The purpose of this manual is to introduce the philosophy of the Department of Physical Therapy, Texas State University-San Marcos, to students enrolled in the MSPT curriculum. It has been developed to familiarize enrolled students with department policies and procedures not addressed in the University catalog or other University publications.

This manual is for general information only and is not intended to contain all regulations related to students enrolled in the MSPT curriculum. The provisions of this handbook do not constitute a contract, either expressed or implied, between an enrolled student and Texas State University. The University reserves the right to withdraw courses at anytime, to change fees or tuition, calendar, curriculum, degree requirements, graduation procedures, and any other requirements affecting students. Changes will become effective as determined by the Texas State Administration and will apply to both prospective students and to those already enrolled.
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Welcome

Welcome to the Texas State University-San Marcos Department of Physical Therapy! We congratulate you on your decision to continue your education and trust that this decision will enrich your life and expand your future. This Handbook will give you a sense of the University, College and Department and ensure that you have important information to guide you to success in your academic endeavors. Read it carefully and keep it available for future reference. The faculty and staff of the Department wish you the best of luck during your time at TX State. We will be happy to answer your questions. Feel free to call on us when we can help.

This Handbook represents the policies and procedures, curriculum and philosophy of the faculty of the Department of Physical Therapy. Thank you to the faculty, students and staff who have provided information and direction in the development of this handbook.

Developed and written by Barbara Sanders, PhD, PT, SCS
SECTION I. GENERAL INFORMATION

TEXAS STATE UNIVERSITY-SAN MARCOS

Texas State University-San Marcos (Texas State) is a public, student-centered, doctoral-granting university located in the burgeoning Austin-San Antonio corridor, the largest campus in the Texas State University System, and one of the largest in the state.

Texas State's over 27,000 students choose from 114 undergraduate and 81 masters and 6 Ph.D. graduate degree programs offered by seven colleges (Applied Arts, Business Administration, Education, Fine Arts and Communication, Health Professions, Liberal Arts, and Science), the University College, and the Graduate College.

Texas State is also the lead institution of a multi-institution teaching center offering several programs in the greater north Austin area. This center is the Round Rock Higher Education Center and combines the efforts of Texas State with Austin Community College and Temple College at Taylor to provide educational opportunities in that area.

Location
Located on the edge of the Texas Hill Country, where black land prairies turn in to beautiful hills, Texas State enjoys a setting that is unique among Texas universities. The beauty of the crystal-clear San Marcos River and the stately cypress and pecan trees on the campus add to the charm of its picturesque setting. The campus is in San Marcos, a community about halfway between Austin and San Antonio. Its location on the banks of the San Marcos River provides recreational and leisure activities for students throughout the year.

History
Authorized by the Texas Legislature in 1899, Southwest Texas State Normal School opened its doors in 1903. Over the years the Legislature broadened the institution's scope and changed its name, in succession, to Normal College, Teachers College, College, University, and in 2003 to Texas State University-San Marcos. Each name reflects the University's growth from a small teacher preparation institution to a major, multipurpose university. Texas State's original mission was to prepare Texas public school teachers, especially those of south central Texas. It became renowned for carrying out this mission, but today it does far more.

Colleges
The University offers programs in colleges of Applied Arts, Business, Education, Fine Arts and Communication, Health Professions, Liberal Arts, and Science. In 1986, the University College was created to assure a broad general education for all students, regardless of major. In 1935, the Board of Regents authorized the formation of the Graduate College.

Campus
As the University's student population has grown - from 303 in 1903 to over 27,000 in 2006 - the campus, too, has expanded, and today Texas State is the sixth largest public university in the state. Overlooking the campus and serving as a landmark since 1903 is Old Main, a red-gabled Victorian building restored to its original grandeur. In 1979, after adding a number of classroom buildings and residence halls, the university purchased the former San Marcos Baptist Academy adjacent to the original campus. Campus facilities encourage a feeling that Texas State is a special place.

Our Mission
Texas State University-San Marcos is a public, student-centered, doctoral-granting institution dedicated to excellence in serving the educational needs of the diverse population of Texas and the world beyond.
**Our Shared Values**

In pursuing our mission as a premier institution, we, the faculty, staff, and students of Texas State University-San Marcos, are guided by a shared collection of values. Specifically, we value:

- An exceptional undergraduate experience as the heart of what we do;
- Graduate education as a means of intellectual growth and professional development;
- A diversity of people and ideas, a spirit of inclusiveness, a global perspective, and a sense of community as essential conditions for campus life;
- The cultivation of character and the modeling of honesty, integrity, compassion, fairness, respect, and ethical behavior, both in the classroom and beyond;
- Engaged teaching and learning based in dialogue, student involvement, and the free exchange of ideas;
- Research, scholarship, and creative activity as fundamental sources of new knowledge and as expressions of the human spirit;
- A commitment to public service as a resource for personal, educational, cultural, and economic development;
- Thoughtful reflection, collaboration, planning, and evaluation as essential for meeting the changing needs of those we serve.

[http://www.txstate.edu/about_texas_state](http://www.txstate.edu/about_texas_state)

**THE COLLEGE OF HEALTH PROFESSIONS**

**Vision Statement**

The Texas State College of Health Professions will be a nationally recognized premier center for educating professionals in a broad array of health care and social service fields, increasing the knowledge, research, and community coalitions necessary to enhance and restore the health and well-being of the whole person and of society.

**Mission Statement**

The College of Health Professions educates and prepares health and social service professionals in a student centered learning environment. The College excels in teaching, research, and service while responding to the health, wellness, social service, and integrated delivery system needs of the state and nation. To accomplish this, the Texas State University's College of Health Professions unites faculty, students, the health care and social service communities, and consumers in coalitions that nurture the academic, scholarly, and service aspects of health care and social services.

The College of Health Professions (College), under the direction of Dean Ruth B. Welborn, is currently comprised of one school, five academic departments and three programs. In addition to the Department of Physical Therapy, the other departments include Communication Disorders (CDIS), Health Administration (HA), Health Services Research (HSR) and Respiratory Care (RC). The School of Social Work (SW) is the first and only school in the College. The programs within the College include Health Information Management (HIM), Radiation Therapy Technology (RTT) and Clinical Laboratory Science (CLS). Fall 2007 will usher in a change in administrative structure of the college. The Departments of Health Administration and Health Services Research will merge to form the School of Health Administration, giving the College two schools.

The College also includes the Academic Advising Center, the Institute for Quality Improvement in Long Term Health Care, the Speech-Language-Hearing Clinic, the Physical Therapy Clinic, the Sleep Lab, the Telehealth Program and the Walter H. Richter Institute of Social Work Research. To further its goals, the College has established a number of cooperating teaching sites and has more than 600 affiliations with hospital and other health care facilities.
THE DEPARTMENT OF PHYSICAL THERAPY

The Department of Physical Therapy (Department) is an academic based department that graduated its initial class of students in 1986, receiving a Bachelor of Science in Physical Therapy degree (BSPT). The final BSPT class graduated in December 1996. The Master of Science in Physical Therapy (MSPT) program enrolled its initial class in May 1995, with graduation in May 1997. The MSPT was accredited by the Commission on Accreditation of Physical Therapy Education (CAPTE) in October 1998 for ten years. The proposal for the Doctor of Physical Therapy Program is pending approval by the Texas Higher Education Coordinating Board. The Department of Physical Therapy is under the direction of Dr. Barbara Sanders.

Mission

The Department of Physical Therapy at Texas State University-San Marcos is committed to the education and professional development of individuals who are prepared to meet the current and future needs of physical therapy clinical practice, education and research.

Graduates will be prepared to assume their professional and social obligations, contribute to meeting the health care needs of society, provide leadership to the profession, and contribute to the growth of physical therapy. The graduates will be knowledgeable of the variable cultural and societal environments within the health care delivery system and will function as clinical problem solvers in a variety of settings. Implicit in the curriculum is development of the application of evaluation skills, program planning and intervention, teaching-learning processes, leadership and group dynamics, management and research. (revised January 2005)

Philosophy of Education

Because of the constant emergence of new technology, new treatment approaches, new treatment techniques, new areas of clinical specialization and the development of a more independent health care practitioner, graduates of the Department must be prepared to meet these challenges and adapt to an ever-changing health care environment. It is the responsibility of the Department faculty to provide enrolled students the opportunity to receive a high quality professional education as a foundation from which personal and professional growth will occur. Thus, the faculty believes the educational process must be a balance between didactic/academic and experiential/clinical laboratory course work and clinical education experiences. This requires a continuous effort of both academic and clinical faculty to provide relevant and pertinent clinical examples and experiences throughout the curriculum and is accomplished by involving clinical faculty in all areas of the Department.

The Department is based on the philosophy that a physical therapy education should prepare the student to provide current and future quality health care; both academic and clinic courses should be incorporated into the educational experience; and academic and clinic experiences should be integrated and interrelated. The MSPT curriculum is based on the following givens:

• There is a demonstrated need for physical therapy services in health care;
• There is a continuing need for public education as to the role and function of the physical therapist;
• The physical therapy profession is both an art and a science;
• The physical therapy profession's role and function continually change based on societal needs;
• Further research is critical for continued growth of the profession;
• Students who enroll in the curriculum will be independent thinkers, critical evaluators and problem solvers;
• Students complete a strong academic background in the basic sciences and liberal arts prior to entering the curriculum;
• Students enter the curriculum with diverse backgrounds and unique personal qualities that demonstrate flexibility, responsibility and cultural sensitivity;
• Early integration of classroom knowledge with clinical learning experiences is essential;
• Faculty members serve as role models in research, clinical practice, and professional leadership;
• The University provides a rich environment for learning and personal growth of students and faculty;
• The University supports the objectives and activities of the Department of Physical Therapy.

The Departmental faculty believe that to properly assimilate the foundation knowledge acquired in the pre-professional course work with the directed knowledge gained in the professional program, a flexible academic calendar is required. The scheduling flexibility, which incorporates both academic course work and clinical study,

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allows the Department to readily adapt to the changing needs of the physical therapy profession within the changing health care delivery system. The length of the curriculum is a minimum of six academic semesters completed over two calendar years. The academic calendar is attached for reference. (Attachment #1)

The Department's faculty also recognizes the need for adequate learning resources to operate a successful professional program. These resources include, but are not limited to sufficient classroom and laboratory space, appropriate and adequate equipment, and availability of clinical sites for directed learning and clinical education experiences. The Department, with College and University support, is committed to achieving this expectation by maintaining relatively small professional classes. The current class size is 36-40 students who are admitted into the professional course sequence each year.

The course sequence for the MSPT curriculum has been designed to achieve integration of academic and clinical information. It is based on a "spiral" curricular model in which topics are introduced early in the curriculum and then revisited and expanded throughout the remaining course presentation. (Attachment #2, #3) The textbooks used for each course while enrolled in the Department have been chosen to help the student establish a base for the individual student's professional library.

**Educational Objectives**
The overall objective of the Department is to prepare students to practice state of the art physical therapy. To do this, students must become licensed in the appropriate legal jurisdiction. Currently, all jurisdictions in the United States require licensure. The educational goals of the curriculum reflect the knowledge, skills and behaviors expected of Department graduates. The graduates of the TX State Department of Physical Therapy will be expected to:

- Demonstrate knowledge of the theoretical basis of physical therapy
- Demonstrate clinical competency in examination, evaluation, diagnosis prognosis and intervention
- Integrate knowledge of basic sciences and physical therapy sciences in order to modify intervention approaches that reflect the breadth and scope of physical therapy practice
- Integrate the use of basic principles of research in critical analysis of concepts and findings generated by self and others
- Actively recognize the rights and dignity of individuals in patient/client management
- Identify with and contribute to the aims and ideals of the profession
- Function as competent physical therapists in any health care setting
- Demonstrate command of knowledge that is necessary to function as an independent problem solver and learner in the practice environment
- Practice in an ethical and legal manner

Although the Department realizes that not all students will reach the same level of competence, all students will achieve a minimum level of competency and will achieve higher levels in some areas depending on their selection of specialty and interest options. The curriculum will prepare graduates to take the state licensure examination. Successful completion of this examination is necessary for licensure in all jurisdictions.

**Educational Goals**
The graduates of this Department will be prepared to:

1) communicate effectively
2) demonstrate professional behaviors
3) demonstrate sensitivity to cultural and individual differences
4) demonstrate effective clinical decision making skills
5) effectively educate others
6) demonstrate commitment to personal and professional growth
7) effectively determine patient/client needs based on elements of patient/client management
8) efficiently and effectively develop and implement an appropriate plan of care and intervention
9) actively participate in management, consultative, and research activities
Commission on Accreditation of Physical Therapy Education

The Commission on Accreditation of Physical Therapy Education (CAPTE) establishes standards and criteria that an educational program must meet to be eligible for accreditation. It is important that students understand the outcomes for which the program is held accountable. To that end, the following is a statement (the actual CAPTE criterion) of the curriculum outcomes that must be met by each accredited program and thus, shape the curriculum content. (http://www.apta.org/CAPTE)

CC-5. The physical therapist professional curriculum includes content and learning experiences designed to prepare students to achieve educational outcomes required for initial practice of the profession of physical therapy. The curriculum is designed to prepare students to meet the practice expectations listed in CC-5.1 through CC-5.66.

Professional Practice Expectation: Accountability
CC-5.1 Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.
CC-5.2 Have a fiduciary responsibility for all patient/clients.
CC-5.3 Practice in a manner consistent with the professional Code of Ethics.
CC-5.4 Change behavior in response to understanding the consequences (positive and negative) of his or her actions.
CC-5.5 Participate in organizations and efforts that support the role of the physical therapist in furthering the health and wellness of the public.

Professional Practice Expectation: Altruism
CC-5.6 Place patient’s/client’s needs above the physical therapist’s needs.
CC-5.7 Incorporate pro bono services into practice.

Professional Practice Expectation: Compassion/Caring
CC-5.8 Exhibit caring, compassion, and empathy in providing services to patients/clients.
CC-5.9 Promote active involvement of the patient/client in his or her care.

Professional Practice Expectation: Integrity
CC-5.10 Demonstrate integrity in all interactions with patients/clients, family members, caregivers, other health care providers, students, other consumers, and payers.

