentation based on the findings of their case study. They will defend their findings and recommendations to a group of professional colleagues and formally assess the work presented by their peers.

Course Registration and Fee Payment

In most cases, the Journey Coach will make sure that students are enrolled in the appropriate courses each semester. Students can also register online using the “Self Service” link at: https://selfservice.andersonuniversity.edu/selfservice/Home.aspx.

The “Anderson Central” link at: https://www.andersonuniversity.edu/central may be accessed to check financial aid accounts, make payments, or request transcripts. Course fees are consolidated across courses and only billed during fall and spring semesters.

Canvas Access

Canvas is a comprehensive e-learning software system used by the University and School of Physical Therapy. Faculty will use Canvas to manage courses by posting announcements, assignments and online quizzes/exams. Throughout the program, the student will be expected to utilize this learning platform to access department and course information, handouts, complete on-line quizzes and exams, communicate with classmates and instructors via e-mail and discussion boards and access his/her grades online. Students may access Canvas with their username and password at: https://au.instructure.com/login/ldap.
Financial Aid and Scholarship Support

Information on obtaining financial aid through private lending sites may be found at: https://choice.fastproducts.org/FastChoice/home/341800/1. Information on federal loan forgiveness programs that some PT students may qualify for can be found on the APTA’s website at: https://www.apta.org/DebtManagement/FederalOpportunities/.

Due to the newness of the DPT program at Anderson University, scholarship support is rather limited for students entering the program. One scholarship (The Rammel Scholarship) has been established exclusively for a 1st year DPT student; however, that endowment is still growing. A second scholarship is sponsored by the Anderson Parkinson’s Association and is designated for a 2nd year DPT student. As opportunities arise, the SoPT Chair will keep students informed of their availability, criteria, and application process.

Some scholarship support is also available through external agencies such as the Daughters of the American Revolution, the International Order of the King’s Daughters and Sons, Lettie Pate Whitehead Foundation, National AMBUCS Scholarship Program, and Tylenol Future Care Scholarships.

Academic Policies

Academic policies that apply to all Anderson University students can be found in the University Academic Catalog as well as in the Student Development Handbook; both documents are updated annually and posted on the University’s website.

Because students enrolled in the SoPT are adults, their academic performance and course/test grades are confidential and may not be shared with a student’s parents or any other third party unless the student signs a FERPA release through the Office of the Registrar. As adult learners, students enrolled in the DPT program are expected to take full responsibility for their academic performance and take the initiative to seek help when needed.

Grading Scale

The SoPT will apply the following grading scale to all didactic courses:

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

NOTE: Final course percentages of 69.7%, 79.7%, and 89.7% (or higher) will be rounded up to the next whole number. No other grade adjustments will be made unless evidence is found of a calculation error.
Full-time clinical education courses will be graded on a Pass/Fail basis (refer to the Clinical Education section of this handbook). Thus, grades for these courses are not calculated into the student’s cumulative GPA.

**Incomplete Grades**

A student may request an incomplete grade (“I”) when some circumstance beyond the student’s control prevents the completion of all course requirements on time. The student must make the request in writing to the instructor, who must approve the request before a grade of “I” can be assigned. The Request for an Incomplete Grade form must be completed and turned in to the Office of the University Registrar prior to the end of the last day of classes for the term or semester. If a grade of “I” is granted, the work must be completed within 30 days following the end of the academic term in which the “I” was requested. Otherwise, the “I” grade will be converted to a failing grade.

**Demonstrating Knowledge Competency**

In most didactic courses (with the exception of the Capstone Project), no more than 25% of the course grade may be based on group assignments. Students who fail to achieve an average of 70% or higher on exams/quizzes that assess knowledge of course content are subject to course failure, regardless of their overall course average. In general, no exam retakes or extra credit assignments will be offered.

**Demonstrating Skill Competency**

For each practical exam or skill check, a score of 75% is required along with a minimum acceptable score on any exam criteria that specifically relates to safety. Any student who scores below 75% on a practical examination, should request a retake which will be scheduled at the instructor’s convenience, following a period of remediation. The exam retake will be videotaped. Students who pass the exam on the second attempt can receive no higher than the minimal passing score of 75%.

Should a student be unsuccessful in passing the retake, he/she will receive a failing grade in that course and will be subject to dismissal from the program. The student may request an opportunity for a second retake; however, he/she must submit that request in writing to the SoPT Chair for consideration by the entire core faculty. This request should include reasonable justification for granting a second retake. A majority vote by the faculty is required to grant the request. If granted, the second retake will be administered by a different course instructor to ensure impartiality. The exam will be videotaped. Failure to pass the exam on the third attempt will result in course failure and program dismissal.

**Failing Grades**

Any grade below a “C” is considered a failing grade in the DPT program and may result in program dismissal. Because enrollments in the DPT are capped, the university’s policy to allow a one-time course retake without the permission of the dean or chair does not apply to the DPT program.
Grade Disputes

Any student wishing to dispute a grade received on an assignment, exam, or course in the DPT program are advised to request a meeting with the instructor within 10 business days of receiving the grade. For clinical education grade disputes, the student should request a meeting with the DCE. The student should outline, in writing, the nature of his/her dispute when making such a request. Students arguing in favor of an alternate response to an exam question should support their argument with one or more published references. The instructor may use his/her discretion in accepting alternate answers. It is inappropriate for students to negotiate for extra points on a graded assignment unless there is evidence of a calculation error. Requests to revise and resubmit a previously graded assignment may be considered by the course instructor; however, faculty are under no obligation to provide such opportunities. The course instructor will determine whether a grade change is warranted and will communicate his/her decision to the student in writing within 3 days.

For grade disputes involving a clinical education course, the student should request a meeting with the DCE and SoPT Chair to present his/her concerns. The DCE will then make a recommendation to the rest of the core faculty who will decide whether or not a grade change is justified. If the student’s grade dispute (for either a didactic or clinical course) is not resolved at School level, the student may file an appeal according to the procedure outlined in the Graduate Catalog:

If a student perceives a grade to be unfair, capricious, or arbitrary he/she may submit an appeal in writing. The appeal must be initiated within one month of the grade assignment and must include a clear rationale for the appeal. For an appeal to have merit, there must be some evidence that the student has been treated inappropriately with regard to the administration of the University’s policies. The line of appeal is the instructor in the course, then the Dean of the college or their designee.

Academic Probation

Because graduate students cannot graduate with a GPA below 3.0, students whose cumulative GPA falls below 3.0 will be automatically placed on academic probation. Students placed on academic probation must meet with the SoPT Chair and their academic advisor (or other designated faculty member) to be informed on their status and outline a remediation plan which may include recommendations such as tutoring, counseling, or test-taking advice. Students who are placed on academic probation for three consecutive semesters are subject to dismissal from the program.

Program Dismissal

Students may be dismissed from the program for failing to meet academic standards or the terms of their probation. Students dismissed for academic reasons may reapply to the
program during the next admission cycle. Students may also be dismissed for non-academic reasons including consistent demonstration of unprofessional behaviors, evidence of academic dishonesty, violation of the university’s code of conduct, or conviction of a misdemeanor or felony offense. Such incidents must be documented in writing. In most cases, students dismissed for nonacademic reasons will have no opportunity for readmission.

**Leave of Absence Requests**

Students who experience an extended illness, sustain an injury/surgery that requires a lengthy recovery time, or must respond to a family emergency that necessitates absence from the program for more than 2 weeks, should meet with his/her academic advisor and/or the SoPT Chair to discuss the option of taking a Leave of Absence (LOA). LOAs may be granted for no more than one calendar year which would allow the student to resume his/her studies with the next student cohort, if desired. Should a health condition result in a permanent disability, the student should seek advice from the Center for Student Success prior to resuming the DPT program to ensure his/her ability to meet the program’s Essential Functions.

**Academic Honesty**

Students at Anderson University are expected to conduct themselves with integrity and to be honest and forthright in their academic endeavors. Just as academic honesty is vitally important to the value of a college education, academic dishonesty is a serious offense because it diminishes the quality of academic scholarship and defrauds society, the institution, faculty, and other students. Additionally, academic dishonesty undermines the well-being of those who may eventually depend upon one’s knowledge and integrity. Anderson University encourages the imposition of strict penalties for academic dishonesty and does so in order to protect the integrity of the grading system and to affirm the importance of honesty, integrity and accountability in the University community. The policy on Academic Dishonesty is described in the University Student Handbook. The forms of academic dishonesty addressed by this policy include plagiarism, fabrication, cheating, and academic misconduct.

In particular, DPT students should be vigilant in referencing sources of information (published documents, internet, personal interview, etc.) used for any course assignment. During clinical coursework, students must accurately document the physical therapy procedures administered to each patient and ensure that patients are billed appropriately for these procedures. Given the serious concerns that exist in healthcare regarding fraud and abuse and the amount of public trust given to healthcare professionals, DPT students are expected to demonstrate the utmost integrity. Thus, students who commit proven acts of academic dishonesty will be dismissed from the program with no opportunity for readmission.

