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~ Welcome ~

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. 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 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 our signature co-operative education program. Didactic and clinical studies are further enriched by opportunities to take advantage of several service learning experiences as well as global prospects that have taken students to China, Ecuador, Mexico, South Africa and Switzerland. Collaborative research with PT faculty across the various practice areas of the profession helps to round out our curriculum.

As a graduate of the Doctor of Physical Therapy program 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, staff and students of the Department of Physical Therapy, Movement & Rehabilitation Sciences, I extend a warm and sincere WELCOME!

I along with Dr. Diane Fitzpatrick look forward to working with you, throughout this new and exciting academic process.

Sincerely,

Sonya L. Larrieux, PhD, MA, PT, C/NDT
Associate Clinical Professor
Director, DPT Graduate Affairs

Diane Fitzpatrick, PT, DPT, MS, GSC, CEEAA
Clinical Professor
Associate Director, DPT Graduate Affairs
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 Catalog and is available online via the link below:

- [http://catalog.northeastern.edu/graduate/](http://catalog.northeastern.edu/graduate/) for the most recent catalogue

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” located at: [http://www.northeastern.edu/bouve/pdf/grad-handbook.pdf](http://www.northeastern.edu/bouve/pdf/grad-handbook.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 aforementioned resources as well as any other pertinent PT department manual 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.
Missions, Visions & Core Values

Northeastern University

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 College 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.

Department of Physical Therapy, Movement & Rehabilitation Sciences - Mission Statement
The Department of Physical Therapy, Movement and Rehabilitation Sciences’ mission is to impact the health and wellbeing of the global community by developing leaders in physical therapy, movement, and rehabilitation sciences through interprofessional experiential education, translational research and excellence in clinical practice.

DPT Goals and Student 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.
The Curriculum ~
The PB - DPT program at NU is a full time 3-year 4 month curriculum which is composed of:
► 5 full & 2 half summer semesters of didactic courses
► 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 standard post-baccalaureate curriculum, there are two optional concentrations
within the DPT curriculum – the Early Intervention; the Sports, Strength & Conditioning
concentrations.

The Early Intervention (EI) concentration program is offered in conjunction with the
Department of Applied Psychology. Satisfactory completion of this concentration provides
physical therapy students with the requirements for provisional certification with advanced
standing as an early intervention specialist in Massachusetts. 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 and their families. Whereas the
training attained via this concentration is applicable to any state, the provisional certification as
an EI specialist is for the state of MA only. The EI curriculum includes an additional four (4)
didactic courses dispersed throughout the standard PB-DPT curriculum relative to Early
Intervention (EI). 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 examination 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.

Academic Advising
Academic advising for all DPT students is conducted through the Bouvé Office of Student
Services located in 120 Behrakis Health Sciences Center. The advisor for PB-DPT students is
Mr. José Ivan Roman ~ j.roman@northeastern.edu

The role of the advisor is to assist the student in understanding the program requirements,
curriculum, and university and college policies and procedures. The advisor will encourage and
guide the student as they define and develop academic goals. 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 regarding issues related to: program scheduling, registration,
  progression, difficulties in a course, etc. Your advisor will have walk-in hours and
  appointment blocks available for you. You can view the advisor’s availability through
the Advisor Calendar tool in your myNEU portal. You can find instructions on how to do so here: [http://www.northeastern.edu/bouve/undergraduate/tools-resources/#myneu](http://www.northeastern.edu/bouve/undergraduate/tools-resources/#myneu).

Petitions are initiated as needed by the advisor for a variety of issues such as, but not limited to Leave of Absence, Directed Study, Academic Probation/ Contract Plan, and 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 an electronic file and notes system through the Office of Student Services.

**Special Department Events**

- **PB-DPT Orientation Breakfast** - this program is held prior to the start of the initial semester of matriculation. 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.

- **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”**

**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 **“The Essential Functions of Northeastern Physical Therapy Students”** as well as the **“Code of Ethics for Physical Therapist”** the **“Physical Therapy Core Values”** and the **DPT Professional Standards.** (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. The most current edition of each of these documents are available online via these hyperlinks:

[http://www.northeastern.edu/registrar/catgraddir.html](http://www.northeastern.edu/registrar/catgraddir.html)

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 also available in the appendix of this Handbook.

Directed Study Courses
A student may not repeat or remediate a failed class through a directed study. Students who do not satisfactorily complete a course in program, are required to repeat the same professional course the next time the course is offered. Directed studies cannot replace a professional course or professional lab course. A student may enroll in a directed study only for purposes of furthering their learning on a specific content area, or as additional supplemental instruction as deemed appropriate by the faculty member and the Department of Physical Therapy, Movement and Rehabilitation Sciences’ chairperson.

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>GPA</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>4.000</td>
<td>Performance in the course has been of very high graduate caliber.</td>
</tr>
<tr>
<td>A-</td>
<td>3.667</td>
<td>Performance in the course</td>
</tr>
<tr>
<td>B+</td>
<td>3.333</td>
<td>Performance in the course</td>
</tr>
<tr>
<td>B</td>
<td>3.000</td>
<td>Performance in the course has been of satisfactory graduate level.</td>
</tr>
<tr>
<td>B-</td>
<td>2.667</td>
<td>Performance in the course is below the level expected for graduate work.</td>
</tr>
<tr>
<td>C+</td>
<td>2.333</td>
<td>Performance in the course is of minimal accepted caliber</td>
</tr>
<tr>
<td>C</td>
<td>2.000</td>
<td>Performance in the course is of minimal accepted caliber</td>
</tr>
<tr>
<td>F</td>
<td>0</td>
<td>Unsatisfactory for graduate work.</td>
</tr>
<tr>
<td>Code</td>
<td>Grade</td>
<td>Description</td>
</tr>
<tr>
<td>------</td>
<td>-------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>I</td>
<td>Incomplete</td>
<td>Coursework was not completed before the end of the semester. *</td>
</tr>
<tr>
<td>IP</td>
<td>In Progress</td>
<td>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</td>
<td>Course was taken for no credit.</td>
</tr>
<tr>
<td>S</td>
<td>Satisfactory</td>
<td>Satisfactory completion of work in thesis, research practicum or clinical practicum courses without quality designation.</td>
</tr>
<tr>
<td>U</td>
<td>Unsatisfactory</td>
<td>Failure to complete satisfactory work in thesis, research practicum, or clinical practicum courses.</td>
</tr>
<tr>
<td>W</td>
<td>Withdrawn</td>
<td>Withdrawal from the course between the beginning the fourth calendar week of the semester and the end of the eleventh calendar week of the semester.</td>
</tr>
</tbody>
</table>

*Incompletes 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.

Requirements

**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” which will be provided for all P-Y 3 students enrolled in PT5226 – PT Professional Seminar II.
**Degree Requirements:**
- The Doctor of Physical Therapy degree will be conferred only on students who have successfully completed all didactic, clinical education and co-operative education requirements of the PB-DPT curriculum or its equivalent.

**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 Progression and Probation Policy for Professional Phase of the DPT**

*Entrance into the Professional Phase of the Physical Therapy Program.*

Students may enter the professional phase of the DPT program in one of two ways:

1) Post Baccalaureate physical therapy students enter the professional phase of the DPT program starting with professional year 1.
   - Entrance into this program is outlined in the Post Baccalaureate DPT handbook through the graduate admissions process.

