



# STUDENT HANDBOOK: PART 2 APPENDIX FORMS AND RESOURCES

## PHYSICAL THERAPIST ASSISTANT PROGRAM

Rev. 1/10/2024











*STUDENT PHYSICAL THERAPIST ASSISTANT (SPTA) CLINICAL ROTATION REQUEST FORM*

*inpatient and outpatient*

*sites you list on this form.*

*Understand this is a request form ONLY; you are not guaranteed the*

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*CLINCIAL SITE INFORMATION REQUEST FORM*


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*PROGRAM IMMUNIZATION & ONBOARDING REQUIREMENTS*

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*We apologize  
however, we are unable to make copies so please have copies completed when you turn them in -  
thank you!*

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*STUDENT CONFIDENTIALITY AGREEMENT*

## *STUDENT INFORMATION SHEET*

*We want to take this opportunity to thank you for being a clinical site for our physical therapist assistant program.*



# *QUICK START GUIDE FOR CPI WEB TRAINING MODULES*

*(CPI Assessment)*

*APTA CPI 3.0 CI/SCCCE Training*

*CPI New User Training Modules*

- 
- 
- 

*Training Modules*









## MEMORANDUM OF AGREEMENT

*By signing this Memorandum of Agreement, all signed below verify that they have read and understood the contents of the documents above and agree to abide by the stated policies and procedures.*

*PHYSICAL THERAPIST ASSISTANT PROGRAM ORIENTATION FORM*

*Student Name* \_\_\_\_\_

*Clinical Site:* \_\_\_\_\_

*Date of Orientation:* \_\_\_\_\_

*CI Name:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## *APTA GUIDELINES FOR SUPERVISION OF THE STUDENT PTA*