Examination Environment and Behavior during Examinations (For in-person, online proctored, and lab practicals)
• At no time while taking an examination shall students use cell phones or other smart devices to make or accept phone calls, text messages, emails, or other forms of electronic communication (i.e. Twitter, Facebook, or Instagram).
• Cell phones or computers may not be used to browse the internet (other than any site that may be assigned by the instructor) while taking an examination.
• As per the dress code policy, students are not allowed to wear hats during the exam.
• Backpacks, bookbags, purses, briefcases, lunch bags, or any other cases, bags or containers must be stored in the back of the classroom during the examination.
• Students are expected to maintain confidentiality of the exam content at all times, including practical and laboratory examinations.
• Students will not be allowed to leave the examination room once testing procedures have begun, unless authorized by instructor.
• Students who finish an examination early may leave the examination room, provided they do so quietly and without disturbing their colleagues. Students who finish the examination early and leave the room will not be allowed to re-enter the room while the examination is still in progress.
• Sharing of any course information such as, but not limited to, tests, quizzes, cases, and lab practical examinations between students and other cohorts is strictly prohibited unless approved by the instructor.
• No form of communication (verbal, written, electronic, gestures, or any other form) will be tolerated between students or with anyone outside the classroom during any examination including lab practicals.
• When acting in the role of a "patient" during a practical exam, the "patient" should NOT position himself/herself or in any way anticipate or suggest (verbally or physically) what is expected from the student being tested. Such deviations will be considered an act of sharing information and therefore, academic misconduct. The student being tested must verbally and physically direct ALL activities of the "patient" student.
• Practical examinations and skill checks may be videotaped, at the discretion of the instructor, for grading and review purposes.
• For all online proctored examinations, students are to follow the outlined procedures in the “Student Procedures for Online Proctoring” which will be provided by the course instructor in the course syllabus and posted on Canvas.

Graduation Requirements
Students must meet all of the following conditions to be eligible for graduation:
1. Completion of all didactic coursework in the DPT curriculum with a cumulative GPA of 3.0 or higher.9
2. Satisfactory completion of all clinical coursework with at least an “entry-level” rating on all required skills listed on the Clinical Performance Instrument (CPI) by the end of the students’ final clinical practicum.
3. Satisfactory completion and presentation of a scholarly project.
4. Documented evidence of involvement in the required hours (30 or more) of professional development/service activities during time enrolled in the DPT program
5. No academic or behavioral probation during final two semesters of the program.

Other Policies

Access to University Center Facilities

Doors at the UCG typically open at 7:00 a.m. and are locked at 9:30 p.m. The Office Suite (B-3) is usually open Monday through Friday from 8:00 a.m. till 5:00 p.m.

DPT classes are typically scheduled between the hours of 8:00 a.m. and 5:00 p.m. Students wishing to access the physical therapy labs outside of scheduled class time will be given a code to the laboratory doors at the beginning of the semester. Students are asked to be respectful of all students using the space. Generally, this space is reserved for educational purposes, not for extracurricular activities. No food will be allowed in PT labs; however, canned drinks or cups/bottles with sealed lids are permitted. Lounge space is available at other locations throughout UCG for students to socialize or eat. A refrigerator and microwave ovens are available for DPT students in the Student Lounge on the first floor (B-3 office suite).

Students are responsible for maintaining the cleanliness of the labs and classrooms. A schedule for cleaning linen and the lab will be posted at the beginning of each semester. Books and personal items may not be stored in the classrooms or labs (classrooms are a shared space within the University Center). Books and personal belongings should be secured in the student’s assigned locker when not in use.

Hi-low tables should be used with care. No sharp objects are allowed on the tables. Vinyl coverings must be cleaned at the end of the day with anti-microbial spray. Table casters should be unlocked before moving. Electrical cords should never be forcefully pulled from wall or floor sockets.

9 Students not meeting the minimum academic standard will be placed on academic probation. In most cases, students who fail to meet the cumulative 3.0 GPA standard by the end of the 6th semester will be dismissed from the program.
Students are assigned a locker for use while enrolled in the program. The school’s administrative assistant will maintain a list of locker combinations. Students are expected to keep the locker area clean and dispose of trash in the receptacles provided.

The F.W. Symmes Library at UCG is essentially a virtual library. It provides online catalogs and databases, as well as computers and software. The library is open to all students, faculty, and staff. Workstations and group study rooms are available during library hours:

- Monday – Thursday 8:00 a.m. – 9:00 p.m.
- Friday 8:00 a.m. – 4:30 p.m.
- Saturday 8:30 a.m. – 5:30 p.m.
- Sunday 1:00 p.m. – 5:30 p.m.

The classrooms, labs, and offices at UCG are designated primarily for business and instructional purposes. Students who have children should not bring them to class or lab unless they have been invited to participate in a specific learning activity such as developmental testing or fitness screens. The consistent presence of young children in the classroom or office area creates a distraction for those who are trying to work or study.

**Borrowing SoPT Equipment or Books**

Students may check out books from the SoPT Reference Library for up to 48 hours through the SoPT administrative staff. Small pieces of lab equipment may also be checked out for 48 hours with permission of the Research Coordinator. Equipment being used off-campus for School-sponsored events such as health screenings do not require prior approval.

**Class Attendance/Absences**

Due to the professional nature of the program, attendance and punctuality to all class and laboratory activities are expected. All educational activities have been designed to provide the student with the necessary experience to function effectively as a physical therapist. Learning experiences in the curriculum have been arranged sequentially to ensure that new information and skills are integrated with previously introduced material. Punctual attendance is expected as a reflection of professional behavior.

If a student is ill and/or cannot attend for some unexpected reason (e.g., transportation problems, auto accident, sick child), it is his/her responsibility to notify one of the administrative assistants via phone call, text message, or email prior to class or as soon as possible thereafter. If the student has prior knowledge of a pending absence, he/she should discuss such absences with the SoPT Chair, course instructor and/or academic advisor. Semester class schedules are planned far enough in advance that, whenever possible, students should schedule outside appointments or other events during free afternoons or semester breaks.

In general, an excused absence is one caused by an unforeseen event such as illness, injury, family emergency, or funeral. Any exams or assignments missed due to an excused absence can be made up without penalty. Absence from class to attend special
professional events such as a state or national conference will be approved on a case-by-case basis by the faculty. Absence from class or clinical experiences due to other planned events of a personal nature (e.g., routine medical/dental check-ups, weddings, job interviews) are considered unexcused absences. Faculty are under no obligation to review the material missed, offer an alternate exam date, or extend assignment deadlines due to unexcused absences. Students are responsible for all information presented in class whether they are present or not.

Enrolled students are expected to maintain regular attendance in seated classes and regular participation in online classes. If a student consecutively misses 25% of the class noted by a lack of attendance (seated) or participation (online), the faculty member will assign an Administrative Withdrawal as soon as the 25% threshold of non-attendance or non-participation is reached. If the student had been attending/participating regularly with submitted and satisfactory assignments up to the point of their disengagement from the class, a grade of Withdraw Pass will be assigned. If the student had not been attending/participating regularly and little satisfactory work has been submitted, a grade of Withdraw Fail will be assigned.

**Criminal Background Check & Drug Screen**

All students must complete a criminal background check and drug screen prior to the clinical education portion of the curriculum. Any past criminal offenses that would make a student ineligible to obtain a license to practice physical therapy after graduation must be reported to the SoPT Chair. In most cases, this will result in immediate dismissal from the program.

The SoPT faculty and its affiliated clinical sites reserve the right to perform random drug screens on students at any time. Positive results of a drug screen will result in probation, and potential dismissal from the program, depending on the severity of use and the student’s willingness to seek intervention. A positive drug test occurring during a student’s clinical practicum will result in immediate dismissal from the site and failure of the clinical course.

**Dress Code and Personal Appearance**

A student’s personal appearance is an extension of the SoPT and will reflect on how visitors, patients, and colleagues view the student, the program, and the profession of physical therapy. Thus, students are expected to maintain professional standards of language, communication skills, hygiene, and professional attire. Business casual attire is appropriate for students during class sessions, while laboratory dress is required for planned labs. Appropriate lab attire includes loose fitting gym shorts of sufficient length to completely cover the buttocks or warm-up pants; loose fitting t-shirt with no offensive wording/graphic, holes, tears, or tattered appearance; and closed-toed shoes, preferably athletic shoes. Females should make preparations for disrobing the upper body for observation of the spine, posture evaluation, etc. by wearing a sports bra or bathing suit top under their t-shirts. Cadaver dissection lab attire may include medical scrubs and/or
lab coats. Lab attire must be replaced by classroom attire before returning to the classroom. Students are expected to dress in a casual, yet professional manner for class. This means slacks or skirts/dresses worn with a blouse or collared shirt. Thus, clothing such as athletic wear, pajama pants, scrubs, leggings (unless worn under other clothing), “cold shoulder” and tube tops, and flip flops are not acceptable in the classroom. Bermuda-style shorts may be worn in the classroom, but not gym shorts. Blue jeans may be worn on Fridays as long as they do not have a tattered look. Clinic clothes (dress slacks and program polo shirts) are required for all part-time clinical experiences or field trips. See section on clinical education for appropriate attire during full-time clinical experiences.