2) Undergraduate physical therapy students may enter the professional phase of the program after completing the following requirements by the end of the Summer 1 semester in year 2
   - Receiving the minimum passing grade for all professional prerequisites, AND
   - Satisfactorily completing all academic courses, AND
   - Obtaining an overall GPA of 3.000 or higher, AND
   - Obtaining a science pre-requisite GPA of 3.000 or higher, AND
   - Completing a minor or its equivalent.

*The requirements are intended to provide students with a robust foundation in the humanities, social sciences, and natural sciences that is required for successful completion of the Doctoral Program in Physical Therapy.*

* Undergraduate Students who do not meet the aforementioned academic standard requirements to enter the professional phase in the required timeframe specified above may appeal to the Department’s Academic Standing Committee. If all pre-professional requisites are not successfully achieved, students cannot enter the professional phase of the program.
**Academic Standards in the professional phase of the program:**

Once entered into the professional phase of the program, students must maintain an overall GPA of 3.000 or higher and complete all professional courses with a grade of C or better to progress into the subsequent semester of professional courses. In addition, students must demonstrate appropriate skills and professional behaviors to progress in the program (see student handbook for professional behaviors policy (insert link)).

**Probation in the Professional Phase:**

Students in the professional phase of the program who fail any professional course or whose overall GPA drops below a 3.00 must request to be placed on academic probation to remediate the deficiency by the semester deadline set by the PTMRS Academic standing committee in order to remain in the DPT program. Failure to request probation in a timely manner will result in a student being dismissed from the program.

A DPT student may only be placed on academic probation for one semester at a time or until the failed course is offered again. A DPT student may only be placed on academic probation a maximum of twice during the entire professional phase of the program.

During probation, students must correct all deficiencies as specified in their respective signed probation plan during the applicable probationary period. Failure to remediate the deficiencies within the agreed-upon time will result in dismissal from the program. During the period of probation, the student must earn a semester GPA of 3.000 or better, or the student will be dismissed from the DPT program. Once the student has successfully completed their probation action plan, they should work with their academic advisor to be removed from probation.

The chair of the Department’s Academic Standing Committee may grant a DPT student’s request for probation without a formal meeting under the following circumstances:

- The student has not already reached their maximum two semesters of probation, AND
- The student is in good professional standing with the Professional Behaviors Committee in accordance with the professional behaviors policy outlined in the hand book (insert link)
**Academic Dismissal from Major**

Students in the DPT program will be dismissed from their major effective the following academic semester for any of the reasons noted below:

- Failure to earn a grade of C or better in a total of three professional courses, regardless of remediation. Within the Physical Therapy program, each specific professional course (with separate registration number) will be counted as a separate failure even if content is related. *(For example, a student earns a grade of C or below in Gross Anatomy, Kinesiology Lab, and MS 1 Lab, the student will be dismissed. This is regardless of the student having successfully met the terms of the probationary contracts outlined for the first two course failures.)*

- Failure to remediate a prior deficiency outlined within the probation contract within the agreed-upon time frame.

- Failure to earn the minimum required grade in the same course twice.

- Students must maintain an overall GPA of 3.000 or higher during the professional phase of the Doctor of Physical Therapy program. Students will be dismissed if they are not eligible for a probationary status.

- Physical therapy students will be permitted only two (2) changes in year of Doctor of Physical Therapy graduation. Any additional changes to year of graduation will result in the student being dismissed from the program.

- In order to promote professionalism in the classroom, local and global communities and clinical settings, the Physical Therapy Program requires the demonstration of professional behaviors in accordance with the professional behaviors policy provided in the handbook (refer to previous link).” Breach of adherence to these standards may result in dismissal from the program.

**Appeals Process:**

Students may request, through their academic advisor, to appeal to the chair of the Department’s Academic Standing committee to meet with the committee for an exception to the Academic Progression and Probation Policy for Doctorate of Physical Therapy (DPT) Program for extenuating or capricious circumstances as provided in the student’s respective handbook.
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 Bouvé College. A record of all complaints and any and all actions taken, if applicable, will be held on file in the Physical Therapy Department.
NOTE: The most current versions of all petitions in the following pages may be found online at the Registrar’s or Bouvé College websites

The Northeastern University 2017-18 Graduate Catalog is available online at: http://catalog.northeastern.edu/graduate/

For a Printed Copy of the University Catalog: A bound, printed copy of the 2016–2017 Northeastern University Graduate Catalog may be purchased from NU Reprographics. Please email nucopycenter@neu.edu for details.

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~ 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](http://www.northeastern.edu) at the bottom of the NU home screen. **Blackboard** can be accessed at [www.blackboard.neu.edu](http://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/](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 Student Financial Services available at:

*Student Financial Services*
354 Richards Hall
Graduate Phone: 617.373.5899
Fax: 617.373.8735
E-mail: sfs@neu.edu
Northeastern University
Bouvé College of Health Sciences
The Department of Physical Therapy, Movement, and Rehabilitation Sciences
Individual Consumer Consultant – Informed Consent

Name: ___________________________________________

Date: _________________________________________________________________

Consent to participate

As a lab assistant and/or guest lecturer, I agree to allow students and/or faculty to perform or practice PT examination and/or treatment techniques with me. My participation is voluntary and I understand that I am free to refuse participation in any aspect of the lab or class without jeopardizing my relationship with Northeastern University or receipt of the stipend for my participation. In exchange for allowing me to participate as lab assistant/guest lecturer, I agree to assume any and all risks that may be associated therewith, including those related to the practice of PT examination or treatment techniques with me. I agree to release and hold harmless Northeastern University, its faculty and students from responsibility for the same.

Sign to indicate consent: __________________________________________________

Consent to be videotaped or photographed

I grant permission to the faculty of the Department of Physical Therapy, Movement, and Rehabilitation Sciences to videotape or photograph me during classes in which I am participating as a guest lecturer or lab assistant. I realize that my images will be used for research or educational purposes only.

Sign to indicate consent: __________________________________________________

Signature of Witness if ICC is unable to sign: ________________________________
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 HIPPA 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 HIPPA 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, Movement, and Rehabilitation Sciences 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, Movement, and Rehabilitation Sciences.

3. I will not engage in any conversation with anyone outside the Department of Physical Therapy, Movement and Rehabilitation Sciences (PT 123) 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.

STUDENT:

_____________________________  ______________________
(Signature)                  (Date)
Northeastern University  
Bouvé College of Health Sciences  
The Department of Physical Therapy, Movement, Movement, and Rehabilitation Sciences  
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 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
HUMAN ANATOMY LABORATORY PARTICIPATION AGREEMENT
AND RELEASE OF LIABILITY

PARTICIPANT’S NAME: ____________________________

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, demands, 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 Releasees 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 Cadavera: I recognize and will respect the dignity and privacy owed to the human cadavera, and agree to treat the human cadaver parts with due respect consistent with the educational, research, therapeutic uses made of them, including, but not limited to, maintaining the confidentiality of the cadavera identity.
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.

a. 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 Cadaver: 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  
HUMAN ANATOMY LABORATORY PARTICIPATION AGREEMENT  
AND RELEASE OF LIABILITY

PARTICIPANT’S NAME: ___________________________________________ AGE: ________

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STREET ADDRESS: ____________________________________________________________

CITY: ____________________________ STATE: _____ ZIP: _______________

ACTIVITY: Cadaver Viewing      DATE OF ACTIVITY: ______________

I, the undersigned (or parent/guardian, if Participant is under the age of 18) understand that this is a legally-binding Release of Northeastern University

I/We request permission to participate in the Activity described above. In consideration of being granted this permission, I/We agree as follows:

1. **Voluntary Activity**: I understand and agree that participation in this Activity is purely voluntary and is not required by Northeastern University.