*A brief primer on what to ask and where to seek answers.*

- 

- 

*neither*

*nor*

**Medicare provisions.**

*silent*

- 

- 

**Commercial insurers.**

## Who Signs?



*Sharita Jennings, JD, is senior regulatory specialist at APTA.*

### **Levels of Supervision (APTA House of Delegates Position)**

- 

### **State Practice Acts**

- 

### **Report to Congress: Standards for Supervision of Physical Therapist Assistants (Under Medicare)**

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*FIVE-MINUTE FEEDBACK FORM*

*WEEKLY ASSESSMENT AND PLANNING FORM*



*Clinical Site Visit Record*

















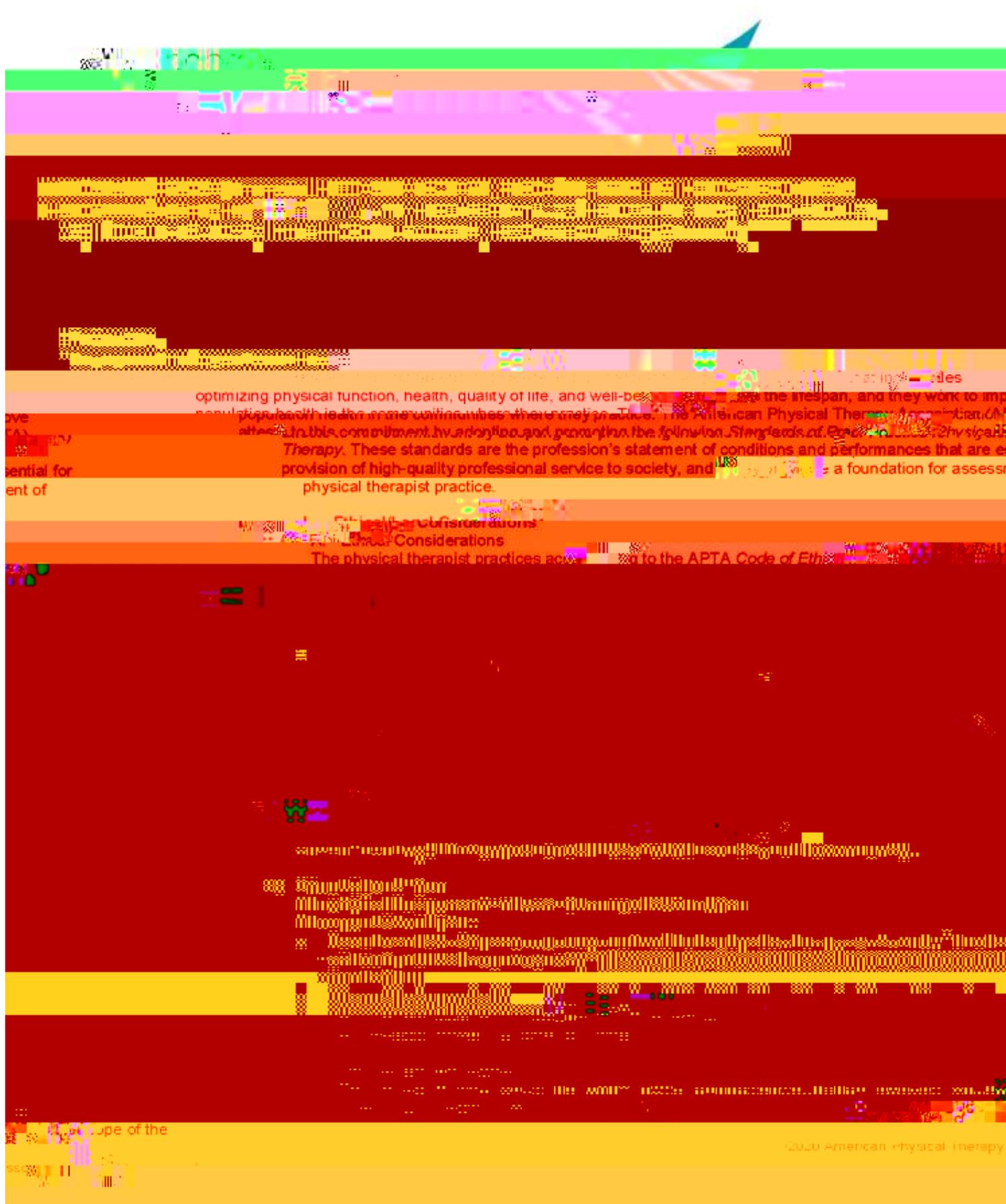









# STANDARDS OF PRACTICE FOR PHYSICAL THERAPY

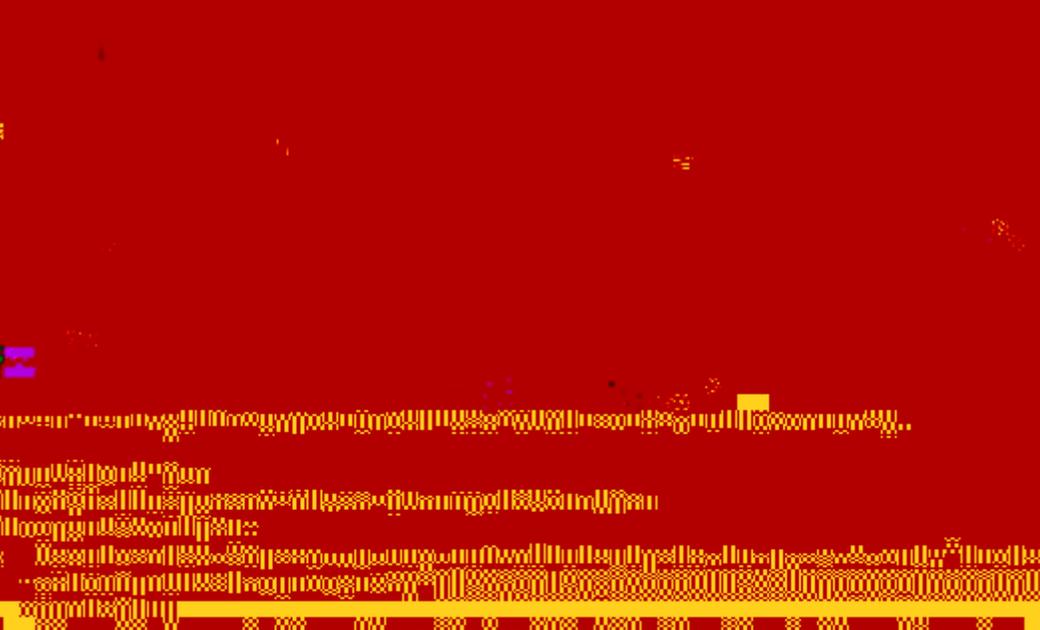


optimizing physical function, health, quality of life, and well-being across the lifespan, and they work to improve population health in the communities where they practice. The American Physical Therapy Association (APTA) is committed to advancing and promoting the following *Standards of Practice for Physical Therapy*. These standards are the profession's statement of conditions and performances that are essential for the provision of high-quality professional service to society, and they provide a foundation for assessing physical therapist practice.

## Standards of Practice

### Standard 1: Ethical Considerations

The physical therapist practices according to the APTA *Code of Ethics*.



The Standards of Practice and Standards of Care are interconnected and inform each other. The Standards of Practice are the foundation for the Standards of Care, and the Standards of Care are the result of the Standards of Practice.



The staff develops:

- includes strategies for ongoing learning and professional setting, and cross-

relevant clinical

practice guidelines, reflective res

with individuals' values and circum decisions regarding services for patients and clients, practice managem

a physical therapist

assessment and client management

Relevant and critical objectives

within the scope and direction of the profession, the physical therapist and other health care professionals, recognizing collaborative throughout the provision of services and can extend over th

