2013 – 2014

Post Baccalaureate Doctor of Physical Therapy
Student Handbook

Revised & Updated 7/2013-SLWL
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Congratulations! You are at the threshold of an exhilarating academic experience that will include challenging didactic, experiential and clinical opportunities in pursuit of the Doctor of Physical Therapy degree at the post baccalaureate level. As we move forward in the 2nd decade of the 21st century rehabilitation has benefitted from significant evidence based practices and technological advances. There has never been a more exciting time to become part of the health care professional team as a physical therapist!

Our rigorous curriculum provides you with the means to augment knowledge gained from prior education and experiences to enter into a profession that addresses the rehabilitation, health promotion and wellness needs of individuals across the life span. The availability of state of the art simulated laboratory learning experiences as well as clinical interactions with independent community consultants augment the didactic component of our program. Northeastern’s unique post baccalaureate DPT [PB-DPT] program includes the country’s only DPT curriculum that is enhanced by a signature co-operative education program. Didactic and clinical studies are further enhanced by opportunities to take advantage of several service learning experiences as well as current global prospects in China, Ecuador, Mexico, South Africa and Switzerland. Collaborative research with PT faculty across the various practice patterns of the profession helps to round out our curriculum.

As a graduate of the Physical Therapy department at Northeastern University you will be well prepared to become a reflective, evidence-based practitioner who is capable of responding to the changing needs of a complex world. On behalf of the faculty and staff of our Physical Therapy department I extend a warm and sincere WELCOME! I look forward to working with you as your academic advisor throughout this new and exciting academic process.

Sonya L. Larrieux, MA, PT, C/NDT, PhD/c
Director PB-DPT Program
~ Handbook Objectives/Intent ~

The **PB-DPT Student Handbook** describes the curriculum, requirements, policies and procedures for post baccalaureate DPT students at Northeastern University. Policies and regulations applying to all graduate programs are established by the University Graduate Council. This information is in the **Northeastern University Graduate Student Handbook** (GSH) and is available online via this link: [http://www.northeastern.edu/gradhandbook/](http://www.northeastern.edu/gradhandbook/)

The **PB-DPT Student Handbook** (Handbook) addresses program specific policies within the limits defined by the University. The policies contained in this Handbook are also consistent with, and extend, those stipulated by the **Bouvé College of Health Sciences Graduate Policies and Regulations**, that is available via the “Graduate Handbook” link located at: [http://www.northeastern.edu/bouve/grad/pdf/2010-11_Bouve_Graduate_Handbook%20rev%205-25.pdf](http://www.northeastern.edu/bouve/grad/pdf/2010-11_Bouve_Graduate_Handbook%20rev%205-25.pdf)

This **Handbook** does NOT include all the information you need to know about your program of study and the policies of the College or the University. It is not intended to duplicate other University publications that are accessible to all students. Therefore, this manual in conjunction with other published materials is designed to guide students through the clinical doctoral studies in Physical Therapy at Northeastern.

Students should consult the afore mentioned resources as well as any other pertinent PT department manuals [i.e. **The Student Guide to Professional Development**] or expectations [i.e. **The Essential Functions for Northeastern University Physical Therapy Students**] as well as handbooks from cooperative and clinical education for general regulations, policies and procedures covering such matters as credit requirements, student responsibilities, code of conduct, academic and curricular life, faculty rights and responsibilities, personnel policies, benefits, and services. If any information contained in this booklet conflicts with the general University policy, then the University policy will prevail. The University reserves the right to change the information contained in this document.

It is the responsibility of the student to be familiar with the contents and to seek verification of any questions regarding the contents.
Northeastern Mission

**OUR MISSION**

To educate students for a life of fulfillment and accomplishment.

To create and translate knowledge to meet global and societal needs.

**OUR VISION**

Our vision is to be a university that expands the meaning and impact of our engagement in the world using our knowledge and resources as positive forces for change in both our local communities and our global society.

This vision will be realized through offering students a transformative experience, grounded in experiential education that ignites their passion for learning while opening up for them the endless possibilities around them. We will assist our students in becoming engaged citizens of the world, confident and resourceful people who realize that their knowledge and action can have positive consequences for their own lives and for the lives of others.

This vision will be realized through interdisciplinary scholarship and translational research by which we will dynamically participate in addressing problems in our urban environment, in our region and across the globe. Northeastern strives to translate fundamental research into applications that will contribute to economic development and enhance societal well being. Our collaborative approach will encompass partners in government and industry, and artists, innovators and scholars both inside and outside our community.

**OUR CORE VALUES**

**Contribution**
Northeastern seeks to contribute to the individual fulfillment of each member of the campus, to the welfare of the surrounding communities, and to solutions that will address global and societal needs.

**Diversity**
Northeastern celebrates diversity in all its forms and fosters a culture of respect that affirms inter-group relations and builds community.

**Engagement**
Northeastern promotes active engagement in teaching and learning, in scholarship and research, in the life of urban communities and with our alumni and friends.

**Integrity**
Northeastern pursues each of its activities and interactions with integrity, maintaining the highest ethical standards.

**Opportunity**
Northeastern provides opportunities to those who strive to overcome disadvantages and show great promise for future success.
**Bouvé Mission**  
To inspire/create the next generation of interprofessional healthcare leaders for the wellbeing of our global community

**Bouvé Vision**  
We seek to embrace the diversity inherent in humanity and capitalize on our opportunity to educate students, and generate and disseminate new knowledge for the betterment of health and healthcare for people everywhere.

**Physical Therapy Department - Statement of Mission [Fall 2011]**  
The Mission of the Department of Physical Therapy is to serve the profession of Physical Therapy, the university, and local and global society. The cornerstone of our program is experiential learning, which includes cooperative education, simulated patient interactions, service learning, clinical research, and international humanitarian opportunities. Through this unique, multifaceted approach to learning we:

- Educate skilled, autonomous, doctors of physical therapy who embrace evidence-based practice, are culturally competent and are equipped to work in a complex global health care environment
- Promote professionalism, humanistic values, resourcefulness and innovation, and commitment to life-long learning
- Advance scholarship in areas related to physical therapist education and clinical practice to meet the changing needs of a global and technologically advancing world.

~**Commission on Accreditation in Physical Therapy Education [CAPTE] Goals & Outcomes~**

**GOALS:**

**Students:** upon completion of the program graduates will:
1) Be clinically competent doctors of physical therapy that excel in patient-client management and are culturally competent
2) Exhibit professionalism and a commitment to lifelong learning and use an evidenced based practice (EBP) approach

**Program:** The physical therapy education program will:
1) Increase and improve the research infrastructure.
2) Increase visibility and reputation of the program locally, nationally and globally.

**Faculty:** The faculty of the physical therapy education program will:
1) Support and facilitate teaching effectiveness
2) Support and promote scholarship and professional development of faculty

**STUDENT OUTCOMES:**

**Graduates of the DPT program are expected to:**
1) Practice autonomously in a competent, caring, culturally sensitive, safe, ethical, legal, reflective and professional manner.
2) Participate in the management of patient/family-centered physical therapy service delivery using EBP in the evolving health care environment.
3) Demonstrate professional and social responsibility and commitment to lifelong learning, by participating in prevention, health education and wellness initiative locally, nationally and globally.
4) Demonstrate effective written, verbal, technological and non-verbal communication skills in all professional settings.
~ Admission Requirements ~
The PB-DPT program is intended for individuals who have earned a minimum of a baccalaureate degree in any field of study and who have fulfilled the appropriate core prerequisite requirements. Prospective students need the following to be considered for admissions to the PB-DPT program:

~Prerequisites:
   - A conferred BS or BA degree in any major field of study
   - GPA = 3.0 or greater (both overall & prerequisite sciences)
   - 3 letters of recommendation
   - A personal goal statement
   - Satisfactory completion - within 10 years - of the following prerequisites courses:
     - 2- semesters of Anatomy & Physiology w/ labs
     - 2-semesters of Physics w/ labs
     - 2-semesters of Chemistry w/labs
     - 1-semester of Statistics
     - 1-semester of Exercise Physiology
     - 2-semesters of Psychology
       1: 1-semester general
       2: 1-semester developmental psychology*
     - 1-semester of English
   - A minimum of forty [40] Observation/volunteer hours in a Physical Therapy facility

   *NOTE: The intent of the Developmental Psychology course is to afford the student with knowledge and understanding of the typical psychological development across the entire life span. Neither Abnormal Psychology nor Child Psychology may be substituted for the required lifespan developmental psychology course.