In addition, students are expected to observe the following guidelines to present a professional appearance:

- Men and women must remove hats and sunglasses when indoors during any class, lab, or clinical activity. Shoes must be worn except during designated lab sessions.
- When in the clinical setting, all body tattoos must be concealed or covered and facial jewelry, other than simple earrings, must be removed.
- Personal cleanliness is essential. Regular bathing, hair washing, and use of deodorant are part of personal cleanliness. The application of perfume, cologne, scented lotion, or body spray is not allowed because these fragrances may trigger an allergic response in some people.
- Long hair in men or women must be pulled back or neatly restrained so that it will not interfere with therapy activities. Extreme hairstyles and/or unnatural hair colors are unacceptable. Final determination of appropriate appearance of hair for any given clinical experience will be made by the faculty member responsible for each course. Beards and mustaches are permissible but should be kept neatly trimmed.
- Makeup may be worn, but excessive amounts should be avoided.
- Fingernails must be neatly manicured (not chipped) and kept short and clean, at a length that will not interfere with the duties of a physical therapist (e.g., palpating or assisting with body movements). If polish is used, it must be a neutral color (e.g. white, light pink, beige, gray).
- Jewelry should be kept to a minimum (e.g., one or two rings and simple earrings); necklaces and bracelets should be avoided because some patients may grab at these pieces and cause injury.
- No chewing gum is allowed in the lab or clinical setting.
- Revealing clothing (e.g., tank tops, halter tops, midriffs, tube tops, swim tops, or any other low-cut top) is not permitted, except when indicated for lab activities. Proper undergarments must be worn but should not be visible.
- The use of tobacco products is strictly prohibited on campus grounds as well as all clinical settings.
• When in the clinical setting, students should wear university-issued name tags/IDs, polo shirt, and black or tan slacks at all times unless the clinical facility requires alternate attire.

**Duplication of Copyrighted Materials**

Due to the easy access of materials found on the internet, students are often prone to unintentional violation of copyright laws. To avoid potential legal problems, students should be aware of the following policies related to their education at Anderson University:

1. SoPT faculty retain ownership of the materials they create for instructional purposes including PowerPoint presentations, course handouts, lecture notes, photographs, videos, and illustrations. Students must seek the faculty member’s permission before using or altering any portion of these materials for purposes outside of class and may not, under any circumstances, post these materials on other internet sites or social media outlets.

2. Most materials published after 1989 are subject to copyright law including books, journal articles, software, music and other artistic works. Copyrighted materials distributed by faculty to students as part of a course have already been cleared for educational use or have been granted permission for use from the creator of the work, according to the university’s copyright policy (Refer to the university’s web page at: https://www.andersonuniversity.edu/intellectual-property-rights). However, this does not mean that students have a right to freely reproduce and distribute these materials to other parties. Students should seek advice from SoPT faculty prior to such action to determine whether copyright laws apply.

3. Materials that fall within the public domain are exempt from copyright laws. These materials include:
   - Classic works or literature, art, or music
   - Government documents
   - All works published in the U.S. before 1923
   - All works published without a copyright notice from 1923 through 1977
   - All works published with a copyright that has expired or not been renewed
   - Any work assigned to the public domain by its creator (Example: shareware)

4. Materials designated as “fair use” may be legally reproduced and used in your work without permission of the creator if certain conditions are met. For example, the purpose of the use is noncommercial in nature such as referencing a limited portion of a book or journal article in the literature review for a grant proposal or publication.

**Email/Texting Etiquette**

Students are encouraged to communicate directly with faculty and staff whenever possible. Email and text messages should never be used as a substitute for direct communications simply because you want to avoid a face-to-face interaction. However,
when direct communication is not feasible or practical, students should observe the following rules of etiquette when sending an email or text message:

- Always include a subject heading in emails and allow at least 24 hours for a response (longer on weekends or breaks).
- When sending an email or text message, always sign your name. Do not rely on faculty/staff to recognize your email address or phone number.
- Avoid the use of text abbreviations, jargon, and emojis.
- Be concise and do not send large attachments that cannot be downloaded. When attachments must be sent, use a standard document format such as Word, PDF, JPEG image, or EXCEL file. Documents stored as Google Docs or in Dropbox or other cloud-based files may not be easily accessed.
- Be courteous and respectful. Avoid using all CAPS and exclamation points in your message as this is generally construed as shouting.
- Never send a text or email message when you are upset or angry about a situation. Draft the message and send it to yourself first. After you have read it, if you still wish to send the message, it is advisable to wait a few hours before hitting the “Send” button. Remember, emails are retrievable documents that may become part of your permanent or legal record.
- When sending the same email to multiple people, place the recipients’ email addresses in the “BCC” line so they do not see the addresses of everyone on your mailing list.

Handling Complaints (nonacademic issues)

Any student who is dissatisfied with his/her experience at the University or in the DPT program may file a complaint with the SoPT Chair. The complaint must be made in writing to be considered bona fide. Complaints should be addressed to:

Dr. Martha Hinman, Chair  
School of Physical Therapy  
Anderson University  
225 S. Pleasantburg Dr., Suite B-3  
Greenville, SC 29607  
Email: mhinman@andersonuniversity.edu  
Phone: 864-622-6086

The following bullets outline the process for handling a complaint once it has been filed:

1. Whenever possible, the SoPT Chair will discuss the complaint directly with the student within 14 business days. If the matter is reconciled at this point, a letter from the SoPT Chair acknowledging resolution of the complaint will be sent to the student with a copy maintained in the SoPT Administrative Office.

2. If the matter cannot be satisfactorily resolved through the SoPT Chair, or if the complaint is against the SoPT Chair, the student may submit a written complaint
to the Dean of the College of Health Professions (Dr. Don Peace, College of Health Professions, Anderson University, 316 Boulevard, Anderson, SC 29621). The SoPT Chair will also forward a written summary of previous discussions where appropriate. The Dean will meet with each party separately and may schedule a joint appointment with the two parties in order to negotiate a solution. A letter outlining the resolution by the Dean will be sent to the student with a copy filed in the SoPT Administrative Office.

3. If the student is still dissatisfied with the outcome, he/she may pursue a complaint through the University Provost (Dr. Ryan Neal, Office of the Provost, Anderson University, 316 Boulevard, Anderson, SC 29621). Action taken by the Provost will be final. A letter outlining the resolution by the Provost will be sent to the student with a copy filed in the SoPT Administrative Office.

4. All complaints and their resolutions will be maintained in SoPT files for a period of five years.

Students also have a right to file a complaint with the Commission on Accreditation in Physical Therapy Education (CAPTE). However, complaints made to CAPTE must address specific elements of the accreditation standards in which the student feels the program has not demonstrated compliance. Evidence on non-compliance must be provided. Complaints to CAPTE should be addressed to:

Senior Director, Department of Accreditation
American Physical Therapy Association
1111 N. Fairfax Street
Alexandria, VA 22314
Phone: 703-706-3240

Lab Participation

Supervision of all lab learning activities is provided by program faculty or guest instructors who are licensed healthcare professionals. These faculty members are responsible for assuring clinical education sites that students are safe and competent in performing these clinical procedures in a simulated lab environment prior to interacting with real patients. Thus, the faculty provides close direction and feedback to students both individually and as a class.

Students are expected to participate in all learning experiences as both a healthcare professional and as a simulated patient. Details of lab learning activities, including the appropriate clothing that is required, may be obtained from the course syllabus or instructor(s). Examples of these learning activities include observation of posture and movement patterns, physical examination, exercises, transfer and gait training, application of various biophysical agents and assistive devices, and manual therapy techniques such as soft tissue massage and joint mobilization. Thus, all students are expected to be willing to palpate one another as they learn to perform these skills in a safe and effective manner. They are also expected to preserve the modesty of their lab
partners by properly positioning and draping them when performing various examination and treatment procedures. Should a student have an underlying health condition or a cultural/religious custom that precludes his/her full participation in the planned lab activities, it is the student’s responsibility to inform the lab instructor ahead of time, so that appropriate modifications or accommodations can be arranged. Students are not typically exempt from lab participation unless they have a contagious health condition.

Photographing or Videotaping Class/Lab Activities

Students often wish to create memories of their educational experiences by taking photos or videos during class/lab activities. However, the impromptu recording of other students or faculty may occasionally create some discomfort. Thus, students must always request permission before taking a photo or video of a classmate or instructor during class. No photos should be taken that include individuals other than faculty or students unless those individuals have provided prior consent.

Social Media

The SoPT has official social media pages on various social media outlets. These accounts are controlled by the SoPT faculty social media coordinator. So far, these accounts are:

- Facebook: Anderson University DPT
- Instagram: @andersondpt

Students are welcome, and encouraged, to “tag” posts and send information and photos to the faculty social media coordinator or their elected student social media coordinator to be posted on official accounts. The decision to officially post anything to the official SoPT social media accounts is at the discretion of the faculty social media chair.