C. Initial Examination/Evaluation/Diagnosis

1. Obtain a history of the patient's

and the individual, and the process of decision-making that exists throughout the lifespan.

1. Attempts to identify the presence of risk factors, and cognitive and opportunities that may be targets for health promotion activities.

environmental barriers and op

The physical therapist examin

is documented and detaile

need for therapist services

When a patient or client is referred to a physical therapist, the physical therapist should assess the patient or client's condition and determine the need for physical therapy services. This assessment should include a review of the patient's or client's medical history, a physical examination, and a review of the patient's or client's functional status. The physical therapist should also consider the patient's or client's goals and the patient's or client's ability to participate in physical therapy.

The physical therapist should then develop a plan of care that includes the goals and objectives of the physical therapy, the interventions that are required to reach those goals and objectives, the proposed duration and frequency of the physical therapy, and plans as appropriate for referral, consultation, or co-management with other healthcare providers.

A plan of care is not required if the physical therapist is only consulted for expert advice or for diagnostic or physical therapy testing. In such situations the physical therapist should document the reason for the consultation.

The physical therapist should also document the patient's or client's response to the physical therapy and the patient's or client's functional status at the end of the physical therapy.

The physical therapist should also document the patient's or client's understanding of the physical therapy and the patient's or client's ability to participate in the physical therapy.

The physical therapist should also document the patient's or client's satisfaction with the physical therapy and the patient's or client's compliance with the physical therapy.

The physical therapist should also document the patient's or client's adherence to the physical therapy and the patient's or client's progress towards the goals and objectives of the physical therapy.