~GRE Scores:
The Graduate Record Examination (GRE) is not a required component of the application process. However, test scores within the last 5 years of the current application will be reviewed if submitted as an adjunct to the prospective student’s application. See appendix for “Guidelines for the Use of GRE Scores”

~In Progress Courses:
Applicants may have prerequisite course work in progress during the application process; however, all prerequisite requirements must be satisfactorily completed by December 31st to be fully accepted into the program and permitted to matriculate at the start of the PB-DPT curriculum in January.

~Interviews:
Interviewing of prospective applicants is not a component of the application process for this program; however, applicants are invited and welcomed to attend any of the several Bouvé College Open House or Graduate Information sessions throughout the academic year. Either the PB-DPT program director or other designated faculty member will attend these sessions. Updated information related to dates, time and location of these sessions is available at: http://www.northeastern.edu/bouve/grad/openhouse.html

~ Application Completion & Deadlines ~
Our program uses a web based application process through “ApplyYourself” available at: https://app.applyyourself.com/AYApplicantLogin/ApplicantConnectLogin.asp?id=neu-grad

Prospective students must submit their **fully completed application** by the **1st Friday in January following New Year’s Day [January 1st]** to be considered for admission into the Spring semester of the subsequent year.

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**~ The Curriculum ~**

The PB - DPT program at NU is a full time 3 year 7 month curriculum which is composed of:

- 7 semesters of didactic course work,
- 6-months of co-operative education
- 3 clinical education rotations which begin in the summer of the 3rd year [rotations are 8, 14 & 14 weeks long]

In addition to the typical post-baccalaureate curriculum, there are two special concentrations and one alternative curriculum track that occur within the DPT curriculum – the Early Intervention; the Sports, Strength & Conditioning concentrations and the AT/DPT track.

The **Early Intervention concentration** affords selected individuals who have an expressed clinical interest in the young pediatric population [infants and toddlers less than 3 years old] and their families an opportunity to earn an “**Interdisciplinary Certificate in Early Intervention**”. Through coursework and practicum experiences, students are prepared to work with infants and toddlers with known disabilities or those who are at risk for developmental delay. This curriculum includes an additional four (4) didactic courses dispersed throughout the standard PB-DPT curriculum relative to Early Intervention. The final clinical education experience is done in the EI arena by students who opt for this track. A sample of the most recent DPT/EI curriculum plan may be found in the appendix at the end of the *Handbook*.

The **Sports, Strength & Conditioning concentration** will prepare students of physical therapy to take the sports and conditioning certification and enhances the graduate’s ability to work with athletes in various venues from gyms to the athletic field improving collaboration with multiple medical disciplines. To earn this concentration students need to apply for the program and after admission successfully complete the following 4 didactic dispersed throughout the standard DPT curriculum and a clinical placement of 14 weeks or greater with a sports and orthopedic population. This clinical placement may be with an athletic population including youth/scholastic sports, collegiate athletics or professional athletes. Students in the Sports, Strength and Conditioning Concentration must also complete inpatient clinical education requirements. A sample of the most recent curriculum plan for this concentration may be found in the appendix at the end of the *Handbook*.

The **AT/DPT** curriculum is an opportunity for those with degrees in Athletic Training to pursue a course of study in Physical Therapy. The curriculum plan for this program in located in the appendix.

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**~ Academic Advising ~**

Upon acceptance into the PB-DPT program, the program director will serve as the student’s academic advisor. Students are notified of their advisor’s name in the formal letter of acceptance, so that communication may begin prior to their first registration.

The role of the advisor is to assist the student in understanding the program requirements; define professional career goals and objectives of various curricular components (i.e. co-op; clinical education). The advisor will also monitor the student’s academic progression toward the successful completion of the Doctorate in Physical Therapy curriculum. The mechanisms of achieving the aforementioned objectives include:

- **Individual advising** re: program scheduling, registration, progression etc. issues. These sessions are generally on a walk in basis or arranged in advance (by phone or e-mail) for a designated time. Petitions are initiated as needed through the office of the program director for a variety of issues such as, but not limited to: Leave of Absence, Directed Study, Academic Probation/ Contract Plan, Incomplete Clearance Plans.

- **Group Advising** takes the form of group e-mails regarding class issues for a particular cohort, as well as e-mail reminders regarding course registration and other pertinent issues.
Individual student files for each member within each cohort of PB-DPT graduating class are housed and maintained in the office of the director of the PB-DPT program.

PB-DPT Orientation Breakfast- this program is held prior to the start of the initial semester. During the orientation students are introduced to the PT faculty; meet upper class PB-DPT students; are familiarized with the curriculum; given an overview of important University calendar dates; provided with an overview of departmental policies & procedures; provided with an overview of student financial services, university health & counseling services and participate in a librarian led Snell Library orientation session & have the opportunity to engage in a Q & A session

Collaboration with the Bouvé Graduate Deans Office – this office reviews all graduate student grades at the end of each semester. Pending student academic performance, the office informs students in writing of academic performance that has failed to meet the expected standards as outlined in the Bouvé Graduate Academic Affairs Committee’s manual of Graduate Policies and Regulations. The office also adjusts the student’s academic status accordingly (i.e. academic probation).

- Students are informed that they must meet with their advisor to devise a plan to remediate their academic status.
- A copy of the student’s letter is also sent to the program director for the student’s files in the PTD. If the student does not contact the program director/academic advisor as instructed the director will attempt to contact the student to create the necessary plan.

The White Coat Ceremony: Students are invited to attend this special event at the end of the Spring semester in year-1 where they are welcomed to the professional phase of the curriculum and the Physical Therapy profession. During the ceremony, students receive a professional white coat and collectively take the “Oath of the Physical Therapist”

Graduation Clearance: The program director will review the academic transcript of all post baccalaureate students prior to commencement and graduation. The same is also done through the Bouvé Graduate Deans Office. Collaboration between the two assures that students have satisfactorily met all didactic and clinical graduation requirements.

~Student Responsibilities~
It is expected that all students conduct themselves in a professional and respectable manner throughout their tenure as members of the academic community in the process of pursuing the clinical doctoral degree in Physical Therapy. Each student is expected to be fully acquainted with both university and any specific College wide regulations and policies as noted in the Graduate Handbook and Bouvé Graduate Policies and Regulation handbooks cited under the Academic Standards section below. In addition, all students of Physical Therapy are to adhere to the department’s “Physical Therapist Student Guide to Professional Development”, and “The Essential Functions of Northeastern Physical Therapy Students” as well as the Code of Ethics for Physical Therapist. and the Physical Therapy Core Values. (See Appendix)

~Academic Policies & Standards ~
All students are expected to be familiar with both the Northeastern University Graduate Catalog and Bouvé College Graduate student handbooks. The Physical Therapy Department adheres to all policies and regulations as described in the graduate student handbooks. Each of these documents are available on line via the hyperlinks below


http://www.northeastern.edu/registrar/catgrad1213.pdf

Matriculation Requirements
Each student is admitted into a class that will progress as a cohort through the PB-DPT curriculum. Satisfactory completion of all courses in each semester, based on the academic standards listed below, must be achieved in order for the student to progress within the curriculum. A copy of the PB-DPT curriculum is available in the appendix of this Handbook.
Minimum GPA Policy:
- Students must maintain a cumulative GPA of 3.0 or greater throughout their tenure in the PT program.

“C” Grade Policy:
- A grade of C (73-76) or better constitutes successful completion for each course of the PT curriculum. The grade of “C” or better is required for continued progression in the physical therapy program.

Failure to do adhere to either or both of the above required policies will result in an academic decision being rendered such as academic probation or dismissal from the program, pending the circumstances, conditions and decision of the departments Academic Standing Committee should the student appeal the decision.