If the cohort has the desire to start a student / non-official, closed-group, social media account the student social media coordinator should contact the faculty social media coordinator for guidance. Per University policy, student accounts must be closed/private, be labeled as student accounts, may not use any official AU graphics, and may not have any version of "Anderson University DPT" in their title. If the cohort wants a social media page, on any outlet, the faculty social media coordinator must be contacted to provide an overview of University policy regarding student accounts.

Students should use good judgment in selecting items for posting on personal/private, public, and closed-group social media accounts as these reflect on the image of the School of Physical Therapy and Anderson University.

Unauthorized posting of any instructional activities (i.e., classroom lectures, lab demonstrations, patient interactions) on the internet (i.e., YouTube, Facebook, other social media outlets) is strictly prohibited without consent of the faculty. Violation of this policy may have serious consequences including probation or program dismissal.
Professional Organization Membership

The American Physical Therapy Association (APTA) is the national organization dedicated to serving the physical therapy profession. APTA seeks to improve the health and quality of life of individuals in society by advancing physical therapist practice, education, and research, and by increasing the awareness and understanding of physical therapy’s role in the nation’s health care system.

All SoPT students are required to become student members of the APTA and maintain that membership until graduation. A significant member benefit is access to *Physical Therapy* (official journal of the American Physical Therapy Association) as well as other databases that provide access to full text articles which may be required assignments in some courses. Students with special interests may also choose to join one of more specialty sections with APTA. In addition, students may wish to become actively involved in student governance, activities, and events sponsored by APTA. More information can be found at [https://www.apta.org/CurrentStudents/Involvement/](https://www.apta.org/CurrentStudents/Involvement/).

Protection of Human Subjects

The Human Subjects Committee (HSC) at Anderson University (AU) is established pursuant to federal regulations. The HSC is a committee composed of faculty from multiple disciplines who review all proposed AU human subjects research to ensure that the safety and welfare of subjects are protected. All human subject research requires review and approval by the HSC prior to subject recruitment and data collection, and prior to the use of extant data or private information. The AU HSC members have the responsibility for reviewing all research involving human subjects conducted by AU faculty, students, or staff, regardless of the source of funding. An overview of these categories and further information regarding the Human Subjects Committee will be reviewed in PT 745.

Students may be asked to participate in research studies being conducted within the School, College, or University. Student participation should be voluntary and not associated with any academic benefit such as earning extra credit in a course for which he/she is currently enrolled. Such enticement may be viewed as coercive.

Student Governance within the SoPT

Each student cohort may choose its own governance system. However, the following structure (or some modification of it) has been used by previous classes to ensure active participation of all students:

1. **Executive Committee**
   a. 1 Class Envoy (attends faculty meetings to report on class activities, communicate concerns, etc.)
   b. 1 Admissions Representative (attends SoPT Recruitment & Admissions Committee meetings; helps coordinate interview days and recruitment events)
c. 1 Curriculum Representative (provides student input to the SoPT Curriculum Committee)
d. 1 Special Events Representative (serves on SoPT Special Events Committee to help faculty/staff plan various program events)
e. 1 Managing Secretary (tracks quiz/exam schedule for each course, assignment deadlines, and dates for other SoPT events on master calendar)
f. 1 Corresponding Secretary (sends thank you notes and invitations to program guests and supporters; tracks and posts job announcements)

2. Advocacy Committee
   a. 1 Community Outreach Representative (serves on the SoPT Community Outreach Committee to help plan community service activities)
   b. 2 Special Project Coordinators (organize class service project)
   c. 1 SCAPTA Liaison (attends local/state PT meetings and keeps class informed about professional issues)
   d. 1 SPICE Liaison (assists with marketing, recruitment, and orientation of volunteers for the SPICE of Life program)

3. Social Committee
   a. 2 Activity Coordinators (plan fun, social and recreational activities for class)
   b. 1 Social Media Coordinator (organize and post class info on media sites)
   c. 2 Student Mentoring Coordinator (match enrolled students with incoming students in a “Big Brother-Big Sister” program)
   d. 2 Class Historians (collect and archive class photos, videos, and other memorabilia for class scrapbook and/or web site)
   e. 2 Newsletter Co-editors (develop semi-annual, electronic newsletters to distribute to program alumni, prospective students, and other supporters)

4. Finance Committee
   a. 2 Fundraising Coordinators (organize class fundraising activities)
   b. 1 Class Accountant (manages class account and tracks expenditures)
   c. 1 Purchasing Coordinator (obtains estimates and coordinates purchase of class supplies, books, gifts, or other needed items)

5. Pastoral Care Committee
   a. 1 Pastor or 2 Co-pastors (lead the class in prayer as needed)
   b. 1 or 2 Devotional Coordinators (organize class devotionals, Bible studies, etc., as needed)

Student Records and Information Disclosure

According to FERPA regulations, students over the age of 18 are entitled to access to all of their educational records. Application materials, contact information, academic records, and signed forms for participation in the DPT program activities are maintained in the student’s file in a secure file room that may only be accessed by SoPT faculty and administrative staff. Faculty will maintain advisee files within their office that includes other
documents such as the student’s core values self-assessments and PDPs. All offices are locked at the end of each business day.

Confidential information about a student, such as GPA, criminal backgrounds, health status or academic standing are not shared with anyone outside of the core faculty, unless the student gives verbal or written consent to do so. The DCE may share professional behavior problem areas with clinical instructors (CI) as a way of assisting the student while on clinical rotations. The student is encouraged to share information related to learning or physical disabilities directly with their clinical instructor so that any needed accommodations may be arranged in advance. The DCE may only share this information with the CI after obtaining the student’s written consent.

Students’ addresses, emails, or phone numbers will not be shared with prospective employers either individually or in aggregate. However, a notebook of recent job advertisements (within the past year) will be maintained by the SoPT administrative staff and will be available in the SoPT Reference Library.

**Use of Electronic Devices in Class**

Unless instructed otherwise, students must refrain from using cell phones during class or lab; ringtones on phones should be silenced. Texting, emailing, face booking, tweeting, etc. are all strictly forbidden during class and laboratory times. No cell phones, smartwatches, or other electronic devices are allowed in the classroom during an exam. Students caught violating this policy will be given one warning. Repeated offenses will result in dismissal from class and potential probation.
Emergency and Safety Procedures

General Security Measures at UCG

UCG and McAlister Square are under the jurisdiction of the Greenville Technical College Police Department. Any safety, security, or crime issues should be immediately reported to Greenville Technical College Police via one of the emergency phones at UCG or by calling: 864-250-8981. UCG and McAlister Square are also under the jurisdiction of the Greenville City Police Department (headquarters is approximately 1.8 miles from UCG) and there is a Greenville Police Department Sub-Station in the Publix located on the property at McAlister Square. Any police emergency should be addressed by calling 911.

During UCG’s hours of operation Monday through Friday, there is a uniformed Safety Officer from the Greenville Technical College Police Department onsite. In the evening, the Safety Office can be contacted by an individual or by UCG staff to request an escort for someone walking to their vehicle. If the Safety Officer cannot be reached, contact the Greenville Technical College Police Dispatch at the number listed above. The mobile phone number for the uniformed Safety Officer is: 864-380-1489.

UCG has installed 12 high-definition security cameras with a 1-Terabyte recording system. There are two cameras on the front parking lot, one covering the main sidewalk entering the building, two in the UCG main entrance foyer, three covering interior locations where UCG member universities have suites, one over the AU College of Health Professions back entrance, one in the foyer between the auditorium and library, one in the nursing corridor downstairs at UCG, one in the upstairs hallway by the tiered classrooms, and one on the back parking lot. Emergency phones are located on each main hallway upstairs in the classroom areas. These phones automatically dial Greenville Technical College dispatch when the phone is picked up.

Classroom intruder / active shooter

To preserve privacy and security during laboratory sessions, doors should remain closed and locked. Students and faculty can access these rooms using the keypads on the door. In the event that an uninvited person intrudes into a classroom and threatens the safety of the instructor(s) and students, the following steps have been recommended by law enforcement personnel and the Department of Homeland Security:

RUN and escape, if possible.
- Getting away from the shooter or shooters is the top priority.
- Leave your belongings behind and get away.
- Help others escape, if possible, but evacuate regardless of whether others agree to follow.
- Warn and prevent individuals from entering an area where the active shooter may be.
- Call 911 when you are safe, and describe shooter, location (room number), and visible weapons.
HIDE, if escape is not possible.
● Get out of the shooter’s view and stay very quiet.
● Silence all electronic devices and make sure they won’t vibrate.
● Lock and block doors, close blinds, and turn off lights.
● Don’t hide in groups - spread out along walls or hide separately to make it more difficult for the shooter.
● Try to communicate with police silently using text messages or social media to tag location.
● Stay in place until law enforcement gives you the all clear signal.
● Your hiding place should be out of the shooter’s view and provide protection if shots are fired in your direction (large textbooks and back packs are recommended).