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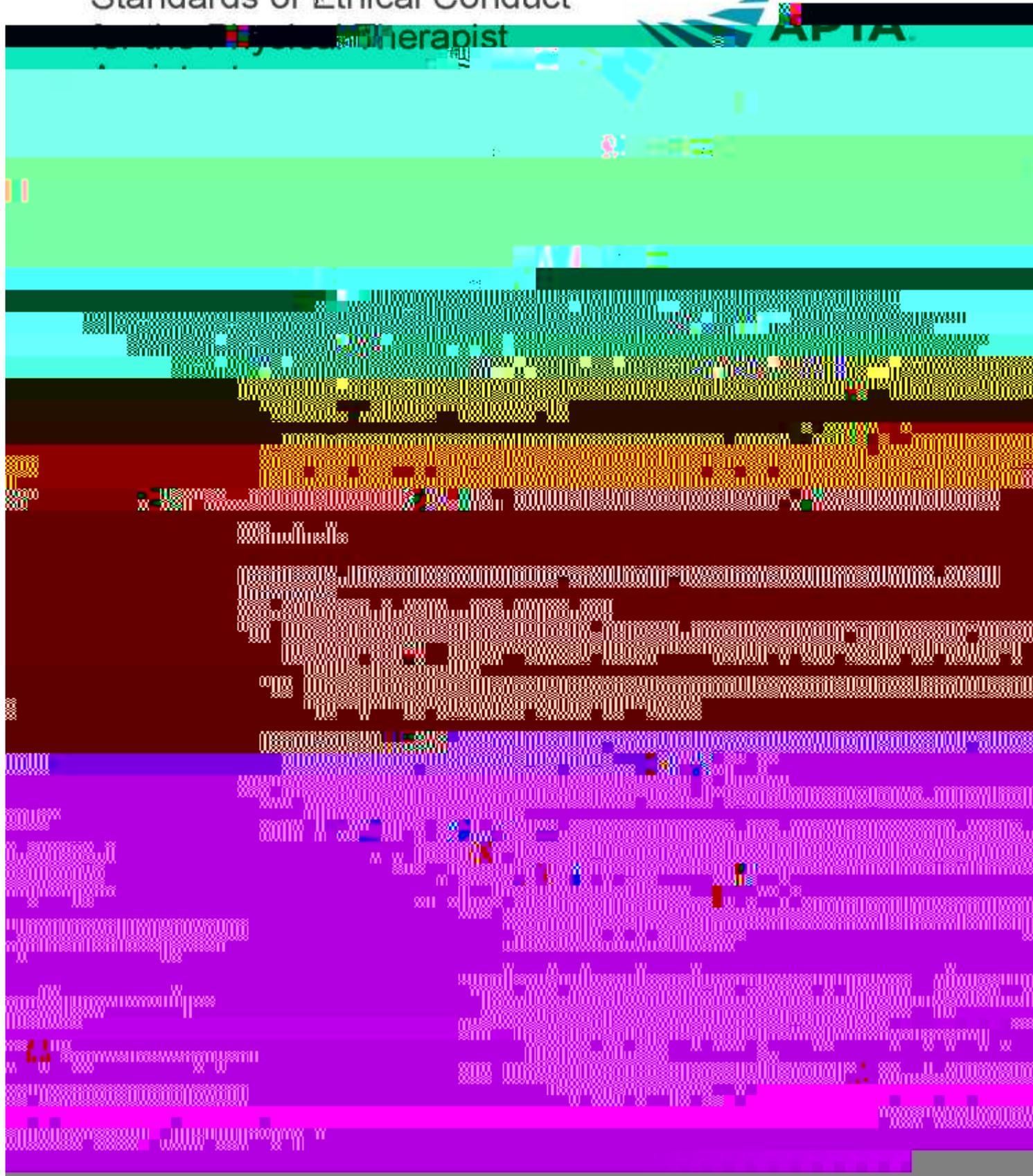
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# Standards of Ethical Conduct

Therapist



- 3C. Physical therapist assistants shall make decisions based upon their level of competence and consistent with patient and client values.
- 3D. Physical therapist assistants shall not engage in conflicts of interest that interfere with their judgment and dedication.

Physical therapist assistants shall provide truthful, accurate, and relevant information and shall not make misleading representations.

- 4B. Physical therapist assistants shall not exploit persons or vulnerable individuals by means of superior authority (e.g., patients and clients, students, supervisees, research participants, or employees).
- 4C. Physical therapist assistants shall not engage in any sexual relationship with any of their patients.

- 4E. Physical therapist assistants shall not harass anyone verbally, physically, emotionally, or sexually.
- 4F. Physical therapist assistants shall discourage misconduct by physical therapist assistants, and other health care professionals and, when appropriate, report including verbal, physical, emotional, or sexual harassment to an appropriate authority.

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ts, physical therapist  
lling and unethical acts.