Grade Summary Table at the Graduate Level:
The PB-DPT program adheres to the policy of Bouvé College & is as follows:
- Grading policies are the same as given in the general university undergraduate handbook.
- As a rule, grades are assigned and/or changed only by the course instructor.
- Student academic performance in the BCHS is graded according to the following criteria:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>(4.000) Performance in the course</td>
</tr>
<tr>
<td>A-</td>
<td>(3.667) has been of very high graduate caliber.</td>
</tr>
<tr>
<td>B+</td>
<td>(3.333) Performance in the course</td>
</tr>
<tr>
<td>B</td>
<td>(3.000) has been of satisfactory graduate level.</td>
</tr>
<tr>
<td>B-</td>
<td>(2.667) Performance in the course is below the</td>
</tr>
<tr>
<td>C+</td>
<td>(2.333) level expected for graduate work.</td>
</tr>
<tr>
<td>C</td>
<td>(2.000) Performance in the course is</td>
</tr>
<tr>
<td>F</td>
<td>(0) unsatisfactory for graduate work.</td>
</tr>
<tr>
<td>I</td>
<td>Incomplete Coursework was not completed before the end of the semester.*</td>
</tr>
<tr>
<td>IP</td>
<td>In Progress Used for student coursework that extends beyond the grading period but will be completed before the end of the next semester. Completion contract not needed.</td>
</tr>
<tr>
<td>L</td>
<td>Audit Course was taken for no credit.</td>
</tr>
<tr>
<td>S</td>
<td>Satisfactory Satisfactory completion of work in thesis, research practicum or clinical practicum courses without quality designation.</td>
</tr>
<tr>
<td>U</td>
<td>Unsatisfactory Failure to complete satisfactory work in thesis, research practicum, or clinical practicum courses.</td>
</tr>
<tr>
<td>W</td>
<td>Withdrawal Withdrawal from the course between the beginning of the fourth calendar week of the semester and the end of the eleventh calendar week of the semester.</td>
</tr>
</tbody>
</table>

*Incomplete grades are given only with prior approval of the instructor and a completion contract must be filed with the Bouvé Graduate Office (see Appendix 1 for Incomplete Contract). The coursework must be completed within one year of the end of the course, unless the course is not offered by the College/Program annually. Acceptance of any grade given after one year is at the discretion of the Associate Dean of the Bouvé Graduate School. Grades of “I” do not affect a student’s QPA. Unless there is written permission from their advisor, students may carry only two incompletes simultaneously, and may not enroll in further courses until they have completed the work for the incomplete course(s). These grades are to be given when course work will not be completed within the next semester.
Degree Requirements:
• The Doctor of Physical Therapy degree will be conferred only on students who have successfully completed all didactic and clinical education of the PB-DPT curriculum or its equivalent.

Cooperative Education Requirements:
• The cooperative education assignment of the PB-DPT curriculum must be successfully completed in a physical Therapy or physical therapy related setting. Online discussion is an integral & required component of this rotation.

Clinical Education Requirements:
• All academic courses through the spring semester of the 3rd year of the curriculum must be successfully completed prior to enrollment in any of the Clinical Education courses
• A grade of “S” constitutes satisfactory completion in all Clinical Education courses
• Students must adhere to the clinical education policies & procedures detailed and available in the “Clinical Education Student Manual of the Physical Therapy Department”

Licensure Requirements:
• Students who have successfully completed all requirements for the Doctor of Physical Therapy degree are eligible to apply to sit for the Federation of State Boards of Physical Therapy (FSBPT) Licensure Examination.
• Students should contact the Board of Registration for Physical Therapy for the state in which they wish to be licensed and request the appropriate application materials needed

~Academic Dismissal~
In addition to the policies and procedures stated in Bouvé College Graduate Policies & Regulations handbook regarding academic progression, PB-DPT students will be dismissed from the Physical Therapy program for:

• Failure to earn a grade of C or better in three (3) professional courses, regardless of remediation. Lecture and clinical/lab components for the same class are considered as one professional course failure.

• Failure to earn the minimum required grade in the same course twice

• Failure to maintain or achieve the required GPA.

~ The Appeals Process~
Students who believe that they were erroneously, capriciously, or otherwise unfairly treated in an academic, cooperative or clinical education decision may petition to appeal the decision. In addition, students seeking any exceptions to the specified Program Policy & Standards of the Physical Therapy department can bring the request/appeal to the Academic Standing Committee.

Below is a chart excerpted from the Bouvé Graduate Policies and Regulation handbook that provides an overview of the “Appeals Process”. However, students are referred to the current year’s Bouvé Graduate Handbook for full explanation of the process for and the conditions under which Academic Standing Petitions may be filed.
Please note: Following consultation with the program director, the appeal process at level 4 above [Department Chair/Dept Graduate Committee] is satisfied with completion and submission of the DPT ASC Appeals Form (see appendix) to the Chairperson of the Physical Therapy Department’s Academic Standing Committee [ASC] with a cc to the Director of the PB-DPT program. The student will be informed of the date, time and location of the ASC meeting. The chair of the PTD’s ASC will notify the student with an official letter of the Committee’s decision relative to the student’s appeal. As noted above the student must initiate the next step in the appeal process if there is not a mutually acceptable resolution at any given step in the process.

Complaints and Issues that Fall Outside Due Process
Any member of the public or Northeastern community, including but not limited to alumni, clinical education sites, students, faculty, and/or staff, may file a complaint that falls outside the realm of due process. Such complaints should be directed to the chairperson. The chairperson will also handle complaints filed through the University President’s office, Dean’s office, Office of Student Services and/or through clinical education faculty. The chairperson will address all complaints, investigate the concern, propose a resolution and inform all parties involved. If the complaint is not resolved with the chairperson, the complaint may be sent to the Dean of Bouve College. A record of all complaints and any and all actions taken, if applicable, will be held on file in the Physical Therapy Department.
~APPENDIX~

NOTE: The most current versions of all petitions in the following pages may be found online at the Registrar’s or Bouve College websites
~ General Information ~

Technology
Northeastern University has two important online services that you will use as a student. MyNEU can be accessed from www.northeastern.edu at the bottom of the page. Blackboard can be accessed at www.blackboard.neu.edu. Here is an overview of these services.

MyNEU: Provides Internet and Intranet services including e-mail, personal calendars, event calendars, groups, etc. Your MyNEU e-mail account is the official communication tool between you and the University. It is your responsibility to check your e-mail for information from your program and from the university. Your LOGIN is your NEU username (LastName.FirstNameInitial for example: Smith. J). You can look up your username from the MyNEU homepage.

Blackboard Learning System: Blackboard is a Web-based software application which integrates online course materials with online communication tools. To access a Blackboard course site, you will need the following:

- Access to a computer equipped with an Internet connection and a Web browser (Mozilla Firefox 1.5 or higher, or Internet Explorer, version 6 or higher).
- An e-mail account with the ability to send and receive e-mail.
- Basic computer and web browsing skills, such as opening, closing, saving files and attachments.
- A Northeastern MyNEU account

Any questions? Please visit the InfoCommons in Snell Library, e-mail help@neu.edu or phone 617-373-4357(HELP).

For complete information, tutorials, system requirements, and help for these services as well as other technology related services, please click use this link http://www.northeastern.edu/infoservices/.

Evaluation of Courses, Instructors, and Program

The students evaluate all instructors and courses. The purpose of the evaluation is to provide constructive feedback to an instructor in areas in which a person does particularly well or in areas in which improvement is possible. These evaluations are used as part of an instructor's annual performance appraisal and/or the University's reappointment, promotion, and tenure process.

At the completion of the program, students will be asked to complete a Comprehensive Program Survey, which evaluates all aspects of the DPT program.

Financial Aid

Students who need information concerning grants, loans, and scholarships should consult the Financial Aid Office. All correspondence should be sent to:

Student Financial Services
354 Richards Hall
Graduate Phone: 617.373.5899
Fax: 617.373.8735
E-mail: sfs@neu.edu
Lab Safety Policy for Clinical Lab Space  
30, 225, 405, 410, 415 and 525 Behrakis

To ensure the safety of all users of the Clinical Lab Space in the Behrakis Building, please become familiar with the following information.

Perform an observation of the lab space prior to your class. Lab Safety is the primary goal for the observation. Floor and equipment hazards are to be identified and reported.

- **In an Emergency-Police, Fire, Medical-**
  Call campus Police at the Emergency number 617-373-3333.

  Please note your location and a call back number for accurate reporting.

- For all routine issues call Campus Police at 617-373-2121

- For emergent floor/ room hazards (water on the floor, ceiling tiles falling) call House and Grounds at 617-373-2757.

- For non-emergent maintenance concerns please fill out an electronic work request form for facilities on MyNEU,

- For Computer and AV related issues please call 617-373-HELP

- AFI performs a yearly electrical safety assessment of the equipment. Each calibrated and assessed piece of equipment has a dated label. Before suing any equipment, please ensure the dates are current.