FIGHT as an absolute last resort.
● Commit to your actions and act as aggressively as possible against the shooter.
● Recruit others to ambush the shooter with makeshift weapons like chairs, books, etc.
● Be prepared to cause severe or lethal injury to the shooter.
● Throw items and improvise weapons to distract and disarm the shooter.

ASSIST law enforcement personnel.
● Keep hands visible and empty.
● Know that law enforcement’s first task is to end the incident, and they may have to pass injured people along the way.
● Officers may be armed with rifles, shotguns, and/or handguns and may use pepper spray or tear gas to control the situation.
● Officers will shout commands and may push individuals to the ground for their safety.
● Follow law enforcement instructions and evacuate in the direction they come from, unless otherwise instructed.
● Take care of yourself first, and then help the wounded before first responders arrive.
● If the injured are in immediate danger, try to get them to safety.
● While waiting for first responders to arrive, provide first aid. Apply direct pressure to wounded areas; use tourniquets if needed. Turn wounded people onto their sides if they are unconscious and keep them warm.

Medical Emergencies and Personal Injuries
Should a student, staff member, or visitor experience a cardiac event or other life-threatening condition while at the UCG, students or staff should initiate resuscitation procedures immediately while another person calls 911. Be sure to state your name and exact location. Do not hang up until the dispatcher has all the needed information. Automated External Defibrillators (AEDs) are located in the hallway outside the PT labs, if needed.

If a student, staff member, or visitor sustains a traumatic injury at the UCG, first aid procedures should be initiated until the individual can be transported to an appropriate medical facility for further treatment. In the event of a seizure, anaphylactic episode, fainting spell, hyper- or hypoglycemic episode, care should be taken to ensure an open
airway and monitor vital signs until help arrives. Never leave the individual unattended. An incident report should be filled out once the individual recovers or is removed from the facility.

Fire / Explosions

If a small fire should break out in a classroom, lab, or office space at UCG, faculty/staff or students in the area should attempt to smother it or use a fire extinguisher to put it out using a side-to-side sweeping motion. Always keep your back to the nearest exit to avoid being trapped. Fire extinguishers are located in the hallway outside the PT labs. If the fire is large or spreading quickly, immediately close the door, evacuate the area, and pull the nearest fire alarm. If smoke is thick, get down close to the floor and crawl to the nearest exit. In the event of an explosion, assist those who may be injured; cover burn injuries with a cool, wet cloth/towel, if possible.

Bomb threat

If a student or faculty/staff member see or receive a suspicious item/package, do not attempt to touch or move the object. Immediately evacuate the immediate area and notify the UCG Safety Officer or call the emergency number for the Greenville Police.

Threatening Weather Conditions

In the event of a tornado, students and faculty/staff at UCG should seek shelter in an interior space on the first floor, away from doors and windows or large open spaces in the mall. Should other inclement weather conditions such as snow, ice, hail, or severe thunderstorms arise while at UCG, students and staff will be advised as to the safest course of action, depending on the potential severity of weather conditions. Decisions to suspend/cancel classes on the main campus in Anderson will also apply to classes held at UCG. For latest updates, call the university’s 24-hour hotline number: 864-622-6057.

Handling of Hazardous Materials

Students and faculty should always practice universal precautions during lab activities that may expose them to hazardous materials. These precautions include proper handwashing and donning of gloves, mask, and/or gown when handling potentially harmful substances or contaminated body parts. Even chemicals that are generally considered to be benign have potential to be hazardous under specific circumstances. All students must complete online training on the handling of blood-borne pathogens prior to their participation in gross anatomy lab experiences.

In the event of a minor chemical spill, alert people in the immediate area of the spill, and avoid breathing vapors from the spill. If someone has been splashed with chemicals, immediately flush the affected area with water for at least 15 minutes then refer for follow-up medical care. Try to confine the spill to a small area using an appropriate neutralizing or absorbent material (i.e., sand, sawdust, cat litter). Then place the saturated material into a sealable plastic bag/container and label it as hazardous waste.
If the spill includes contaminated blood or body fluids, thoroughly wash exposed skin with soap and water for at least 10 seconds. If the skin has been broken, apply a local antiseptic and cover with a bandage. If eyes, mouth, and/or mucous membranes are exposed to body fluids, rinse the affected area(s) thoroughly with water for at least 10 seconds. Blood-contaminated items such as gloves, bandages, clothing and paper towels, should be placed in a red blood-containment bag and disposed of according to the policy of the clinical facility. In the event that a student or faculty/staff member suspects exposure to infected blood/body fluid (e.g., HIV or hepatitis), follow-up medical attention is highly recommended.

Exposure to Other Health and Safety Risks

Student safety is of utmost importance. Students who have bodily injuries or underlying health conditions that could be aggravated by participating in certain lab or clinical activities or could endanger the safety of other students or patients, are obligated to inform the faculty member or clinical instructor of their limitations prior to the onset of the learning activity. Students who are pregnant or taking medications that increase their susceptibility to contagious pathogens, or pose a health risk to an unborn child, should request exemption from working with students or patients who have known infectious conditions. In the event of a pandemic, students are expected to follow guidelines issued by the University as well as local, state, and federal government agencies.

Students who are working with therapeutic equipment in the lab or clinical setting that appears to be malfunctioning should immediately inform a faculty member or clinical supervisor of the problem and label the equipment as “out of order” until it can be re-inspected or repaired. Should a student experience an injury due to malfunctioning equipment, he or she should complete the Injury Report Form appended to this handbook and submit it to the course instructor or SoPT Chair. If injuries are severe and require immediate medical attention, the student will be referred to the nearest urgent care clinic or emergency room.
Clinical Education

Philosophy of Clinical Education

Clinical education is an essential component of the physical therapy education curriculum. The clinical education program at Anderson University includes a series of courses integrated throughout the curriculum plan. Clinical experiences blend the academic information with the “hands-on” clinical experience. Students 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.

The overall goals of the clinical education program are for students to:

- Apply knowledge and skills learned in the classroom in a variety of clinical settings;
- Gain clinical experience and competence as a physical therapist in a variety of settings across the lifespan and continuum of care;
- Continue to develop professional behaviors and promote the PT profession;
- Graduate as entry-level movement specialist who can thrive in any physical therapy practice setting.

To achieve the above goals, students should select clinical education sites that provide a range of experiences across the continuum of care and lifespan. Therefore, students are required to complete one practicum in three different clinical settings including inpatient, outpatient, long-term care, or specialty setting.

Structure of the Clinical Education Program

The clinical education portion of the curriculum consists of a variety of part-time interprofessional clinical experiences as well as 32 weeks of full-time clinical practicums:

- One six-week clinical practicum occurring during the second half of fall semester of year two; focus of this practicum is either outpatient or inpatient care.
- One ten-week clinical practicum occurring during the last summer session; focus of this practicum is either outpatient, inpatient, long-term care, or specialty setting.
- Two final clinical practicums (ten and six weeks) occurring after the completion of the didactic portion of the curriculum in the last fall and spring semesters; the focus of these clinical practicums will be outpatient, inpatient, long-term care, or specialty setting.

Competency Prior to Clinical Education

All students must demonstrate readiness to engage in clinical education. The following standards must be met required prior to engaging in full-time clinical practicums:

1. Completion of all previous academic coursework with a minimum cumulative GPA of 3.0 or higher.
2. Completion of all laboratory practical exams and skill checks with a minimum score of 75% grading and no safety concerns.
3. Satisfactory demonstration of essential functions and professional behavior as reported by program faculty.
Clinical Education Roles

**The Director of Clinical Education (DCE)** is the core faculty member at AU primarily responsible for supervising the implementation and ongoing evaluation of the clinical education process. The DCE is responsible for communicating with clinical education faculty all information needed to facilitate planning and supervision of a student’s experience at the clinical site. The DCE also assists clinical education faculty in the management of any issues that arise during a clinical practicum that may impede successful completion of the experience.

**Director of Clinical Education**

- Serve as a liaison between the University and the clinical site;
- Maintain current clinical education affiliation agreements;
- Assess clinical sites to ensure quality in education provided to students;
- Provide development activities for clinical education faculty based on an ongoing needs assessment;
- Solicit and maintain a list of current clinical practicums;
- Assure current University coverage for general and professional liability insurance;
- Assign physical therapy students to appropriate clinical sites based on an optimal match between student educational needs and clinical site availability;
- Communicates to the student any additional placement requirements of a site such as providing curriculum vitae/resume, scheduling and attending an interview with site staff or other such procedures specific to an individual site;
- Make periodic visits and/or telephone calls to the clinical site to assess student progress and make suitable recommendations regarding supervision and learning opportunities for the student;
- Serves as a liaison to clinical education faculty to problem-solve strategies and activities to maximize the educational experience for a student;
- Provide advisement to students before, during, and after clinical practicums as needed;
- Evaluate student competence and submit grades for clinical courses;
- Notifies clinical sites of clinical development and training offerings available;
- Collect and summarize clinical education program outcome data;
- Provides formal feedback and recommendations to the SoPT Chair and core faculty about curricular needs identified by trends in the clinical education data that is collected and analyzed.