2. **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, demands, 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.

3. **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.

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.
OVER - SIGNATURES(S) REQUIRED
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 2 above. I understand and agree that the Releasees 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. **Insurance** I/We represent that I have adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of injury. I guarantee payment of all expenses incurred for transportation of participant to and receiving emergency medical treatment.

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**THIS IS A RELEASE OF LEGAL RIGHTS, READ BEFORE SIGNING.**

I acknowledge that I have carefully read this agreement and fully understand its contents. I acknowledge that I am voluntarily executing this agreement of my own free will. After having the opportunity to consult with legal counsel of my own choosing, I acknowledge and understand that this agreement will release the Northeastern University and its Releasees from any liability in connection with any injury or damages or losses suffered as a result of the Participant’s participation in the above referenced Activity. It is my express intent that this release shall bind the members of Participant’s family, estate, heirs, administrators, personal representatives, or assigns.

I acknowledge that I have been made aware of any and all risks of participation in this Activity, and I hereby approve of the Participant’s participation in the Activity.

If participant is under age 18, complete the following:

I further state that I am the Participant’s ____parent/____ guardian, and am fully competent to sign this agreement; and that I execute this release for full, adequate, and complete consideration fully intending for myself, for the participant, and for the participant’s family, estate, heirs, administrators, personal representatives, or assign to be bound by same.

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Participant Signature: _____________________________ Date: __________________

(If over age 18)

Parent/Guardian Name (please print): _____________________________ Relationship: ________________

Parent/Guardian Signature: _____________________________ Date: ________________
HUMAN ANATOMY LAB POLICIES:

- **NO FOOD OR DRINK** is allowed in the wet lab rooms (not even chewing gum).
- **PHOTOGRAPHS** may not be taken in the lab.
- **Visitors are not allowed** in the lab at any time without permission from the Lab Coordinator (Leslie Day)

**EYEWEAR**
- All students must wear appropriate eye protection during the prosection lab. Students will need to provide their own safety glasses or goggles. These are available in the bookstore and also at many local hardware stores.
- Regular reading/prescription glasses are not acceptable. A pair of goggles that fit over the glasses is required.
- The glasses should have splash shields on the sides and top.
- Wearing contact lenses is not advised. Formaldehyde vapors may affect the contact lens or your eye under the lens causing serious irritation.

**LAB COAT**
- Lab coats should be worn at all times in the cadaver labs. There are communal coats that students can use. However, these coats will only be washed a couple of times over the course of the semester. However, students are more than welcome to bring their own lab coat to lab on a regular basis.

**GLOVES**
- Students must wear and provide their own gloves for lab. Disposable nitrile gloves are recommended. These are available in the bookstore or at many hardware stores.
- Gloves are to be taken off and thrown away in the trash prior to leaving the cadaver lab. Do not wear them in the surface anatomy/osteology room.
- Wash your hands thoroughly before leaving the lab.

**CLOTHES**
- Students are required to wear flat shoes that completely cover the feet. Closed toed shoes with a good non-slip sole must be worn (open back shoes, sandals or crocs are not acceptable).
- Long pants (to the ankles) are required. Skirts shorts, and capris are not allowed. No skin should be exposed.
- It is recommended to wear old clothes due to the odor picked up by your clothes.
- Lockers are not provided to the students. However, there is a clean room where bags and clothes may be left while in the cadaver labs.
- If students wish to change, they may do so prior to lab in the bathrooms.

**HAIR:** Long hair is required to be tied back, so as not to accidently come in contact with specimens.
• **WHAT YOU CAN BRING INTO THE LAB:** Although books and paper are allowed in the lab, be aware that the surfaces in the cadaver lab may not be cleaned. Thus papers/books may pick up fluids and vapors from the room. Clipboards are available for use.

• No cadaveric material or osteology material is EVER to be removed from the Gross Anatomy lab
  o This is a Federal law and against OSHA regulations and a violation of the contract with the donor organization.
  o Models, prepared specimens, etc. are available during scheduled class and open lab times. Any student who damages a model will be held responsible

• **Clean up spills.** Embalming fluid on the floor can be very slippery. If you notice a spill, please inform a responsible party immediately.

• **Emergency and illness.** Your safety is our concern. Report all injuries sustained in laboratory and any illness to an instructor / teaching assistant. If you are feeling lightheaded or ill for any reason, please let and instructor know. Do not just leave the lab without anyone knowing.
  o **If embalming fluid is splashed in your eye,** irrigate (wash) the eye for 15 minutes with the emergency eye wash equipment located at the sink (in the sink). After flushing, especially if the eye is still irritated, report to University Health & Counseling Services (133 Forsyth Building) for a follow-up evaluation or other request medical care by calling the campus emergency number at x3333 (617-373-3333). **Be sure that you report any accidents to our TA &/or professor.**
  o **Cuts or minor scraps,** should be reported to a teaching assistant or instructor immediately, no matter how small the cut.
  o **Pregnant or nursing women are PROHIBITED from participating in the laboratory.** There is evidence that indicates women exposed to phenolic solvents during pregnancy have increased incidence of children born with congenital birth defects
  o Please let an instructor know of any allergies, chemical sensitivity or respiratory issues that you may have prior to the course or that you develop during the course.

• **Respect the cadavers;** they are your teachers and your first patient. 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. The need for genuine and sincere respect for the dignity of the deceased human body and the obligation to treat the body in a responsible and professional manner are to be regarded as essential.

• **No pens/pencils/markers should be used on the cadavers or bones.** Probes are available for students to use.

• **Students are responsible for maintaining proper care of the cadaver and osteology facilities and equipment.**
  o Instruments must be washed and put away.
  o Any other supplies used (books, bones, etc.) should be return to their proper spots.

Failure by the students to follow these rules can/will result in the student being unable to participate in the lab for that day. Students wearing inappropriate attire will not be allowed to enter the cadaver lab.
HUMAN ANATOMY LAB POLICIES FOR VISITORS

• **NO FOOD OR DRINK** is allowed in the wet lab rooms (not even chewing gum).

• **PHOTOGRAPHS** may not be taken in the lab.

• **EYEWEAR**
  - All visitors must wear appropriate eye protection during all times while in the prosection lab. Safety glasses should have splash shields on the sides and top.
  - Basic safety eyewear will be provided by the Northeastern anatomy facility. However, other protective safety eyewear may be brought in by the visitor and be used after obtaining permission from the facility coordinator.
  - Regular reading/prescription glasses are not acceptable. A pair of goggles that fit over the glasses is required.
  - Wearing contact lenses is not advised. Formaldehyde vapors may affect the contact lens or your eye under the lens causing serious irritation. If visitors do insist on wearing contact lenses, the eye should be thoroughly rinsed after leaving lab.

• **LAB COAT**
  - Long lab coats should be worn at all times in the cadaver labs. Visitors may bring their own coats, however, these should not be worn outside the cadaver labs and should be washed at home. There are communal coats that visitors can use.