At the end of each lab- please perform an observation for any issues that may have occurred during your class time. Please arrange the tables, chairs and equipment for the next class.
Bouve College of Health Sciences Graduate School
General Petition Form

Name ___________________________ NU/ID# 000-____ ________ ________ Date: ____________________________
Address (complete) ____________________________
Day Telephone ____________________________ Program ____________________________ Degree ____________________________

☐ Withdrawing from Program/University  ☐ Conditional  ☐ Status Change to Regular Student  ☐ Probation Removal
☐ Other ____________________________

Explain ____________________________

Check ☑ ☐ Box and fill in appropriate information: Student Signature ____________________________

Change Program From ____________________________ Program Code ____________________________
To ____________________________ Program Code ____________________________

(ADVISOR PLEASE PUT IN PROGRAM CODES AND SIGN IN THE RED SIGNATURE BOX BELOW)

Transfer Course # ____________________________ Elective ☐ Required ☐ Pre-Approval ____________________________
Course Name ____________________________ School ____________________________ Credits ____________________________

Substitute course ☐ Waive course ☐ (must submit official transcript and course description)
Course # ____________________________ Course Name ____________________________

(Official transcript and course description may be required)

Readmitted Major ____________________________ Degree ____________________________ Last Date Attended ____________________________

Status change: From (full or part) ____________________________ To (full or part) ____________________________ Effective Date ____________________________

Leave of Absence: Date leave begins ____________________________ Return Date ____________________________ No. of leaves taken ____________________________

Students DO NOT go below this line. For Advisor’s and Chair’s signatures only.

CHANGE OF PROGRAM SIGNATURES
(Print) Chair New Dept. ____________________________ (Signature) Chair New Dept. ____________________________ Date ____________________________
(Print) Present Advisor ____________________________ (Signature) ____________________________ Date ____________________________

☐ Approved ☐ Denied ____________________________

☐ Approved ☐ Denied ____________________________

☐ Pre-Approved (final approval based on grade) ____________________________

☐ Approved ☐ Denied ____________________________

☐ Pre-Approved (final approval based on grade) ____________________________

(Print) Advisor/Program Director ____________________________ (Signature) ____________________________ Date ____________________________

Graduate School Admission’s Office Representative only

Final Action: ____________________________

☐ Approved ☐ Denied ____________________________

Comments ____________________________

Signature ____________________________ Date ____________________________

Graduate School Admission’s Office Representative ____________________________

Completed petitions with supporting documents (transcripts, course descriptions, etc., if needed), should be submitted in room 121 Herberts Health Science Building after you have obtained your advisor/program director’s signature.

White-Grad Office ____________________________
Yellow-Advisor ____________________________
Pink-Student ____________________________

Rev. 10/16/07
Bouvé College of Health Sciences/Graduate School
Directed Study Form

This form must be completed and approved prior to registration.
You are responsible for:
* Registering for the course after it has been approved by your advisor and the Graduate Admission Office.
* Distributing copies to the appropriate advisors.

<table>
<thead>
<tr>
<th>Semester</th>
<th>Year</th>
<th>Course #</th>
<th>Key #</th>
</tr>
</thead>
</table>

Directed Study in _____________________________

Student’s Name _____________________________ NUID#

Address ______________________________________

Major _____________________________ Date __________

1. Describe the Directed Study you propose to undertake.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. Discuss ways in which this directed study will contribute to your program of studies.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. Describe how this Directed Study will be evaluated.

________________________________________________________________________

Signature of Student _____________________________

Approval of Directed Study Adviser _____________________________

Approval of Student’s Program Adviser _____________________________

Approval of Department Chair _____________________________

COMMENTS: __________________________________________________________

______ ) APPROVE  ( ) DISAPPROVE

Director of Graduate School _____________________________ Date ______

Revised 6/97

White Copy- Grad Office
Pink Copy- Student
Blue Copy- Program Advisor
Yellow Copy- Direct Study Advisor
Northeastern University
Bouvé College of Health Sciences
Department of Physical Therapy

Student – Informed Consent and Release for Physical Therapy Laboratory Classes

Name: ____________________________________________

Date: ____________________________________________

Consent to Participate

As a student in the Doctorate of Physical Therapy program, I hereby volunteer for and consent to the performance or practice upon me of any and all PT examination, tests, measurements and/or intervention techniques related to class content and as part of my learning experience.

I understand that there are risks of personal injury associated with these tests, measurements, and/or interventions, and I have agreed to assume the risks involved.

I understand that these tests, measurements, and/or interventions are being performed for the sole purpose of demonstration and practice and that they are not intended to be diagnostic or therapeutic for me personally.

I understand that the persons providing and/or performing the tests, measurements, and/or interventions will answer any inquiries I may have and that I am free to withdraw my consent and discontinue participation at any time.

I understand that my participation as a subject is voluntary and I understand that I am free to refuse/decline participation in this aspect of the lab or class without jeopardizing my outcome or grade in the class. I will notify the faculty/instructor of the class if for any reason I am unable to act in the capacity as a subject. This information will be held in confidence.

I understand that I may be required to execute additional consent forms for participation in certain individual courses.

I affirm that I have answered fully and accurately all questions about my health asked by the individuals conducting this class and that I have disclosed all information concerning my health that is relevant to my participation in this class.

I affirm that I have read, understand and agree to follow the safety policy and procedures for the lab as outlined in the class syllabus. I further understand that my instructors may update these policies verbally or in writing. Failure to follow these policies and/or any updates can/will result in my dismissal from the lab.

I hereby release Northeastern University, its faculty and students, employees, and agents from any and all liability, loss, or damage arising from or in any way connected with the tests, measurements, and/or interventions identified above.

I affirm that I have read this Consent and Release and understand its contents.

Sign to indicate consent: ___________________________
Consent to participate

As a student in the Doctorate of Physical Therapy program, I hereby volunteer for and consent to the performance or practice upon me of any and all PT examination, tests, measurements and/or intervention techniques related to this clinical content and as part of my learning experience of this class.

This class content includes examination, tests and interventions for the hip, knee, ankle, shoulder, elbow and wrist. It includes special tests, therapeutic exercise, joint mobilization and high velocity thrust manipulation techniques.

I understand that there are risks of personal injury associated with these tests, measurements, and/or interventions, and I have agreed to assume the risks involved.

I understand that these tests, measurements, and/or interventions are being performed for the sole purpose of demonstration and practice and that they are not intended to be diagnostic or therapeutic for me personally.

I understand that the persons providing and/or performing these tests, measurements, and/or interventions will answer any inquiries I may have and that I am free to withdraw my consent and discontinue participation at any time.

I understand that my participation as a subject is voluntary and I understand that I am free to refuse/decline participation in this aspect of the lab or class without jeopardizing my outcome or grade in the class. I will notify the faculty/instructor of the class if for any reason I am unable to act in the capacity as a subject. This information will be held in confidence.

I affirm that I have read, understood, and agree to follow the safety policy and procedures for the lab as outlined in the class syllabus. I furthermore understand that my instructors may update these policies verbally or in writing. Failure to follow these policies and/or any updates can/will result in my dismissal from the lab.

I hereby release Northeastern University, its faculty and students, employees, and agents from any and all liability, loss, or damage arising from or in any way connected with the tests, measurements, and/or interventions identified above.

I affirm that I have read this Consent and Release and understand its contents.

Sign to indicate consent:
Northeastern University
Boston College of Health Sciences
Department of Physical Therapy

Student- Informed Consent and Release for Musculoskeletal Management I IPT 6224 and PT 6223

Name: ____________________________________________________________

Date: _____________________________________________________________________

Consent to participate

As a student in the Doctorate of Physical Therapy program, I hereby volunteer for and consent to the performance or practice upon me of any and all PT examination, tests, measurements and/or intervention techniques related to this class content and as part of my learning experience of this class.

This class content includes examination, tests and interventions for the cervical, thoracic, lumbar spine, sacroiliac region and temporomandibular joint. It includes special tests, therapeutic exercise, joint mobilization and high velocity thrust manipulation techniques.

I understand that there are risks of personal injury associated with these tests, measurements and/or interventions and I have agreed to assume the risks involved, and hereby agree that I am responsible for any resulting injury, whether serious or minor.