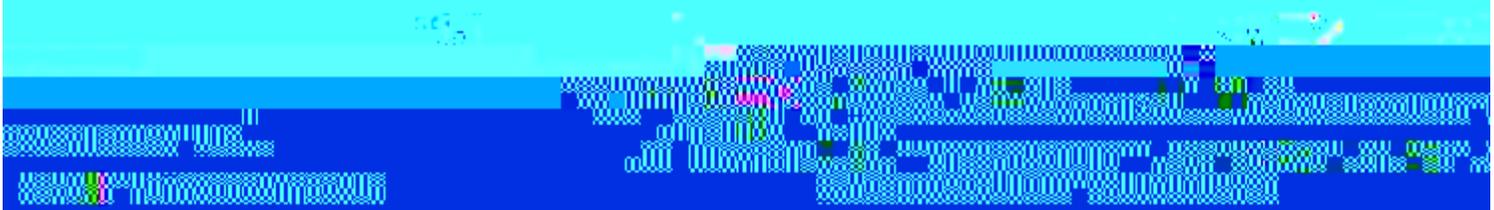
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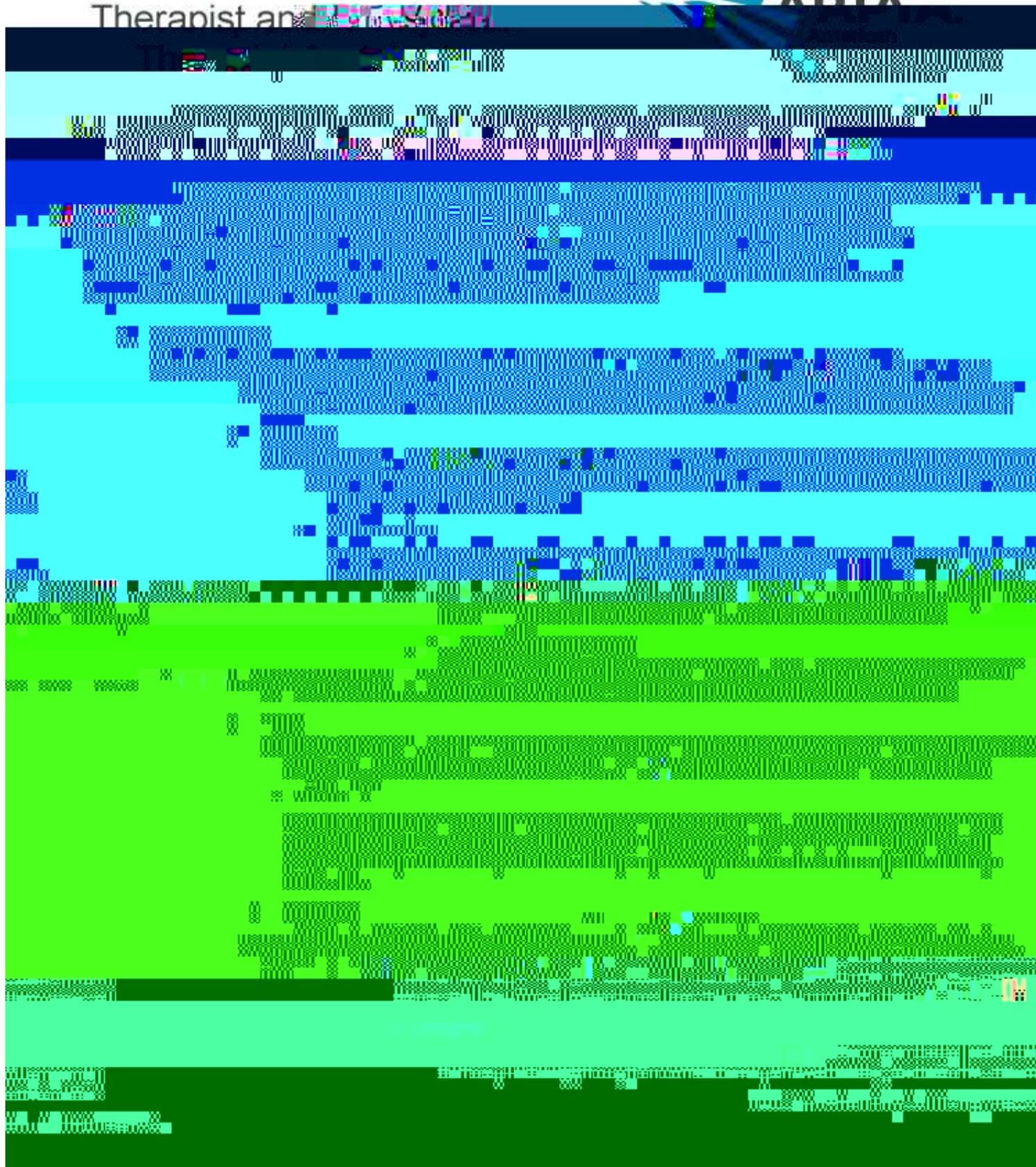
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- 7C. Physical therapist assistants shall fully disclose any financial interest they have in products or services that they recommend to patients and clients.
- 7D. Physical therapist assistants shall ensure that documentation for their interventions accurately reflects the nature and extent of the services provided.
- 7E. Physical therapist assistants shall refrain from employment arrangements, or other arrangements, that prevent physical therapist assistants from