Professional Practice Expectation: Professional Duty
CC-5.11 Demonstrate professional behavior in all interactions with patients/clients, family members, caregivers, other health care providers, students, other consumers, and payers.
CC-5.12 Participate in self-assessment to improve the effectiveness of care.
CC-5.13 Participate in peer assessment activities.
CC-5.14 Effectively deal with positive and negative outcomes resulting from assessment activities.
CC-5.15 Participate in clinical education of students.
CC-5.16 Participate in professional organizations.

Professional Practice Expectation: Communication
CC-5.17 Expressively and receptively communicate in a culturally competent manner with patients/clients, family members, caregivers, practitioners, interdisciplinary team members, consumers, payers, and policymakers.

Professional Practice Expectation: Cultural Competence
CC-5.18 Identify, respect, and act with consideration for patients’/clients’ differences, values, preferences, and expressed needs in all professional activities.
Professional Practice Expectation: Clinical Reasoning
CC-5.19 Use clinical judgment and reflection to identify, monitor, and enhance clinical reasoning to minimize errors and enhance patient/client outcomes.
CC-5.20 Consistently apply current knowledge, theory, and professional judgment while considering the patient/client perspective in patient/client management.

Professional Practice Expectation: Evidence-based Practice
CC-5.21 Consistently use information technology to access sources of information to support clinical decisions.
CC-5.22 Consistently and critically evaluate sources of information related to physical therapist practice, research, and education and apply knowledge from these sources in a scientific manner and to appropriate populations.
CC-5.23 Consistently integrate the best evidence for practice from sources of information with clinical judgment and patient/client values to determine the best care for a patient/client.
CC-5.24 Contribute to the evidence for practice by written systematic reviews of evidence or written descriptions of practice.
CC-5.25 Participate in the design and implementation of patterns of best clinical practice for various populations.

Professional Practice Expectation: Education
CC-5.26 Effectively educate others using culturally appropriate teaching methods that are commensurate with the needs of the learner.

Patient/Client Management Expectation: Screening
CC-5.27 Determine when patients/clients need further examination or consultation by a physical therapist or referral to another health care professional.

Patient/Client Management Expectation: Examination
CC-5.28 Examine patients/clients by obtaining a history from them and from other sources.
CC-5.29 Examine patients/clients by performing systems reviews.
CC-5.30 Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:

a. Aerobic Capacity/Endurance
b. Anthropometric Characteristics
c. Arousal, Attention, and Cognition
d. Assistive and Adaptive Devices
e. Circulation (Arterial, Venous, Lymphatic)
f. Cranial and Peripheral Nerve Integrity
g. Environmental, Home, and Work (Job/School/Play) Barriers
h. Ergonomics and Body Mechanics
i. Gait, Locomotion, and Balance
j. Integumentary Integrity
k. Joint Integrity and Mobility
l. Motor Function (Motor Control and Motor Learning)
m. Muscle Performance (including Strength, Power, and Endurance)
n. Neuromotor Development and Sensory Integration
o. Orthotic, Protective, and Supportive Devices
p. Pain
q. Posture
r. Prosthetic Requirements
s. Range of Motion (including Muscle Length)
t. Reflex Integrity
u. Self-Care and Home Management (including activities of daily living [ADL] and instrumental activities of daily living [IADL])
v. Sensory Integrity
w. Ventilation and Respiration/Gas Exchange
x. Work (Job/School/Play), Community, and Leisure Integration or Reintegration (including IADL)

Patient/Client Management Expectation: Evaluation
CC-5.31 Evaluate data from the examination (history, systems review, and tests and measures) to make clinical judgments regarding patients/clients.

Patient/Client Management Expectation: Diagnosis
CC-5.32 Determine a diagnosis that guides future patient/client management.

Patient/Client Management Expectation: Prognosis
CC-5.33 Determine patient/client prognoses.

Patient/Client Management Expectation: Plan of Care
CC-5.34 Collaborate with patients/clients, family members, payers, other professionals, and other individuals to determine a plan of care that is acceptable, realistic, culturally competent, and patient-centered.
CC-5.35 Establish a physical therapy plan of care that is safe, effective, and patient/client centered.
CC-5.36 Determine patient/client goals and outcomes within available resources and specify expected length of time to achieve the goals and outcomes.
CC-5.37 Deliver and manage a plan of care that is consistent with legal, ethical, and professional obligations and administrative policies and procedures of the practice environment.
CC-5.38 Monitor and adjust the plan of care in response to patient/client status.

Patient/Client Management Expectation: Intervention
CC-5.39 Provide physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:
   a. Therapeutic Exercise
   b. Functional Training in Self-Care and Home Management
   c. Functional Training in Work (Job/School/Play), Community, and Leisure Integration or Reintegration
   d. Manual Therapy Techniques (including Mobilization/Manipulation Thrust and Nonthrust Techniques)
   e. Prescription, Application, and, as appropriate, Fabrication of Devices and Equipment
   f. Airway Clearance Techniques
   g. Integumentary Repair and Protection Techniques
   h. Electrotherapeutic Modalities
   i. Physical Agents and Mechanical Modalities
CC-5.40 Determine those components of interventions that may be directed to the physical therapist assistant (PTA) upon consideration of: (1) the needs of the patient/client, (2) the PTA’s ability, (3) jurisdictional law, (4) practice guidelines/policies/codes of ethics, and (5) facility policies.
CC-5.41 Provide effective culturally competent instruction to patients/clients and others to achieve goals and outcomes.
CC-5.42 Complete documentation that follows professional guidelines, guidelines required by health care systems, and guidelines required by the practice setting.
CC-5.43 Practice using principles of risk management.
CC-5.44 Respond effectively to patient/client and environmental emergencies in one’s practice setting.

Patient/Client Management Expectation: Outcomes Assessment
CC-5.45 Select outcome measures to assess individual outcomes of patients/clients using valid and reliable measures that take into account the setting in which the patient/client is receiving services, cultural issues, and the effect of societal factors such as reimbursement.
CC-5.46 Collect data from the selected outcome measures in a manner that supports accurate analysis of individual patient/client outcomes.

CC-5.47 Analyze results arising from outcome measures selected to assess individual outcomes of patients/clients.

CC-5.48 Use analysis from individual outcome measurements to modify the plan of care.

CC-5.49 Select outcome measures that are valid and reliable and shown to be generalizable to patient/client populations being studied.

**Practice Management Expectation: Prevention, Health Promotion, Fitness and Wellness**

CC-5.50 Provide culturally competent physical therapy services for prevention, health promotion, fitness, and wellness to individuals, groups, and communities.

CC-5.51 Promote health and quality of life by providing information on health promotion, fitness, wellness, disease, impairment, and functional limitation, disability, and health risks related to age, gender, culture, and lifestyle within the scope of physical therapist practice.

CC-5.52 Apply principles of prevention to defined population groups.

**Practice Management Expectation: Management of Care Delivery**

CC-5.53 Provide culturally competent first-contact care through direct access to patients/clients who have been determined through the screening and examination processes to need physical therapy care.

CC-5.54 Provide culturally competent care to patients/clients referred by other practitioners to ensure that care is continuous and reliable.

CC-5.55 Provide culturally competent care to patients/clients in tertiary care settings in collaboration with other practitioners.

CC-5.56 Participate in the case management process.

**Practice Management Expectation: Practice Management**

CC-5.57 Direct and supervise human resources to meet patient’s/client’s goals and expected outcomes.

CC-5.58 Participate in financial management of the practice.

CC-5.59 Establish a business plan on a programmatic level within a practice.

CC-5.60 Participate in activities related to marketing and public relations.

CC-5.61 Manage practice in accordance with regulatory and legal requirements.

**Practice Management Expectation: Consultation**

CC-5.62 Provide consultation within boundaries of expertise to businesses, schools, government agencies, other organizations, or individuals.

**Practice Management Expectation: Social Responsibility and Advocacy**

CC-5.63 Challenge the status quo of practice to raise it to the most effective level of care.

CC-5.64 Advocate for the health and wellness needs of society.

CC-5.65 Participate and show leadership in community organizations and volunteer service.

CC-5.66 Influence legislative and political processes.

**Philosophy of Research**

For the growth of the physical therapy profession and ultimate improvement in patient care services, the Department faculty value the importance of continued learning and development of the body of professional knowledge. In this regard, the faculty believes the professional education environment must provide opportunity for, and involvement in, research activities. These research areas, necessary to the advancement of the profession, include basic and applied clinical research, evidence based practice, administrative research, and educational research activities. The Department, therefore, is committed to the development of research resources with opportunities for the involvement of students, faculty, and community practitioners.
RELATIONSHIP OF THE PROGRAM TO THE COMMUNITY

University Community
The Department faculty strongly believes they should be involved in many components of the TX State community to assure that they are an integral part of that community. The faculty is committed to contribute to the service activities of TX State and accept the challenge by actively serving on Department, College, and TX State committees and organizations; representing the Department and TX State to civic and social groups; becoming involved with TX State student organizations; and operating a physical therapy clinic to serve the TX State community.

Professional Community
The Department's faculty recognizes and greatly appreciates the support for the growth and development of the Program given by the professional community of Central Texas. The faculty has a strong sense of commitment and obligation to their professional community. Faculty members are active members of their professional organizations, as well as other community organizations, holding both elected and volunteer leadership positions in those organizations.

Community at Large
The state of Texas has diverse health care needs due to its large area and varied population. It is one of the fastest growing states in the country and will, therefore, experience many major health care changes that will impact its growing population. As a state supported institution, the faculty recognizes the Department's obligation to meet these needs to the fullest extent possible.

RELATIONSHIP OF THE PROGRAM TO THE STUDENTS

The primary focus of the Department is, like the University, the student. The goal of assisting each enrolled student to achieve his/her chosen professional goal is achieved by providing academic counseling, academic instruction and clinical experience in an atmosphere conducive to learning. The Department faculty makes every attempt to be readily available to assist with academic and personal inquiries. Each student has been assigned a faculty advisor/mentor to facilitate completion of the professional degree. Each student will be assigned a thesis or project faculty committee, based on the area of research interest of the student and expertise of the faculty members, to facilitate completion of the thesis or project option for the MSPT degree. Personal or professional concerns should be addressed to the student's mentor or another faculty member as appropriate. Previous students have developed the expectations of the students, which is shared with the applicants during the admissions process. (Attachment #4)

RELATIONSHIP OF THE FACULTY TO THE DEPARTMENT

Faculty Members
The University seeks to attract highly qualified and experienced educators to serve on the faculty. The Department's faculty is committed to providing the quality academic and clinical instruction necessary to foster high ethical and professional standards. The Graduate College has appointed the full-time academic faculty of the Department to graduate faculty status. (Attachment #5)

Adjunct Faculty
The University recognizes the contributions of the clinical faculty by granting them clinical adjunct status. To adequately discuss the continuously expanding areas related to physical therapy clinical practice, physical therapists, physicians, and other health professionals are appointed as adjunct faculty. These professionals are chosen on the basis of their interest and expertise in state-of-the-art procedures in their respective fields.
Organizational Chart of the Department
SECTION II. STUDENT INFORMATION

ACADEMIC REQUIREMENTS

Course Requirements
All course requirements are established by the individual instructor and are delineated in the course syllabus. The course instructor may establish requirements for the course, which are in addition to the course syllabus if the instructor deems them necessary and beneficial to the course, the Department or the students.

Grading Policy
A minimal grade of 70 percent is considered to be passing for any professional course within the Department. However, a student must maintain a 3.0 GPA to remain in “good standing” with the Graduate School. Unless otherwise indicated in a course syllabus, the grading scale will be:

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

Practical Examination Policy
In order to assure that students have the basic science background and psychomotor skills with which to evaluate and treat patients in a safe and competent manner, the MSPT program utilizes performance-based practical examinations.

In order to assure safety, all practical examinations will have criteria that are noted to be “must pass” criteria. Failure to perform or comply with any one of these criteria will result in the student failing the practical examination. After consultation with the course instructor, students who fail practical examinations for safety reasons will be required to retake the examination within 10 academic days or by the end of the given semester, whichever comes first, for a maximum score of a 70%. Failure to perform safely a second time will result in failure of the course.

In order to assure competence and performance in an effective manner, each practical examination will have specific performance criteria designed by the instructor(s) of the course. Failure to achieve a 70% or above on the performance criteria will result in the student failing the practical examination. After consultation with the course instructor, students who fail practical examinations with a score of lower than 70% will be required to retake the examination within 10 academic days or by the end of the given semester, whichever comes first, for a maximum score of a 70%. Failure to perform competently and effectively a second time will result in failure of the course.

Each performance practical is graded with the intent to remove subjectivity in grading. However, given that there are occasions in which subjectivity cannot be eliminated, upon failure of a performance practical it is the policy of the department to require videotaping of the retest and/or utilize an additional faculty member to administer the retest. No student may pass any course with a failing grade on any performance practical.
**Honor Code**
As members of a community dedicated to learning, inquiry, and creation, the students, faculty, and administration of our University live by the principles in this Honor Code. These principles require all members of this community to be conscientious, respectful, and honest.

WE ARE CONSCIENTIOUS. We complete our work on time and make every effort to do it right. We come to class and meetings prepared and are willing to demonstrate it. We hold ourselves to doing what is required, embrace rigor, and shun mediocrity, special requests, and excuses.

WE ARE RESPECTFUL. We act civilly toward one another and we cooperate with each other. We will strive to create an environment in which people respect and listen to one another, speaking when appropriate, and permitting other people to participate and express their views.

WE ARE HONEST. We do our own work and are honest with one another in all matters. We understand how various acts of dishonesty, like plagiarizing, falsifying data, and giving or receiving assistance to which one is not entitled, conflict as much with academic achievement as with the values of honesty and integrity.

**THE PLEDGE FOR STUDENTS**
Students at our University recognize that, to insure honest conduct, more is needed than an expectation of academic honesty, and we therefore adopt the practice of affixing the following pledge of honesty to the work we submit for evaluation:

“I pledge to uphold the principles of honesty and responsibility at our University.”

**THE PLEDGE FOR FACULTY AND ADMINISTRATORS**
Faculty at our University recognize that the students have rights when accused of academic dishonesty and will inform the accused of their rights of appeal laid out in the student handbook and inform them of the process that will take place.