I understand that these tests, measurements and/or interventions are being performed for the sole purpose of demonstration and practice and that they are not intended to be diagnostic or therapeutic for me personally.

I recognize that the persons providing and/or performing the tests, measurements, and/or interventions will answer any inquiries I may have and that I am free to withdraw my consent and discontinue participation at any time.

I recognize that my participation as a subject is voluntary and I understand that I am free to refuse/decline participation in this aspect of the lab or class without jeopardizing my outcome or grade in the class. I will notify the faculty/instructor of the class if for any reason I am unable to act in the capacity as a subject. This information will be held in confidence.

I affirm that I have answered fully and accurately all questions about my health asked by the individuals conducting this class and that I have disclosed all information concerning my health that is relevant to my participation in this class.

I have read, understand and agree to follow the safety policy and procedures for the lab as outlined in the class syllabus. I furthermore understand that these policies may be updated verbally or in writing by my instructors. Failure to follow these policies and/or any updates can/will result in my dismissal from the lab.

I hereby release Northeastern University, its faculty and students, employees, and agents from any and all liability, loss, or damage arising from or in any way connected with the tests, measurements, and/or interventions identified above.

I have read this Consent and Release and understand its contents.

Sign to indicate consent: ____________________________________________

Consent to be videotaped or photographed (not certain if you want to include the videotaping)

I grant permission to the faculty of the Department of Physical Therapy to videotape or photograph me during classes in which I am participating as a student... I realize that my images will be used for research or educational purposes only.

Sign to indicate consent: ____________________________________________
Patient Information Release from

I, __________________________, release information regarding my medical record to
___________________________, a student in the DPT program at Northeastern University.

I understand the information will follow HIPAA guidelines and maintain confidentiality of my information. This
information will only be used for a case discussion in the Differential Diagnosis class.

___________________________  __________________________
Signature                        Date

I, __________________________, a student in the DPT program at Northeastern University, will follow
all HIPAA and confidentiality guidelines regarding this patient's medical information. The information will only be used
for educational purposes in the Differential Diagnosis class.

___________________________  __________________________
Signature                        Date
CONFIDENTIALITY AGREEMENT

Northeastern University's Department of Physical Therapy may invite individual consumer consultants to participate as lab assistants and/or guest lecturers in PT _______ from time to time. The consultants may discuss sensitive matters that may be covered by privacy statutes such as HIPAA and/or University policy. As part of PT_______, there may be occasions in which you will have access to such confidential personal information, and/or become aware of certain confidential and sensitive matters. Information to which you have access in the course of your work in this class must be treated with the utmost confidentiality and not be shared with others. Individuals who may share personal information will be entrusting you with that information, and expect your sensitivity to this confidentiality. However, it is crucial that you be reminded as to the nature and scope of this confidentiality.

You must not discuss any confidential information received in or as part of this class. Transmittal of confidential information could adversely affect the University, its students, the credibility of this department and your studies.

Therefore, in consideration of my enrollment in PT__________, I agree:

1. Both during and after my enrollment in PT_______, I will hold the confidential information received therein in trust and confidence, and will not use or disclose it, directly or indirectly, except as may be necessary in the performance of my studies in PT_______ I understand that my disclosure of this information could be damaging to Northeastern and third parties.

2. I will not remove materials containing confidential information from the Department of Physical Therapy.

3. I will not engage in any conversation with anyone outside the Department of Physical Therapy (PT_______) about any confidential matters being presented in this class.

   I understand that I am bound by this Agreement both during and after the completion of my enrollment at Northeastern University

   (Signature)          (Date)

________________________________________________________________________
________________________________________________________________________

STUDENT NAME [Please Print]
HUMAN ANATOMY LABORATORY PARTICIPATION

AGREEMENT AND RELEASE OF LIABILITY

PARTICIPANT'S NAME: ____________________________ AGE: ________

Last    First    MI

STREET ADDRESS: ____________________________________________

CITY: ____________________________ STATE: ________ ZIP: ________

DATE(s) OF ACTIVITY:

1. Risks/Safety: I acknowledge and agree that Northeastern University has advised me that no tests or procedures, except for embalming, have been performed to determine the existence of, or to neutralize, eliminate, or destroy any pathogenic, carcinogenic, teratogenic, caustic, toxic, or other hazardous or dangerous substances in any human cadavers or cadaver parts provided to me by the Northeastern University. I am in full recognition of, understand, and voluntarily accept any and all potential risks and hazards inherent in the handling and use of embalmed human cadavers and cadaver parts, including but not limited to the exposure to formaldehyde containing embalming solution.

2. Policy and Procedures: I have read, understand, and agree to follow the safety policy and procedures for the human cadaver lab as outlined in the cadaver lab policies. I furthermore understand that these policies may be updated verbally or in writing by my instructors. Failure to follow these policies and/or any updates can/will result in my dismissal from the lab.

3. Release of Liability: I assume for myself and all those who may come in contact with such human cadavers or cadaver parts in the course of my use of them, all risk associated with such use. I do, for myself, my heirs, assigns, and personal representatives release, defend, hold harmless, and indemnify Northeastern University and its trustees, officers, agents, faculty and employees, from and against any and all claims, damages, and actions or causes of action of any nature or kind by me or any other person or entity arising out of or resulting from my handling and use of human cadavers and/or cadaver parts from Northeastern University.

4. Fitness to Participate: I hereby represent that I am physically and mentally able to participate in the cadaveric viewing and/or dissection and have no health concerns, including but not limited to latex allergies, respiratory ailments, chemical sensitivity or pregnancy, that would present a risk to me in participating in this activity or being in contact with anatomically embalmed cadavers.

5. Emergency Medical Treatment: I understand and agree that medical personnel is not available at the location of the activity. I understand and agree that in the event emergency medical treatment becomes necessary, I consent to and grant permission for my transport to medical treatment and authorize, consent, and grant permission for emergency medical treatment. Such actions, if any, action shall be subject to terms of the release in paragraph 3 above. I understand and agree that the Releases assume no responsibility for any injury or damage which might arise out of, or in connection with such authorized emergency medical treatment and shall not be held responsible for nor shall I seek to hold them responsible for the same.
6. Treatment of Cadavers:
   a. I recognize and will respect the dignity and privacy owed to the human cadaver, and agree to treat the
      human cadaver parts with due respect consistent with the educational, research, or therapeutic uses
      made of them, including, but not limited to, maintaining the confidentiality of the cadaver's identity.
   b. Photographs of a body or any of its parts are not to be made for any reason without the express
      WRITTEN CONSENT of the Physical Therapy Department or the responsible person (Dr. Day) designated
      by the institution.
   c. No action is to be made, public or private, that in any way will demean the human body. Conversational
      improprieties and any other manner of unprofessional or unethical conduct are strictly prohibited.

7. Access to Cadavers: While authorized students or others approved by the department or by the responsible
   person of an institution, have access to locations for body usage, such individuals do not have the authority in
   turn to grant admission or visitation privileges for guests not approved by the responsible person designated by
   the institution in advance. Only persons having legitimate purposes shall be granted admission or the privilege
   for usage.

I, the undersigned, understand that this is a legally-binding release of Northeastern University and understand and
agree to all the above statements. I acknowledge that I have carefully read this agreement and fully understand its
contents and my signature below is voluntary.

Print Name: ___________________ Participant Signature: ___________________ Date: _______
NORTHEASTERN UNIVERSITY
BOSTON, MASSACHUSETTS

INCOMPLETE GRADE: CLEARANCE PLAN

See back of form for procedures for clearing incomplete grades.

<table>
<thead>
<tr>
<th>Student</th>
<th>Course</th>
<th>Address</th>
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</thead>
<tbody>
<tr>
<td>Name (please print)</td>
<td>Course No. and Name</td>
<td>Instructor</td>
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<td>Year</td>
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<td>Division</td>
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<tr>
<td>Major</td>
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</tbody>
</table>

Reason for Incomplete Grade:

Plan: Please indicate method agreed upon with instructor for clearing incomplete grade.

Date_____________________
Student’s Signature_____________________

Instructor’s Signature_____________________

Received in Dean’s Office by: ______________________

DISTRIBUTION: WHITE: DEAN
BLUE: STUDENT
YELLOW: INSTRUCTOR

(over)
PROCEDURES FOR CLEARANCE OF "I" GRADES

BASIC COLLEGES

The University's official policy since 1969 has been:

The period for clearing an "I" grade is restricted to one calendar year from the date it is first recorded on a student's permanent record. (See, for example, the 1978-79 Student Handbook, page 26.)