**SoPT Core Faculty**

- Assure that only students who meet academic and other professional expectations are cleared for placement in a clinical site;
- Inform students of the laws and regulations they are expected to comply with during clinical practicums including the state practice act and rules, appropriate documentation and billing practices, HIPAA and OSHA regulations, and all other known policies/procedures of the clinical site including those specified by The Joint Commission;
- Instruct students in and require students to maintain the confidentiality of all patient information/interactions;
- Determine expectations for professional development, skill acquisition, and clinical competence for each clinical practicum;
- Assist the DCE in assessing students’ progress during clinical practicums and offering recommendations for remediation whenever a student’s performance falls below expected standards; and
- Support the clinical site’s decision to dismiss a student from the facility for unprofessional behavior or substandard clinical performance when such behaviors/performance have been consistently observed and documented.

SoPT Clinical Education Faculty

The clinical education faculty for the SoPT is comprised of respected members of the physical therapy community who collaborate with the academic program in the delivery of the clinical education program. Clinical education faculty members include the Site Coordinator of Clinical Education (SCCE) and Clinical Instructors (CI). Clinical education faculty members provide direct development, supervision and mentoring to student physical therapists and may contribute to the design, implementation, and assessment of the curriculum plan, mission, and philosophy of the SoPT through formal and informal feedback processes.

Site Coordinator for Clinical Education (SCCE)

The individual at the clinical site who administers, manages, and coordinates the assignment of CIs to incoming physical therapy students. The SCCE also develops the clinical education program for the clinical site by designing and coordinating learning activities available at the clinical facility, determining the readiness of facility-based physical therapists to serve as CIs, and developing the instructional skills of the CIs. The SCCE works with the DCE to execute a clinical affiliation agreement. The SCCE is the focal point for communication between the clinical site and the academic program including sharing clinical site information with the school, completing/updateing the clinical site information form (CSIF), completing survey instruments, and providing oversight to the student’s clinical education practicum. In some facilities, the SCCE acts as a neutral third party to help resolve conflict between the CI and the student.

Clinical Instructor (CI)

The CI is a licensed physical therapist at the clinical facility who directly supervises, instructs, and assesses the student during his/her clinical practicum.

Minimum requirements for an individual to serve as a CI for a student physical therapist include:
- Licensed physical therapist in the jurisdiction in which they practice.
- Minimum of one year of experience in clinical practice
- Evidence of clinical competence (determined by the SCCE or clinic supervisor) in the area of practice in which the student is assigned; and
- An expressed desire to mentor physical therapy students (as confirmed by the SCCE or clinic supervisor)

Preferred qualifications for a clinical instructor also include:
- APTA CI credentialing
Clinical specialty certification

To serve as effective mentors and educators, it is expected that the CI and SCCE will:

- Maintain current licensure within their jurisdiction while supervising a student;
- Have sufficient experience and professional development to manage the student clinical education program and manage an individual student’s clinical education practicum;
- Be familiar with the SoPT’s curriculum to understand the expectations for student performance during and upon completion of a given clinical practicum;
- Provide students with an appropriate orientation to facility policies/procedures (i.e. documentation, billing, patient and employee scheduling, supervision of support personnel, equipment maintenance, emergency procedures);
- Design learning experiences that address the clinical education objectives established by the SoPT;
- Discuss objectives and planned learning experiences with the student;
- Implement teaching methods that are conducive to the student’s learning needs;
- Alter learning experience based on the student’s level of competence and developmental needs or interests;
- Provide critical feedback on a regular basis to enhance the student’s current level of competence;
- Assess student achievement with formative and summative tools provided by the school for the practicum;
- Inform students of all pertinent policies and procedures specific to the facility to ensure compliance;
- Provide students with an appropriate level of supervision to ensure patient safety and high-quality care;
- Ensure that all student assignments, paperwork, and documentation assigned by the facility are complete before the conclusion of the student’s clinical practicum.
- Maintain open lines of communication with faculty in the SoPT;
- Communicate any incidents/concerns to the DCE as soon as problems are identified;
- Provide formative and summative evaluations of the student’s performance to the SoPT; and
- Provide feedback to the SoPT regarding trends in student performance relative to demands of contemporary professional practice.

Student

- Upholds the legal and ethical standards of the profession and the jurisdiction of their clinical education practicums;
- Upholds all policies and procedures governing the delivery of physical therapy services at the clinical site;
- Upholds standards of the profession including core values, code of ethics, and standards of practice;
- Integrates and applies all information taught within the academic curriculum.
- Demonstrates professionalism in all interactions;
- Demonstrates effective verbal and written communication skills;
- Demonstrates measurable progress toward entry-level clinical and professional competence;
• Completes all assignments, paperwork, and documentation before the conclusion of the clinical education practicum;
• Completes all formal and informal assignments given by clinical faculty during clinical education practicum to facilitate knowledge base, clinical reasoning, and professional development;
• Assesses his/her own learning needs and develops strategies to address those needs;
• Seeks, accepts, and incorporates constructive feedback into future interactions;
• Demonstrates effective use of time and available resources;
• Develops and utilizes critical thinking and problem-solving skills; and
• Maintains contact with DCE throughout clinical practicums.

All students enrolled in the SoPT are introduced to the core values of the physical therapy profession as well as Christian values identified by the SoPT faculty beginning in the first semester. Core values include accountability, altruism, excellence, compassion/caring, integrity, professional duty and social responsibility. The Core Christian values include grace, humility, justice, service, and tolerance. These values should be at the foundation of clinical and academic performance. Clinical practicums provide an excellent opportunity for students to demonstrate these values as they interact with patients, caregivers, colleagues and other health professionals. Students are expected to demonstrate professionalism at all times. Any concerns in the student’s behavior or professionalism should be communicated to the DCE as soon as possible.

Clinical Site Assignments and Attendance

Overview

• Clinical Site eligibility: for a clinical site to participate in the SoPT clinical education program, a clinical affiliation agreement between the facility and Anderson University must actively exist which outlines the responsibilities of each party. AU recruits sites that can provide the students with opportunities to practice and perform professional responsibilities, demonstrates appropriate supervision and professional role modeling, and provides meaningful learning experiences.

• Availability of clinical sites: AU has clinical affiliation agreements with facilities throughout South Carolina as well as neighboring states and facilities throughout the United States. On March 1st of each year, all affiliated clinical sites receive a voluntary commitment notice requesting clinical education opportunities for the next calendar year. Based on information received from each clinical site, the students are presented with a list of available clinical sites several months before the start date of each practicum.

• The clinical practicum assignment process: Students are assigned to clinical facilities using a computer-matching program. After discussions with the DCE, students submit a list of ten sites where they are willing to be placed. A list of available clinical sites with the designated setting types (e.g., outpatient, pediatrics,
inpatient rehab, acute care, etc.) is given to the students during the assignment process. Students who fail to submit their list of preferred sites by the designated deadline will forfeit their selection privilege. Students are encouraged to research the available sites by reviewing the clinical site information forms (CSIF) which are found in the Exxat education management software. Students should keep in mind that staffing patterns, types of patients treated, etc., may have changed since the completion of the CSIF. At times when no match can be established the DCE and student will work together to find an alternate solution.

- Learning Accommodations: Students with documented disability needs must meet with the DCE to discuss the accommodation needs specific to each clinical site and provide consent for the DCE to contact the SCCE to discuss the feasibility of arranging these accommodations. If a site is unable or unwilling to provide the needed accommodations, the DCE will work with the student to find an alternate clinical site. Students who are not requesting accommodations are encouraged to meet with the DCE to discuss their situation in a good faith effort to avoid misunderstandings regarding the student’s learning abilities and needs.

- Establishing new clinical contracts: Any contact with clinical sites for the purpose of establishing an agreement must be initiated by the DCE or other SoPT faculty member. Under no circumstances should a student contact a clinical facility to request a clinical practicum assignment. Students who violate this policy will be placed on probation and lose their selection privilege.

- If a student wishes to affiliate with a clinical facility that AU does not have an agreement with, the student should submit the following information in writing to the DCE: facility name, contact information, and reason for requesting the site.

**Additional Rules**

- A student may not be assigned to a clinical site in which:
  - He/she is currently or has been recently employed;
  - He/she has agreed to work upon graduation from the DPT program; or
  - An immediate family member is employed.

- The DCE reserves the right to alter clinical site assignments based on the special needs of students.

- There is no guarantee that the students will be placed in a clinical facility that is located in Greenville or one of its surrounding communities.

**Requesting a Change in Clinical Site Placement**

Clinical practicums are often confirmed with a clinical site 6 to 12 months in advance. Once the clinical practicums are assigned and confirmed, no changes will be made unless the clinical site cancels or students request a change due to “extreme circumstances.” Students should submit a written request for change that cites a specific, legitimate reason for the request. In most cases, a more convenient location is not considered a legitimate reason. Upon receipt of a written change request, the DCE will bring the request to the faculty as a whole for recommended action. A quality learning experience for the
student will be the prime determinant for changing or cancelling a clinical placement. When a change is made, the DCE will work with the student to set up an appropriate alternative clinical experience.