• **GLOVES**
  - Visitors are required to wear gloves at all times while in the cadaver lab and when touching specimens. Disposable nitrile gloves are recommended. Gloves must be disposed of in the large trashcans before leaving the cadaver labs. Gloves will be provided for visitors, although visitors are welcome to bring their own.
  - Hands are required to be washed prior to leaving the cadaver labs.

• **CLOTHES**
  - Visitors are required to wear flat shoes that completely cover the feet. Closed toed shoes with a good non-slip sole must be worn (open back shoes, sandals or crocs are not acceptable).
  - Long pants (to the ankles) are required. Skirts, shorts and capri are not allowed.
  - Lockers are not provided to the visitors; however there is a clean room where bags and clothes may be left while in the cadaver labs. The outside door will be locked.
  - If Visitors wish to change, they may do so prior to lab in the bathrooms across the hall from the labs.

• **HAIR:** Long hair is required to be tied back, so as not to accidently come in contact with specimens

• **WHAT YOU CAN BRING INTO THE LAB:** Although books and paper are allowed in the lab, be aware that the surfaces in the cadaver lab may not be cleaned. Thus papers/books may pick up fluids and vapors from the room. Clipboards are available for use.
**Respect the cadavers:** The cadavers are your teachers and your first patient. It is expected that visitors will treat the cadavers in the same manner they would treat a patient. People prior to death made a conscious decision to donate their body to science/medical education for the sole purpose of giving students a unique opportunity to learn about the human body. Thus it is expected that visitors will respectfully view and utilize the cadavers to learn. The face and private areas will remain covered at all times unless viewing of the area is required.

**If embalming fluid is splashed in your eye,** irrigate (wash) the eye for 15 minutes with the emergency eye wash equipment located at the sink. After flushing, especially if the eye is still irritated, report to University Health & Counseling Services (133 Forsyth Building) for a follow-up evaluation or other request medical care by calling the campus emergency number at x3333 (617-373-3333). **Be sure that you report any accidents to our professor.**

**Feeling Ill:** If for any reason during the lab, you feel faint, ill or in any way different, please notify the lab instructor or ‘chaperone’ immediately. Please do not leave the lab unannounced or without a person to accompany you to another location. This policy is for your safety.

**Northeastern is not responsible for loss or damage of personal belongings.**

**Visitors are requested to return anything borrowed to the same location they found the item.**

Failure by the visitors to follow these rules can/will result in the visitor being unable to participate in the lab.

If you have any questions or concerns regarding these policies, please contact the Lab Coordinator, Leslie Day at (617)373-4778 or via e-mail L.Day@neu.edu.
Northeastern University
Bouvé College of Health Sciences
The Department of Physical Therapy, Movement, and Rehabilitation Sciences
Student – Informed Consent and Release for Musculoskeletal Management I PT 5505 and PT5506

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 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 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 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 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: __________________________________________________
Northwestern University  
Bouvé College of Health Sciences  
The Department of Physical Therapy, Movement, and Rehabilitation Sciences  
Student – Informed Consent and Release for Musculoskeletal Management II PT 6224 and PT6223

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.

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 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 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 Northwestern 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: ________________________________________________
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.

*IIf the co-op student is not a DPT student, they may only perform the duties of a PT Aide. See PT Aide Description included in Massachusetts regulation 259 CRM 5.00, which can be found at: http://www.mass.gov/ocabr/licensee/dpl-boards/ah/regulations/rules-and-regulations/

I have read, understand and agree to the parameters of the PT Co-op Student Competencies in the state of Massachusetts outlined in this document.

PT Co-op Employer Signature: _______________________________________ Date: ___________

Co-op Student Signature: _________________________________________      Date: ___________

Pre-professional Program Co-op:*

*The Pre-Professional Co-op occurs during the undergraduate phase of the PT program at which point students have completed foundational courses that include training in the specific activities included below.

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 medical 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.
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 Professional Program co-op occurs during the graduate phase of the PT program at which point students have completed foundational and PT skill level courses that have prepared them to practice the additional skills identified in items 4, 6, 8, 11, and 15 included below.

The items which are bolded 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 utilized by a specific facility and 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 pathogens.
11. Utilize appropriate safety procedures needed when working with patients with cognitive, sensory, perceptual deficits and medical 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.
Physical Therapy Aide. A person not licensed in physical therapy who works under the direct supervision of a physical therapist or physical therapist assistant. This individual may also be known as a rehabilitation aide or some other similar title.

(6) Performance of Services by Physical Therapy Aides. Activities which may be performed by physical therapy aides under appropriate supervision are restricted to:

(a) follow-up of functional and ambulation activities;
(b) follow-up of routine specific exercises;
(c) application of superficial heat and cold; and
(d) non-treatment related activities such as secretarial and housekeeping, transporting patients and preparation for treatment. These activities may be performed under the supervision of a physical therapist or physical therapist assistant.
Lab Safety Policy for Clinical Lab Space
225, 405, 410, and 415 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, etc.) 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 using any equipment, please make sure 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.

**General Laboratory Safety Procedures for PT Labs**

1.0 PROCEDURES

1.1 All individuals engaged in research at Northeastern University must adhere to the university policies and procedures for conduct of research detailed by the NU Office of Environmental Health and Safety (OEHS) – [http://www.northeastern.edu/ehs/ehs-programs/general-safety/](http://www.northeastern.edu/ehs/ehs-programs/general-safety/)

1.1.1 Individuals conducting research in NU labs must complete the online laboratory research training modules specified by the Department Safety Officer (DSO). Please refer to the EHS website for access to training modules – [http://www.northeastern.edu/ehs/training/](http://www.northeastern.edu/ehs/training/)

1.1.2 Questions regarding lab safety policies and procedures should be forwarded to the NU OEHS staff at (617) 373-2796 or ehs@northeastern.edu

1.2 Laboratory Directors must provide a laboratory safety plan for their respective research units, detailing the types and specifications of equipment used and whether human subjects are involved. These plans must be approved by the DSO.

1.3 All researchers must be registered with EHS.

1.4 All laboratories must be locked and secured. Only authorized personnel are allowed to access labs.

1.5 The Department of Physical Therapy, Movement, and Rehabilitation Sciences requires supervision of all students while conducting human subjects research in the labs.

1.6 The University Policy requires supervision of all visitors and undergraduate students while in research labs. A laboratory safety checklist should be completed by all Directors of PT Research Labs and submitted to PT Laboratory Safety Officer, Dr. Robert Sikes. A copy signed and dated should be maintained in the designated research space.
2.0 HUMAN SUBJECTS PROCEDURES

2.1 Please refer to the NU IRB website for research involving human subjects located at:
http://www.northeastern.edu/research/research_integrity/human_subjects/review_board/
This site describes the mission, process, and policies for research.

2.2 The contact person for NU IRB (as of 4/23/11) is Nan Regina – email n.regina@neu.edu

3.0 EMERGENCY CONTACTS
IN THE EVENT OF AN EMERGENCY, CALL: NORTHEASTERN UNIVERSITY POLICE AT:
8-333 or (617) 373-3333

- Report your location and be specific about the nature of the emergency.
- Emergency contact numbers, alone with laboratory safety data, are posted on every laboratory door.
 Complete an injury report form, located on EHS website.
- If human subjects are injured, also complete NUIRB adverse events form, located on the NUIRB website
 noted above.
- Notify the PT Laboratory Safety Officer and PT Department Chair as soon as possible, and within 24
 hours.