Effective February 1, 1978, students will have available a new form, in triplicate, on which the precise arrangement for clearing an incomplete (I or X) grade can be specified and signed by the student and instructor.

To Clear an "I" Grade, a Student Should:
1. Obtain the form in Dean's Office.
2. Make an appointment with the instructor to arrange for clearing the "I" grade.
3. Complete the form, sign the agreement, and obtain the signature of the instructor.
4. Leave a copy with the instructor and take one to the Dean's office. Retain a copy as a personal receipt.
5. Exceptions to the one-year statutory limit must be approved by the Academic Standing Committee of the appropriate college. It is the student's responsibility to initiate such exceptions. A worthwhile reason for the delay should be offered, and support from the instructor and/or the respective department should be obtained.

Note: The Registrar's office had been instructed not to process any change of "I" grades beyond the one-year statutory limit unless directed by the Academic Standing Committee.

6. Update of Policy
   The period for clearing an "I" grade is restricted to one calendar year from the date it is first recorded on the student's permanent record. For the student's protection, the precise arrangements for the clearance of an "I" grade are specified on a form available from the Dean's office of the student's college. This form, in triplicate, is signed by the instructor and the student; one copy is retained by the student, one is left with the instructor, and one is filed with the Dean of the student's college. With the adoption of the new form, it is no longer necessary for faculty members to take the initiative in filing an "I Grade Report Form" for each incomplete given. The new form contains essentially the same information.

Any student who wishes to clear an "I" grade received more than one year prior to the fall quarter 1979 may petition the Academic Standing Committee of the student's college. The Registrar has been directed to make no exceptions to the one-year statutory limit except on the instructions of the Academic Standing Committee.

Commencing with grades given in the fall quarter of 1979, it is University policy that "I" grades outstanding for twelve or more months will remain permanently and irreversibly as an "I" grade on all records.**

*Reaffirmed by the Faculty Senate, October 17, 1977.
**Approved by the Faculty Senate, June 9, 1979.
Students who have failed to meet the established progression policies (or who have other circumstances warranting review) may appear before this committee if they wish to be considered for exceptions to the established progression policies based on extenuating circumstances affecting their academic performance. **Instructions:** Complete all sections of this form and include any supplemental information with this application (e.g., faculty or employer letters of recommendation). Your complete application for appeal must be received by your advisor by Wednesday, August 29 at noon to be considered.

1. Name:
2. Phone Number:
3. Local Address:
4. Status in the DPT program:
   a. Preprofessional Phase: ☐ Year 1 ☐ Year 2
   b. Professional Phase: ☐ Year 1 ☐ Year 2 ☐ Year 3
5. Current GPA:
6. List any failed courses – preprofessional/professional course work

<table>
<thead>
<tr>
<th>Course #/Name</th>
<th>Semester/Year</th>
<th>Grade</th>
<th>Repeated?</th>
<th>When repeated?</th>
<th>Repeated grade?</th>
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<td></td>
<td></td>
<td>Yes</td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

7. Have you appeared before the Committee before? ☐ Yes ☐ No If yes, please explain.

8. Describe which progression policy that you violated (refer to the progression standards in the Bouvé Undergraduate Manual given to you on admission).
9. Which of the following steps (if any) did you take to remediate your exam/course deficiency?
   - Received email/FACT warning from instructor ☐ or academic advisor ☐
   - Met with instructor ☐ academic advisor ☐ tutor ☐
   - Obtained other counseling/guidance ☐

10. In order to provide the ASC with additional information that may have contributed to your poor academic performance, please answer the following questions.
    a. Are you currently working? ☐ Yes ( __ hrs/week) ☐ No
    b. How many hours per week do you study? ☐ Yes ☐ No
    c. Do you belong to a study group or do you routinely study with others? ☐ Yes ☐ No
    d. Are there any distractions which disrupt your concentration and make it difficult for you to study and focus? ☐ Yes (explain in Q#9) ☐ No
    e. Do you belong to any professional organizations, sororities, fraternities, or athletic teams?
       i. If yes, state them:
       ii. What is your time commitment to these organizations?
       iii. Do you have a leadership role in any of these organizations? ☐ Yes ☐ No

11. Please describe any additional extenuating circumstances (i.e. living situations, medical problems, family issues, etc.) that you feel may have contributed to your poor academic performance.

12. Briefly explain why you are coming before the Academic Standing Committee today. In other words, what are you requesting?

13. Given your current academic deficiency, please provide the Committee members with your specific plan to rectify the deficiency.
### Post Baccalaureate DPT Curriculum ~ effective for Class of 2017 [ent Sp 2014]

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Fall</th>
<th>Spring</th>
<th>Summer A</th>
<th>Summer B</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td>PT 5101 Foundations of PT</td>
<td>3</td>
<td>PT 5140 Pathology</td>
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<td>PT 5102 Foundations of PT Lab</td>
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<td>PT 5141 Recitation/Pathology</td>
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<td>HLTH 5450 Research</td>
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<td>PT 5138 Neuroscience</td>
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<td>HLTH 5451 Research Rec.</td>
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<td>PT 5133 Kinesiology</td>
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<td>PT 5160 Psychosocial Aspect of PT</td>
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<td>PT 5145 Intro to Healthcare Systems</td>
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<th>Spring</th>
<th>Summer A</th>
<th>Summer B</th>
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<td>PT 5150 Motor Control/Development</td>
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<td>PT 6243 Health Assessment</td>
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<td>PT 5151 Motor Control/Dev. Lab</td>
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<td>PT 6244 Health Assessment Rec</td>
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<td>PT 5540 Clinical Integration 1</td>
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<td>PT5111 Professional Development for Co-op</td>
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<td><strong>Summer A</strong> PT 6964 Co-op Work Experience cont (8wks)</td>
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<td>PT6231-6237 Adv. topics elective</td>
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<td>PT 6221 Neurological Rehab II</td>
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<td>PT 6441 Clinical Education 1 (8 weeks)</td>
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<td>PT 5230 Pedi/Geriatrics Lifespan</td>
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<td>PT 6442 Clinical Education II- 14 wks</td>
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<td>PT 6251 Diagnostic Imaging: online</td>
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<td>PT 6443 Clinical Education III - 14 wks</td>
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Please note: This co-operative education experience must be in Physical Therapy

Subject to Change
## Proposed Advanced Standing Post Baccalaureate DPT Curriculum Plan (for Athletic Trainers) *subject to revision*

### Year 1

<table>
<thead>
<tr>
<th>Fall</th>
<th>Spring</th>
<th>SUMMER A</th>
<th>&amp;</th>
<th>SUMMER B</th>
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<td>PTH G139 Neuroscience Lab</td>
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### Year II

<table>
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<th>Fall</th>
<th>Spring</th>
<th>Summer A</th>
<th>SUMMER B</th>
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<tr>
<td>PTH G203 Cardiovascular &amp; Pulm Mgmt</td>
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<td>Coop (X 2 mo)</td>
<td>G208 Integumentary Lab</td>
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### Year III

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<tr>
<td>PTH G209 Neurological Management I</td>
<td>PTH G221 Neurological Management II</td>
<td>PTH G441 Clinical Education 1 (8 weeks)</td>
<td>PTH G231-237 PT Advanced</td>
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<td>PTH G210 Neurological Mgmt I Lab</td>
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<td>PTH G441 Clinical Education 1 (8 weeks)</td>
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<td>PTH G215 Assistive Technology</td>
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<td>PTH G240 Differential Diagnosis</td>
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<td>PTH G216 Assistive Technology Lab</td>
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<td>PTHG271 PT Business Mgmt</td>
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<td>PTH G227 PT Project I</td>
<td>PTH G226 PT Professional Seminar II</td>
<td>PTH G441 Clinical Education 1 (8 weeks)</td>
<td>*NB: current curriculum has 2 electives; scheduled for PTD faculty vote to ↓ to 1</td>
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### Year IV

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<td>PTH G443 Clinical Education III (12 wks)</td>
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Initial Draft 2/11/09; Revised 2/13/09

Credit Total: 87-100
Pending Student qualifications
### Post Baccalaureate DPT Curriculum Plan: W/ Early Intervention

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**Subject to Change**
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**Please note**: This co-operative education experience must be in Physical Therapy.
Please use the link below to access the Guide to Professional Development