# Core Values for the Physical Therapist and



### Social Responsibility

Social responsibility is the promotion of a mutual trust between the profession and the larger public that necessitates responding to society's needs.

### Terence Numbers

HOD P06-17-05-04 stands for house of delegates 6 minutes per page in the house of Delegates minutes position (see below). For example, HOD P06-17-05-04 means that this position can be found in the June minutes on Page 5 and that it











	<u>                    </u>	<u>                    </u>	<u>                    </u>



*ESSENTIAL FUNCTIONS FOR PHYSICAL THERAPIST ASSISTANT STUDENTS*





VIDEOTAPE/PHOTOGRAPH CONSENT AND AGREEMENT

*Printed Student Name*

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*Printed Student Signature*

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*Date*



3. **Waiver and Release: Volunteer**

I, the undersigned, understand that my participation in the above-captioned activity is a voluntary activity and that I am assuming the risk of injury or damage to myself or others. I understand that the Laramie County Community College is not responsible for any injury or damage to myself or others that may occur as a result of my participation in the above-captioned activity. I understand that the Laramie County Community College is not responsible for any injury or damage to myself or others that may occur as a result of my participation in the above-captioned activity.

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7. **Governmental Immunity**

Participant hereby releases, waives, discharges, and covenants not to sue the Laramie County Community College, its elected and appointed officials, employees, officers, agents, successors, assigns, and volunteers, from and on claims arising in or as a result of participant's participation in the above-captioned activity. Participant acknowledges that the Wyoming Recreation Safety Act, WYO. STAT. ANN. § 1-1-121 (2012) et seq., and WYO. STAT. ANN. § 1-1-109 (2012) apply to the age of the person assuming the risk. To the fullest extent permitted by law, Participant shall indemnify, defend, and hold harmless LCCC, its elected and appointed officials, employees, officers, agents, successors, assigns, and volunteers, from and on claims arising in or as a result of participant's participation in the above-captioned activity.

I understand that my participation in the above-captioned activity is a voluntary activity and that I am assuming the risk of injury or damage to myself or others. I understand that the Laramie County Community College is not responsible for any injury or damage to myself or others that may occur as a result of my participation in the above-captioned activity.



I have read and understand the above terms and conditions. I have had the opportunity to ask any and all questions regarding this form. Please, I am aware that by signing this form, I am releasing Laramie County, its officers, employees, and volunteers from all liability and legal rights that I may have. I understand that this form is not intended to create a contract.

\_\_\_\_\_  
 Volunteer's Printed Name

\_\_\_\_\_  
 Volunteer's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Volunteer's Phone Number

\_\_\_\_\_  
 Volunteer's Email Address (Please include full email address)

\_\_\_\_\_  
 Home Street Address

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip Code

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Emergency Contact's Phone Number

\_\_\_\_\_  
 Emergency Contact's Address

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Supervisor's Signature

**FOR VOLUNTEERS UNDER AGE 18**  
I, as the Parent/Guardian of the above-named minor, hereby give my permission for my child to serve as a

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Signature

my heirs, executors, administrators, and representatives.

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*STUDENT STATEMENT OF UNDERSTANDING AND LIABILITY RELEASE*



*STATEMENT OF AGREEMENT*

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