CONTACT LIST:
- Dr. Robert Sikes, PT Laboratory Safety Office
  Email: r.sikes@northeastern.edu
  Telephone: (617) 373-5195

- Dr. Kristin Greenwood, Interim Department Chair
  Email: k.greenwood@northeastern.edu
  Telephone: 617-373-5193

- Jack Price, Director, Office of Environmental Health and Safety
  Email: j.price@northeastern.edu
  Telephone: (617) 373-2769

- Department of Institutional Audit, Compliance and Risk Management
  http://www.ehs.neu.edu
Bouve College of Health Sciences Graduate School
General Petition Form

Report #
For office use only

Name
NU/ID# 000- Date:

Address (complete)

Day Telephone
Program
Degree

__ Withdrawal Program/University __ Conditional Status Change to Regular Student __ Probation Removal
__ Other

Explain

Check ☐ Box and fill in appropriate information: Student Signature

<table>
<thead>
<tr>
<th>Change Program From</th>
<th>Program Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>To</td>
<td>Program Code</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Transfer</th>
<th>Elective</th>
<th>Required</th>
<th>Pre-Approval</th>
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</thead>
<tbody>
<tr>
<td>Course #</td>
<td>Course Name</td>
<td>School</td>
<td>Credits</td>
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<table>
<thead>
<tr>
<th>Substitute course</th>
<th>Waive course</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course #</td>
<td>Course Name</td>
</tr>
<tr>
<td>Basis for Substitution/Waiver</td>
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</tr>
</tbody>
</table>

| Status change: From ___ (full or part) To ___ (full or part) Effect 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

<table>
<thead>
<tr>
<th>CHANGE OF PROGRAM SIGNATURES</th>
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<tr>
<td>(Print) Chair New Dept.</td>
</tr>
<tr>
<td>(Print) Present Advisor</td>
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ADVISOR’S/CHAIR’S SIGNATURES FOR ALL OTHER PROGRAMS/REQUEST

<table>
<thead>
<tr>
<th>__ Approved</th>
<th>__ Denied</th>
<th>__ Pre-Approved (final approval based on grade)</th>
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</thead>
<tbody>
<tr>
<td>(Print) Advisor/Program Director</td>
<td>(Signature)</td>
<td>Date</td>
</tr>
</tbody>
</table>

Graduate School Admission’s Office Representative only

Final Action: __ Approved __ Denied __ Pre-Approved (based on final grade)

Comments

Signature
Graduate School Admission’s Office Representative

Date

White-Grid Office
Yellow-Advisor
Pink Student

Rev. 10/16/07

Completed petitions with supporting documents (transcripts, course descriptions, etc., if needed), should be submitted in room 123 Behrakis Health Science Building after you have obtained your advisor/program director's signature.
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>I.D. No.</th>
<th>Year</th>
<th>Division</th>
<th>Major</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Course</th>
<th>Course No. and Name</th>
<th>Instructor</th>
<th>Semester</th>
<th>Year</th>
</tr>
</thead>
</table>

Address

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.
Advanced Standing Form

NUID: ____________________

Name: _____________________

Major: _____________________  Department: _____________________

Prior Degree Type:  O PhD  O MD

Experiential Credits Granted: _____

Institution: ___________________

Course Waiver

Waived Course
   Course # & Short Title

1) ________________________  _____

2) ________________________  _____

Please Note:
1) Advanced Standing is granted on a case by case basis for students with a PhD or MD.

2) Students may be exempt from a maximum of 2 classes, not to exceed a total of 6 credits.

Justification:

__________________________________________________________________________

__________________________________________________________________________

Approvals

Advisor Name ___________________________ Signature ___________ Date ___________

Office of Graduate Student Services ___________________________ Signature ___________ Date ___________

Copies to:  O Student  O Program Advisor  O Bouvé Graduate Office:  

BCS 2017/2011
Northeastern University
Office of Graduate Student Services, BCHS

NUID: __________________________

Name: __________________________

Major: ____________________________ Department: ____________________________

Course Substitution Form

<table>
<thead>
<tr>
<th>NU Course</th>
<th>Credits</th>
<th>Replacement Course</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) __________________</td>
<td>______</td>
<td>__________________</td>
<td>______</td>
</tr>
<tr>
<td>2) __________________</td>
<td>______</td>
<td>__________________</td>
<td>______</td>
</tr>
<tr>
<td>3) __________________</td>
<td>______</td>
<td>__________________</td>
<td>______</td>
</tr>
</tbody>
</table>

Please Note:
1) Substituting a course does NOT reduce the total number of a program’s required credit hours.
2) Courses being substituted MUST be replaced by a course with an equivalent number of credit hours.
3) Replacement Courses taken outside of Northeastern must be officially transferred via Graduate Petition to Transfer Credit form.

Notes

__________________________________________________________________________________________

Approvals

Advisor Name __________________________ Signature __________________________ Date __________

Office of Graduate Student Services __________________________ Signature __________________________ Date __________

Copies to [ ] Student [ ] Program Advisor [ ] Office of Graduate Office

OGSS 2017
Northeastern University
Office of Graduate Student Services, BCHS

NUID: ____________________________

Name: ____________________________

Major: ____________________________ Department: ____________________________

Course Information

Term:  ○ Fall  ○ Spring  ○ Summer 1  ○ Summer 2  ○ Summer Full  Year: 20 ____________

CRN  Course Number  Credits  Course Title  Subject of Directed Study

If unknown

Is this proposed Directed Study intended to substitute a required course in the program? ○ Yes  ○ No
If answer is YES, please provide justification for course substitution, including name of required course.

Describe the proposed Directed Study, including focus, activities, and learning objectives.

Describe how the objectives will be evaluated using measurable criteria.

Grading Option:  ○ Pass/Fail (S/U)  ○ Graduate (A through C, also F)

Approvals

Student  ____________________________  Signature  ____________ Date

Directed Study Instructor  ____________________________  Signature  ____________ Date

Program Advisor Chair  ____________________________  Signature  ____________ Date

Office of Graduate Student Services  ____________________________  Signature  ____________ Date

Copies to:  ○ Student  ○ Program Advisor  ○ Directed Study Advisor  ○ Boush Graduate Office

BCHS 2017/2018
Students who have failed to meet the established progression policies as outlined in the University Catalog and respective Graduate or Undergraduate Student Handbook may appear before this committee in accordance with the Academic Appeal Policy outlined in the University Catalog and respective Graduate or Undergraduate Student Handbooks.

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 academic advisor and forwarded to the ASC committee 24 hours prior to the meeting to be considered.

1. Name and Email:

2. Phone Number:

3. Local Address:

4. Current Status in the DPT program: ☐ Graduate Student ☐ Undergraduate Student
   Year in the program ☐ Pre Professional (Undergraduate only) ☐ 1 PY ☐ 2 PY ☐ 3 PY ☐ 4 PY

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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<tr>
<td></td>
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<td>Yes</td>
<td>No</td>
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<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></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 Bouvè Undergraduate Manual given to you on admission).