Please use the above document as general guide FYI and note that the revised edition will be made provided as soon it becomes available
<table>
<thead>
<tr>
<th>Core Values</th>
<th>Definition</th>
<th>Sample Indicators</th>
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<tbody>
<tr>
<td>Accountability</td>
<td>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.</td>
<td>1. Responding to patient/client's goals and needs.</td>
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<tr>
<td></td>
<td></td>
<td>2. Seeking and responding to feedback from multiple sources.</td>
</tr>
<tr>
<td></td>
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<td>3. Acknowledging and accepting consequences of his/her actions.</td>
</tr>
<tr>
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<td>4. Assuming responsibility for learning and change.</td>
</tr>
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<td>5. Adhering to code of ethics, standards of practice, and policies/procedures that govern the conduct of professional activities.</td>
</tr>
<tr>
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<td>6. Communicating accurately to others (payers, patients/clients, other health care providers) about professional actions.</td>
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<td>7. Participating in the achievement of health goals of patients/clients and society.</td>
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<td>8. Seeking continuous improvement in quality of care.</td>
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<td>9. Maintaining membership in APTA and other organizations.</td>
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<td>10. Educating students in a manner that facilitates the pursuit of learning.</td>
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<tr>
<td>Altruism</td>
<td>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.</td>
<td>1. Placing patient/client's needs above the physical therapists.</td>
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<td></td>
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<td>2. Providing pro-bono services.</td>
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<td>3. Providing physical therapy services to underserved and underrepresented populations.</td>
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<td>4. Providing patient/client services that go beyond expected standards of practice.</td>
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<td>5. Completing patient/client care and professional responsibility prior to personal needs.</td>
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<tr>
<td>Compassion/Caring</td>
<td>Compassion is the desire to identify with or sense something of another's</td>
<td>1. Understanding the socio-cultural, economic, and psychological influences on the individual's life in their environment.</td>
</tr>
<tr>
<td>Core Values</td>
<td>Definition</td>
<td>Sample Indicators</td>
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<tr>
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</tr>
<tr>
<td><strong>Caring</strong></td>
<td>experience; a precursor of caring. Caring is the concern, empathy, and consideration for the needs and values of others.</td>
<td>2. Understanding an individual's perspective. 3. Being an advocate for patient's/client's needs. 4. Communicating effectively, both verbally and non-verbally, with others taking into consideration individual differences in learning styles, language, and cognitive abilities, etc. 5. Designing patient/client programs/ Interventions that are congruent with patient/client needs. 6. Empowering patients/clients to achieve the highest level of function possible and to exercise self-determination in their care. 7. Focusing on achieving the greatest well-being and the highest potential for a patient/client. 8. Recognizing and refraining from acting on one's social, cultural, gender, and sexual biases. 9. Embracing the patient's/client's emotional and psychological aspects of care. 10. Attending to the patient's/client's personal needs and comforts. 11. Demonstrating respect for others and considers others as unique and of value.</td>
</tr>
<tr>
<td><strong>Excellence</strong></td>
<td>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.</td>
<td>1. Demonstrating investment in the profession of physical therapy. 2. Internalizing the importance of using multiple sources of evidence to support professional practice and decisions. 3. Participating in integrative and collaborative practice to promote high quality health and educational outcomes. 4. Conveying intellectual humility in professional and interpersonal situations. 5. Demonstrating high levels of knowledge and skill in all aspects of the profession. 6. Using evidence consistently to support professional decisions. 7. Demonstrating a tolerance for ambiguity. 8. Pursuing new evidence to expand knowledge.</td>
</tr>
<tr>
<td>Core Values</td>
<td>Definition</td>
<td>Sample Indicators</td>
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<tr>
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</tr>
<tr>
<td>Integrity</td>
<td>Integrity is 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.</td>
<td>9. Engaging in acquisition of new knowledge throughout one’s professional career.</td>
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<td></td>
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<td>10. Sharing one’s knowledge with others.</td>
</tr>
<tr>
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<td></td>
<td>11. Contributing to the development and shaping of excellence in all professional roles.</td>
</tr>
<tr>
<td>Professional Duty</td>
<td>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.</td>
<td>1. Demonstrating beneficence by providing “optimal care”.</td>
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<td></td>
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<td>2. Facilitating each individual’s achievement of goals for function, health, and wellness.</td>
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<td>3. Preserving the safety, security and confidentiality of individuals in all professional contexts.</td>
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<td>4. Involved in professional activities beyond the practice setting.</td>
</tr>
<tr>
<td>Core Values</td>
<td>Definition</td>
<td>Sample Indicators</td>
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<tr>
<td>---------------------</td>
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<tr>
<td>Social Responsibility</td>
<td>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.</td>
<td>1. Advocating for the health and wellness needs of society including access to health care and physical therapy services.</td>
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<td>2. Promoting cultural competence within the profession and the larger public.</td>
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<td>3. Promoting social policy that effect function, health, and wellness needs of patients/clients.</td>
</tr>
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<td>4. Ensuring that existing social policy is in the best interest of the patient/client.</td>
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<td>5. Advocating for changes in laws, regulations, standards, and guidelines that affect physical therapist service provision.</td>
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<td>6. Promoting community volunteerism.</td>
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<td>7. Participating in political activism.</td>
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<td>8. Participating in achievement of societal health goals.</td>
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<td>9. Understanding of current community wide, nationwide and worldwide issues and how they impact society's health and well-being and the delivery of physical therapy.</td>
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<td>10. Providing leadership in the community.</td>
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<td>11. Participating in collaborative relationships with other health practitioners and the public at large.</td>
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<td>12. Ensuring the blending of social justice and economic efficiency of services.</td>
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Code of Ethics for the Physical Therapist

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

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

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

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

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

Principles

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

(Core Values: Compassion, Integrity)

1A. Physical therapists shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.

1B. Physical therapists shall recognize their personal biases and shall not discriminate against others in physical therapist practice, consultation, education, research, and administration.

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

(Core Values: Altruism, Compassion, Professional Duty)

2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients/clients over the interests of the physical therapist.

2B. Physical therapists shall provide physical therapy services with compassion and caring behaviors that incorporate the individual and cultural differences of patients/clients.

2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapy care or participation in clinical research.

2D. Physical therapists shall collaborate with patients/clients to empower them in decisions about their health care.

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

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

(Core Values: Excellence, Integrity)

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

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

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

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

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

Physical therapy students must be able to perform, with or without reasonable accommodations, each of these essential functions in order to fully participate in our program and successfully complete the requirements for the DPT.

Cognitive Functions
1. Comprehend, integrate and analyze complex information from the liberal arts, basic sciences, mathematics, psychological and clinical sciences and apply this information to professional course work.
2. Comprehend, integrate, analyze and apply information from written materials, demonstrations, lectures, class discussions, laboratory practice sessions, and real and simulated patients.
3. Effectively utilize information obtained from classroom, laboratory and experiential learning, and written materials to create interventions for real and simulated patients.
4. Access, critique and analyze information from the professional literature, clinical experience and patient preferences to provide evidence-based interventions.
5. Educate others including but not limited to: patients, students, colleagues, peers, the general public/community groups and other health professionals in a variety of venues using appropriate teaching and learning methods.
6. Determine the physical therapy needs of any patient with movement dysfunction.
7. Properly document physical therapy assessment, plan of care and produce any other documents necessary for any patient receiving physical therapy services.
8. Demonstrate management skills including strategic planning, organizing, supervising, delegating, managing resources, and adhering to legal/regulatory requirements.
9. Evaluate patient or community needs and create programs of prevention and health promotion in a variety of client populations and settings.
10. Advocate for patients and member of the community to improve access to health care and health outcomes.
11. Analyze the impact and influence of lifestyle, socioeconomic class, culture, beliefs, race, and abilities of patients and colleagues to develop appropriate and effective interventions.
12. Identify and analyze factors which affect the overall health of society, its healthcare policies, access, delivery and quality.
13. Assess environmental and personal factors that serve as facilitators or barriers to full community participation based on patient’s goals.
14. Screen for psychosocial factors that affect patient function such as substance abuse, domestic violence and psychiatric conditions, and provide appropriate interventions.
15. Provide interventions for patients/clients and the community at large that is culturally appropriate and respectful of their preferences.

Affective and Communication Functions
1. Establish professional, respectful, empathic relationships with individuals from a variety of lifestyles, cultures, ages, socioeconomic backgrounds and abilities, based on mutual trust.
2. Develop and maintain effective working relationships with professional colleagues, peers, patients/clients, families, and the general public.
3. Work effectively as part of an interdisciplinary team.
4. Effectively communicate with patients, families, colleagues and others by providing information that is appropriate for their culture, level of knowledge, and health literacy.
5. Identify the psychosocial impact of movement dysfunction and disability on the client and family; integrate these needs into all patient intervention or personal interactions.
6. Meet externally imposed deadlines and time requirements.
7. Effectively and consistently manage personal stress and the stress of others.
8. Effectively attend to people, information, and tasks in a complex, highly stimulating environment.
9. Practice in a safe, ethical, and legal manner, following guidelines as established by federal, state, and local law, the University, clinical facilities, the APTA, and related professional organizations.
11. Accept responsibility for the consequences of one’s own actions.
12. Respond to medical crisis and emergencies in a calm, safe, and professional manner.
13. Speak and write effectively in English to convey information to other individuals and groups.
14. Understand and interpret the verbal, non-verbal, and written communications of others and respond in an appropriate, professional manner.
15. Place the needs of the patient before the needs of the therapist.

**Psychomotor Functions**

1. Safely, reliably, and efficiently perform appropriate physical therapy procedures to examine the functional skills and abilities of patients with motor dysfunction across the lifespan consistent with currently established best practices.
2. Safely, reliably, and efficiently perform physical therapy interventions consistent with currently established best practices for patients across the lifespan.
3. Effectively and consistently practice standard precautions.
4. Effectively perform CPR and emergency first aid.
5. Read instructions, manipulate and operate physical therapy equipment and monitoring devices.
6. Demonstrate appropriate body mechanics and react safely and appropriately to sudden or unexpected movements of patients.
7. Demonstrate the ability to work in an environment that requires physical activity and mobility in a way that does not compromise patient or therapist safety.

Revised August, 2011
PHYSICAL THERAPY DEPARTMENT

COOPERATIVE EDUCATION PROGRAM

CO-OP COMPETENCIES

Within the Commonwealth of Massachusetts, based on State Regulation, the services performed by the cooperative education student during the work experience are commensurate with their level of education and training and must be performed under the direct supervision of a physical therapist. Direct supervision is defined as a process by which a supervisor is on the premises and available to provide supervision in the form of aid, direction, and instruction when procedures or activities are performed.


Pre-professional Program Co-op:

PT Co-op Students should be able to:

1. Participate as part of an interprofessional healthcare team.
2. Distinguish and describe the roles of physical therapists and other members of the health care team.
3. Demonstrate appropriate professional behaviors and clinical skills commensurate with educational level of student with all members of the health care team.
4. Take vital signs and respond appropriately to findings.
5. Demonstrate proficiency in the performance of active, passive, isometric, and strengthening exercises under the direction and supervision of a licensed physical therapist
6. Describe the possible complications of bedrest and understand the implications
7. Perform safe transfers and demonstrate correct body mechanics with all activities.
8. Define and use appropriate medical terminology during all professional communications, document patient treatments as allowed by the state practice acts or as designated by third party payers.
9. Measure patients for an assistive ambulation device and demonstrate skill in ambulation instruction.
10. Adhere to the regulations regarding infection control and the OSHA regulations to minimize exposure to blood borne pathogens.
11. Describe safety procedures needed when working with patients with cognitive, sensory, perceptual deficits and orthopedic precautions.
12. Recognize ethical issues and situations that require the student to problem solve and respond appropriately by informing the direct supervisor at the site. If this report does not result in appropriate action, the student must report the situation to the NU Co-op Coordinator.
13. Understand patient's rights and advanced directives
14. Adhere to HIPPA regulations.
15. Respect individual and cultural differences
16. Perform basic soft tissue mobilization techniques.
17. Safely use the following modalities: Ultrasound, Electrical Stimulation, Biofeedback, Hydrotherapy, Hydrocollator Packs, and Cryotherapy.
Professional Program Co-op:

The items with bolded numbers are expansions of skills from the pre-professional co-op.

1. Participate as a member of the interprofessional health care team based on state and regulatory practice acts.
2. Distinguish and describe the roles of physical therapists and other members of the health care team.
3. Demonstrate appropriate professional behaviors, communication and clinical skills commensurate with educational level of student with all members of the health care team.
4. Synthesize information regarding health status and respond appropriately.
5. Demonstrate proficiency in the performance of active, passive, isometric, and strengthening exercises under the direction and supervision of a licensed physical therapist
6. Identify the possible complications of bedrest and demonstrate appropriate techniques for prevention and intervention.
7. Perform safe transfers and demonstrate correct body mechanics with all activities.
8. Define and use appropriate medical terminology during verbal and written communication, and document patient treatments in the Guide to Physical Therapist Practice Format as allowed by the state practice acts and the third party payers.
9. Measure patients for an assistive ambulation device and demonstrate skill in ambulation instruction.
10. Demonstrate appropriate knowledge of infection control techniques and adhere to OSHA regulations to minimize exposure to blood borne
11. Utilize appropriate safety procedures needed when working with patients with cognitive, sensory, perceptual deficits and orthopedic precautions and adapt interactions
12. Recognize ethical issues and situations that require the student to problem solve and respond appropriately by informing the direct supervisor at the site. If this report does not result in appropriate action, the student must report the situation to the NU Co-op Coordinator.
14. Adhere to HIPPA regulations
15. Interact with patients in a manner that identifies and respects individual and cultural differences
16. Perform basic soft tissue mobilization techniques.
17. Safely use the following modalities: Ultrasound, Electrical Stimulation, Biofeedback, Hydrotherapy, Hydrocollator Packs, and Cryotherapy.
Department of Physical Therapy

Date: March 25, 2013
To: Bouvé Faculty, Staff and Students
Re: Physical Therapist Student Terminology

The Physical Therapy Department has decided to adopt the following academic terminology to be used when referring to students within our program. Adoption of this terminology will provide alignment with the terminology used by the Accreditation Council for Physical Therapy Education and most professional organizations/associations and other U.S. colleges/schools of Physical Therapy.

<table>
<thead>
<tr>
<th>Northeastern University Terminology</th>
<th>Physical Therapy Terminology</th>
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<tr>
<td>First Year Student / Freshman</td>
<td>First Year Student / Freshman</td>
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<tr>
<td>Second Year Student / Sophomore</td>
<td>Second Year Student / Sophomore</td>
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<tr>
<td>Third Year Student</td>
<td>Professional Year 1 – PY1 Student</td>
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<tr>
<td>Fourth Year Student</td>
<td>Professional Year 2 – PY2 Student</td>
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<tr>
<td>Fifth Year Student</td>
<td>Professional Year 3 – PY3 Student</td>
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<tr>
<td>Sixth Year Student</td>
<td>Professional Year 4 – PY4 Student</td>
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While Northeastern University may refer to the students by year (i.e., third-year, fourth-year, etc.), we strongly encourage students to refer to themselves using the respective professional year (PY1, PY2, etc.) when interacting with individuals in other physical therapy programs and national organizations.

Northeastern University’s policy on academic terminology states “Avoid referring to current students using alumni construction of college designation and year of graduation” (e.g., PT’14). In addition, the Physical Therapy Department recommends that students use the following designation, ‘Physical Therapist Student’, as their title in signature lines on emails, presentations, or professional documents. You may, if you wish, denote your anticipated year of graduation, but it is not necessary to do so until you are close to graduation and seeking employment or post-graduate residencies/fellowships or graduate school. Students who have earned the Bachelor of Science in Rehabilitation Studies degree (conferred at the end of the PY3 year for undergraduates), may use ‘BS’ (preferred), ‘BS in Rehabilitation Science’ or ‘Bachelor of Science in Rehabilitation Science’, but must not refer to the degree as ‘BS PT’, ‘BPT’ or ‘BS in Physical Therapy’.

In accordance with the university’s policy and the Department of Physical Therapy’s recommendations, the following terminology should not be used:
- DPT Candidate
- DPT Candidate, Class of 2014
- Doctor of Physical Therapy Candidate
- DPT ‘14
- DPT Candidate ‘14
- PT ‘14

Accepted terminology to be used by students, faculty and staff when referring to students:
- Physical Therapist Student (always appropriate)
- SPT