“I recognize students’ rights and pledge to uphold the principles of honesty and responsibility at our University.”

**Addressing Acts of Dishonesty**
Students accused of dishonest conduct may have their cases heard by the faculty member. The student may also appeal the faculty member’s decision to the Honor Code Council. Students and faculty will have the option of having an advocate present to insure their rights. Possible actions that may be taken range from exoneration to expulsion.

[http://www.txstate.edu/academic/academic_probation.html](http://www.txstate.edu/academic/academic_probation.html)

**Course Failure**
Failure of a course will result in termination of the student’s progression in the curriculum. The student must request to be reinstated in order to repeat the course. Successful completion of the repeated course is a requirement for progression in the curriculum.

**Academic Probation**
All TX State graduate students are required to maintain a cumulative GPA of 3.0. Cumulative GPAs are computed at the end of the fall, spring and summer semesters. If a GPA falls below a 3.0, the student will be placed on academic probation. In the next semester of enrollment, the GPA must be raised to a 3.0 or above. If this does not occur, a student will be suspended from the Graduate College. (See TX State Graduate Catalog – Policy on Probation and Suspension or [http://www.gradcollege.txstate.edu/03-05GCatalog/grading.html](http://www.gradcollege.txstate.edu/03-05GCatalog/grading.html))

**Course Failure**
Failure of a course will terminate the student’s progression in the program. The student must request to be reinstated in order to repeat the course.
Suspension
After being on suspension status for six months, a student may petition for permission to reenroll in the Graduate College. Each readmission decision is made on an individual basis. If readmitted, the student must maintain a 3.0 GPA in each semester of enrollment. (See TX State Graduate Catalog – Policy on Probation and Suspension or http://www.gradcollege.txstate.edu/03-05GCatalog/grading.html ) Each graduate program may also impose additional cumulative GPA restrictions for their students.

Failure to achieve an average grade of C (70%) in an individual course will result in failure to advance in the curriculum and will result in suspension from the physical therapy program but not necessarily the Graduate College.

Grade Appeal Procedure
If a student does not agree with a final course grade, he/she may appeal that grade. This must be done in writing using the CHP form (available on the CHP web site, http://www.health.txstate.edu/policy04.pdf ) within two years following the date that grades are due to the registrar's office using the following guidelines:

- **First level**: The first level of appeal will be to the faculty member. The formal appeal should be in writing with supporting documentation. The student should meet with the faculty member with written results available to the student within 1 week following the meeting.
- **Second level**: The second level of appeal will be the Department Chair. Again, this must be in writing with supporting documentation and should be done within two weeks following receipt of written results of the first level appeal. The student shall be notified in writing within 1 week following action of the Department Chair.
- **Third level**: The third level of appeal is to the Dean of the College of Health Professions. Again, the written appeal and supporting documentation should be submitted to the Dean within 2 weeks of receiving results of the second level appeal.
- **Final appeal**: The final level is a written appeal to the Dean of the Graduate School.

Student Rights
In the event of student problems, academic or personal, every effort will be made to resolve the difficulties at the Department level. In the event of unresolved problems, MSPT students are allowed the same due process regulations as any other student enrolled at the University. These regulations are printed in the Student Handbook - http://www.mrp.txstate.edu/studenthandbook/.

Academic Progression
The Department will review the academic progress of students enrolled in the Department at the end of each semester and recommend specific individual action to the Department Chair. Reviews will be required for any student on probation or suspension status. Academic status will be reported to the Department faculty and the individual student’s advisor. Recommendations will be made to the Chair for students requiring further action on status.
Reinstate

1. Successful completion of failed course
2. Remediation that might include
   a. successful completion of additional courses that support the failed course
   b. completion of "problems" course
   c. completion of clinical

Course Failure

Request reinstatement within first semester

Do not reinstate

Recommendations to be made by faculty based on faculty advisor input, classroom faculty input, and department chair.
Department of Physical Therapy
Probation/Suspension Procedures
Flow Sheet

Probation

- Extend Probation
- Suspend

Special Consideration
- Illness/Trauma
- Learning Disabilities
- Family Circumstances

Consideration by Department Chair
Recommendations to faculty

Student to be advised by Faculty advisor throughout consideration process.

Reconsideration for reinstatement
- First year - start over
- After first year - advanced standing

First year - repeat and complete all courses successfully (B or better)

After first year - advanced standing and course enrollment to be determined after faculty review
Written Assignments
All papers should conform to the style adopted by the American Physical Therapy Association, which is the American Medical Association style. The *AMA Manual of Style* is routinely available for purchase in the bookstore, and is available both at the library and from individual faculty members. Faculty members may choose to select a different style and will notify students at that time. Consult the Writing Tips (*Attachment #6*) for helpful hints. Accepted abbreviations should be used when permitted by the faculty member. (*Attachment #13*)

Research
Each student is required to complete a research project or thesis as part of the degree requirements. This process is integrated throughout the curriculum and begins during Semester One with PT 5241 Research in Physical Therapy I. There is a specific sequence required for approval of research topics and assignment to research teams with an advisor. The policies for this process will be reviewed in both research classes and during research seminar meetings scheduled throughout the academic year. (*Attachment #7*)

Criminal Background Check
A “clear” background check is required prior to beginning off-campus clinical education experiences. A form for applying to the Texas State approved agency will be made available to students in the Clinical Education Manual (CEM) for completion of that background check. Any cost associated with the background check is the responsibility of the student.

The student will receive a copy of the coversheet showing the clearance status of the background check to be placed in their CEM. If a site requires additional confirmation of the status of the background check, the Director of Clinical Education (DCE) will provide information to the site to contact the Texas State approved agency directly for any additional information that site may need for compliance with their site’s policies.

If a student is unable to receive a “clear” background check the clinical assignments may be altered based on the areas that have failed to be clear, as well as the clinical site’s policy on accepting individuals without fully cleared background checks. This status will be reviewed on the basis of the individual and the specific clinical site assignment.

Clinical Education Assignments
The clinical education experiences are a privilege earned by successful progression through the academic curriculum and not a right of enrollment in the curriculum. All appropriate course work must be successfully completed before a student will be allowed to participate in the clinical education portion of the curriculum. The final clinical education experience may be completed only when the project or thesis is complete. Education experiences are not to be arranged by the student, but are the responsibility of the DCE and coordinated by the Dean's office. The assignments will be completed following discussion with each individual student and based on the student's written clinical goals and objectives. Although most clinical education experiences will be completed in the Central Texas area, some assignments may be outside of the immediate area. All attempts will be made for the student to be assigned to a facility in an area in which they have relatives or friends residing or that has facility provided housing. Each student will be required to complete and take to the clinical site the CEM as it contains the information required by most clinical facilities participating in the Texas State MSPT clinical education experiences.

Degree Plan
The Graduate College will provide each student with a copy of his/her degree plan, which should be maintained as a part of the student's personal records. In the semester prior to graduation, the Graduate College will prepare a degree summary based on the degree plan to verify eligibility for degree. Each student is required to complete a project or thesis to successfully complete a graduate degree at TX State. Specific thesis requirements are published in the Graduate Thesis Handbook available through the Graduate College office. The Department also requires the student have approval of the project or thesis from the Department. Upon successful completion of the curriculum, a Masters of Science degree in Physical Therapy (MSPT) will be awarded.
Comprehensive Exam
To successfully graduate from TX State with a Master of Science in Physical Therapy, all students must pass a final comprehensive examination with a minimum score of 70%. Eligibility to take the final comprehensive examination is determined by completion of all course work including clinical affiliations and project/thesis. The examination will be offered annually.

Student Records Release
Students may consent to have their records released for any number of purposes including scholarships and financial aid, awards, and employment consideration. Students must complete a release form. (Attachment #8)

Photography Release
Students may consent to have photographs or videos taken for use in educational presentations or advertising and promotion of the program. Students must complete a release form. (Attachment #9)

Treatment Release
Students may consent to receive treatments during classroom and lab and to provide treatment of others in classroom, lab or clinical education. Students must complete a release form. (Attachment #10)

LICENSURE REQUIREMENTS
Graduation from the MSPT Program does not guarantee licensure in Texas or any other state. To practice physical therapy in Texas a graduate must either have a temporary license and practice under the onsite supervision of a licensed physical therapist or have successfully completed the licensure examination. Practice cannot legally begin until the temporary or permanent license has been received and, therefore, initial employment cannot begin until the Texas State Board of Physical Therapy (TBPTE) has issued the appropriate license. For more information see http://www.ecptote.state.tx.us/.
PROFESSIONAL CONDUCT

Attendance
Class
Attendance at all class sessions is expected. If a class session is to be missed, the student should notify the course instructor prior to the class. Individual instructors will provide specific course requirements in event of absence. Make-up of course work or exams is at the discretion of the individual instructor. Specific attendance requirements will be covered in each course syllabus.

Lab
It is expected that students in a professional program will use their time wisely. Appropriate use of laboratory practice time will lessen the additional time required for clinical skill acquisition and practice outside of the scheduled class time. It will also insure the availability of the assigned faculty member to assist with the development of that skill.

Attendance Clinical Education Experiences
For all clinical education experiences, attendance is mandatory. It is the prerogative of the student’s Clinical Instructor to require any missed clinical time to be made up for successful completion of the clinical affiliation assignment.

Absences
For TX State sanctioned events the absence from class and lab sessions will be excused; however, it is the student’s responsibility to make up missed class work.

Dress
Lectures
Unless a guest lecturer is scheduled there are no specific requirements for dress for on-campus lectures. For all guest lectures and off-campus lectures, students are required to dress professionally (i.e., no jeans, T-shirts, athletic shoes, etc.).

Labs
Lab dress will vary and requirements will be covered by each course instructor.

Lockers
Lockers are provided in the male and female locker rooms. They are available on a first come first serve basis. You may provide a lock for your locker; you will be asked to remove your possessions and your lock when you depart campus for your clinical assignments.

Dress Clinical Education Experiences
Students are expected to dress in an appropriate professional manner, including clean, neat, white lab jackets with a TX State nametag. Unacceptable dress includes jeans or casual pants, T-shirts, tennis shoes or sandals. Students are expected to abide by the uniform/dress policy of the clinical facility as required. Policies governing clinical education will be included in the CEM and presented during the clinical education orientation sessions during the first two weeks of the first spring semester.

Texas State Clinic
A Texas State polo shirt and nametag are required. Additional requirements are addressed during clinic orientation each semester.
Off-Campus Classes
Frequently, classes will be scheduled at various medical facilities. Attendance is mandatory at these sessions, as there is no mechanism for that class session to be made up. The course instructor will provide specific course requirements/procedures. It will be the student's responsibility to obtain transportation to the off-campus activity unless the University provides such transportation.

BEHAVIOR
Classroom
Students are expected to behave in a manner commensurate with their status as graduate students in a professional program.

Multiculturalism and Sexual Harassment
TX State outlines its student policies in the Student Handbook. [http://www.mrp.txstate.edu/studenthandbook/index.html](http://www.mrp.txstate.edu/studenthandbook/index.html) Please review these policies carefully. Note that TX State believes in freedom of thought, innovation and creativity and consequently it seeks to encourage diversity of thought and to nurture sensitivity, tolerance and mutual respect. Discriminating against or harassing anyone based on race, color national origin, age, religion, sex, or disability is inconsistent with the University’s purpose and will result in appropriate disciplinary actions. Any student who believes he/she has been a victim of discrimination or has observed incidents of discrimination should call the Dean of Students at 3245-2124, or the Department Chair. TX State does not allow sexual harassment. Should a TX State student believe himself/herself to have been sexually harassed, contact the Dean of Students. TX State enforces a strict drug policy. TX State complies with the Family Educational Rights and Privacy Act of 1974, protecting certain confidentiality rights of students.

Professional
Students are expected to adhere to the APTA Code of Ethics. [http://www.apta.org/AM/Template.cfm?Section=CAPTE1&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=21760](http://www.apta.org/AM/Template.cfm?Section=CAPTE1&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=21760) (Attachment #11)

Professional Abilities
Professional abilities include those attributes, characteristics, or behaviors that are not explicitly part of a profession’s core of knowledge but are nevertheless required for success. Physical therapy-specific Generic Abilities include:

1. Commitment to learning
2. Interpersonal skills
3. Communication skills
4. Effective use of time and resources
5. Use of constructive feedback
6. Problem solving
7. Professionalism
8. Responsibility
9. Critical thinking
10. Stress Management

The faculty believes that each student should develop an entry-level mastery (behaviors demonstrated upon graduation and entry into the profession) of each of these skills by graduation. This belief is based on the following assumptions: the process of becoming socialized into a profession requires hard work and takes a long time and therefore must begin early; a repertoire of behaviors, in addition to a core of knowledge and skills, is important to be a successful physical therapist; professional behaviors are defined by the ability to generalize, integrate, apply, synthesize, and interact effectively; whether behaviors can be “taught” or not, the fact remains that behaviors are learned; and behaviors can be objectified and assessed.
To assist the student in assessing and developing an entry-level mastery of these behaviors, it will be required that each student and advisor complete an assessment of the **Generic Abilities** in the first semester and each year thereafter. The student should schedule a meeting with the advisor to discuss the self-assessment and the advisor’s assessment of the student. The form will be used by the student for the self-assessment, as well as by the faculty member, to provide input to the student on the student’s progression. *(Attachment #12)* Following each meeting with the advisor, the student may be required to set goals related to the **Generic Abilities** to assist the student in reaching the expected level of performance *[beginning* (by the end of the first year of the program), *developing* (by the end of the didactic course work), *entry-level* (by the end of all affiliations)]. It is expected that each student achieve entry-level mastery by graduation.

**Professional Probation**
The faculty is in the process of developing a policy on professional probation status. This policy will be distributed as soon as it is available.

**COMMUNICATIONS**

**Faculty Office Hours**
Each faculty member establishes office hours based on the semester’s schedule. The office staff manages the appointment calendar for office hours. Students are expected to check in for their appointments at the front desk. At that time, they will be announced to the faculty member. Faculty may agree to see students outside their posted office hours through an open door policy. Office staff will be glad to check the faculty member’s availability on an individual basis.

**Telephones**
Each faculty member has a direct office phone which has voicemail capability. Feel free to leave a voicemail message.

**Electronic Communication**
Each faculty member has an e-mail address and encourages students to communicate via e-mail. The office will maintain a list of student e-mail addresses. Students will be expected to check their e-mail for regular announcements or specific messages as faculty are making the transition to more electronic communication. Students should keep the office staff informed of any changes in current e-mail addresses.

When using electronic communication, one should remember to use correct etiquette. E-mail can be a valuable communication tool, however, can often create miscommunications if not used effectively.

**Mailboxes**
Each student and faculty member has a mailbox in the Department. Student mailboxes are located in the hallway outside the locker rooms. Each student is assigned a mailbox by name. This mailbox will be used to return papers, provide information to the students, and for other written communication. The information placed in an individual student’s mailbox is for that student only and should be respected as confidential.

Faculty have mailboxes in the Department workroom as well as drop boxes in the Department office. You may place assignments, borrowed materials and other items in the drop box in the Department office or you may ask the office staff to place an item in the faculty mailbox in the workroom.

There is an outgoing mail pickup location in the faculty office. You are free to use this for outgoing mail. Drop the item in the box and it will be picked up during the regular mail delivery cycle.

**Tracs**
The faculty use Tracs for course support. They will explain how to access and use depending on each course and the amount of support provided. All a student needs to gain access is their computer user number and password as assigned by the University.
PROFESSIONAL INVOLVEMENT

Community
The Department faculty strongly encourage all students to participate in community and professional activities. Involvement in such activities is one step towards becoming a complete professional. Such activities include participating as a volunteer at the Special Olympics, AWARE, Homespun, health career days, TX State student organizations or involvement in other professional groups.

Profession
The American Physical Therapy Association (APTA) is the organization representing physical therapists, physical therapist assistants, and students in the United States. The APTA is divided into its components of state chapters, sections and assemblies. The Texas Physical Therapy Association (TPTA) is the chapter of the APTA to which the student is assigned based on place of residency. The sections of the APTA are the special interest and clinical interest groups in which membership is optional. The Student Assembly is a component to which students are automatically assigned due to their membership class when joining the APTA.

Membership
Students are eligible for membership in both the APTA and TPTA at a student rate and are encouraged to become members to reap the many benefits of membership including publications, continuing education, professional conferences, networking with colleagues and peer support. Student membership during the professional program allows a graduate to qualify for reduced active member dues upon graduation. Application may be completed on-line or by writing. Applications are available on the APTA web site, http://www.apta.org/AM/Template.cfm?Section=Students1&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=27069.

CARDIOPULMONARY RESUSCITATION
All students are expected to maintain CPR certification throughout all clinical education assignments, including the clinical practicum completed in the TX State PT Clinic. It is the student's responsibility for providing either an original or a renewal certificate during clinical assignments. This proof must be provided no later than January 31st of the spring semester of the first year of the program. CPR certification must remain current throughout the clinical education courses for the student to remain in patient care at a clinical setting.

STUDENT CLINIC
The TX State PT Clinic is an integral part of the Department's teaching and learning. The faculty and second year students, while enrolled in the clinical practicum courses, operate the Clinic under the direction of the Clinic Director. Hours vary and will be posted prior to the opening of the Clinic each semester. All students are required to attend the scheduled clinic orientation sessions and are encouraged to participate actively in the clinic management through semester meetings discussing the clinic's function. Students are evaluated on their clinical performance using the PT MACS.

HEALTH STATUS/HEALTH INSURANCE
Due to the nature of a PT student's clinical contact, it is recommended that each student be enrolled in some type of health insurance program. Students are required to complete the required health form no later than January 31st of the spring semester of the first year of the program. The College requires Hepatitis B inoculations that are available through the University Student Health Center for a fee. Health insurance is available through the University or the APTA.

UTILIZATION OF CLASSROOMS, LABS & EQUIPMENT
Classrooms
Lectures will be held in the classrooms on the 1st and 2nd floor. Room assignments are made through the Dean's office. Eating is not allowed in any of the classrooms.
Teaching Labs (305, 333, 335)
Eating in the physical therapy labs is limited to lunch from 12 PM –1 PM or for other approved times in HSC 305 when class is not in session. This is a negotiated privilege and subject to revocation if the lab is not kept clean. All students are responsible for cleaning up after the lunch break. The microwave must be kept clean at all times. Drinks in containers with tops are allowed in the labs during class time. Any spill should be cleaned up immediately.

All labs should be left orderly at the end of each class session. Students from the scheduled classes held in the lab will be held responsible for the condition of that lab. There should be no lounging, general studying, or sleeping in the labs -students are encouraged to utilize teaching facilities and equipment to maximize their skill acquisition and, therefore, should have a specific reason to be in the lab in hours other than assigned class hours.

Several policies must be observed for utilization of the facilities outside of scheduled classes:
• The teaching laboratories and clinic are accessible to students after 5 p.m., on weekends, or during holidays or breaks only when the course instructor or a graduate assistant is available.
• All facilities are to be left cleaned following use, with equipment and supplies returned to the appropriate locations.
• All lights and equipment should be turned off following use of the lab and equipment.
• For safety of the students and equipment, all doors must be locked during and after any after hour use.
• Any equipment to be checked out must have the approval of the course instructor and must be checked out in the Department office.
• The student accepts full responsibility for any equipment being used or checked out.

Computer labs
Computer facilities for student use are available on the 2nd floor for all College students. Information about the computer lab operations, including policies and procedures for utilization of lab hardware and software, is available from the computer lab coordinator.

Equipment
Equipment is available for use in the teaching labs during class or when graduate assistants monitor the labs. Students should report malfunctioning equipment to a faculty member immediately to prevent injury to another student using the equipment and so that it can be repaired.

Laundry/Lab Cleaning Assignments
Each semester a laundry and cleaning assignment list is posted. Students generally have responsibility for two weeks each semester of either laundry or cleaning. It is the student’s responsibility to check the schedule and to review responsibility of the assignment.
SECTION III. MISCELLANEOUS INFORMATION

PHONES
The Department phone number is (512) 245-8351. This number may be used in an emergency situation to contact a student. However, it is not to be used as a daytime number for messages to be taken and delivered to you. Personal phone calls may not be made from the PT office or the PT Clinic.

PROFESSIONAL LIABILITY INSURANCE
Students enrolled in the College are required to purchase professional liability insurance for each year they are enrolled in the MSPT program. Payment is required to be made to the PT Department Chair no later than August 15th to maintain enrollment in the Program. A money order made payable to TX State is the only form of payment accepted for payment for the liability insurance policy. A copy of the policy coversheet will be provided to each student to be included in the Clinical Education Manual: Student Version as proof of insurance coverage.

FACULTY APPOINTMENTS
Appointments with faculty can be made in the Department office. The office staff keeps a schedule of each faculty member’s office hours during the semester and will be glad to assist the student in making an appointment. Should you schedule an appointment and be unable to keep it, please call to notify the office or the individual faculty member.

Contact for Important Offices
College of Health Professions, Dean's Office – http://www.health.txstate.edu, 245-3300

Graduate College – www.gradcollege.txstate.edu, 245-2581

Financial Aid – www.finaid.txstate.edu, 245-2315

Multicultural Student Affairs Office – www.msa.txstate.edu, 245-2278

Alcohol and Drug Resource Center – www.adrc.txstate.edu, 245-3601

Career Services – www.careerservices.txstate.edu, 245-2645

Counseling Center – www.counseling.txstate.edu, 245-2208

Disability Services – www.ods.txstate.edu, 245-3451

Student Health Center – www.healthcenter.txstate.edu, 245-2161

Writing Center – writingcenter.english.txstate.edu, 245-3018

Alkek library – www.library.txstate.edu, 245-3681

Bookstore – www.bookstore.txstate.edu, 245-2273

University Police Department – www.police.txstate.edu, 245-2805
SECTION IV. CONFIDENTIALITY

“And whatsoever I shall see or hear in the course of my profession, as well as outside my profession... if it be what should not be published abroad, I will never divulge, holding such things to be holy secrets.” Hippocratic Oath.

Confidential information is information about a patient or client that is furnished by the patient directly or even from a third party, including information that comes to you in writing or through electronic means. Any time you think a patient has a reasonable expectation that sensitive information will not be shared, treat the information as confidential. The patient who chooses to share confidential information with you has the expectation that he or she can control that information for his or her own welfare. Confidential information should be used to facilitate the goal of helping the patient and be kept from unauthorized people. It is not considered a breach of confidentiality if information is shared with other health professionals involved in the patient's care, as long as the information has some relevance regarding that case.

ANY BREACH OF CONFIDENTIALITY IS GROUNDS FOR DISMISSAL FROM THE DEPARTMENT.

EXAMPLES OF BREACH OF CONFIDENTIALITY:
1. Discussing a patient's condition or treatment in a public setting;
2. Naming a patient and the patient's condition or treatment in a public setting;
3. Speaking of a patient within hearing range of other patients;
4. Reading a patient's chart when not involved in that patient's care or as a course assignment;
5. Asking co-workers about the condition or treatment of a patient known to you;
6. Reading correspondence or information relating to a patient or employee or discussing that information with others;
7. Discussing information, which a supervisor indicates, is confidential.

EXAMPLES OF POOR SENSITIVITY CONSIDERED TO BE A BREACH OF CONFIDENTIALITY:
1. Asking loudly in the waiting room (or other area) about a patient's condition, treatment, lab work, test results, etc.
2. Making light of a patient's condition or personal characteristics;
3. Discussing personal matters of another student or supervisor within hearing range of patients or other students.

HEALTH INFORMATION PRIVACY AND ACCOUNTABILITY ACT (HIPAA)

In 1996 Congress passed HIPAA mandating the adoption of Federal privacy protections for individually identified health information. In response to this mandate, the Department of Health and Human Services (HHS) published the Privacy Rule in the Federal Register on December 28, 2000. Final rules were issued in August 2002 making modifications to the Privacy Rule. Final Privacy Rules can be found at www.hhs.gov/ocr/hipaa/finalreg.html. These rules provide comprehensive federal protection for the privacy of health information. The Privacy Rule sets a federal floor of safeguards to protect the confidentiality of information. The rule does not replace federal, state or other law that provides individuals even greater privacy protections. Since this is a new law with new regulations, the Department of Physical Therapy is developing curriculum support for instruction about HIPAA. Confidentiality is certainly a key element of HIPAA. The faculty will be including more information in courses throughout the curriculum.
ATTACHMENTS

1. Calendar
2. Curriculum
3. Curriculum Diagram
4. Expectations
5. Graduate Faculty
6. Writing Tips
7. Research Policies
8. Student Records Release Form
9. Consent for Photography Release Form
10. Consent to Treatment Release Form
11. Code of Ethics
12. Generic Abilities
13. Approved Abbreviations
## Attachment #1 Projected Calendar for MSPT Class of 2009

### Year 1

<table>
<thead>
<tr>
<th>Semester</th>
<th>Start-End</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Summer, 2007</strong></td>
<td>(10 wks)</td>
</tr>
<tr>
<td>Orientation</td>
<td>May 31 - June 1, 2007</td>
</tr>
<tr>
<td>Classes begin</td>
<td>June 4, 2007</td>
</tr>
<tr>
<td>July 4th Holiday</td>
<td>July 4, 2007</td>
</tr>
<tr>
<td>Classes end</td>
<td>Aug 8, 2007</td>
</tr>
<tr>
<td>Integrated Final</td>
<td>Aug 9, 2007</td>
</tr>
<tr>
<td><strong>Fall, 2007</strong></td>
<td>(15 wks)</td>
</tr>
<tr>
<td>Classes begin</td>
<td>Aug 22, 2007</td>
</tr>
<tr>
<td>Labor Day Holiday</td>
<td>Sept 3, 2007</td>
</tr>
<tr>
<td>Thanksgiving Holiday</td>
<td>Nov 21-23, 2007</td>
</tr>
<tr>
<td>Classes end</td>
<td>Dec 3, 2007</td>
</tr>
<tr>
<td>Finals</td>
<td>Dec 4-11, 2007</td>
</tr>
<tr>
<td><strong>Spring, 2008</strong></td>
<td>(15 wks) TBA</td>
</tr>
<tr>
<td>MLK Holiday</td>
<td>Jan 21, 2008</td>
</tr>
<tr>
<td>Classes begin</td>
<td>Jan 14, 2008</td>
</tr>
<tr>
<td>Directed Clinical A</td>
<td>Jan 28- Mar 7, 2008</td>
</tr>
<tr>
<td>Spring break</td>
<td>March 10-14, 2008</td>
</tr>
<tr>
<td>Directed Clinical B</td>
<td>March 17- April 25, 2008</td>
</tr>
<tr>
<td>Classes end</td>
<td>April 28, 2008</td>
</tr>
<tr>
<td>Finals</td>
<td>April 30-May 6, 2008</td>
</tr>
<tr>
<td><strong>Mini-session, 2008</strong></td>
<td>(4 wks) TBA</td>
</tr>
<tr>
<td>Clinical begins</td>
<td>May 12, 2008</td>
</tr>
<tr>
<td>Clinical ends</td>
<td>June 5, 2008</td>
</tr>
<tr>
<td>Yr1 Comp Exam</td>
<td>TBA</td>
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### Year 2

<table>
<thead>
<tr>
<th>Semester</th>
<th>Start-End</th>
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<tbody>
<tr>
<td><strong>Summer, 2008</strong></td>
<td>(9 wks)</td>
</tr>
<tr>
<td>Classes begin</td>
<td>June 9, 2008</td>
</tr>
<tr>
<td>Directed Clinical C</td>
<td>June 9-Aug 1, 2008</td>
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<td>Classes end</td>
<td>Aug 6, 2008</td>
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<tr>
<td>Finals</td>
<td>Aug 7, 2008</td>
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<tr>
<td><strong>Fall, 2008</strong></td>
<td>(16 wks)</td>
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<tr>
<td>Classes begin</td>
<td>Aug 27, 2008</td>
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<tr>
<td>Labor Day</td>
<td>Sept 1, 2008</td>
</tr>
<tr>
<td>Directed Clinical D</td>
<td>Sept 2-Oct 9, 2008</td>
</tr>
<tr>
<td>Classes end</td>
<td>TBA, 2008</td>
</tr>
<tr>
<td>Finals</td>
<td>TBA, 2008</td>
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<tr>
<td>Clinical Ed I</td>
<td>Oct 22 - Dec 7, 2008 (8 weeks)</td>
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<tr>
<td><strong>Spring, 2009 (tentative)</strong></td>
<td>(18 wks)</td>
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<tr>
<td>Clinical Ed II</td>
<td>Jan 19-March 5, 2009 (7 weeks)</td>
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<tr>
<td>Clinical Ed III</td>
<td>March 9-April 23, 2009 (7 weeks)</td>
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<tr>
<td>Classes begin</td>
<td>April - May (3 weeks)</td>
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<td>Comp Exam</td>
<td>Jan 2009</td>
</tr>
<tr>
<td>Feedback Session</td>
<td>TBA</td>
</tr>
<tr>
<td>Graduation</td>
<td>May, 2009</td>
</tr>
</tbody>
</table>
**TEXAS STATE UNIVERSITY-SAN MARCOS ATTACHMENTS**

**Attachment #2 MSPT Curriculum – Class of 2009**

**YEAR 1, SEMESTER 1 SUMMER 2007**
- PT 5241 Research in Physical Therapy I
- PT 5212 Evaluation Techniques
- PT 5214 Patient Management
- PT 5310 Body Systems I
- PT 5311 Neurosciences I

**YEAR 1, SEMESTER 2 FALL 2007**
- PT 5313 Physical Agents
- PT 5521 Neuroscience II
- PT 5620 Spine Evaluation & Intervention

**YEAR 1, SEMESTER 3 SPRING 2008**
- PT 5253 Research in Physical Therapy II
- PT 5531 Neuroscience III
- PT 5630 Lower Extremity Evaluation & Intervention
- (PT 5110) Directed Clinical*

**YEAR 2, MINI-SESSION SUMMER 2008**
- PT 5150 Clinical Practicum

**YEAR 2, SEMESTER 4 SUMMER 2008**
- PT 5399A Physical Therapy Thesis or
- PT 5351 Physical Therapy Project
- PT 5640 Upper Extremity Evaluation & Intervention
- (PT 5110) Directed Clinical*

**YEAR 2, SEMESTER 5 FALL 2008**
- PT 5122 Professional Issues
- PT 5242 Management Issues
- PT 5350 Body Systems II
- PT 5360 Clinical Education I
- (PT 5110) Directed Clinical*
- PT 5399B Physical Therapy Thesis** or
- PT 5351 Physical Therapy Project

**YEAR 2, SEMESTER 6 SPRING 2009**
- PT 5252 Special Topics
- PT 5461 Clinical Education II
- PT 5462 Clinical Education III
- PT 5399B Physical Therapy Thesis**

*Total 69(72-thesis)*

---

*PT 5110 is offered each semester of the 2nd year, but completed only once
**PT 5399 A&B/PT 5351 is offered in multiple semesters and enrollment is required until completion of the project or thesis*
Attachment #3 Curriculum Design

**ORTHOPEDICS**
- Upper Extremity
- Lower Extremity
- Spine

**CORE**
- Patient Management
- Examination
- Physical Agents
- Body Systems I
- Body Systems II

**NEUROSCIENCES**
- Neuro I
- Neuro II
- Neuro III

**PROFESSIONAL**
- Professional Issues
- Management
- Special Topics

**RESEARCH**
- Research I
- Research II
- Project/Thesis
Attachment #4 Expectations for MSPT Students

Department of Physical Therapy
Texas State University-San Marcos

CLASS of 2008

The following expectations were developed as a collaborative activity by the students in the Class of 1998 and faculty of the Department and reviewed by the MSPT Classes of 1999-2002, 2006-2008, to help you anticipate the demands of this MSPT curriculum.

1. Personal interactions skills you should have:
   a. general
      1) be patient with each other, the faculty and yourself
      2) recognize the diversity within the class and the faculty
      3) develop support systems outside of school
      4) try to see the big picture and work to integrate each class with the others
   b. with faculty
      1) communicate with faculty and classmates
      2) use faculty as resources
      3) agree to disagree on some topics/approaches
   c. with classmates
      1) communicate with faculty and classmates
      2) be patient with each other
      3) don’t compare yourself to or compete with classmates
      4) facilitate learning by working with each other
      5) agree to disagree
      6) learn to appreciate diversity and grow from it

2. Ability to be a self-directed, independent learner.
   a. Establishing your priorities
      1) stay focused on the demands of the Program
      2) know deadlines to complete assignments, projects, thesis
      3) make exercise/good nutrition an important aspect of your health
      4) commit yourself to successful completion of the Program
      5) know and plan for the financial obligation of the Program
      6) embrace all learning opportunities presented
      7) don’t get movie channel in cable package
      8) be prepared to spend a lot of additional out-of-class time at Texas State, (including Saturday)
   b. Problem-solving ability
      1) re-assess/re-arrange learning habits from undergrad experience
      2) be prepared to take more active role in learning
      3) retain information learned; Program is cumulative/comprehensive
   c. Initiative for learning
      1) be motivated and a "self-starter"
      2) learn from each other
      3) be prepared to work independently
      4) participate in group activities to enhance learning
         (study groups and research partners)
   d. Time management skills
      1) study for quality not quantity
      2) make time to maintain your health
      3) commit to study as the priority
      4) recognize the time in and outside of class needed to complete assignments, do readings, research topics of interest
      5) remain flexible as class schedules change during a semester

3. Review of pre-requisite course topics (especially if not taken recently):
   a. Mastery of medical terminology:
      1) correct meaning
      2) correct spelling
      3) abbreviations
b. Application of concepts of statistical analysis:
   1) parametric versus nonparametric procedures
   2) types of analysis

c. Mastery of the following anatomical concepts:
   1) skeletal system: nomenclature and location
   2) muscular system: nomenclature and location
   3) nervous system: nomenclature and location
   4) cardiovascular system: nomenclature and location
   5) pulmonary system: nomenclature and location

d. Understanding of the following anatomical concepts:
   1) muscular system: attachments and function
   2) cardiovascular system: function
   3) pulmonary system: function
   4) endocrine system: nomenclature and function

e. Mastery of application of the principles of physics for:
   1) heat
   2) electricity
   3) lever systems
   4) force systems

4. Attitude and mental health
   a. expect to be overwhelmed
   b. maintain a sense of humor
   c. prepare for high financial obligation, there is little time for an outside job
   d. recognize everything is not concrete, absolute
   e. recognize that becoming a “life long learner” is one of your main objectives
   f. recognize the Program is a “great equalizer” - other students are your equals in academic ability
### Attachment #5 Faculty Members

**Department of Physical Therapy**  
**June 2006**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Clinical Interests</th>
<th>Primary Teaching Areas</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Debby Baylor, PT, MS</td>
<td>Senior Lecturer</td>
<td>Pediatrics, neurorehabilitation</td>
<td>Neurosciences, pediatrics</td>
<td><a href="mailto:DB38@txstate.edu">DB38@txstate.edu</a></td>
</tr>
<tr>
<td>Suzy Dougherty, PT, MS, SCS, ATC</td>
<td>Clinical Assistant Professor</td>
<td>Sports, orthopaedics</td>
<td>Orthopaedics, anatomy, sports</td>
<td><a href="mailto:SD11@txstate.edu">SD11@txstate.edu</a></td>
</tr>
<tr>
<td>Stacy Fancher, PT, FAAOMPT</td>
<td>Clinical Lecturer</td>
<td>Orthopaedics</td>
<td>Anatomy, Body Systems</td>
<td><a href="mailto:SF23@txstate.edu">SF23@txstate.edu</a></td>
</tr>
<tr>
<td>Karen Gibbs, PT, DPT, CWS</td>
<td>Assistant Professor</td>
<td>Wound care</td>
<td>Evaluation, physical agents</td>
<td><a href="mailto:kg18@txstate.edu">kg18@txstate.edu</a></td>
</tr>
<tr>
<td>Denise Gobert, PT, PhD</td>
<td>Assistant Professor (August 2007)</td>
<td>Neurosciences, vestibular rehabilitation</td>
<td>Neurosciences, research</td>
<td></td>
</tr>
<tr>
<td>Barbara A. Melzer, PT, PhD, FAPTA</td>
<td>Professor</td>
<td>Orthopedics; home health, practice management</td>
<td>Basic skills &amp; evaluation, clinical education, orthopedic assessment</td>
<td><a href="mailto:BM06@txstate.edu">BM06@txstate.edu</a></td>
</tr>
<tr>
<td>Heather Mattingly, PT, MSPT</td>
<td>Lecturer</td>
<td>General and acute physical therapy</td>
<td>Neuro</td>
<td><a href="mailto:hm14@txstat.edu">hm14@txstat.edu</a></td>
</tr>
<tr>
<td>Rick Nauert, PT, PhD</td>
<td>Clinical Assistant Professor</td>
<td>General therapy, administration, telemedicine applications</td>
<td>Research, Human Performance</td>
<td></td>
</tr>
<tr>
<td>Mary Elizabeth Parker, PT, MSPT</td>
<td>Clinical Assistant Professor</td>
<td>Pediatrics, neurorehabilitation</td>
<td>Neurosciences, pediatrics</td>
<td><a href="mailto:MP40@txstate.edu">MP40@txstate.edu</a></td>
</tr>
<tr>
<td>Barbara Sanders, PT, PhD, SCS</td>
<td>Professor</td>
<td>Sports physical therapy; administration; clinical education</td>
<td>Administration, sports physical therapy, research</td>
<td><a href="mailto:BS04@txstate.edu">BS04@txstate.edu</a></td>
</tr>
<tr>
<td>Rob Wainner, PT, PhD, OCS, ECS</td>
<td>Associate Professor</td>
<td>Orthopaedics, outcomes, evidence based practice</td>
<td>Orthopaedics, evidence based practice</td>
<td><a href="mailto:RW24@txstate.edu">RW24@txstate.edu</a></td>
</tr>
<tr>
<td>Shannon Williams, PT, MSHP, FAAOMPT</td>
<td>Clinical Lecturer</td>
<td>Long term care, general outpatient care, orthopaedics</td>
<td>Clinical supervision</td>
<td><a href="mailto:SW32@txstate.edu">SW32@txstate.edu</a></td>
</tr>
</tbody>
</table>
Attachment #6  50+ (and counting) Tips to Writing a Good Paper
Department of Physical Therapy

1. All manuscripts should contain the following, organized in the order listed below, with each section beginning on a separate page:
   - Title page
   - Abstract
   - Text
   - References
   - Tables, each on a separate page
   - Illustrations with legends

   The only difference among manuscript types is how text (body of manuscript) is managed.

2. All pages from Abstract (page 1) through illustrations should be numbered. Variations from this may be required for submission of a thesis. Check the Texas State Theses and Dissertation handbook for specific requirements for thesis preparation.

TITLES

3. Titles should be brief within descriptive limits (a 16-word maximum is suggested).

ABSTRACTS

4. A comprehensive abstract of 75 to 300 words is suggested. The title should appear at the top, skip two lines, and begin the abstract. It should be structured as the body of the manuscript is and should succinctly summarize the major intent of the manuscript, the major points of the body, and the author's results and/or conclusions. No references should be cited.

5. Suggested structures for Abstracts:

   **Literature Reviews**
   - Objective - What was the purpose of the review?
   - Data Sources - What sources did you search to find the studies you reviewed? You might include key words and years searched.
   - Data Synthesis - Summary of the major themes, organized by themes not authors
   - Conclusions/Recommendations - Advice and clinical applications of the information

   **Research Report**
   - Objective - Problems or need for the study
   - Design and Setting - How was the study set up? Where did it take place?
   - Subjects - Characteristics of the subjects
   - Measurements - What was being measured? What types of tests were used? How were the subjects distributed within the study?
   - Results - Of the tests and measurements
   - Conclusions - major conclusions particularly related to theory and clinical application of the information

   **Case Reports**
   - Objective - Problem or need for the case to be presented
   - Background - On the particular injury or illness
   - Differential Diagnosis - What was it or what could it possibly have been?
   - Treatment - What was done for it? What is normally expected for this condition?
   - Uniqueness - What was different from the expected, or was it the same?
   - Conclusions - Clinical applications of the information

6. An abstract is not to be used as the introduction; the abstract is a summary of the entire manuscript while the introduction develops and proposes the manuscript's problem or purpose.
MANUSCRIPTS

7. In a scientific manuscript the introduction serves two purposes; to stimulate the reader's interest and to outline the reason for the study, that is, the controversy or knowledge gap that prompted the study.

8. Begin the text of the manuscript with an introductory paragraph or two in which the purpose or hypothesis of the article is clearly developed and stated. Tell why the study needed to be done or the article written and end with a statement of the problem.

9. The introduction is not the place for great detail. Highlights of the most prominent works of others as related to the subject may be appropriate for the introduction, but a detailed review of the literature should be reserved for the discussion section. Identify and develop the magnitude and significance of the controversy or problem with brief specific statements (referenced, of course). Pointing out differences among others' results, conclusions, and/or opinions often does this. Remember to keep the detail in the discussion.

10. In the introduction and discussion sections it is appropriate to use transition sentences to summarize points and link to the next point. Try not to leave the reader hanging, instead create a smooth flow of ideas.

11. The body or main part of the manuscript varies according to the type of paper you are writing; however, regardless of the manuscript type, the body should include a discussion section in which the importance of the material presented is discussed and related to other pertinent literature. Liberal use of headings, subheadings, charts, graphs, and figures is recommended.

12. The term "methods" is more appropriate than "methodology". "Methodology" suggests a study of methods, whereas "methods" suggests a description of methods used, which is what the section is.

13. Begin with a description of the experimental design, which will serve as a road map to the entire section. Follow with descriptions of subjects, instruments, procedures, and statistical analysis. Confusion is often introduced when authors combine the instruments and procedures sections. Describe the instruments used in the instrument section, but describe how they were used in the procedure section.

14. The methods section should contain sufficient detail concerning the methods, procedures, and equipment used so that others can reproduce the study.

15. Methods used by others to study problems such as yours should be reviewed and referenced in your paper. Reference the methods of others as well as reliability and validity information in the methods section. The pros and cons of various methods and why you chose one over another should be discussed and referenced in the discussion or introduction.

16. IRB approval and informed consent procedures should be stated formally in the methods section of the manuscript.
17. Writing results is similar to writing a review of the literature. You state facts and then reference your source. In a results section, the statistics are your evidence or reference for the conclusions you present. The results should summarize the important results of the study, using descriptive and inferential statistics and a few well-planned and carefully crafted illustrations.

18. Report results by stating your conclusions in clear concise statements.

19. The statistical test should not be the focus of the sentence (as in "statisticalese" - "Tukey post-hoc testing revealed significant decrease (p<.05) in perceived pain in groups that received cold, TENS, or the combined treatment"). Writing in statisticalese often obscures the conclusions by emphasizing the method and not the meaning. The important information is the meaning of the results.

20. Statistics do not indicate or prove anything; they provide you with support for making a decision. When you review the literature, you make a statement and reference others’ writings to support your statement. Use a similar approach when reporting results; make a statement and then reference that statement with your statistical results.

21. Statistical tests don’t find differences. They provide evidence that a difference between groups is probably real. Looking at the group means tells you if the groups are different; however you must decide if the differences are real or if they occurred by chance. Real differences mean they were caused by your independent variable and not by chance. By chance means the differences were caused by variables other than your independent variable.

22. The symbol "p" when used to refer to the level of probability, is written italicized and in the lower case. (p<.05)

23. When indicating the level of significance or probability, use only three numbers if the first is not a zero. If the first number is a zero, continue numbers until the first non-zero (i.e., .0002; not .00 or .00023).

24. Put your results in perspective with your expectations and compare your results with the rest of the world. Don’t repeat or rehash the results, discuss them.

25. The emphasis of the discussion should not be on other authors but rather on what they reported and how it relates to your work.

26. The discussion must address the contribution the study makes toward theory.

27. The last part of the discussion must suggest how readers might apply the information presented. While the application may be apparent to you, it may not be apparent to first time readers unless you point it out.

28. The body of a review of literature article should be organized into subsections in which related thoughts of others are presented, summarized, and referenced. Each subsection should have a heading and brief summary, possibly one sentence. Sections must be arranged so that they progressively focus on the problem or question posed in the introduction.

29. The body of a case study should include the following components; personal data, chief complaint history or present complaint, results of physical examination, medical history, diagnosis, treatment, and clinical course, criteria for return to activities, and deviation from the expected.
CITATIONS AND REFERENCES

30. Each citation in the text of the manuscript takes the form of a superscript number that indicates the number assigned to the citation. It is placed directly after the reference or the name of the author being cited. References should be used liberally. It is unethical to present others’ ideas as your own. Also, use references so that readers who desire further information on the topic can benefit from your scholarship.

31. The reference page(s) should list authors numerically in the order used in the text and in alphabetical order and should be in the following form:

   Article - author(s) with surname and initials, title of article, journal title with abbreviations as per Index Medicus (italicized or underlined), issue month if journal is not consecutively paged from issue to issue, year, volume, inclusive pages


   Book - author(s), title of book (italicized or underlined), city and state of publication, publisher, year, inclusive pages of citation.


   Secondary Source – the original source is stated with the addition of Cited by using the source where it was cited. See the AMA Manual of Style for other examples.


32. All statements and ideas of others must be referenced. If the author(s) is (are) not mentioned by name, the reference should be placed after the phrase or first mention of the idea.

33. Anytime you mention another author by name; author must be referenced immediately after name in the same paragraph.

   Sanders 22 reported... NOT Sanders reported...22

34. When referring by name to a work with multiple authors; if two authors use both names; if there are three or more authors, use the name of the first author and "et al" which means "and others". Note the punctuation with et al; there are no commas or periods. Reference immediately after et al.

35. When the reference is at the end of a sentence, it should be placed after the period and after any quotation marks.

36. It may be appropriate to refer to ideas or results from numerous authors in the same sentence. In doing so, you would list the references in numerical order. Example:

   “The sky is a shade of blue1,6,10,21...”

37. Personal communications are not included in the reference list, but may be included in the text. Example: In a conversation with B Sanders, PhD (April 1997)....."
38. Always refer to the research and writing of others in past tense.

39. Subheadings should be used. Main or first level headers should be placed centered, typed in all capitals, bolded, and not underlined. If the information under a header needs to be subdivided into two or more sections, use second level or subheads. These should be centered and bolded with the first letter of each word capitalized.

40. Begin numbering the pages of your manuscript with the abstract pages as #1; then consecutively number all successive pages including illustrations.

41. The purposes of tables are to centralize large amounts of data, to save space and to eliminate long paragraphs of text. Tables should not be redundant of text. Put your information either in the text or the table and not both. You must refer the reader to the table. Point out the highlights in the table, but do not be too explanatory with a lengthy text.

42. Don’t put information in a table that can more easily be presented and understood in the text. Readers should be able to understand the information in the table without referring to the text. The title of a table should also be understood without referring to the text.

43. Identify the units of measurement of the tabled data in the most general way possible. If all data in the table have the same unit of measurement, that unit should be in parentheses following the table title. If the columns or rows have different units of measurement, but all data in a particular column or row have the same unit, identify the unit (within parenthesis) as part of the column header or row identifier.

44. When a table contains data that have been averaged, be sure to report the mean plus or minus SD.

45. Tables should stand alone. They should have both a title and a legend.

46. Illustrations are often helpful in presenting concepts that are difficult to describe.

47. Each illustration should have a legend that describes the illustration and emphasizes its important points.

48. If an illustration has been published previously, written permission for its use must be obtained from the copyright holder (usually the publisher). The original source should be cited as a reference.

49. The following texts provide additional helpful information for writers.

50. A style manual is a collection of rules and regulations that editors get tired of repeating to authors. The answers to most questions can be found here. The AMA Manual of Style has been adopted as the official style manual of the American Physical Therapy Association and therefore, for the Department of Physical Therapy.

51. Structure is only half the battle. Grammar and style are equally important.

52. Numbers appearing at the beginning of a sentence, title, or subheading should be spelled out. Numbers greater than nine can use Arabic numerals with the previous exceptions. Numbers nine and under should be spelled out.

53. Appendices are discouraged by AMA style. However, this is in reference to publication. You may include appendices if the material is an adjunct to the text. An example might be a survey instrument.

54. Commas should be used to separate three or more elements in a series and should be used before the conjunction and the final item.
55. Em dashes are used to indicate an interruption or break in thought in a sentence.

56. Gender neutral language should be used when appropriate. Try to word sentences so that you avoid the use of "he and/or she."

57. Abbreviations should be limited to internationally approved and accepted units of measure and well-recognized clinical and technical terms and symbols.

58. When you use the words "however" or "therefore" in the middle of a sentence and the phrases before and after could stand alone as complete sentences, place a semicolon before the "however" and a comma after it. If one or both phrases are not complete sentences, place a comma before the "however".

59. Go to the library and peruse various theses - this is a great way to examine evidence of these writing tips!
Attachment #7 Proposal Process
Project/Thesis Proposal
Department of Physical Therapy

1. Students are to choose either a project or thesis and become familiar with the appropriate guidelines.

2. Faculty Research Seminars will be presented each fall for the purpose of sharing research topics/ideas with the students.

3. Students will select a topic/idea following the seminar series. Students are to work with their assigned academic advisor during the research topic proposal process to assure that their proposal is appropriate and well thought out. Students should also consult with their academic advisor regarding the constitution of the proposed committee and speak with other faculty members who have specific expertise to sit on that committee.

4. Each student will submit a research topic request to the physical therapy faculty by the established date.

5. The physical therapy faculty will then meet to discuss the proposed projects and theses topics to assign a committee and committee chair. When determining committee assignments the following factors will be considered.
   a. Faculty member's areas of expertise/interest and research
   b. Workload equity among faculty taking into account:
      1. Faculty member's teaching load during the semester of the advisee's enrollment for the project and during the combined semesters of enrollment for a thesis
      2. Number of committees to which a faculty member is eventually assigned

6. The committee chair of the project/thesis committee will be the primary contact for all activities related to the project/thesis.
   a. All drafts of the written project or thesis must be submitted to the committee chair for approval
   b. Based on Texas State Policy the Primary Investigator for the purposes of the application to the Institutional Review Board (IRB) is the project/thesis chair.

7. All policies relevant to project/thesis will be provided and reviewed in PT 5241 Research in Physical Therapy I.
I, ____________________________, give consent to the Department of
Print Name
Physical Therapy to release the following information contained in my
educational record. This information is to be provided to

________________________________________________________________________

________________________________________________________________________

for the purpose of ________________________________.

-  

  Signature

  __________________________

  Date

UPPS 01.04.31 Access to Students Records
Family Educational Rights and Privacy Act of 1974
Attachment #9 Consent to Photography

Consent Agreement and Release Statement to be Photographed/Videotaped and Named

You will be asked to complete a separate copy for our records.

I, ____________________________, hereby acknowledge that I agree to give Texas State University-San Marcos (Texas State) the right and permission to make photographs and/or videotapes (audio-visuals) of me. I understand that I may be identified by name when such audio-visuals are used. Such audio-visuals may be published, reproduced, exhibited, copyrighted, and used anywhere in the world in connection with the following situations:

1. Educational presentations by faculty or students
2. Advertising and promotion of the programs and departments of Texas State including, but not limited to, publication on official Texas State web pages and in official Texas State brochures and alumni newsletters.

I hereby irrevocably release and waive any claims against Texas State and its faculty and staff relating to rights of privacy, rights of publicity, confidentiality, and copyright regarding the use of such audio-visuals when used by Texas State in the situations previously described.

I hereby declare that I am at least 18 years of age and have every right to contract in my own name in the above regard.

_________________________________________  Date
Signature

_________________________________________  Date
Signature of Witness

Student Handbook 2007-2009
Attachment #10 Consent to Treat Form

Consent to Treatment during Laboratory Classes

There are two sections to this consent form which must be completed: the first contains guidelines regarding receiving treatments during classroom and laboratory sessions; the second relates to your treatment of others in the classroom, laboratory or clinical education activities. You will be asked to complete a separate copy for our records.

Participation in treatment techniques/procedures during classroom and laboratory sessions:

I, ________________________, agree to participate in the practicing of treatment techniques/procedures provided by course instructors, guest lecturers, or my classmates during classroom and laboratory sessions for the duration of my enrollment in the graduate program in physical therapy. I understand that:

- all efforts will be made to provide safe conditions, as well as maintaining appropriate modesty, during these practice sessions.
- if I become uncomfortable with any draping, manner of touch, or treatment techniques/procedures being carried out as part of the classroom or laboratory session it is my responsibility to discuss this with the appropriate course instructors, guest lecturers, or classmates.
- the dress code established for the laboratory sessions, as explained in the PT Student Handbook or course syllabus, must be followed.
- notice to course instructors, guest lecturers, or classmates of any allergies or asthmatic conditions prior to the beginning of the laboratory session is my responsibility.

Signed: ___________________________ Date: ________________

Treating others during classroom, laboratory and clinical education experiences:

I, ________________________, will abide by the following expectations while treating my classmates or patients during classroom, laboratory, and clinical education activities:

- have the required health information form completed and submitted by the established deadline, as well as updated as required by a specific clinical site prior to participating in clinical education experiences at that site.
- abide by the APTA Code of Ethics and Guide to Professional Practice during all classroom and laboratory activities.
- follow the course rules and guidelines for the classroom, laboratory and clinical education activities.
- be considerate and respectful in all non-verbal and verbal communication during classroom and laboratory activities.
- promptly report any malfunctioning equipment to the primary course instructor as soon as the problem is noticed.

Signed: ___________________________ Date: ________________
PREAMBLE
This Code of Ethics of the American Physical Therapy Association sets forth principles for the ethical practice of physical therapy. All physical therapists are responsible for maintaining and promoting ethical practice. To this end, the physical therapist shall act in the best interest of the patient/client. This Code of Ethics shall be binding on all physical therapists.

PRINCIPLE 1
A physical therapist shall respect the rights and dignity of all individuals and shall provide compassionate care.

PRINCIPLE 2
A physical therapist shall act in a trustworthy manner towards patients/clients, and in all other aspects of physical therapy practice.

PRINCIPLE 3
A physical therapist shall comply with laws and regulations governing physical therapy and shall strive to effect changes that benefit patients/clients.

PRINCIPLE 4
A physical therapist shall exercise sound professional judgment.

PRINCIPLE 5
A physical therapist shall achieve and maintain professional competence.

PRINCIPLE 6
A physical therapist shall maintain and promote high standards for physical therapy practice, education and research.

PRINCIPLE 7
A physical therapist shall seek only such remuneration as is deserved and reasonable for physical therapy services.

PRINCIPLE 8
A physical therapist shall provide and make available accurate and relevant information to patients/clients about their care and to the public about physical therapy services.

PRINCIPLE 9
A physical therapist shall protect the public and the profession from unethical, incompetent, and illegal acts.

PRINCIPLE 10
A physical therapist shall endeavor to address the health needs of society.

PRINCIPLE 11
A physical therapist shall respect the rights, knowledge, and skills of colleagues and other health care professionals.
Attachment #12 Generic Abilities

Generic abilities are attributes, characteristics or behaviors that are not explicitly part of the knowledge and technical skills but are nevertheless required for success in the profession. Ten generic abilities were identified through a study conducted at the University of Wisconsin at Madison in 1991-1992. The ten abilities and definitions developed are:

<table>
<thead>
<tr>
<th>Generic Ability</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Commitment to learning</td>
<td>The ability to self-assess, self-correct, and self-direct; to identify needs and sources of learning; and to continually seek new knowledge and understanding.</td>
</tr>
<tr>
<td>2 Interpersonal skills</td>
<td>The ability to interact effectively with patient, families, colleagues, other health care professionals, and the community and to deal effectively with cultural and ethnic diversity issues.</td>
</tr>
<tr>
<td>3 Communication skills</td>
<td>The ability to communicate effectively (speaking, body language, reading, writing, listening) for varied audiences and purposes.</td>
</tr>
<tr>
<td>4 Effective use of time and resources</td>
<td>The ability to obtain the maximum benefit from a minimum investment of time and resources.</td>
</tr>
<tr>
<td>5 Use of constructive feedback</td>
<td>The ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction.</td>
</tr>
<tr>
<td>6 Problem-solving</td>
<td>The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.</td>
</tr>
<tr>
<td>7 Professionalism</td>
<td>The ability to exhibit appropriate professional conduct and to represent the profession effectively.</td>
</tr>
<tr>
<td>8 Responsibility</td>
<td>The ability to fulfill commitments and to be accountable for actions and outcomes.</td>
</tr>
<tr>
<td>9 Critical thinking</td>
<td>The ability to question logically; to identify, generate, and evaluate elements of logical argument; to recognize and differentiate facts, illusions, assumptions, and hidden assumptions; and to distinguish the relevant from the irrelevant.</td>
</tr>
<tr>
<td>10 Stress management</td>
<td>The ability to identify sources of stress and to develop effective coping behaviors.</td>
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### Commitment to Learning

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<tr>
<td>Requires direction often, has difficulty identifying needs and sources of learning, and rarely seeks out new knowledge and understanding</td>
<td>Self-directed, frequently identifies needs and sources of learning, and invites new knowledge and understanding</td>
<td>Highly self-directed, consistently identifies needs and sources of learning, and deliberately seeks out new knowledge and understanding</td>
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### Interpersonal Skills

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<tbody>
<tr>
<td>Engages in non-effective or judgmental interactions with persons in the clinical setting, and loses focus in unexpected/new situations</td>
<td>Usually engages in effective and non-judgmental interactions with most persons in the clinical setting, and maintains focus in unexpected/new situations</td>
<td>Consistently engages in highly effective and non-judgmental interactions with all persons in the clinical setting, and responds exceptionally well to unexpected/new situations</td>
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### Communication Skills

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<tr>
<td>Exhibits poor written, verbal, and non-verbal communication skills and lacks ability to modify information to meet the needs of various audiences/purposes</td>
<td>Exhibits acceptable written, verbal, and non-verbal communication skills and is usually capable of modifying information to meet the needs of various audiences/purposes</td>
<td>Exhibits superior written, verbal, and non-verbal communication skills and readily modifies information to meet the needs of various audiences/purposes</td>
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### Effective use of Time and Resources

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<tbody>
<tr>
<td>Exhibits poor use of time and resources, shows lack of flexibility/adaptability, and seems incapable of setting goals</td>
<td>Obtains good results through proper use of time and resources, shows adequate flexibility/adaptability, and is capable of setting goals</td>
<td>Consistently obtains maximum results through superior use of time and resources, shows unusual flexibility/adaptability, and sets realistic goals</td>
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### Use of Constructive Feedback

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<tbody>
<tr>
<td>Accepts feedback defensively, does not identify or integrate feedback, provides non-constructive, negative or untimely feedback to others</td>
<td>Usually accepts, identifies, and integrates feedback from others, and frequently provides appropriate feedback to others</td>
<td>Seeks out, identifies, and eagerly integrates feedback from others, and provides constructive, timely, and positive feedback to others</td>
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### Problem Solving

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<tbody>
<tr>
<td>Does not regularly recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes</td>
<td>Frequently recognizes and defines most problems. Analyzes data, develops and implements solutions, and evaluates outcomes</td>
<td>Consistently and insightfully recognizes and defines problems, analyzes data, develops and implements solutions, and evaluates outcomes</td>
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### Professionalism

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<tbody>
<tr>
<td>Exhibits questionable or poor conduct concerning ethics, regulations, policies and procedures, and represents the profession in an incompetent and negative manner</td>
<td>Usually exhibits professional conduct concerning ethics, regulations, policies and procedures, and represents the profession in a competent and positive manner</td>
<td>Exhibits superior professional conduct concerning ethics, regulations, policies and procedures, and actively promotes/represents the profession in a highly competent/commendable manner</td>
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### Responsibility

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<tbody>
<tr>
<td>Demonstrates a poor level of commitment, is not dependable, not punctual, not aware of personal and professional limitations, and does not accept responsibility for actions and outcomes</td>
<td>Demonstrates an appropriate level of commitment, is usually dependable, punctual, aware of personal and professional limitations, and accepts responsibility for actions and outcomes</td>
<td>Demonstrates a high level of commitment over and above normal responsibilities, very dependable, always punctual, acutely aware of personal and professional limitations, and accepts full responsibility for actions and outcomes</td>
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### Critical Thinking

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<tbody>
<tr>
<td>Does not identify, articulate, or analyze problems, does not distinguish relevant from irrelevant, does not recognize/differentiate among facts, illusions, and assumptions, and does not present ideas</td>
<td>Frequently identifies, articulates, and analyzes problems, distinguishes relevant from irrelevant, recognizes/differentiates among facts, illusions, and assumptions, and presents ideas</td>
<td>Readily identifies, articulates, and analyzes problems, consistently and accurately distinguishes relevant from irrelevant, recognizes/differentiates among facts, illusions, and assumptions, and generate original ideas</td>
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### Stress Management

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<tbody>
<tr>
<td>Fails to identify sources of stress/problems in self and others, does not seek assistance or utilize coping skills, and is unsuccessful at balancing professional/personal life</td>
<td>Is usually aware of sources of stress/problems in self and others, frequently seeks assistance as needed, utilizes coping strategies, and maintains balance of professional/personal life</td>
<td>Accurately identifies sources of stress/problems in self and others, actively seeks assistance when appropriate, demonstrates effective use of coping mechanisms, and successfully maintains balance of professional/personal life</td>
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<tr>
<td>Generic Ability</td>
<td>Beginning Level Behavioral Criteria</td>
<td>Developing Level Behavioral Criteria</td>
<td>Entry Level Behavior Criteria</td>
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<tr>
<td>Commitment to Learning</td>
<td>Identifies problems; formulates appropriate questions; identifies and locates appropriate resources; demonstrates a positive attitude (motivation) toward learning; offers own thoughts and ideas; identifies need for further information</td>
<td>Prioritizes information needs; analyzes and subdivides large questions into components; seeks out professional literature; sets personal and professional goals; identifies own learning needs based on previous experiences; plans and presents an in-service, or research or case studies; welcomes and/or seeks new learning opportunities</td>
<td>Applies new information and re-evaluates performance; accepts that there may be more than one answer to a problem; recognizes the need to and is able to verify solutions to problems; reads articles critically and understands the limits of application to professional practice; researches and studies areas where knowledge base is lacking</td>
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<tr>
<td>Interpersonal skills</td>
<td>Maintains professional demeanor in all clinical interactions; demonstrates interest in patients as individuals; respects cultural and personal differences of others; is non-judgmental about patients' lifestyles; communicates with others in a respectful, confident manner; respects personal space of patients and others; maintains confidentiality in all clinical interactions; demonstrates acceptance of limited knowledge and experience</td>
<td>Recognizes impact of non-verbal communication and modifies accordingly; assumes responsibility for own actions; motivates others to achieve; establishes trust; seeks to gain knowledge and input from others; respects role of support staff</td>
<td>Listens to patient but reflects back to original concern; works effectively with challenging patients; responds effectively to unexpected experiences; talks about difficult issues with sensitivity and objectivity; delegates to others as needed; approaches others to discuss differences in opinion; accommodates differences in learning styles</td>
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<tr>
<td>Communication skills</td>
<td>Demonstrates understanding of basic English (verbal and written); uses correct grammar, accurate spelling and expression; writes legibly; recognizes impact of non-verbal communication; listens actively; maintains eye contact</td>
<td>Utilizes non-verbal communication to augment verbal message; restates, reflects and clarifies message; collects necessary information from the patient interview</td>
<td>Modifies communication (verbal and written) to meet needs of different audiences; presents verbal or written messages with logical organization and sequencing; maintains open and constructive communication; utilizes communication technology effectively; dictates clearly and concisely</td>
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<tr>
<td>Effective Use of Time and Resources</td>
<td>Focuses on tasks at hand without dwelling on past mistakes; recognizes own resource limitations; uses existing resources effectively; uses unscheduled time efficiently; completes assignments in timely fashion</td>
<td>Sets up own schedule; coordinates schedule with others; demonstrates flexibility; plans ahead</td>
<td>Sets priorities and reorganizes when needed; considers patient's goals in context of patient, clinic and third party resources; has ability to say &quot;No&quot;; performs multiple tasks simultaneously and delegates when appropriate; uses scheduled time with each patient efficiently</td>
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<tr>
<td>Uses of Constructive Feedback</td>
<td>Demonstrates active listening skills; actively seeks feedback and help; demonstrates a positive attitude toward feedback; critiques own performance; maintains two-way information</td>
<td>Assesses own performance accurately; utilizes feedback when establishing pre-professional goals; provides constructive and timely feedback when establishing pre-professional goals; develops plan of action in response to feedback</td>
<td>Seeks feedback from clients; modifies feedback given to clients according to their learning styles; reconciles differences with sensitivity; considers multiple approaches when responding to feedback</td>
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<tr>
<td><strong>Problem-solving</strong></td>
<td>Recognizes problems; states problems clearly; describes known solutions to problem; identifies resources needed to develop solutions; begins to examine multiple solutions to problems</td>
<td>Prioritizes problems; identifies contributors to problem; considers consequences of possible solutions; consults with others to clarify problem</td>
<td>Implements solutions; reassesses solutions, evaluates outcomes, updates solutions to problems based on current research; accepts responsibility for implementing solutions</td>
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<tr>
<td><strong>Professionalism</strong></td>
<td>Abides by APTA Code of Ethics; demonstrates awareness of state licensure regulations; abides by facility policies and procedures; projects professional image; attends professional meetings; demonstrates honesty, compassion, courage and continuous regard for all</td>
<td>Identifies positive professional role models; discusses societal expectations of the profession; acts on moral commitment; involves other health care professionals in decision-making; seeks informed consent from patients</td>
<td>Demonstrates accountability for professional decisions; treats patients within scope of expertise; discusses role of physical therapy in health care; keeps patient as priority</td>
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<tr>
<td><strong>Responsibility</strong></td>
<td>Demonstrates dependability; demonstrates punctuality; follows through on commitments; recognizes own limits</td>
<td>Accepts responsibility for actions and outcomes; provides safe and secure environment for patients; offers and accepts help; completes projects without prompting</td>
<td>Directs patients to other health care professionals when needed; delegates as needed; encourages patient accountability</td>
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<tr>
<td><strong>Critical Thinking</strong></td>
<td>Raises relevant questions; considers all available information; states the results of scientific literature; recognizes “holes” in knowledge base; articulates ideas</td>
<td>Feels challenged to examine ideas; understands scientific method; formulates new ideas’ seeks alternative ideas; formulates alternative hypotheses; critiques hypotheses and ideas</td>
<td>Exhibits openness to contradictory ideas; assess issues raised by contradictory ideas; justifies solutions selected; determines effectiveness of applied solutions</td>
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<tr>
<td><strong>Stress Management</strong></td>
<td>Recognizes own stressors or problems; recognizes distress or problems in others; seeks assistance as needed; maintains professional demeanor in all situations</td>
<td>Maintains balance between professional and personal life; demonstrates effective affective responses in all situations; accepts constructive feedback; establishes outlets to cope with stressors</td>
<td>Prioritizes multiple commitments; responds calmly to urgent situations; tolerates inconsistencies in health care environment</td>
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Behavioral Criteria Refined 11/96

Instructions: Highlight all criteria that describes the student’s performance
Texas State University
Department of Physical Therapy
List of Approved Abbreviations
For Documentation
<table>
<thead>
<tr>
<th>A</th>
<th>assist</th>
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<tbody>
<tr>
<td>A &amp; O</td>
<td>alert &amp; oriented</td>
</tr>
<tr>
<td>ABI</td>
<td>ankle brachial index</td>
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<tr>
<td>Abx</td>
<td>antibiotics</td>
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<tr>
<td>AC</td>
<td>alternating current</td>
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<tr>
<td>AD</td>
<td>assistive device</td>
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<td>alb</td>
<td>atrial fibrillation</td>
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<td>aggs</td>
<td>aggravating factors</td>
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<tr>
<td>A-line</td>
<td>arterial line</td>
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<tr>
<td>A-V</td>
<td>arteriovenous</td>
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<tr>
<td>AAA</td>
<td>abdominal aortic aneurysm</td>
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<td>AAROM</td>
<td>active assistive range of motion</td>
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<tr>
<td>abd</td>
<td>abduction</td>
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<tr>
<td>ABG</td>
<td>arterial blood gas</td>
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<td>AC</td>
<td>acromioclavicular</td>
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<td>ACL</td>
<td>anterior cruciate ligament</td>
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<tr>
<td>add</td>
<td>adduction</td>
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<td>ADL</td>
<td>activities of daily living</td>
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<td>AFO</td>
<td>ankle foot orthosis</td>
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<td>AIIS</td>
<td>anterior inferior iliac spine</td>
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<td>AND</td>
<td>allow natural death</td>
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<tr>
<td>AKA</td>
<td>above knee amputation</td>
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<td>ALS</td>
<td>amyotrophic lateral sclerosis</td>
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<td>a.m.</td>
<td>morning</td>
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<td>AMA</td>
<td>against medical advice</td>
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<td>ambulation</td>
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<td>anterior-posterior</td>
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<td>ARDS</td>
<td>adult respiratory distress syndrome</td>
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<td>ARF</td>
<td>acute renal failure</td>
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<td>AROM</td>
<td>active range of motion</td>
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<td>ASA</td>
<td>aspirin, acetylsalicylic acid</td>
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<td>ASCVD</td>
<td>arteriosclerotic cardiovascular disease</td>
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<td>ASIS</td>
<td>anterior superior iliac spine</td>
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<td>AVM</td>
<td>arteriovenous malformation</td>
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<td>B/S</td>
<td>bedside</td>
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<td>BBB</td>
<td>bundle branch block</td>
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<td>b.i.d.</td>
<td>twice a day</td>
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<td>B or bilat.</td>
<td>Bilateral</td>
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<td>BKA</td>
<td>below knee amputation</td>
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<td>blood</td>
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<td>bowel movement</td>
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<td>BOS</td>
<td>base of support</td>
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<td>BUN</td>
<td>blood urea nitrogen</td>
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<td>C</td>
<td>C&amp;S</td>
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<tr>
<td>CCU</td>
<td>coronary care unit</td>
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<td>c/o</td>
<td>complains of</td>
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<td>CA</td>
<td>cancer</td>
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<td>CABI</td>
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<td>congestive heart failure</td>
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<td>CLOF</td>
<td>current level of function</td>
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<td>cm</td>
<td>centimeter</td>
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<td>CO</td>
<td>cardiac output</td>
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<td>CGA</td>
<td>contact guard assist</td>
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<td>COPD</td>
<td>chronic obstructive pulmonary disease</td>
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<td>COTA</td>
<td>certified occupational therapy assistant</td>
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<td>CP</td>
<td>cerebral palsy</td>
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<td>CPAP</td>
<td>continuous positive airway pressure</td>
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<tr>
<td>CRF</td>
<td>chronic renal failure</td>
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<td>c/s. c-spine</td>
<td>cervical spine</td>
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<tr>
<td>CSF</td>
<td>cerebral spinal fluid</td>
</tr>
<tr>
<td>CVA</td>
<td>cerebral vascular accident</td>
</tr>
<tr>
<td>C &amp; S</td>
<td>culture &amp; sensitivity</td>
</tr>
<tr>
<td>CCIU</td>
<td>coronary care unit</td>
</tr>
<tr>
<td>c/o</td>
<td>complains of</td>
</tr>
<tr>
<td>CA</td>
<td>cancer</td>
</tr>
<tr>
<td>CABI</td>
<td>coronary artery bypass graft</td>
</tr>
<tr>
<td>CAD</td>
<td>coronary artery disease</td>
</tr>
<tr>
<td>CBC</td>
<td>complete blood count</td>
</tr>
<tr>
<td>C/C</td>
<td>chief complaint</td>
</tr>
<tr>
<td>CF</td>
<td>cystic fibrosis</td>
</tr>
<tr>
<td>CHF</td>
<td>congestive heart failure</td>
</tr>
<tr>
<td>CLOF</td>
<td>current level of function</td>
</tr>
<tr>
<td>cm</td>
<td>centimeter</td>
</tr>
<tr>
<td>CO</td>
<td>cardiac output</td>
</tr>
<tr>
<td>CGA</td>
<td>contact guard assist</td>
</tr>
<tr>
<td>COPD</td>
<td>chronic obstructive pulmonary disease</td>
</tr>
<tr>
<td>COTA</td>
<td>certified occupational therapy assistant</td>
</tr>
<tr>
<td>CP</td>
<td>cerebral palsy</td>
</tr>
<tr>
<td>CPAP</td>
<td>continuous positive airway pressure</td>
</tr>
<tr>
<td>CRF</td>
<td>chronic renal failure</td>
</tr>
<tr>
<td>c/s. c-spine</td>
<td>cervical spine</td>
</tr>
<tr>
<td>CSF</td>
<td>cerebral spinal fluid</td>
</tr>
<tr>
<td>CVA</td>
<td>cerebral vascular accident</td>
</tr>
</tbody>
</table>
TExas state university-san marcos
attachments

F
FBS fasting blood sugar
FEV forced expiratory volume
FH family history
flex flexion
FRC functional residual capacity
ft foot (measurement only)
FT full thickness
FVC forced vital capacity
FWB full weight bearing
FWW front wheeled walker
fx fracture

G
GB gallbladder
GI gastrointestinal
GSW gun shot wound
GYN gynecology, gynecologist

H
H&H, H/H hematocrit & hemoglobin
H & P history & physical
HBO hyperbaric oxygen therapy
hth health
h/o history of
HA headache
Hgb hemoglobin
Hct hematocrit
HEP home exercise program
HOB head of bed
HOH hard of hearing
HR heart rate
hr hour
hs at bedtime
ht height
HTN hypertension
HVPC high voltage pulsed current
Hx history

I
I independent
I & D incise and drain
I & O intake & output
IADL instrumental activities of daily living
ICU intensive care unit
IDDM insulin dependent diabetes mellitus
IM intramuscular
inf inferior
Int Rot internal rotation
IRDS infant respiratory distress syndrome
IV intravenous
IVDA intravenous drug abuse

J
jt joint

K
KAFO knee ankle foot orthosis

L
L left
lat lateral
lb pound
LBBB left bundle branch block
LBP low back pain
LE lower extremity
LLQ left lower quadrant
LOC loss of consciousness
LMN lower motor neuron
LOS length of stay
LP lumbar puncture
l/s lumbar spine
LTG long term goal
LUQ left upper quadrant

M
m meter
MAP mean arterial pressure
max maximal
MCC motorcycle collision
MD medical doctor, physician
MED minimal erythermal dose
meds medications
MI myocardial infarction
min minimal
mm muscle
MMR measles, mumps, rubella
MMT manual muscle test
mod moderate
MEP metacarpophalangeal
MOI mechanism of injury
MRSA methicillin resistant staphylococcus
aureus
MS multiple sclerosis
MVA motor vehicle accident
MVC motor vehicle collision
MVTR moisture vapor transmission rate

N
N&V, N/V nausea & vomiting
NDT neurodevelopmental treatment
NG nasogastric
NICU neonatal intensive care unit
NKA no known allergies
NKDA no known drug allergies
N/S normal saline
NG nasogastric
NIDDM non-insulin dependent diabetes mellitus
nml normal
<table>
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<tr>
<th>Abbreviation</th>
<th>Definition</th>
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<tr>
<td>nn</td>
<td>nerve</td>
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<tr>
<td>NPO</td>
<td>nothing by mouth</td>
</tr>
<tr>
<td>NPWT</td>
<td>negative pressure wound therapy</td>
</tr>
<tr>
<td>NS</td>
<td>normal saline</td>
</tr>
<tr>
<td>NSR</td>
<td>normal sinus rhythm</td>
</tr>
<tr>
<td>NWB</td>
<td>non weight bearing</td>
</tr>
<tr>
<td>Q</td>
<td>every</td>
</tr>
<tr>
<td>O</td>
<td>osteoarthritis</td>
</tr>
<tr>
<td>OA</td>
<td>obstetrics, obstetrician</td>
</tr>
<tr>
<td>OB</td>
<td>out of bed</td>
</tr>
<tr>
<td>OP</td>
<td>outpatient</td>
</tr>
<tr>
<td>OR</td>
<td>operating room</td>
</tr>
<tr>
<td>ORIF</td>
<td>open reduction internal fixation</td>
</tr>
<tr>
<td>OT</td>
<td>occupational therapist</td>
</tr>
<tr>
<td>P</td>
<td>physician’s assistant</td>
</tr>
<tr>
<td>P.A.</td>
<td>physician’s assistant</td>
</tr>
<tr>
<td>PA</td>
<td>posterior anterior</td>
</tr>
<tr>
<td>pn</td>
<td>pain</td>
</tr>
<tr>
<td>para</td>
<td>paraplegia</td>
</tr>
<tr>
<td>PCL</td>
<td>posterior cruciate ligament</td>
</tr>
<tr>
<td>PCP</td>
<td>primary care physician</td>
</tr>
<tr>
<td>PE</td>
<td>pulmonary embolus</td>
</tr>
<tr>
<td>PEEP</td>
<td>positive end expiratory pressure</td>
</tr>
<tr>
<td>PF</td>
<td>plantarflexion</td>
</tr>
<tr>
<td>p.o.</td>
<td>by mouth</td>
</tr>
<tr>
<td>PH</td>
<td>past history</td>
</tr>
<tr>
<td>PIP</td>
<td>proximal interphalangeal joint</td>
</tr>
<tr>
<td>PLWS</td>
<td>pulsed lavage with suction</td>
</tr>
<tr>
<td>p.m.</td>
<td>evening</td>
</tr>
<tr>
<td>PMH</td>
<td>past medical history</td>
</tr>
<tr>
<td>PNF</td>
<td>proprioceptive neuromuscular facilitation</td>
</tr>
<tr>
<td>PNI</td>
<td>peripheral nerve injury</td>
</tr>
<tr>
<td>POC</td>
<td>plan of care</td>
</tr>
<tr>
<td>post</td>
<td>posterior, after</td>
</tr>
<tr>
<td>post-op</td>
<td>after surgery</td>
</tr>
<tr>
<td>PPE</td>
<td>personal protective equipment</td>
</tr>
<tr>
<td>pps</td>
<td>pulses per second</td>
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<tr>
<td>PRE</td>
<td>progressive resistive exercise</td>
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<tr>
<td>pre-op</td>
<td>before surgery</td>
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<tr>
<td>pm</td>
<td>as necessary</td>
</tr>
<tr>
<td>PROM</td>
<td>passive range of motion</td>
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<tr>
<td>psi</td>
<td>pounds per square inch</td>
</tr>
<tr>
<td>PSIS</td>
<td>posterior superior iliac spine</td>
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<tr>
<td>PT</td>
<td>physical therapy, physical therapist</td>
</tr>
<tr>
<td>PT</td>
<td>partial thickness</td>
</tr>
<tr>
<td>pt</td>
<td>patient</td>
</tr>
<tr>
<td>PTA</td>
<td>physical therapist assistant</td>
</tr>
<tr>
<td>PTB</td>
<td>patellar tendon bearing</td>
</tr>
<tr>
<td>PU</td>
<td>pressure ulcer</td>
</tr>
<tr>
<td>PVD</td>
<td>peripheral vascular disease</td>
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<tr>
<td>PWB</td>
<td>partial weight bearing</td>
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<td>Q</td>
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<td>peripheral vascular disease</td>
</tr>
<tr>
<td>PWB</td>
<td>partial weight bearing</td>
</tr>
</tbody>
</table>

**Suffixes**

- q: every
- qd: every day
- qh: every hour
- q.i.d.: four times a day
- qn: every night
- R: right
- RBBB: right bundle branch block
- RBC: red blood cell count
- RD: registered dietician
- re: regarding
- rehab: rehabilitation
- reps: repetitions
- RLQ: right lower quadrant
- RN: registered nurse
- r/o: rule out
- ROM: range of motion
- ROS: review of systems
- RR: respiratory rate
- RROM: resistive range of motion
- RT: respiratory therapist
- RUQ: right upper quadrant
- Rx: prescription
- S: supervised, supervision
- SACH: solid ankle cushion heel
- SBA: stand by assist
- SCI: spinal cord injury
- SC: sternoclavicular
- SH: social history
- shldr: shoulder
- SI: sacroiliac
- SLE: systemic lupus erythematosus
- SLP: speech language pathologist
- SLR: straight leg raise
- SNF: skilled nursing facility
- SOB: short of breath
- s/p: status post
- stat: immediately
- STG: short term goal
- STR: strength
- sup: superior
- sx: surgery
- sxs: signs and symptoms
- T: tuberculosis
- TBI: traumatic brain injury
- TBSA: total body surface area
- TENS: transcutaneous electrical nerve stimulation
- ther ex: therapeutic exercise
- TIA: transient ischemic attack
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Glossary Term</th>
<th>Description</th>
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<tbody>
<tr>
<td>t.i.d.</td>
<td>three times a day</td>
<td></td>
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<tr>
<td>TKR</td>
<td>total knee replacement</td>
<td></td>
</tr>
<tr>
<td>TMJ</td>
<td>tempomandibular joint</td>
<td></td>
</tr>
<tr>
<td>TNR</td>
<td>tonic neck reflex</td>
<td></td>
</tr>
<tr>
<td>t/s, t-spine</td>
<td>thoracic spine</td>
<td></td>
</tr>
<tr>
<td>TTWB</td>
<td>toe touch weight bearing</td>
<td></td>
</tr>
<tr>
<td>Tx</td>
<td>treatment</td>
<td></td>
</tr>
<tr>
<td>TV</td>
<td>tidal volume</td>
<td></td>
</tr>
<tr>
<td>VI</td>
<td>venous insufficiency</td>
<td></td>
</tr>
<tr>
<td>v.o.</td>
<td>verbal orders</td>
<td></td>
</tr>
<tr>
<td>vol</td>
<td>volume</td>
<td></td>
</tr>
<tr>
<td>VRE</td>
<td>vancomycin resistant enterococi</td>
<td></td>
</tr>
<tr>
<td>W</td>
<td>weight</td>
<td></td>
</tr>
<tr>
<td>WBAT</td>
<td>weight bearing as tolerated</td>
<td></td>
</tr>
<tr>
<td>w/c</td>
<td>wheelchair</td>
<td></td>
</tr>
<tr>
<td>W/cm²</td>
<td>watts per centimeter squared</td>
<td></td>
</tr>
<tr>
<td>WBC</td>
<td>white blood cell count</td>
<td></td>
</tr>
<tr>
<td>wk</td>
<td>week</td>
<td></td>
</tr>
<tr>
<td>WFL</td>
<td>within functional limits</td>
<td></td>
</tr>
<tr>
<td>WNL</td>
<td>within normal limits</td>
<td></td>
</tr>
<tr>
<td>WP</td>
<td>whirlpool</td>
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<tr>
<td>wt.</td>
<td>weight</td>
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</tr>
<tr>
<td>x</td>
<td>times</td>
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</tr>
<tr>
<td>y</td>
<td>year</td>
<td></td>
</tr>
<tr>
<td>y/o</td>
<td>year old</td>
<td></td>
</tr>
<tr>
<td>yr</td>
<td>year</td>
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</tbody>
</table>

**Legend:**
- t.i.d. = three times a day
- TKR = total knee replacement
- TMJ = tempomandibular joint
- TNR = tonic neck reflex
- t/s, t-spine = thoracic spine
- TTWB = toe touch weight bearing
- Tx = treatment
- TV = tidal volume
- VI = venous insufficiency
- v.o. = verbal orders
- vol = volume
- VRE = vancomycin resistant enterococi
- W = weight
- WBAT = weight bearing as tolerated
- w/c = wheelchair
- W/cm² = watts per centimeter squared
- WBC = white blood cell count
- wk = week
- WFL = within functional limits
- WNL = within normal limits
- WP = whirlpool
- wt. = weight
- x = times
- y = year
- y/o = year old
- yr = year
Symbols

Male ♂
Female ♀
Up/Increase ↑
Down/Decrease ↓
parallel bars ║
with č
without š
except x
before å
after/post p
approximately ~
greater than >
less than <
equal =
to and from ↔
progressing toward →
up and down ↤
primary ¹º
secondary ²º
wet to dry W→D
positive +
negative -
none or no Ø
degrees °
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