9. Which of the following steps (if any) did you take to remediated 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      [ ] 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 difficulty for you to study and focus? [ ] Yes (explain in Q11)      [ ] No
   e. Do you belong to any professional organizations, sororities, fraternities or athletic teams? [ ] Yes      [ ] No
      If yes, state them:
   f. 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 2021 [ent Sp 2018]

<table>
<thead>
<tr>
<th>Year I</th>
<th>Fall</th>
<th>Spring</th>
<th>Summer A</th>
<th>Summer B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year: 32 Total: 32</td>
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<td></td>
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</tr>
<tr>
<td></td>
<td>PT 5101 Foundations of PT</td>
<td>PT 5140 Pathology</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PT 5102 Foundations of PT Lab</td>
<td>PT 5141 Recitation/Pathology</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HLTH 5450 Research</td>
<td>PT 5138 Neuroscience</td>
<td></td>
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<tr>
<td></td>
<td>HLTH 5451 Research Rec.</td>
<td>PT 5139 Neuroscience Lab</td>
<td></td>
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<tr>
<td></td>
<td>PT 5131 Gross Anatomy</td>
<td>PT 5133 Kinesiology</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>PT 5132 Gross Anatomy Lab</td>
<td>PT 5134 Kinesiology Lab</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PT 5160 Psychosocial Aspect of PT</td>
<td>PT5501 Pharmacology for PTs</td>
<td></td>
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<tr>
<td></td>
<td>PT 5161 Psychosocial Aspect Seminar</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Year II</strong></td>
<td><strong>Fall</strong></td>
<td><strong>Spring</strong></td>
<td><strong>Summer A</strong></td>
<td><strong>Summer B</strong></td>
</tr>
<tr>
<td><strong>Year: 23 Total: 55</strong></td>
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<tr>
<td></td>
<td>PT 5150 Motor Control/Development</td>
<td><strong>PT 6964 Co-op Work Experience (16wks)</strong></td>
<td><strong>PT 6964 Co-op Work Experience cont (8wks)</strong></td>
<td></td>
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<tr>
<td></td>
<td>PT 5151 Motor Control/Dev. Lab</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>PT 5503 Cardiovascular &amp; Pulm Mgmt</td>
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<td></td>
<td>PT 5504 Cardiovascular &amp; Pulm Mgmt Lab</td>
<td></td>
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<td></td>
<td>PT5111 Professional Development for Co-op</td>
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<tr>
<td></td>
<td>PT 5145 Intro to Healthcare Systems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PT 5450 Introduction to Therapeutic Activities</td>
<td></td>
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<tr>
<td><strong>Year III</strong></td>
<td><strong>Fall</strong></td>
<td><strong>Spring</strong></td>
<td><strong>Summer A</strong></td>
<td><strong>Summer B</strong></td>
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<td></td>
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<td>PT 6221 Neurological Rehab II</td>
<td>PT 6441Clinical Education I - 8wks</td>
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<tr>
<td></td>
<td>PT 5506 Musculoskeletal Mgmt I Lab</td>
<td>PT 6222 Neurological Rehab II Lab</td>
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<td>PT 5209 Neurological Rehab I</td>
<td>PT 6223 Musculoskeletal Mgmt II</td>
<td></td>
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<tr>
<td></td>
<td>PT 5210 Neurological Rehab I Lab</td>
<td>PT 6224 Musculoskeletal Mgmt II Lab</td>
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<tr>
<td></td>
<td>PT 5227 PT Project I</td>
<td>PT 5226 PT Professional Seminar II</td>
<td></td>
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<td></td>
<td>PT 6241 Medical Screening for PT</td>
<td>PT 5229 PT Project II</td>
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<tr>
<td></td>
<td>PT6000 Leadership, Admin., Mgt.</td>
<td>PT 5230 PT Lifespan Mgmt Geri/ Pedi</td>
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<tr>
<td><strong>Year IV</strong></td>
<td><strong>Fall DPT – 3 Years</strong></td>
<td><strong>Spring</strong></td>
<td><strong>Summer A</strong></td>
<td><strong>Summer B</strong></td>
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<tr>
<td><strong>Year: 18 Total:123</strong></td>
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<td></td>
<td>PT 6442 Clinical Education II- 14 wks</td>
<td>PT 6443 Clinical Education III - 14 wks</td>
<td>PT 6215Assitive Technology</td>
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<td></td>
<td>PT 6251 Diagnostic Imaging: online</td>
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<td>PT 6216 Assistive Technology Lab</td>
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<td>PT6250 Clinical Integration 2</td>
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<td></td>
<td></td>
<td>PT6231-6237 Adv. topics elective</td>
<td></td>
</tr>
</tbody>
</table>

**Please note:** The co-operative education experience must be in Physical Therapy

**Subject to Change**
## Post Baccalaureate DPT Curriculum with Early Interventio Concentration ~ effective for Class of 2021 [ent Sp 2018]

### Year 1

<table>
<thead>
<tr>
<th>Fall</th>
<th>Spring</th>
<th>Summer A</th>
<th>Summer B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year: 32</strong></td>
<td><strong>Total: 32</strong></td>
<td><strong>Fall</strong></td>
<td><strong>Spring</strong></td>
</tr>
<tr>
<td>PT 5101 Foundations of PT</td>
<td>PT 5102 Foundations of PT Lab</td>
<td>PT 5140 Pathology</td>
<td><strong>Summer A Courses Continue</strong></td>
</tr>
<tr>
<td>HLTH 5450 Research</td>
<td>HLTH 5451 Research Rec.</td>
<td>PT 5141 Recitation/Pathology</td>
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<tr>
<td>PT 5131 Gross Anatomy</td>
<td>PT 5132 Gross Anatomy Lab</td>
<td>PT 5138 Neuroscience</td>
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<tr>
<td>PT 5130 Psychosocial Aspect of PT</td>
<td>PT 5160 Psychosocial Aspect Seminar</td>
<td>PT 5139 Neuroscience Lab</td>
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<tr>
<td>PT 5161 Psychosocial Aspect Seminar</td>
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<td>PT 5133 Kinesiology</td>
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<td><strong>Total: 32</strong></td>
<td><strong>Fall</strong></td>
<td><strong>Summer A</strong></td>
<td><strong>Summer B</strong></td>
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### Year II

<table>
<thead>
<tr>
<th>Fall</th>
<th>Spring</th>
<th>Summer A</th>
<th>Summer B</th>
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</thead>
<tbody>
<tr>
<td><strong>Year: 26</strong></td>
<td><strong>Total: 58</strong></td>
<td><strong>Fall</strong></td>
<td><strong>Spring</strong></td>
</tr>
<tr>
<td>PT 5150 Motor Control/Development</td>
<td>PT 5152 Gross Anatomy &amp; Pulm Mgmt Lab</td>
<td>PT 6964 Co-op Work Experience (16wks)</td>
<td><strong>Summer A Courses Continue</strong></td>
</tr>
<tr>
<td>PT 5151 Motor Control/Dev. Lab</td>
<td>PT 5152 Gross Anatomy &amp; Pulm Mgmt Lab</td>
<td></td>
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<tr>
<td>PT 5153 Cardiovascular &amp; Pulm Mgmt</td>
<td>PT 5154 Intro to Healthcare Systems</td>
<td></td>
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<tr>
<td>PT 5155 Professional Development for Co-op</td>
<td>CAEP5151 Infant/Toddler dev, risk, dis</td>
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<tr>
<td>PT 5145 Intro to Healthcare Systems</td>
<td><strong>Spring</strong></td>
<td><strong>Summer A</strong></td>
<td><strong>Summer B</strong></td>
</tr>
<tr>
<td>PT 5146 Pathology</td>
<td>PT 6964 Co-op Work Experience cont (8wks)</td>
<td>PT 6243 Health Assessment</td>
<td></td>
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<tr>
<td><strong>Total: 58</strong></td>
<td><strong>Fall</strong></td>
<td><strong>Summer A</strong></td>
<td><strong>Summer B</strong></td>
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</table>