**Communicating with Assigned Sites**

Once the student is notified of his/her clinical placement, he/she is responsible for contacting the clinical site and communicating with the SCCE and/or the CI 8 weeks in advance of the scheduled practicum. The student may ask the contact person questions regarding dress code, grooming, arrival time, working hours, and other facility expectations. Students should confirm all site requirements including health information, mandatory training, background checks, etc. directly with the site. Much of the information regarding the facility is already documented in the Clinical Site Information form if it has been returned by the facility.

Prior to the start of the practicum, the student will complete the paperwork needed to comply with and adhere to all of the requested documentation outlined in the clinical agreement. Each facility may have additional or different requirements; some of the common requirements include proof of immunizations, background check, CPR certification, and HIPAA training. All documents must be uploaded to the Exxat education management software 8 weeks prior to the start of the clinical. These documents should not expire during the practicum.

**Attendance Policy**

Each student is expected to follow the schedule of his/her CI(s) during clinical education practicums. Absence from the clinic is not allowed without prior consultation with both the DCE and CI. If a student must miss a clinical day for illness or emergency reasons, the student is required to:
- Contact the CI as soon as possible and in advance of the scheduled arrival time.
- Contact the DCE after contacting the clinical site.

Absence from a clinical practicum must be made up. Make-up times during clinical practicums will be at the discretion of the DCE in consultation with the SCCE and/or the CI at the clinical site.

Attendance at professional conferences during weekdays must be cleared with the DCE prior to the practicum start date; these plans will be discussed with the SCCE or CI at the clinical site.

A personal day off for special events (e.g., weddings and graduations) may be arranged with the SCCE or CI. The plan for this day off and the plan to make up the time should be communicated to the DCE. **Vacation time will not be approved.** Time off for job interviews will be granted at the discretion of the CI based on clinic schedules and ability to make up the time missed. However, SoPT recommends that students not be granted more than two days off for this purpose per practicum.

While on clinical practicums, students follow the holidays observed by the facility; these may not be the same as AU holidays.
Before a Student’s Arrival at a Clinical Facility

The SoPT will send pertinent information to the clinical site no later than 8 weeks before the scheduled practicum via the Exxat education management software. The SoPT staff will contact the site to confirm receipt of information and clarify any facility requirements the student must fulfill. A Clinical Education Packet containing the following forms and information is shared with the facility to assist the SCCE and CI in planning the educational experience.

- Student information form
- Course syllabus outlining student performance expectations
- Descriptions of and access to all formative and summative student evaluation instruments
- Copy of Basic Life Support for Healthcare Providers certification
- Immunization Records

Student information form will include current contact information and emergency contact information for use by the clinical site. Also, the student will include information on previous clinical practicums, learning styles, updated learning goals and objectives applicable to new clinical practicum and any personal information the student would like the site to know before arrival.

Travel and Lodging

Clinical practicum sites are located throughout the state and across the nation. The purpose of the clinical education portion of the curriculum is to expose students to therapy practice across the lifespan and the continuum of care in a variety of settings and geographic regions. Students should anticipate the financial impact of traveling and living out of town for their clinical practicums. Students are expected to provide for expenses incurred during all phases of clinical education. Students must assume the financial and personal obligations associated with travel, including housing arrangements, transportation, and meals.

Personal Appearance

Students are responsible for presenting a clean, neat, and professional appearance that creates a positive impression of AU. Students are to abide by the facility dress code policy. If no policy is in place, students should wear the previously described SoPT clinical attire (dress slacks and polo shirt with AU logo). Proper identification should be worn at all times to identify the student by name and as a student physical therapist. CIs have the right to send a student home, if the student is not dressed and groomed according to the facility’s policies. Students will be expected to makeup that time.

Identification

Students must wear nametags/IDs at all times to identify themselves as students. Introductions to patients or other visitors should include the student’s first and last names followed by “student physical therapist.” Be aware that patients reserve the right to refuse to be examined or treated by a student. If this should occur, the student should respect
the patient’s wishes and not feel offended. The student should simply relinquish the patient’s care to his/her clinical instructor or another licensed physical therapist.

Medical Emergencies
If a student becomes ill while on a clinical practicum, he/she should notify the CI/SCCE immediately. Students should not participate in patient care if they are experiencing a medical issue that would impede his/her ability to provide care or jeopardize patient safety. The CI/SCCE may suggest a local medical physician/clinic that could provide non-emergency care. In the event of an emergency, the student is expected to go to the nearest emergency room or call 911. The cost associated with any emergency or medical service is the responsibility of the student. For other emergencies (such as serious illness of a close family member), the student should consult the DCE or SoPT Chair.

Reporting Student Injuries during Clinical Education Experiences
All occupational exposures (needle-stick injury, splash exposure, musculoskeletal injuries, etc.) are required to be reported to Anderson University’s School of Physical Therapy as soon as possible. The student should take the below action:

1. Immediate notification of the appropriate individual at the clinical site and AU’s SoPT after the incident occurs, and seek treatment, if necessary.
2. Completion of the injury reporting form by the student and the clinical instructor.
3. Submission of the above form to the DCE within 48 hours of the occurrence.

Expected Level of Supervision
Students are expected to be “learning workers” yet require direct, on-site supervision. Direct supervision means the physical therapist is physically present and immediately available for direction and supervision. Other learning opportunities that do not involve direct physical therapy patient care may occur with the supervision of other healthcare providers. Students and/or CIs are required to report any problems related to supervision to the DCE immediately so they can be resolved without delay.

Professional Liability Insurance
All students currently registered for clinical education courses in the SoPT are covered by professional liability protection. This protection provides limits in excess of $2,000,000 per occurrence and $5,000,000 in the annual aggregate. Insurance coverage verification letters are available to students and clinical facilities upon request.

Evaluation of Student Performance
Assessing Progress
Formal assessment of the student’s progress will be given at the mid-term and end of the practicum using the APTA PT CPI Web. The APTA CPI Web requires students and CIs to complete a one-time, two-hour continuing education training session through the APTA learning center. Instructions for rating performance are included in this training. Students will also receive feedback from the DCE or another designated faculty member near the
midpoint of the clinical practicum via a face-to-face visit or telephone/video conversation. A final debriefing with the DCE will occur following completion of the clinical practicum with the entire class; individual conferences may also be scheduled as needed.

The evaluation process informs students of their current level of competence and where they need to target their skill development. During CP 2 & 3, students are expected to have many areas which require further skill development. Using the following guidelines as cited in the CPI, students should demonstrate progression throughout their clinical practicums:

1. Supervision/Guidance - Level and extent of assistance required by the student to achieve entry-level performance. As a student progresses through clinical education experiences, the degree of supervision/guidance needed is expected to progress from 100% supervision to being capable of independent performance with consultation and may vary with the complexity of the patient or environment.

2. Quality - Degree of knowledge and skill proficiency demonstrated. As a student progresses through the clinical education experiences, quality should range from demonstration of limited skill to a skilled performance.

3. Complexity - Number of elements that must be considered relative to the task, patient, and/or environment. As a student progresses through clinical education experiences, the level of complexity of tasks, patient management, and the environment should increase, with fewer elements being controlled by the CI.

4. Consistency - Frequency of occurrences of desired behaviors related to the performance criterion. As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.

5. Efficiency - Ability to perform in a cost-effective and timely manner. As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical timely performance.

Grading

The APTA CPI web is used to document skills needed for entry-level practice. Determination of each student’s grade is made by the DCE for each specific clinical practicum and is based on the clinical faculty’s comments, CPI scores, and timely completion of all required tasks and assignments (see course syllabus for specific grading criteria).

Any concerns regarding grading will be discussed with the student. Unsatisfactory student performance will typically result in an individualized remediation plan for the student. The individualized plan will be developed by the DCE with input from the student, CI, SCCE, SoPT chair, and core faculty. The options available to remediate with a passing grade may include, but are not limited to:

- Additional time at that facility or another facility;
- An additional clinical assignment of appropriate length;
• Additional didactic coursework followed by another clinical assignment of appropriate length.

The need for additional clinical instruction will be arranged by the DCE and may delay a student’s graduation. If a student demonstrates unsatisfactory clinical performance following remediation, or if the student fails to follow through with his/her remediation plan, the student will be dismissed from the program.

Health and Safety Regulations

Health Insurance

Proof of the student’s current health insurance coverage must be provided to the SoPT before beginning the clinical practicum portion of the curriculum. Injuries and accidents may occur during a student’s clinical practicum. If medical attention is required, any costs incurred with treatment are the responsibility of the student, not the SoPT, the University, or the facility.

Health Records

The student is required to maintain a current immunization record on file with the SoPT. Clinical facilities will be informed that these records are complete and on file, however, some clinical facilities may request copies of immunization records.