### Year III

<table>
<thead>
<tr>
<th>Fall</th>
<th>Spring</th>
<th>Summer A</th>
<th>Summer B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year: 48</strong></td>
<td><strong>Total:106</strong></td>
<td><strong>Fall</strong></td>
<td><strong>Spring</strong></td>
</tr>
<tr>
<td>PT 5505 Musculoskeletal Mgmt I</td>
<td>PT 6221 Neurological Rehab II</td>
<td>PT 6441 Clinical Education I - 8wks</td>
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<tr>
<td>PT 5506 Musculoskeletal Mgmt I Lab</td>
<td>PT 6222 Neurological Rehab II Lab</td>
<td></td>
<td></td>
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<tr>
<td>PT 5209 Neurological Rehab I</td>
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<td></td>
<td></td>
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<tr>
<td>PT 5210 Neurological Rehab I Lab</td>
<td>PT 6224 Musculoskeletal Mgmt II Lab</td>
<td></td>
<td></td>
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<tr>
<td>PT 5227 PT Project I</td>
<td>PT 5226 PT Professional Seminar II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PT 6241 Medical Screening for PT</td>
<td>PT 5229 PT Project II EI Focus</td>
<td></td>
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</tr>
<tr>
<td>PT 6000 Leadership, Admin., Mgt.</td>
<td>PT 5230 PT Lifespan Mgmt Geri/ Pedi</td>
<td></td>
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<tr>
<td>CAEP5150 Family Systems</td>
<td>CAEP5150 Family Systems</td>
<td></td>
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</tr>
<tr>
<td><strong>No PT Project I for EI students</strong></td>
<td><strong>Spring</strong></td>
<td><strong>Summer A</strong></td>
<td><strong>Summer B</strong></td>
</tr>
<tr>
<td><strong>Total:106</strong></td>
<td><strong>Fall</strong></td>
<td><strong>Summer A</strong></td>
<td><strong>Summer B</strong></td>
</tr>
</tbody>
</table>

### Year IV

<table>
<thead>
<tr>
<th>Fall DPT – 3 Years</th>
<th>Spring</th>
<th>Summer A</th>
<th>Summer B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year: 24</strong></td>
<td><strong>Total:130</strong></td>
<td><strong>Fall</strong></td>
<td><strong>Spring</strong></td>
</tr>
<tr>
<td>PT 6442 Clinical Education II - 14 wks</td>
<td>PT 6442 Clinical Education II - 14 wks</td>
<td><strong>EI Practicum Seminar (with CE3)</strong></td>
<td></td>
</tr>
<tr>
<td>PT 6251 Diagnostic Imaging: online</td>
<td>SLPA 6335 Assessment/intervention</td>
<td>PT 6441 Clinical Education II - 8wks</td>
<td></td>
</tr>
<tr>
<td><strong>Total:130</strong></td>
<td><strong>Fall</strong></td>
<td><strong>Summer A</strong></td>
<td><strong>Summer B</strong></td>
</tr>
</tbody>
</table>

**Updated curriculum committee changes 12/19/17 AGV**

**Please note:** The co-operative education experience must be in Physical Therapy

Items in red are different for the EI Concentration. This program has 7 more semester hours than the DPT curriculum w/out EI.

**Subject to Change**
<table>
<thead>
<tr>
<th>Year I</th>
<th>Fall</th>
<th>Spring</th>
<th>Summer A</th>
<th>Summer B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year: 32</td>
<td>Entry point application due end of spring, decisions completed by end of summer semester.</td>
<td>PT 5101 Foundations of PT</td>
<td>PT 5140 Pathology</td>
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<tr>
<td>Total: 32</td>
<td></td>
<td>PT 5102 Foundations of PT Lab</td>
<td>PT 5141 Recitation/Pathology</td>
<td>0 4</td>
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<tr>
<td></td>
<td></td>
<td>HLTH 5450 Research</td>
<td>PT 5138 Neuroscience</td>
<td>4 4</td>
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<tr>
<td></td>
<td></td>
<td>HLTH 5451 Research Rec.</td>
<td>PT 5139 Neuroscience Lab</td>
<td>1 1</td>
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<tr>
<td></td>
<td></td>
<td>PT 5131 Gross Anatomy</td>
<td>PT 5134 Kinesiology</td>
<td>3 1</td>
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<td></td>
<td></td>
<td>PT 5132 Gross Anatomy Lab</td>
<td>PT 5135 Kinesiology Lab</td>
<td>1 1</td>
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<tr>
<td></td>
<td></td>
<td>PT 5160 Psychosocial Aspect of PT</td>
<td>PT5501 Pharmacology for PTs</td>
<td>2 15</td>
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<tr>
<td></td>
<td></td>
<td>PT 5161 Psychosocial Aspect Seminar</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Year II</th>
<th>Fall</th>
<th>Spring</th>
<th>Summer A</th>
<th>Summer B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year: 32</td>
<td>PT 5150 Motor Control/Development</td>
<td>PT 6964 Co-op Work Experience (16wks)</td>
<td></td>
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</tr>
<tr>
<td>Total: 55</td>
<td>PT 5151 Motor Control/Dev. Lab</td>
<td><strong>Spring</strong></td>
<td><strong>Summer A</strong></td>
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<tr>
<td></td>
<td>PT 5145 Intro to Healthcare Systems</td>
<td>PT 6964 Co-op Work Experience cont (8wks)</td>
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<tr>
<td></td>
<td>PT 5145 Intro to Healthcare Systems</td>
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<tr>
<td></td>
<td>PT 5450 Introduction to Therapeutic Activities</td>
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<table>
<thead>
<tr>
<th>Year III</th>
<th>Fall</th>
<th>Spring</th>
<th>Summer A</th>
<th>Summer B</th>
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</thead>
<tbody>
<tr>
<td>Year: 32</td>
<td>PT 5505 Musculoskeletal Mgmt I</td>
<td>PT 6221 Neurological Rehab II</td>
<td>PT 6441 Clinical Education I - 8wks</td>
<td>6</td>
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<tr>
<td>Total: 55</td>
<td>PT 5506 Musculoskeletal Mgmt I Lab</td>
<td>PT 6222 Neurological Rehab II Lab</td>
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<tr>
<td></td>
<td>PT 5209 Neurological Rehab I</td>
<td>PT 6223 Musculoskeletal Mgmt II</td>
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<td>PT 5210 Neurological Rehab I Lab</td>
<td>PT 6224 Musculoskeletal Mgmt II Lab</td>
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<tr>
<td></td>
<td>PT 5227 PT Project I - Sports Specific</td>
<td>PT 5226 PT Professional Seminar II</td>
<td></td>
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<tr>
<td></td>
<td>PT 6241 Medical Screening for PT</td>
<td>PT 5229 PT Project II - Sports Specific</td>
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<tr>
<td></td>
<td>PT6000 Leadership, Admin., Mgt.</td>
<td>PT 5230 PT Lifespan Mgmt Geri/Pedi</td>
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<td></td>
<td></td>
<td>PT 5165 Sports Medicine: Managing the Injured Athlete</td>
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<table>
<thead>
<tr>
<th>Year IV</th>
<th>Fall DPT – 3 Years</th>
<th>Spring</th>
<th>Summer A</th>
<th>Summer B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year: 18</td>
<td></td>
<td>PT 6443 Clinical Education III - 14 wks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total: 24</td>
<td>PT 6442 Clinical Education II- 14 wks</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>PT 6251 Diagnostic Imaging: online</td>
<td></td>
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</tbody>
</table>

**Please note**: This co-operative education experience must be in Physical Therapy

Subject to Change
Students enrolled in the DPT curriculum are expected to adhere to the following standards throughout all aspects of didactic, co-operative and clinical education of the curriculum:

1. **Professionalism**: The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.
   i. Abides by all aspects of the academic program honor code and the APTA Code of Ethics
   ii. Demonstrates awareness of state licensure regulations
   iii. Projects professional image
   iv. Demonstrates cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academic and clinical faculty/staff, patients, families, and other healthcare providers

2. **Interpersonal Skills**: The ability to interact effectively with patients, families, colleagues, peers other health care professionals, and the community in a culturally conscious manner.
   i. Maintains professional demeanor in all interactions
   ii. Demonstrates unconditional positive regard for patients as individuals
   iii. Communicates with others in a respectful and confident manner
   iv. Respects differences in personality, lifestyle and learning styles during interactions with all persons
   v. Maintains confidentiality in all interactions
   vi. Recognizes the emotions and biases that one brings to all professional interactions

3. **Responsibility**: The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community and social responsibilities.
   i. Demonstrates punctuality
   ii. Provides a safe and secure environment for patients
   iii. Assumes responsibility for actions
   iv. Follows through on commitments
   v. Articulates limitations and readiness to learn
   vi. Abides by all policies of the University, the academic program and clinical facility

4. **Communication**: The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for all constituencies.
   i. Demonstrates understanding of the English language (verbal and written): uses correct grammar, accurate spelling and expression, legible handwriting
   ii. Recognizes impact of non-verbal communication in self and others
   iii. Recognizes the verbal and non-verbal characteristics that portray confidence
   iv. Utilizes electronic communication appropriately

5. **Use of Constructive Feedback** – The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.
   i. Demonstrates active listening skills
   ii. Assesses own performance
   iii. Actively seeks feedback from appropriate sources
   iv. Demonstrates receptive behavior and positive attitude toward feedback
   v. Incorporates specific feedback into behaviors
   vi. Maintains two-way communication without defensiveness
<table>
<thead>
<tr>
<th>Core Values</th>
<th>Definition</th>
<th>Sample Indicators</th>
</tr>
</thead>
</table>
| Accountability   | Accountability is active acceptance of the responsibility for the diverse roles, obligations, and actions of the physical therapist including self-regulation and other behaviors that positively influence patient/client outcomes, the profession and the health needs of society. | 1. Responding to patient’s/client’s goals and needs.  
2. Seeking and responding to feedback from multiple sources.  
3. Acknowledging and accepting consequences of his/her actions.  
4. Assuming responsibility for learning and change.  
5. Adhering to code of ethics, standards of practice, and policies/procedures that govern the conduct of professional activities.  
6. Communicating accurately to others (payers, patients/clients, other health care providers) about professional actions.  
7. Participating in the achievement of health goals of patients/clients and society.  
8. Seeking continuous improvement in quality of care.  
9. Maintaining membership in APTA and other organizations.  
10. Educating students in a manner that facilitates the pursuit of learning. |
| Altruism         | Altruism is the primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility of placing the needs of the patient/client ahead of the physical therapist’s self interest. | 1. Placing patient’s/client’s needs above the physical therapists.  
2. Providing pro-bono services.  
3. Providing physical therapy services to underserved and underrepresented populations.  
4. Providing patient/client services that go beyond expected standards of practice.  
5. Completing patient/client care and professional responsibility prior to personal needs. |
<p>| Compassion/ Caring | Compassion is the desire to identify with or sense something of another’s                                                                                                                                   | 1. Understanding the socio-cultural, economic, and psychological influences on the individual’s life in their environment. |</p>
<table>
<thead>
<tr>
<th>Core Values</th>
<th>Definition</th>
<th>Sample Indicators</th>
</tr>
</thead>
<tbody>
<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 &quot;speaking forth&quot; 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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<tr>
<td></td>
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<td>10. Sharing one's knowledge with others.</td>
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<td></td>
<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 beneficent by providing &quot;optimal care&quot;.</td>
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<tr>
<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>
</tr>
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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>
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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>
</tr>
<tr>
<td></td>
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<td>6. Promoting community volunteerism.</td>
</tr>
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<td>7. Participating in political activism.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8. Participating in achievement of societal health goals.</td>
</tr>
<tr>
<td></td>
<td></td>
<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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<tr>
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<td>10. Providing leadership in the community.</td>
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<td></td>
<td>11. Participating in collaborative relationships with other health practitioners and the public at large.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>12. Ensuring the blending of social justice and economic efficiency of services.</td>
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<td>13.</td>
</tr>
</tbody>
</table>
Code of Ethics for the Physical Therapist

HOD 506-09-07-12 [Amended HOD 506-00-12-23; HOD 06-91-05-06; HOD 06-87-11-17;
HOD 06-81-06-18; HOD 06-78-06-08; HOD 06-78-06-07; HOD 06-77-18-30; HOD 06-77-17-27;
Initial HOD 06-73-13-24] [Standard]

Preamble
The Code of Ethics for the Physical Therapist (Code of Ethics) delineates the ethical obligations of all physical therapists as determined by the House of Delegates of the American Physical Therapy Association (APTA). The purposes of this Code of Ethics are to:
1. Define the ethical principles that form the foundation of physical therapist practice in patient/client management, consultation, education, research, and administration.
2. Provide standards of behavior and performance that form the basis of professional accountability to the public.
3. Provide guidance for physical therapists facing ethical challenges, regardless of their professional roles and responsibilities.
4. Educate physical therapists, students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the physical therapist.
5. Establish the standards by which the American Physical Therapy Association can determine if a physical therapist has engaged in unethical conduct.

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

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

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

Principles

Principle #1: Physical therapists shall respect the inherent dignity and rights of all individuals.
(Core Values: Compassion, Integrity)

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

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

Principle #2: Physical therapists shall be trustworthy and compassionate in addressing the rights and needs of patients/clients.
(Core Values: Altruism, Compassion, Professional Duty)

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

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

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

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.

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.
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
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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</thead>
<tbody>
<tr>
<td>First Year Student / Freshman</td>
<td>First Year Student / Freshman</td>
</tr>
<tr>
<td>Second Year Student / Sophomore</td>
<td>Second Year Student / Sophomore</td>
</tr>
<tr>
<td>Third Year Student</td>
<td>Professional Year 1 – PY1 Student</td>
</tr>
<tr>
<td>Fourth Year Student</td>
<td>Professional Year 2 – PY2 Student</td>
</tr>
<tr>
<td>Fifth Year Student</td>
<td>Professional Year 3 – PY3 Student</td>
</tr>
<tr>
<td>Sixth Year Student</td>
<td>Professional Year 4 – PY4 Student</td>
</tr>
</tbody>
</table>

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