Immunizations

Most clinical sites require documentation that the student has current immunizations or verification that they are free of communicable diseases. The most common are:

- PPD test annually (or negative chest x-ray)
- MMR or proof of immunity via titers to detect German Measles
- Hepatitis B or proof of immunity via titers
- Tetanus or Tdap within past ten years as an adult (proof of vaccination)
- Varicella (Chicken Pox) or proof of immunity via titers
- Influenza vaccine

It is the student’s responsibility to inquire about requirements for health documentation and to provide needed documentation in accordance with clinical site policy. If the SoPT requirements are not inclusive of the requirements specific to the clinical facility in which he or she is placed for the clinical practicum, the student is responsible for complying with all health and immunization requirements as specified by the clinical site.

Drug/Alcohol Screening and Criminal Background Checks

A Criminal Background Check (CBC) and Drug Screen (DS) are required prior to onset of clinical education courses at the student’s expense. The SoPT tracks each student to ensure compliance with this requirement. If facilities require additional requirements or an updated DS and CBC, this information must be communicated to the program via the CSIF and in confirmation communication with the DCE. The student is responsible for all costs related to DS and CBC. All information gathered in the process of DS and CBC is
governed by HIPAA and FERPA and is strictly confidential. This information is to remain between the facility and the University and may not be revealed to any other party without written permission from the student.

American Heart Association BLS for Healthcare Providers/CPR Certification

It is the responsibility of each student to be certified in Basic Life Support (BLS) for Healthcare Providers by the American Heart Association. This certification includes Adult/Child/Infant CPR and Automatic Electronic Defibrillator (AED) training. Students are required to complete certification in “BLS for Healthcare Professionals” during the program orientation course. CPR certification must be maintained throughout the student’s time in the program. It is the responsibility of the student to maintain a copy of their CPR card in their Exxat account and produce the card as requested by the clinical site.

Americans with Disabilities Act (ADA) Requirements

Due to the ADA privacy requirements, SoPT faculty and staff are prohibited from discussing information related to a student’s disability with clinical site personnel without prior authorization from the student. However, when a student is requesting accommodations during his/her clinical practicums, written consent must be provided so the DCE can discuss any special needs with the SCCE/CI prior to the student’s arrival. Because patient safety is of ultimate concern to clinical faculty, the program has a legal responsibility to disclose any limitations a student might have that could potentially interfere with his/her ability to safely interact with patients/clients. In cases where a student is not requesting accommodations, he/she is still encouraged to engage in a proactive, open dialogue with clinical faculty about his/her educational needs to ensure realistic performance expectations. Should problems arise later due to an undisclosed disability, clinical faculty are neither obligated nor expected to alter their performance assessment. Thus, full disclosure is recommended to any student with a documented disability prior to embarking on any full-time clinical practicum in order to maximize learning and optimize successful completion of the clinical education experience.

Confidentiality Outside of Patient Care

Students are reminded that all information related to a given clinical site is the property of that site. If a student would like to use or present information related to patients or administrative aspects of clinic management outside of that facility, they must obtain the expressed permission from the SCCE.

Health Insurance Portability and Accountability Act (HIPAA)/Patient Confidentiality

HIPAA identifies protected health information (PHI). Under all circumstances, students are prohibited from disclosing PHI or disseminating PHI via verbal, electronic, or any other means. This act ultimately protects patients’ right to privacy and confidentiality. Students will receive introductory training during the first semester of the program. Further onsite training is typically required during each assigned clinical practicum. The information contained within a patient’s medical record is strictly confidential and may not be released.
to anyone without the patient's written permission. Students have the right to access specific patient information only as it relates to the physical therapy evaluation and treatment of that patient or screening to determine the need for physical therapy services. Students may not access information on patients who are not on the physical therapy service. Students must also be aware of the public nature of most healthcare environments and the potential that their comments may be overheard and taken out of context. Thus, any discussions regarding a patient’s care plan that include the patient’s name or other PHI, must occur in private settings where confidentiality is assured.

**Occupational Safety and Health Administration (OSHA) Requirements**

OSHA requirements specify the protective measures all healthcare personnel required to prevent the spread of communicable disease. Completion of OSHA training ensures that students can demonstrate the proper hand-washing technique, apply personal protective devices in the presence of potential or confirmed infections, integrate isolation precautions, and provide proof of current immunization records and screening for active tuberculosis. Students will complete OSHA training during their first semester.
SCHOOL OF PHYSICAL THERAPY
CONSENT TO PARTICIPATE IN RESEARCH

As a student in the Doctor of Physical Therapy Program at Anderson University, I understand I will be participating in various activities including laboratory experiments, in-class activities, and various learning experiences. While such activities may improve my personal and professional knowledge and skills, I understand that such information may also benefit others. Therefore, I agree that any data collected in class during learning experiences may be used for experimental purposes. I acknowledge that information collected for research purposes may be published in appropriate journals or presented at professional meetings. In such publications or presentations, I understand that my identity will be kept strictly confidential.

My signature certifies that I have decided to fully participate in this educational experience and that I have had adequate opportunity to discuss these requirements with the SoPT Chair and/or appropriate faculty members to have all of my questions answered to my satisfaction.

_________________________________
Print Name

_________________________________
Signature

__________________________
Date

__________________________
Witness Signature

__________________________
Date
SCHOOL OF PHYSICAL THERAPY
HANDBOOK ACKNOWLEDGEMENT FORM

I, ________________________________, acknowledge that I have read and understand the information presented in the DPT Student Handbook and agree to abide by the policies and procedures outlined in it.

____________________________________
Print Name

__________________________   _________
Signature                    Date
I, ______________________________ do hereby acknowledge that the DPT program at Anderson University was granted the status of “Candidate for Accreditation” by the Commission on Accreditation in Physical Therapy Education (CAPTE) in April 2019. During my enrollment, the program will apply for “Initial Accreditation,” and CAPTE is expected to render its decision during the fall of 2021. Although the University cannot predict the outcome of that decision at this time, I understand that the appropriate steps have been taken to complete the accreditation process at least a year prior to my anticipated graduation date. Furthermore, I understand that I may be asked to meet (along with other students) with representatives from CAPTE during the University’s scheduled site visit on June 6 – 9, 2021. The purpose of this visit is to verify program information that will be submitted to CAPTE by the University in the form of a Self-study Report. I understand that I will not be required to participate in this interview process if I do not wish to do so. Student information is reported to CAPTE on an aggregate basis; no personal, identifiable student information or records will be shared without my prior consent.

Print Name

__________________________________

Signature

Date

Program Representative

Date
SCHOOL OF PHYSICAL THERAPY
ACKNOWLEDGEMENT OF LABORATORY PARTICIPATION

I, ___________________________ understand that laboratory sessions are a required element of my DPT education at Anderson University. Furthermore, I understand that it is my responsibility to inform the instructor if I have any health conditions or concerns that may interfere with my participation in any laboratory exercise, and that it is my responsibility to consult with my physician if there are questions pertaining to my full and safe participation in laboratory sessions. I am participating voluntarily, and understand that it is my responsibility to learn about the indications, contraindications, and precautions of any clinical technique or procedure to be performed on me, prior to the lab experience. I also understand that School of Physical Therapy instructors will help me modify these clinical techniques or procedures if possible to allow my participation either as clinician or subject.

Check those which apply:

_____ To the best of my knowledge, I am safe to perform any assigned procedures and have these procedures performed on me by fellow students and/or instructors.

_____ I have a health condition that may potentially be exacerbated or harmed if certain clinical procedures are performed on me. 10*

_____ I have a health condition that may prevent me from safely administering certain clinical procedures to another person without assistance or modifications. *

By signing below, I confirm that I have or will disclose all pertinent information to AU SoPT faculty related to my participation in laboratory sessions.

_______________________________________
Print Name

________________________________________
Signature  Date

10* Please elaborate on specific concerns and needs.
I, __________________________ agree to allow faculty and/or students from the School of Physical Therapy at Anderson University to photograph, videotape, or audiotape me during my participation in educational or research activities. I hereby grant permission for these photos or recordings to be used in the following manner, provided no personal information accompanies these images:

_____ For teaching purposes in the classroom or laboratory setting

_____ In publications (textbooks or journal articles) authored by Anderson University faculty or students

_____ For marketing purposes on the School’s web page or in other promotional materials

__________________________________
Print Name

__________________________________  _____________
Signature                                    Date
Injury Report Form

Student Information
Student Name: 
Phone Number: 

Incident Information
Date and Time of Incident: 
Location: 
Supervisor: 

Description of Incident and any related injuries: 

Was medical attention required? 
If yes, whom did you see? 

Date of Visit: Office Number: 

Student Signature Date 

School of Physical Therapy Chair Acknowledgement
Comments: 

Chair Signature Date
Student Information Form

Personal Information

Full Name:

Last                   First                   M.I.

Address:

Street Address            Apartment/Unit #

City                                  State          ZIP Code

Home Phone:         Alternate Phone:

Email

SSN or Gov’t ID:

Birth Date:       Marital Status:

/ / 

Spouse’s Name  Children: __________________________

Emergency Contact Information

Full Name:

Last                   First                   M.I.

Address:

Street Address            Apartment/Unit #

City                                  State          ZIP Code

Primary Phone:         Alternate Phone:

Relationship:

Medical Alerts: