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1.0 PHYSICAL THERAPY

Physical Therapy is an essential part of the health care delivery system in the United States and physical therapists assume leadership roles in rehabilitation services, prevention and health maintenance programs as well as professional and community organizations. They also play important roles in developing health care policy and appropriate standards to ensure availability, accessibility, and excellence in the delivery of physical therapy services. The positive impact of physical therapy on rehabilitation, prevention, health promotion and the health related quality of life is well supported in the research literature. Physical Therapy includes not only the services provided by physical therapists but those rendered under physical therapist directions and supervision.

Physical therapy is a dynamic profession with an established theoretical base and widespread clinical application in the preservation, development, and restoration of optimal physical function. Physical therapists help patients/clients to:

- Restore, maintain, and promote movement, functional capabilities, overall fitness, health, and optimal quality of life.
- Prevent the onset and progression of impairment, functional limitation, disability, or changes in physical function and health status resulting from injury, disease, or other causes.

2.0 UNIVERSITY MISSION

2.1 UNIVERSITY MISSION STATEMENT

Shenandoah University prepares individuals to be critical, reflective thinkers; lifelong learners; and ethical, compassionate citizens who are committed to making responsible contributions within a community, a nation and the world. Shenandoah distinguishes itself by providing opportunities to gain knowledge and develop skills in a collaborative, personalized environment that intertwines professional and liberal learning. A Shenandoah education incorporates scholarship, experiential learning and sophisticated technologies, as well as practical wisdom.

To this end, the university has identified six core values that provide a foundation for the decisions it makes and the programs it offers:

- Development of an enduring passion for learning
- Commitment to self-reflection and personal development
- Respect for diverse cultures, experiences, and perspectives
- Celebration of creative performance, expression, teaching, and discovery
- Cultivation of leadership to advance positive change and growth
- Dedication to citizenship, professional service, and global outreach

As an institution affiliated with the United Methodist Church, Shenandoah University practices the highest ethical standards in its interactions with the community and with students of all faiths. Within a community of scholars, Shenandoah promotes the welfare of the whole person by fostering a nurturing environment in which students learn, grow, and flourish.

(October 16, 2003 – Taken from SU Student Handbook 2005)
3.0 DIVISION MISSION, VISION, AND PROGRAM GOALS

3.1 DIVISION OF PHYSICAL THERAPY MISSION

The mission of Shenandoah University’s Division of Physical Therapy is to prepare students as doctorally educated physical therapists who are reflective practitioners that provide evidence-based, compassionate and ethical care for the prevention, diagnosis and treatment of movement dysfunction.

3.2 DIVISION OF PHYSICAL THERAPY VISION

The Division of Physical Therapy will become recognized as a provider of physical therapy education driven by innovation, local and global service, and dedication to professional advancement.

4.0 GENERAL INFORMATION

4.1 ADVISORS

Each student is assigned a faculty advisor. The role of the advisor is to act as a student advocate. Students are encouraged to meet with their advisor before a concern or problem reaches the crisis stage. Students may meet with non-advisor faculty members if they so choose. Assignments will be announced during student orientation. The same advisor will remain in place throughout the curriculum unless a request for change of advisor, either by the student or the advisor, is presented to the Director or Associate Director.

Each class is assigned a faculty advisor who will work with the class to address concerns and plan events during the course of study.

4.2 APPOINTMENT WITH FACULTY

Instructors will inform students of scheduled office hours. Students are invited to schedule appointments with faculty during posted office hours by contacting the faculty member via e-mail. Faculty are available at other times but students should be sensitive to the time demands placed on faculty members. When arriving for a scheduled appointment stop at the reception area so that faculty members may be notified of your arrival. Documentation that cannot be sent via e-mail for faculty members may be brought to the Division Office to be distributed to the faculty member’s mailbox by one of the secretaries.

4.3 ATTENDANCE

Teaching and learning are at the heart of Shenandoah University. Learning involves a serious commitment on the part of both faculty and students. The faculty takes pride in the quality of their instruction. Students who choose to come to Shenandoah do so because they believe the instruction they receive will be of great benefit to them. Students therefore take responsibility for their learning, which includes attending all classes. It is never acceptable to miss classes or clinical days. At the first class meeting, faculty members will provide students with a written notice of specific attendance requirements appropriate for their course. Attendance may be taken at the discretion of the faculty member. Any time a student does not attend class/clinic, for whatever reason, he/she is responsible for the content covered in that class meeting. Clinical days will need to be made up at the
discretion of the CI and the DCE. Failure to meet an announced attendance requirement may result in a lowered grade or failure for the course. Legitimate excuses for absence are personal illness, death in the immediate family, professional or special activities that have prior approval. Physician and dental appointments, etc, other than emergency, are acceptable reasons only with prior approval by the faculty member.

The faculty believes it is their responsibility to ensure an environment conducive to learning. Therefore, classroom attendance is restricted to those individuals enrolled in that class. Children are not permitted to enter or leave the classroom, accompany the student to the class or clinic, while the class/clinic is in session. Guests may be permitted in the classroom with prior approval of the course instructor.

Attendance is required at one Professional Continuing Education Conference and one Virginia, or other state (with faculty approval) Student Conclave. Acceptable professional conferences are APTA sponsored meetings, NATA National, VPTA (or other state) Annual, National Student Conclave, or others with faculty approval. The Professional Continuing Education Conference must contain a minimum of eight contact hours with an emphasis on education related to physical therapy. Because we feel so strongly about this issue, the Division shares in the cost to attend these functions. The program will contribute to a portion of the registration fee for Virginia Student Conclave and for one day of the VPTA Annual Conference. Students may choose to attend a meeting in another state; however, the reimbursement will remain the same regardless of any additional cost to attend that state’s meeting. Any student who is not an APTA member will be responsible for the fee difference for non-members. Excused absence requests must be made in writing 30 days prior to the event and must be approved by the faculty. Students may apply for financial support to attend an additional professional meeting. Priority will be given to students making an invited presentation. Additional funding may be available, and will be allocated based on an accepted student proposal. The faculty, on an individual basis, will deal with exceptions to the attendance of approved policy. The student is responsible for keeping proof of attendance as a requirement of PT 855, Clinical Internship 3.

4.4 STANDARDS OF ETHICAL CONDUCT

All members of the Shenandoah University community are expected to uphold standards that reflect credit to themselves and the institution, and to abide by all Shenandoah University rules and regulations. Should the conduct or action of a student, or group of students, be detrimental to the general welfare of Shenandoah University, that student or group of students shall immediately be subject to suspension or dismissal (see Graduate Catalog – Code of Conduct).

4.4.1 PROFESSIONAL BEHAVIORS AND CORE VALUES

Professional Behaviors and The Core Values (American Physical Therapy Association, 2003) have been adopted by the Shenandoah University Division of Physical Therapy faculty as essential components of the program and considered necessary for successful fulfillment of the requirements of the program. The process of becoming an effective physical therapist involves
attaining competency in cognitive knowledge, psychomotor skills and professional behavior. Each aspect of this triad is equally important for the student to develop as s/he progresses through the Physical Therapy Program. The ten items define the professional behavior expected of Shenandoah University Division of Physical Therapy students. Appropriate levels of behavior are expected in all courses. To facilitate development of competency in the professional behaviors, the instructors will provide formal and informal feedback to the student throughout the semester.

Each student will complete a self-assessment and the faculty will complete an assessment of the student’s professional behaviors. These assessments will take place at a minimum 3 times in the curriculum, during the fall semester each year (Year 1, Year 2, and Year 3). The faculty may also request additional assessments based on observed deficiencies in professional behaviors.

Faculty and student assessments are reviewed by the student’s academic advisor. If the advisor identifies 1- discrepancies between the faculty and self-assessment and/or 2- student performance below the level expected for the year of the program, the advisor will meet with the student to develop a remediation plan. The remediation plan will identify specific goals and objectives for the student to complete. If the student meets the stated goals and objectives in the defined time-frame the student will progress in the program. If the student fails to make adequate progress toward the stated goals and objectives the student may be dismissed from the program.

Seven Core Values have been identified that define professionalism. These Core Values are listed below with no preference to rank to order (APTA, 2002):

1. Accountability
2. Altruism
3. Compassion/Caring
4. Excellence
5. Integrity
6. Professional Duty
7. Social responsibility

These Core Values are coupled with the Professional Behaviors (below) to describe and define the behaviors expected of students in the Division of Physical Therapy.

Professional Behaviors

1. Critical Thinking - The ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information. The ability to appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision making process.
2. **Communication** - The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.

3. **Problem Solving** – The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.

4. **Interpersonal Skills** – The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.

5. **Responsibility** – The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community and social responsibilities.

6. **Professionalism** – The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.

7. **Use of Constructive Feedback** – The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.

8. **Effective Use of Time and Resources** – The ability to manage time and resources effectively to obtain the maximum possible benefit.

9. **Stress Management** – The ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions for: self, patient/clients and their families, members of the health care team and in work/life scenarios.

10. **Commitment to Learning** – The ability to self direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.

**4.4.2 UNSAFE OR IMPAIRED BEHAVIOR**

The faculty of the School of Health Professions supports the Drug and Alcohol Policy adopted by the University (refer to SU Student Handbook). The use of drugs or alcohol immediately prior to or during class or clinical is inappropriate. A student who demonstrates any of the following behaviors may be judged to be unsafe or impaired by the faculty: impaired ability to process information, impaired judgment or reasoning, weakness, slurred speech, uncoordinated fine or gross motor skills, irrational behavior or behavior inappropriate to the setting.

If a faculty member or CI suspects that a student is ill or under the influence of drugs or alcohol, he or she may remove the student from the setting and immediately notify the Director of Health Services, Program Director or Associate Program Director. If the Director of Health Services is not available, the Vice President for Student Affairs will be notified. The following steps will be taken:

1. The student will be informed why the behavior is considered inappropriate and what steps will be followed.
2. The Director of Health Services will interview the student and determine the need for drug screening which may be ordered at the student's expense.

3. If the drug screen is positive for drugs or alcohol, the Vice President for Student Affairs will be notified.

4. The Vice President for Student Affairs and the Director of Health Services will determine a treatment program. This program may include random drug testing at the student's expense, a chemical profile and attendance in a support group. Failure to comply with the recommended treatment program may result in dismissal from Shenandoah University.

5. If the drug screen is negative, the student will be referred to the University physician for further examination to determine the cause of the behavior.

6. If the student refuses to take the drug screen, the student may be dismissed from Shenandoah University.

4.5 INCLEMENT WEATHER POLICY

All classes, with the exception of clinical practica and internships, will comply with the University inclement weather policy (refer to your Shenandoah University Student Handbook for this policy). The following is in accordance with that policy and is augmented to clarify specific situations for PT students.

Classes, Labs and Clinical Conferences

When SU is open, PT Classes, Labs and Clinical Conference will be held at their scheduled times. Classes will be cancelled because of snow or inclement weather only in exceptional circumstances, i.e., when travel is dangerous or impossible.

If the University is closed due to inclement weather, PT classes will be cancelled. This information will be broadcast on WINC radio, WVIA/WUSQ radio and cable television Channel 15, as it becomes available. By 6:00 AM, the main information number at the University (540-665-4500) will replay a recorded message containing up-to-date information regarding class schedules.

In the event of a delayed opening, classes scheduled before the announced hour of opening are considered cancelled for that day. Each instructor is responsible for rescheduling missed classes.

Each faculty member is responsible for determining the dates and requirements for make-up work related to inclement weather.

Faculty members are to make every effort to meet classes as scheduled. In the event that travel for individual faculty members is impossible or dangerous, the faculty member will notify the PT office as soon as possible. Someone from the PT office will contact the appropriate PT Class officers.

Clinical Practica and Clinical Internships

Clinical Practica and Clinical Internships meet according to the schedule of the clinical facility. Even when Shenandoah University is closed students are expected to
attend clinical experiences, unless conditions between their home and the clinical education site make transportation unsafe or impossible.

The weather within the Northern Shenandoah Valley and within a 2-hour radius of Winchester can be extremely variable. This is particularly so for snow, freezing rain and flash floods. Consequently, while classes may be cancelled, travel to and from a given clinical site may be safe. Conversely, while travel into class may be safe, travel to a clinic in another direction may not be.

Students attending Clinical Practica or Internships should use their own judgment about hazardous driving conditions to and from their clinic sites, whether using their own vehicle or public transportation. If there is a question about travel safety to and from a clinical site, the student should contact the Clinical Instructor (CI), discuss the matter, and come to a mutually agreed conclusion. Contacting the state police for road conditions may be useful. The student is responsible for make-up work related to inclement weather.

**Snow Removal/Parking on Stewart Street at Cork Street Facility**

In the City of Winchester, when Snow Plan A is in effect, there is no parking on Stewart Street as this street is an Emergency Snow Removal route. The city will tow cars that are parked on Emergency Snow Removal streets.

### 4.6 CORK STREET FACILITY

The Cork Street Facility is open for PT student use 24 hours a day, 7 days a week. Students may access selected rooms at all times during the academic year using a combination lock. These are the only rooms that may be used by students between 5 PM and 8 AM without the direct, on-site supervision of a faculty member. Studying or socializing is not permitted in public areas inside or outside the building - - a student lounge is provided for this purpose.

Please note that labs and classrooms are key locked during breaks (e.g. summer and Winter Holiday, etc.). Access may be obtained during work hours by advance notice with faculty and/or staff.

There is a Coffee Shop located on the first floor. The hours are from 7:30 AM to 1:30 PM. The Coffee Shop is to be used for eating only. Studying in the Coffee Shop (and the WMC cafeteria) is prohibited. One exception to that policy will be that students are allowed to study and have lunch on the patio at the Cork Street facility, but classes are not to be held there. Please return chairs, etc. to the proper position when leaving.

### 4.7 PHOTOCOPYING

Copies of general coursework materials must be made on-campus or at a local print shop, at the student's expense. A printing kiosk located in the student lounge is available for students. Additional printing kiosks will be available through the SU campus. These kiosk stations will charge students 9 cents for black and white copies and 49 cents for color copies.
Book and article scanners with OCR ability have been placed in the libraries, which will eliminate the need for photocopiers, as the scanners will send the item to your Google docs, email, or a thumb drive.

Faculty approved, large quantity, copy job requests must be submitted to the Division Office and must allow a 48-hour turnaround time. In the case of conflict, faculty and staff materials always take precedence.

Reproduction of copyrighted material, without prior permission of the copyright owner, is illegal.

4.8 TELEPHONES
Students are not permitted to use Division telephones unless given permission to do so. There are also telephones located in the student lounge, research lab, skills lab, and skills lab 2. These phones can be used for outgoing long distance calls billed to a personal calling card. Cell phones are not to be turned on during class time. The cell phone can be left with the receptionist in the main PT office or clinic front office staff if it needs to be on for an emergency call.

4.9 BORROWED ITEMS
Students may borrow instructional materials such as books, audiotapes or videotapes owned by the Division provided that these items are labeled as circulating, returned in good condition and in a timely manner. Always ask before borrowing an item. Individual faculty members may also be willing to loan materials under the same conditions.

Students may borrow equipment owned by the Division, such as the camcorder, tripod, laptop computers, etc. Students must check for availability of equipment with Division Office staff. This equipment must be formally checked-out from the appropriate staff member and returned to the Division Office by 8 AM the following day in a “ready to use” condition.

Any item that is lost or damaged must be replaced by the student(s) involved. In the event that the responsible person cannot be identified, missing or damaged items will be replaced using money from the class or classes responsible.

4.10 CLASS SCHEDULES
Classes are generally scheduled between 8:00 AM and 5:00 PM Monday through Friday. If courses must be scheduled in the evening, an effort will be made to provide compensatory free time during the day. Frequently, schedules will change during the semester to accommodate field trips, guest speakers, holidays, inclement weather and unanticipated events. Any such schedule changes will be announced as soon as a change is known. The schedules for Clinical Practica and Clinical Internships are described in this handbook under Clinical Education, 17.0.

4.11 CLASS OFFICERS
Each class will elect class officers and representatives during the fall of each academic year. The incoming First Year Class should elect their class officers by the end of the second week of the first semester. The offices and representative positions are listed below:
President:
• Represents class to faculty and vice-versa
• Oversees conduct and performance of class with regard to PT-related issues both in and out of the classroom
• Chairs class meetings
• Distributes class mail and make class announcements
• Informs class of opportunities for class to volunteer or participate in community activities
• Leads class meetings to discuss class activities

Vice-President:
• Acts in the capacity of the President when the President is unavailable
• Assists the President as needed
• Organizes and oversees Big Brother/Big Sister activities of the class

Secretary:
• Takes minutes at class and officer meetings
• Organizes various administrative initiatives; e.g. initiate class phone tree
• Assists in coordination of end-of-year elections
• Checks the class mailbox
• Notifies the Division secretary, in writing, of items that need to be repaired or are missing
• Posts announcements
• Assists President and VP in organizing activities
• Distributes class meeting notes to class via email

Treasurer:
• Is responsible for overseeing funds brought in by dues, student payments, fund-raiser activities, etc.
• Maintains class checking account and write checks and update class on all financial matters
• Assesses fund raising needs of the class

Admission Committee Representative:
• Assists in coordinating open houses, interviews and contact persons for prospective students
• Helps with orientation of new students
• Is the Division liaison for the Pre-PT Club

VPTA Student Representative:
• Serves as liaison between students, the VPTA and the APTA
• Attends and participates in the state student conclave
• Organizes PT Month activities
• Attends one Blue Ridge District meeting/semester and shares relevant information and issues of discussion with class
• Monitors the VPTA Web page for student information
• May attend the National Student Conclave
• Core Ambassador

**Social Chairperson:**
• Promotes and organizes social activities among classmates and between the individual PT classes (day, evening, and overnight events)
• Monitor morale of class and report to President
• Serves as host for guest speaker(s) (provides water, coffee, photocopying, audiovisual setup, etc.)

**Class Historian:**
• Keeps record of important dates; take pictures for slide shows to be presented at follies, Holiday parties, etc.
• Organizes slide show for holiday party
• Attends all officers & class meetings

**Fundraising Chairperson:**
• Is responsible for planning and organizing activities to build class revenues
• Is responsible for receiving approval if needed from the Director of the Division or the Office of Student Affairs on the main campus

**Honor Court Representatives and Alternates:**
• One representative and one alternate who will serve on an Honor Court as needed.

**Intramural Representative:**
• Informs class of intramural sports on main campus
• Organizes teams and turns roster into intramural coordinators
• Informs class of team schedule

**SGA Graduate School Assembly position:**
• Working in the SGA to help bring together the health care profession graduate students at Shenandoah University

**4.12 STUDENT CLUBS AND ACTIVITIES**
Refer to the University Student Handbook for the complete list of clubs.

Students may be interested in becoming a member of the National Leadership Honor Society (Omiron Delta Kappa - OΔK): to qualify you must rank in upper 35% for scholarship and show leadership; must be nominated by faculty or current member; essay application; induction is spring semester.

**4.13 BULLETIN BOARDS**
Bulletin boards are located throughout the PT Division space in the Cork Street Facility. There are two bulletin boards in the student lounge located on the second
floor. There are bulletin boards in each classroom. In order to prevent chaos in the dissemination of information, the bulletin boards have been designated for specific uses:

- Bulletin boards serve as a student message center where general announcements, continuing education courses, APTA information, employment information, shared photographs may be posted.
- Classroom boards are for course related information for each class.

The Division reserves the right to remove any unauthorized materials from bulletin boards without notice.

All temporary signs posted in the building must be mounted on bulletin boards only, not on columns, elevators, doors, etc.

The date the sign is posted should be noted somewhere on the sign. Signs that are not dated will be removed within three days. Signs that do have a date noted on them will be taken down seven days from the printed date. If you need to extend these time frames, please contact a Division secretary so arrangements can be made.

4.14 STUDENT ADDRESSES AND IDENTIFICATION

It is every student’s responsibility to keep his/her addresses current with the Registrar’s Office and the PT Division Office. It is especially important to leave a summer address.

Students should note that local and permanent addresses and telephone numbers will be distributed among all those who are currently enrolled in the program. If this presents an individual problem, contact the Division Receptionist in order to request that your address and telephone number not be released.

A Shenandoah University picture identification badge will be issued during orientation. This badge is required to be displayed at all times while in the Cork Street Facility. It will also allow students to receive a discount on food and beverages at the WMC cafeteria and the Coffee Shop at the Cork Street facility.

4.15 STUDENT MESSAGES

The preferred method of sharing messages with students is via e-mail. Paper mail and other documents for students will be placed in the class mailbox in the Division Office. Any urgent messages will be conveyed directly to the student by faculty or staff.

4.16 PARKING

For parking at the Cork Street Facility, PT students will be issued a specially coded Cork Street Facility parking sticker and must park in the parking lot designated for student parking.

When using the Cork Street facility, students are permitted to park only in lot #1 (directly across Stewart Street) between 8 AM and 5 PM on a first-come, first-served basis. If this lot is full, you must use the overflow lot #3 or on-street parking. Do not
park in unauthorized lots or restricted residential areas or your automobile will be towed at your expense.

All students are required to have a University parking sticker if they park in University facilities. This sticker may be purchased at the University’s Business Office.

4.17 SECURITY

Cork Street Security can be reached at the following numbers: office 536-1987, In-house cell 536-5456, or outside cell phone 550-5296.

If unable to reach the Cork Street Facility Security, please contact the Valley Health Security at the Winchester Medical Center by dialing 536-4175.

For a life-threatening emergency, fire or other extreme emergency call: 911.

For entrance into the building after hours, use the building access card provided to you. As a precaution, students are required to work in groups of two or more when using the facilities outside of normal working hours. Remember always lock-up valuables to prevent theft. When leaving the building late at night students are encouraged to seek escort to vehicles by security personnel. Students are not permitted to give access to others into the building.

4.18 FIRE EMERGENCY PROCEDURES

Upon recognition of a fire emergency within the building, activate the building fire alarm system by use of a manual fire alarm pull station. The fire alarm is automatically transmitted to the Winchester City Fire and Rescue Department Communication Center. Upon activation of the fire alarm system, the Winchester City Fire Department will initiate a response to the facility. A follow-up telephone call should be made to the WMC Communications/Emergency Operations Center (switchboard) by dialing 536-8000.

The Cork Street facility was built as a hospital and includes fire zones. These zones are designed to contain a fire or smoke within the zone to prevent the spread to other areas of the facility. Because of this, evacuation/relocation from one fire zone to the next is safe and is the expected procedure to follow. Fire zones can be located by traveling through the fire doors in the hallway into the area behind the doors.

Evacuation to the outside of the facility is required. You must remain out of traffic areas and out of the building until directed to return by a member of Safety/Security.

Faculty, staff and students from each area shall be responsible for the safe evacuation of occupants from their area and assure all spaces within the area have been evacuated, if conditions permit. Close all doors in your area as you leave, if conditions permit.

4.19 MEDICAL EMERGENCY PREPAREDNESS

All students/faculty will be certified in cardiopulmonary resuscitation (CPR) and foreign body airway obstruction (FBAO) for adults, infants and children. In the event
that a person should suffer a medical emergency or any emergency requiring outside assistance, one student/faculty member will take charge of the situation and remain with the patient at all times. The person in charge will direct others as available to initiate contact with Emergency Services by calling 911, and assist with moving the patient to a safe location if necessary. The person in charge will monitor the patient’s vital signs, until the emergency medical technicians (EMTs) arrive. If the patient goes into either respiratory or cardiac arrest, the person in charge will assess and direct the start of CPR to be continued until the EMTs arrive and can take over. All treatment rooms will have a blood pressure cuff, stethoscope, protective airways and speakerphone with an outside line and emergency number sticker attached. Each classroom and the skills laboratory are posted with the location of the automated external defibrillator or AED. The AED is for emergency purposes in the center of clinical research at the Cork Street facility.

4.20 DISABILITIES

It is the policy of Shenandoah University Division of Physical Therapy to provide reasonable accommodation to qualified students with a disability so they can meet these required tasks and technical standards. Whether or not a requested accommodation is reasonable will be determined on an individual basis. Determining what is reasonable accommodation is an interactive process that the applicant should initiate with Shenandoah University’s Office of Learning Resources and Services. Phone: (540) 665-4928. However, accommodation contracts do not apply to practical examinations or assignments. It is the student’s responsibility to sign updated accommodation contracts at the beginning of each semester.

All courses are in compliance with standards set forth by the Americans with Disabilities Act (ADA). Students with ADA qualified disabilities requesting accommodations should contact their instructor and the Coordinator of the Office of Learning Resources and Services at x4928. The Division and University will make every effort to meet the special needs of any student with a disability. It is the students’ responsibility to notify the appropriate personnel, particularly instructors, of special needs before problems develop.

4.21 SOCIAL NETWORKING POLICY

Health Profession students should be concerned with any behavior that might reflect badly on themselves, their families, their academic program, and/or Shenandoah University. Such behavior includes any activities conducted online.

Health Profession students are not restricted from using any online social network site and/or digital platform. However, users must understand that any content they make public via online social networks or digital platforms is expected to follow acceptable social behaviors and also to comply with federal government, Commonwealth of Virginia, Shenandoah University and the Code of Ethics of your respective health profession.

As a School of Health Professions student- participating in classroom, clinical field experiences and community activities as part of Shenandoah University, you are a representative of the University. The following guidelines must be considered as you participate on social networking web sites:
Before participating in any online community, understand that anything posted online is available to anyone in the world. Any text, video, or photo placed online is completely out of your control the moment it is placed online – even if you limit access to your site.

You should not post information, videos, photos, or other items online that could reflect negatively on you, your peers, faculty, staff, or clinical instructors, your respective program, or Shenandoah University.

You should not post your home address, local address, phone number(s), birth date, or other personal information, as well as your whereabouts or your plans. By doing so, you could be opening up yourself or others to predators.

Program faculty and/or other Shenandoah administrators may and will monitor these web sites.

Potential employers, internship supervisors, graduate program personnel, and scholarship committees now search these sites to screen candidates and applications.

You cannot post any online materials that could be interpreted as a HIPAA violation.

The malicious use of online social networks, including derogatory language about any member of the Shenandoah University community; demeaning statements about or threats to any third party; incriminating photos or statements depicting hazing, sexual harassment, vandalism, stalking, under age drinking, illegal drug use, or any other inappropriate behavior, will be subject to disciplinary action by the Shenandoah University Honor Court.

Sanctions for failure to agree and adhere to this policy will result in actions ranging from reprimand to dismissal from the program. It is the School of Health Profession's intention to achieve a level of behavior that reflects positively on all of us.

Violations of this School of Health Professions policy or evidence of such violations in the content of social networks or digital platforms are subject to investigation and sanction under "SU Physical Therapy Student Handbook." They are also subject to investigation by law enforcement agencies.

4.22 SEXUAL HARASSMENT POLICY

The Division upholds and enforces the policies and procedures regarding sexual harassment as set forth in the Shenandoah University Student Handbook. The Shenandoah University Student Handbook and the Academic Catalog have merged together to create one easy to navigate resource. You can access the catalog from the SU homepage – search academic catalog.

4.23 ALCOHOL AND OTHER DRUGS POLICY

The Division upholds and enforces the policies and procedures regarding alcohol as set forth in the Shenandoah University Student Handbook. The Shenandoah University Student Handbook and the Academic Catalog have merged together to create one easy to navigate resource. You can access the catalog from the SU homepage – search academic catalog.
4.23.1 BACKGROUND

The purpose of this policy is to provide a safe working and learning environment for patients, students, clinical and institutional staff and property in the clinical programs of the Shenandoah University School of Health Professions (SUSHP). Healthcare accreditation organizations mandate that hospitals and other health care agencies require students who participate in the care of patients be subject to the same standards as their employees. Accordingly, submitting a negative urine drug screen is a condition for participation in some clinical/fieldwork components in many of the School of Health Professions programs. Students in these programs are notified in advance of the potential requirement for urine drug screening through admissions informational materials (web and written forms), orientation sessions and student handbooks.

4.23.2 POLICY

1. Applicability and timing.
   a. As noted above, submission of a negative drug screen is a requirement for admission to some clinical/fieldwork sites. Repeat testing may also be required. Failure of drug test (positive result for illicit substance), or refusal to cooperate with any aspect of this policy, or any health system policy on substance abuse, will result in disciplinary action up to and including dismissal, or denial of progression in the program of study. In no case will a student be reassigned to another clinical agency on the basis of refusal to participate in drug screening.
   b. The Division of Physical Therapy reserves the right to do random urine drug screening (10-panel).

2. Cost
   a. The student shall be responsible for paying any and all associated costs of urine drug screening if required for admission to some clinical/fieldwork sites. A School of Health Professions approved testing site will provide testing and students will be notified of the cost and procedure in advance by the Clinical Coordinator or other program representative.
   b. For Random drug screening; A School of Health Professions approved testing site will provide testing and the Division of Physical Therapy will cover the cost.

3. Use and care of information on drug screening
   a. Test results will be confidential with disclosure of results provided only to persons (generally the dean, director or clinical placement coordinator) involved in evaluating qualifications for clinical placement or the academic standing within the program of study.
   b. Negative results may be shared with clinical affiliate agencies in order to comply with their requirements for clinical placements. Because of the mandate to comply with health system policies, disciplinary
actions (e.g. immediate suspension) may be imposed without the customary mechanisms of academic warning and probation period. Reports will be kept in confidential files at the Wilkins Wellness Center separate from the student’s academic file.

c. Students who wish to review a copy of their test results should contact the Wilkins Wellness Center. Wellness Center staff will communicate results to the Clinical Coordinator or designated representative in the student’s program.

d. It is not the policy of SU to report drug screen results to law enforcement agencies. However, this does not preclude the University officials to report behaviors that it determines are potentially unlawful.

4.23.3 PROCEDURE

1. Applicant’s responsibilities: A consent form for drug screening will be sent to students assigned to a clinical site requiring drug screening prior to testing at an approved urine drug screen site. The form must be completed and returned to the School of Health Professions program in which the student is enrolled.

2. False or misleading statements: Any false information contained on any forms pertaining to this policy will be grounds for dismissal from the program of study.

3. Results:

   a. Students complete the urine drug screen at a site approved by the School of Health Professions. If confirmatory testing is not required (the sample is clearly negative in the screening procedure), a report will be sent by Wilkins Wellness Center to the Clinical Coordinator or program designated representative indicating that the test was negative. The results may be forwarded to the clinical site. No further action is required.

   b. If the urine drug screen results are inconclusive, retesting will be required, which will be at the student’s expense unless the testing agency is at fault. In the case of a positive test, a Medical Review Officer (MRO) employed by the testing agency will be charged with interpreting the results and contacting the applicant/student to disclose any prescription medications. If determined by the MRO that the further investigation proves a negative result, no further action is required and the negative result will be sent to the School of Health Professions representative.

   c. If further interpretation proves the results are positive, the MRO will notify the applicant/student and Director or Dean of the program in which the student is enrolled. The student will not be allowed to continue in the clinical phase of the program. At the discretion of the Director, the student may be permitted to request referral for treatment and return to the program upon successful completion of a
treatment program may be dismissed from the program, or other sanctions may be applied. If a student returns to the educational program after treatment, periodic drug screen monitoring may be required.

4.24 LEGAL ISSUES AND THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT

The Division upholds and enforces the policies and procedures regarding all legal, family education, and privacy issues as set forth in the Shenandoah University Student Handbook. The Shenandoah University Student Handbook and the Academic Catalog have merged together to create one easy to navigate resource. You can access the catalog from the SU homepage – search academic catalog.

FACULTY RESPONSIBILITIES

4.25 CORE FACULTY

While teaching is a primary focus of the faculty, there are other major duties and responsibilities of which students need to be aware. The scope of responsibilities includes classroom, laboratory and clinical teaching, scholarship, professional development, patient care, service to the Division, School of Health Professions, University, state and national physical therapy professional associations and the local community.

4.26 ADDITIONAL ROLES

In addition to the above activities, some faculty members have additional roles and responsibilities. They include:

4.26.1 DIRECTOR:

The individual employed full-time by the institution, as a member of the core faculty, to serve as the professional physical therapists education program’s academic administrator. The Program Director is responsible for the ongoing growth and development of the Division. The Director coordinates all activities of the faculty, oversees peer review among the faculty, is accountable for the Division budget, supervises all committee work, completes all Division review surveys and reports all Division activities to the Vice President for Academic Affairs, Vice President for Administration and Finance, and/or the University President.

4.26.2 ASSOCIATE DIRECTOR:

The Associate Program Director is responsible for assisting with the administrative responsibilities of the Division. These responsibilities include those related to program, faculty development or any other tasks assigned by the Director. The Associate Director may act as a liaison between the faculty and the Director. The Director and Associate Director shall communicate regularly and candidly regarding issues within the Division. The Associate Director will assume the Director’s duties in the Director’s absence.

4.26.3 DIRECTOR OF CLINICAL EDUCATION (DCE)
 Responsible for developing the clinical sites and strives to ensure that full-
time Internships and part-time Clinical Practica will take place only in those 
sites which meet defined criteria as quality learning centers for students. 
The DCE facilitates problem solving related to clinical issues as requested by 
clinical preceptors, faculty or students. The DCE is a physical therapist and 
core faculty member with an understanding of contemporary physical 
therapist practice, quality clinical education, the clinical community, and the 
health care delivery system.

4.26.4 FACULTY CLASS ADVISOR:

A faculty member within the Division of physical therapy will be designated 
as the class advisor for each incoming class. The faculty member will remain 
the advisor for that class throughout the three years of the program. The 
faculty class advisor will serve as a liaison to the class and the Student Affairs 
Committee. The class advisor will meet with the class at least once during 
each semester to discuss any issues or concerns of the students regarding 
the program or university. Concerns regarding individual courses will be 
directed to the instructor(s) of the course. The class advisor will document 
the meeting with the students and relay the issues and proposed solutions to 
the faculty.

5.0 STUDENT RESPONSIBILITIES

A guiding philosophy of the Division of Physical Therapy is that students are active 
participants in the learning process. Learning is an active process that requires initiative 
and continual participation by the student. Individual course objectives are designed to 
meet student-learning needs; but students are encouraged to take responsibility for 
developing their own learning goals, communicating them and taking an active role in 
seeing that they are met. In addition, learning is a lifelong process. As a future health care 
provider, the individual must take responsibility for his or her own professional growth and 
development.

Accredited Physical Therapy Programs must have ongoing evaluation of the curriculum and 
faculty performance. Peer review involves critical analysis of another’s work, cooperative 
problem solving and mutual respect. Program evaluation will take on many other forms 
during the education process. Students are required to submit an evaluation at the 
completion of every course and students will perform peer reviews on each other, refer to 
section 10.0 for more details. In the final semester of study, students are required to 
evaluate the entire curriculum.

Each class will be responsible for communicating with the class advisor to request a 
preferred final exam schedule. The faculty will attempt to meet the needs of the class in 
the final exam schedule. The schedule will be finalized by the faculty and published a 
minimum of 1 week before final exam begin. Only under exceptional circumstances will 
final exams be scheduled outside of the final exams week.

5.1 ESSENTIAL FUNCTIONS:

The Shenandoah University Division of Physical Therapy promotes the broad 
preparation of students for clinical practice. Regardless of the health care discipline,
students must demonstrate competence in those intellectual, physical, and social tasks that together represent the fundamentals of professional practice. Applicants and students will be judged not only on their scholastic achievement and ability, but also on their intellectual, physical and emotional capacities to meet the full requirements of the curriculum of the professional program. The Physical Therapy faculty exercise judgment when selecting the entering class to consider character, extracurricular achievement, and overall suitability for the health professions based upon information in the application, letters of recommendation, and personal interviews.

The professional accreditation association requires that the physical therapy curriculum provide a general professional education that enables each student to deliver entry-level clinical services. This requires the development of a broad array of basic knowledge, skills, and behaviors, appropriate to enabling self-directed learning to further professional development and delivery of competent health care. The basic and applied science component of the professional curriculum is designed to establish a core of knowledge necessary for clinical training. The clinical curriculum typically includes diverse experiences in ambulatory and inpatient settings. These rotations develop the ability to practice independently, without regard for any future choice of specialty.

Certain chronic or recurrent illnesses and problems that interfere with patient care or safety may be incompatible with training as a healthcare professional or clinical practice. Other illnesses may lead to a high likelihood of student absenteeism and should be carefully considered. Deficiencies in knowledge, judgment, integrity, character, or professional attitude or demeanor that may jeopardize patient care may be grounds for course/rotation failure and possible dismissal from the program.

Physical therapy education requires that the accumulation of scientific knowledge be accompanied by the simultaneous acquisition of skills and professional attitudes and behavior. The Doctorate of Physical Therapy (DPT) degree awarded by Shenandoah University, Division of Physical Therapy, at the completion of the student’s education process, certifies that the individual has acquired a broad base of knowledge and skills requisite for the practice of physical therapy. To this end, the student is required by the faculty to successfully complete each required course, comprehensive examination and clinical rotations in order to graduate. Technological compensation can be made for some disabilities in certain of these areas. The need of a trained intermediary means that a candidate’s judgment must be mediated by someone else’s power of selection and observation, and as such, is incompatible with independent professional practice and is unacceptable.

These standards describe the essential functions students must demonstrate in order to fulfill the requirements of a general professional education, and thus, are prerequisites for entrance, continuation, and graduation. Shenandoah University will consider for admission to the Division of Physical Therapy any applicant who demonstrates the ability to perform or to learn to perform the skills specified in this document for that program. Applicants are not required to disclose the nature of any disabilities to the Admissions Committee; however, any applicant with questions about these requirements is strongly encouraged to discuss the issue with the
Disability Services prior to the interview process. If appropriate, and upon request of the student, reasonable accommodations may be provided.

The following technical standards specify those attributes that the faculty of the Division of Physical Therapy considers necessary for completing the professional education program and enabling each graduate to subsequently enter clinical practice. Applicants for the DPT degree must have abilities and skills in the areas listed below: observation; communication; sensory and motor coordination and function; intellectual-conceptualization; and behavioral-social-professional abilities and aptitude. Each of these standards is described in detail below. Students must be able to independently perform the described functions.

**Observational Skills:** The student must be able to observe demonstrations and experiments in the classroom. A candidate must be able to observe a patient accurately at a distance and close at hand. Observation necessitates the functional use of the sense of vision and somatic sensation. It is enhanced by the functional use of the sense of smell.

**Communication Skills:** A student should be able to speak, to hear, and to observe patients in order to elicit information, describe changes in mood, activity and posture, and perceive nonverbal communications. A student must be able to communicate effectively and sensitively with patients. Communication includes speech, reading and writing. The student must be able to communicate effectively and efficiently in English, in oral and written form with all members of the health care team as well as with patients and families.

**Intellectual-Conceptual Skills:** These abilities include measurement, calculation, reasoning, analysis and synthesis. Problem solving, the critical skill demanded of physical therapists, requires all of these intellectual abilities. In addition, the candidate should be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures.

**Behavioral-Social-Professional Skills:** A candidate must possess the emotional health and stability required for full utilization of his/her intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive and effective relationships with patients. Candidates must be able to tolerate physically taxing workloads and to function effectively under stress. Flexibility and the ability to adjust to changing situations and uncertainty in clinical situations is expected and required. Mindfulness, compassion, integrity, concern for others, interpersonal skills, cultural competence, interest and motivation are all personal qualities that are assessed during the admissions and education processes.

**Curriculum Requirements:** In addition to the abilities specified above, students must be able to successfully complete, with or without reasonable accommodation, all required components of the curriculum. See the student handbook for specific requirements. Compliance with the program’s essential functions does not guarantee successful completion of the licensing examination.

**Tests and Evaluations:** In order to evaluate competence, the Physical Therapy Program employs periodic examinations, both written and practical, as an essential
component of the curriculum. Prior to the final two full-time clinical rotations students are required to pass a comprehensive examination consisting of written and oral components. Successful completion of all examinations is required of all students as a condition for continued progress through the curriculum. Reasonable accommodation will be made to the form of administration of the evaluation where necessary.

Clinical Assessments: Demonstration of clinical competence is fundamental to the career of the student. The process of evaluation of the clinical performance of the student is an integral and essential component of the curriculum. Although reasonable accommodation will be made, participation in clinical experiences and the evaluation of that participation is required. The Clinical Performance Instrument (CPI) and the PT Specific Generic Abilities are two of the evaluation tools used on full time internships to assess clinical competence.

5.2 APTA MEMBERSHIP

The Division of Physical Therapy strongly supports participation in the national professional organization, the American Physical Therapy Association (APTA). Therefore, students are required to become members of the APTA upon entry into the Physical Therapy Program. Students are required to maintain this student membership throughout their career in the program to remain in good academic standing.

5.3 EMAIL AND SU INFORMATION TECHNOLOGY POLICY STATEMENT

Once enrolled in the DPT program and given a SU ID number, students are given an SU email account. The faculty utilizes email as a primary means of communicating messages to students. It is highly recommended that students log onto their emails account daily to see if they have received class or general program information.

Students are required to be ethical and responsible users of Shenandoah’s computing network. Please refer to the SU Information Technology Policy Statement found via the SU homepage.

ACCIDENTS (INJURIES AND ILLNESSES)

Any injury to a Shenandoah University student requiring medical attention must be reported to the Wellness Center within 48 hours of the occurrence or the first day of classes following the injury. All advisors to student groups, students or any faculty/staff responsible for students must report any injury to the Wellness Center within 48 hours if the school insurance is to be submitted for determination of coverage.

Within that 48-hour period after the accident, the student or someone designated by the student should come to the center and fill out a claim form. The center personnel will assist the student in claiming for insurance coverage. The claim should first be submitted to the student's primary insurance carrier. When the student has received the Explanation of Benefits from the primary insurance carrier, the center will submit the remaining charges to the school insurance company for determination of coverage. See insurance section for payment policy.
Part-time students who receive injuries should also report them to the Wellness Center within 48 hours of the incident and the center will assist them in claims through their insurance company.

5.4 CONFIDENTIALITY OF PATIENT RECORDS

All patient records are to be kept confidential. Medical records utilized for research projects, clinical demonstrations or patient treatment labs are obtained with written consent of the patient. No written references to patients (including paper, electronic communication, and audiovisual displays) may include the patient’s last name or identifying information. All information regarding patients is held in strict confidentiality and may not be discussed out of the classroom or clinical field experience setting.

The Institutional Review Board of Shenandoah University approves all research projects and all research subjects sign an informed consent form prior to entering into any study. All medical records and consent forms procured or produced by students or faculty and which include identifying information for research are maintained in a secured location in the Division of Physical Therapy main office.

5.5 HIPAA AND PATIENT CONFIDENTIALITY

Federal regulations under the Health Insurance Portability and Accountability Act (HIPAA) include provisions designed to protect the privacy of patient information. These regulations are commonly known as the Privacy and Security Rules. The compliance date for the Privacy Rule occurred on April 14, 2003. The Security Rules were finalized in February 2003. Hospitals and other healthcare providers must be in full compliance by February 2005.

Confidential patient information means information that identifies the patient, relates to the patient's diagnosis or condition, the patient's care, treatment or other services provided to the patient, or the patient's billing and payment information. Examples of confidential information include the following:

- Name, address, phone number, fax number, e-mail address
- Occupation, age or date of birth, place of birth, date/time of death
- Social security number, driver’s license number, license plate number, professional license number
- Medical record number, account number, health plan number
- Photographs, fingerprints, voiceprints
- A description of distinguishing physical characteristics, including height, weight, gender, race, hair and eye color, presence or absence of facial hair (beard or moustache), scars, and tattoos
- Diagnosis and HCPCS codes, narrative diagnosis, signs and symptoms, description of procedure
- History & physical, discharge summary, physician orders/prescriptions, clinical notes
- Test results, imaging results (e.g., X-Ray, MRI, PET Scan, CT)
- Web Universal Resource Locator (URL), Internet Protocol (IP) address number
• Any other unique identifying number, characteristic, or code

The HIPAA Privacy and Security rules affect all healthcare providers. There are a few simple rules that can help ensure that we protect our patients’ right to privacy.

• You should only access or use patient information if you have a need to know this information to do your job, and you should only disclose this information to your co-workers or classmates if they have a need to know this information to do their jobs.
• You may share patient information with other healthcare providers inside and outside the patient’s healthcare system who are also involved in the care of the patient, unless the patient has objected to these disclosures.
• If you are caring for a patient, you may communicate with the patient’s family and friends who are involved in caring for the patient about the patient’s condition or treatment, unless the patient has objected to these disclosures.
• You cannot disclose patient information to your family, friends, neighbors or acquaintances. You should always take care to secure the patient information that has been entrusted to you.
  o For example:
    ▪ Not sharing your computer passwords or security codes
    ▪ Logging out or password protecting your computer screen when you leave your workstation.
    ▪ Locking paper records in a file cabinet or desk drawer when you leave your work area.
    ▪ Disposing of confidential waste in accordance with your facility’s waste disposal policy or shredding the documents if you have access to a shredder.

Enforcement of HIPAA

Persons violating patient confidentiality practices may be subject to civil and criminal liability under applicable law.

5.6 COUNSELING SERVICES

Some students may experience higher levels of stress due to the demands of the professional education process. Also, some students may find that their previously successful methods of studying may need improvement in view of these increased demands. Students are encouraged to share their concerns with their faculty and advisors. In addition to advisors, counseling services are available to meet the personal, health, social, vocational and educational needs of students. Since these counselors have provided invaluable help for many students, the faculty supports early intervention. Further information on counseling services can be obtained from advisors, any faculty member, Student Health Service or the University Student Handbook.

Contact the Wilkins Wellness Center at 540-665-4530.

5.7 OUTSIDE EMPLOYMENT
It is very difficult to succeed in the Doctorate in Physical Therapy program given the significant educational responsibilities while maintaining outside employment. All students are encouraged to minimize outside work activities especially those having academic difficulty. Success in the DPT program requires a strong commitment to academic and clinical achievement. It is recommended that students schedule a meeting with their advisor before taking on outside employment opportunities.

5.8 STUDENT RECORDS/REFERENCE REQUESTS

5.8.1 RELEASE OF INFORMATION:

Information, except directory information or that required by law, is not released without permission of the student. For students in the Division of Physical therapy, directory information is defined as name, address, telephone number, previous institution(s) attended, major field of study, degree(s) conferred, and dates of attendance. Directory information will not normally be released unless a written request is filed with the Division of Physical Therapy main office. Student’s consent for release of directory information is assumed unless a written request is filed. Information other than directory information will not be released to external agencies or individuals without the express written permission of the student (or graduate). The record release form used by the Division of Physical Therapy can be obtained in the main office.

5.8.2 ACCESS TO RECORDS.

Students have the right to review their academic record. The Office of the Registrar maintains the student’s permanent record and requests to view the individual’s record must be made to the Office of the Registrar. The Division of Physical Therapy maintains a non-permanent record. Students have the right to access their program files except documents where access has been waived (e.g. recommendation forms). The Division maintains the right to restrict access under direct supervision to certain documents that may have potential for compromising examination security. The Division also maintains the right to charge a reasonable fee for duplication and/or postage if this service is requested. To access the non-permanent record, the student (or graduate) must complete the Request to View Academic Record form (see Appendix A) and submit it to the Administrative Assistant to the Division Director.

5.8.3 FORMS:

Because student records are to remain confidential, records will not be released by any member of the Division of Physical Therapy without written permission. Students or graduates requesting reference letters, etc. must complete the records release form found in Appendix A or available from the Division of Physical Therapy Office.

5.9 PROCESS FOR STUDENT CONTACTING CAPTE WITH FORMAL COMPLAINT

This program is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE). You may contact CAPTE at the address below:
“CAPTE has a mechanism to consider formal complaints about physical therapy education programs (PT or PTA) that allege a program is not in compliance with one or more of CAPTE's Evaluative Criteria or has violated any of CAPTE's expectations related to academic integrity. CAPTE will consider two types of complaints: those that involve situations subject to institutional due process policies and procedures and those that involve situations not subject to due process procedures:

• If the complainant is involved with an institution/program grievance subject to due process and procedure, CAPTE requires that the process be completed prior to initiating CAPTE's formal complaint process, unless the complaint includes an allegation that the institution/program process has not been handled in a timely manner as defined in the institution/program policy, in which case CAPTE will consider the complaint prior to completion of the grievance process. Evidence of completion of the institutional process or of the untimely handling of such must be included in the complaint materials.

• If the complaint is related to situations that fall outside of due process policies and procedures, the complaint may be filed at any time.

CAPTE will not consider complaints that fall outside its jurisdiction/authority as expressed in the Evaluative Criteria and the academic integrity statements. When appropriate, complainants will be referred to other organizations to pursue their concern(s).

In order for CAPTE to consider a formal complaint, several conditions must be met:

• The complaint must be specifically linked to the relevant Evaluative Criteria (PT or PTA) or to the integrity statements.

• The complainant must have exhausted all remedies available through the institution, if appropriate.

• The complaint must be submitted in writing, using the format prescribed by CAPTE, and must be signed by the complainant.

• The event(s) being complained about must have occurred at least in part within three (3) years of the date the complaint is filed.

In reviewing and acting on a complaint, CAPTE cannot and does not function as an arbiter between the complaint and the institution. Should CAPTE find that a complaint has merit and that the program is out of compliance with the Evaluative Criteria or the integrity statement(s), CAPTE can only require the program to come
into compliance with the Evaluative Criteria. CAPTE cannot force a program into any specific resolution of the situation that resulted in the complaint.

To obtain the materials necessary for submitting a complaint, contact the APTA Accreditation Department at 703/706-3245 or at accreditation@apta.org.

CAPTE acts on formal complaints twice a year, in April and October/November. The timelines involved in the complaint process are such that complaints received between January 1 and June 30 will be considered at the October/November meeting and complaints received between July 1 and December 31 will be considered at the April meeting.

6.0 CURRICULUM
6.1 PLAN OF STUDY CLASS OF 2016

Fall, Year 1

<table>
<thead>
<tr>
<th>Course</th>
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<tr>
<td>PT603</td>
<td>Gross Human Anatomy I</td>
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<td>PT607</td>
<td>Examination and Intervention</td>
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<td>PT623</td>
<td>Histological Aspects of Movement I</td>
<td>3</td>
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<td>PT643</td>
<td>Evidence-Based Practice</td>
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<td>Professional Issues I</td>
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<td>PT690</td>
<td>Medical Foundations I</td>
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Subtotal Hours 19

Spring, Year 1

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<td>PT610</td>
<td>Musculoskeletal System I</td>
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<td>PT624</td>
<td>Histo Aspects of Movement II</td>
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<td>PT656</td>
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Subtotal Hours 17

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<td>Gait and Biomechanics</td>
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Subtotal Hours 17

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<td>Cardio &amp; Pulmonary PT</td>
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<td>PT831</td>
<td>Professional Issues III</td>
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<td>PT861</td>
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<td>PT893</td>
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### 6.2 COURSE DESCRIPTIONS

#### PT 603 and 604 Gross Human Anatomy I and II

This two semester course series will provide an in-depth study of human anatomy with an emphasis on normal and pathological form and function as they relate to health care practice. Using a regional approach, emphasis will be placed on the relationship between nervous, muscle, vascular and connective tissue structures and joints. Course material is delivered through a combination of lecture, demonstration, human cadaver dissection, clinical case studies, and radiologic analysis. In addition, surface anatomy laboratory sessions will be utilized to assure that the student has the ability to transfer classroom knowledge to the clinical setting. Upon completion of this course, the student will have acquired the ability to identify, describe and discuss the morphology and function of various body regions. Four credits each (ucc 12 05)

#### PT607 Examination and Intervention
This course is designed to facilitate the student’s understanding of the theoretical basis for and the practical application of examination techniques and basic physical therapy intervention skills. This course will guide the student’s development of physical therapy evaluation skills via performance and interpretation of specific tests and measures. In addition, the student will develop an understanding of the process by which results of the physical examination are interpreted and an intervention plan of care is developed. This course includes lecture and laboratory time in order to facilitate didactic and psychomotor learning that are essential to the development of sound clinical decision making skills. Upon completion of this course, the student will be able to accurately perform a physical therapy examination, develop a general impression, document goals, and design a general plan of care. Four credits. (ucc 09-10)

**PT610 Musculoskeletal System I**

This course provides an in-depth study of the evaluation and physical management of musculoskeletal dysfunction of the upper extremities of the human body. Students learn to integrate concepts of various approaches to physical therapy management with specific examination and intervention techniques to address both surgical and non-surgical musculoskeletal conditions of the extremities. Various orthopedic manual physical therapy approaches are introduced. The student will also learn to design appropriate therapeutic exercise interventions and use of therapeutic modalities for various musculoskeletal conditions of the extremities. PT 609, Examination and Intervention, is a prerequisite of this course and students are expected to apply all techniques and principles from the course to the material in PT 610. Three credits. (ucc 05-04)

**PT623 Histophysiological Aspects of Movement I**

This course is designed to provide you with an introduction to Human Histology and Physiology with a major emphasis placed on general cellular physiology, neurophysiology, muscle physiology, epithelium and connective tissue. This provides the basic underpinnings of structure, function, and mechanisms that allow the body to move. Emphasis is on the four basic tissue types and their alterations during the aging process and following immobilization, acute activity, and chronic training. Lecture, laboratory, case study, journal articles, readings, and discussion are utilized for teaching purposes. Three credits. (ucc 02-00)

**PT 624 Histophysiological Aspects of Movement II**

This course is designed to provide the student with an introduction to general organ system human histology and physiology with a major emphasis placed on the cardiovascular, pulmonary, renal, endocrine, and gastro-intestinal systems. This will provide the basic underpinnings of structure, function, and mechanisms that allow the body to move. Along with the overview, discussion of the system alterations during the aging process, following prolonged immobilization, with acute activity and following chronic training will be included. Lecture, laboratory, case study, journal articles, readings, and discussion are utilized for teaching purposes. Three credits. (ucc 12-05)

**PT653 Professional Issues I**
This course introduces the student to the profession of physical therapy. The professional association, the documents that frame and guide the profession, and basic regulations of the profession are presented. Students will begin to develop their understanding of and ability to teach, speak publicly, and participate effectively in groups. Case presentations allow the student direct involvement with patients and other health care providers to bring the field of physical therapy and its place in the health care system to life. The students study medical terminology independently as a part of this course and a computerized test is taken to assure 90% competency level. Three credits. (ucc 12-05)

**PT656, PT751 and PT752 Clinical Practicum I, II, and III**

The focus of these courses is to facilitate the application and integration of didactic information from the classroom setting into clinical practice by expanding clinical problem solving. Each course consists of one day per week clinical experience for a period of 10 weeks. The Clinical Practicum integrate the knowledge, skills and attitudes acquired to date in the classroom and in the labs, to application in the clinical environment. New concepts and skills specific to the clinical experience are incorporated. Under the direct supervision of a practicing physical therapist, the experience is designed to allow the student “hands-on” learning. Additionally, adherence to and a progression of behaviors as identified in The PT-Specific Generic Abilities are expected. The three Clinical Practicum experiences should be varied among IP, OP, Rehab, Peds (and other), as clinical contracts allow. Acquisition of experience with “The Guide” and its terminology is expected. One credit per semester. (ucc 02-00)

**PT 672 Functional Neuroanatomy**

The purpose of this course is to introduce students to how the nervous system functions to control behavior. Based on this understanding, students will later treat individuals with functional limitations due to neurologic damage. This course does not deal with treatment techniques per se, but addresses the structure of the nervous system and how it functions under normal and pathological conditions. Course material is organized by functional system. Within each system, effectors are considered along with input and output connections. Particular attention is paid to the central pathway for each functional system and the clinical aspects of damage to the system. Three credits. (ucc 11-03)

**PT690 Medical Foundations I**

This course is designed to facilitate the student‟s ability to practice as a member of an integrated medical team. Students will gain basic knowledge of commonly used medical terminology. Students will also develop an understanding of the theoretical basis for therapeutic exercise. Finally, students will learn basic skills to screen for non-musculoskeletal medical conditions. One credit. (submitted ucc 09-11)

**PT694 Medical Foundations II**

This course is designed to provide the students with an overview of the medical management of patients including the basic understanding of lab values, appropriate acute care therapeutic interventions and an overview of the most
common surgical procedures. This course is an overview of patients post surgery, patients’ medical management and the physical therapy considerations for evaluation and treatment. One credit. (submitted ucc 09-11)

**PT685 Psychosocial Aspects of Physical Therapy Practice**

This course is designed to provide the student with learning experiences focused on psychological and social factors relevant to physical therapy practice. This course emphasizes psychological and social dynamics that occur during patient/client-practitioner interactions. Effective interaction strategies including educational strategies will be discussed and patient-practitioner interactions across the various life stages and cultures is emphasized. Students also examine issues of self management and self-awareness. Two credits. (ucc 11-03)

**PT703 Pediatric Physical Therapy**

This course is designed to provide learning opportunities in the area of early growth and development and pediatric physical therapy. It covers primarily development and neurologic problems of childhood which are addressed by physical therapy. Orthopedic and cardiopulmonary issues not covered in the orthopedic and cardiopulmonary courses will also be addressed. Pharmacological and surgical interventions commonly seen with the pediatirc patient will be covered either in the cases, readings or lecture component of this class. Students develop a working knowledge of diagnostic categories, PT problems, evaluation tools and intervention strategies and techniques that are common to pediatric practice. Lecture/discussion, video analysis, labs and patient demonstrations will serve as the primary in-class approaches to learning. Students evaluate and treat a child for 6 weeks in the treatment labs and are responsible for initial evaluation, problem identification, establishment of defensible goals and treatment programs. Four credits. (ucc ???)

**PT 709 Musculoskeletal System II**

This course provides an in-depth study of the evaluation and physical management of musculoskeletal dysfunction of the lower extremities of the human body. Students learn to integrate concepts of various approaches to physical therapy management with specific examination and intervention techniques to address both surgical and non-surgical musculoskeletal conditions of the extremities. Various orthopedic manual physical therapy approaches are introduced. The students will also learn to design appropriate therapeutic exercise interventions and use of therapeutic modalities for various musculoskeletal conditions of the extremities. PT 609, Examination and Intervention, and PT 610, Musculoskeletal System I, are prerequisites of this course and students are expected to apply all techniques and principles from those courses to the material in PT 709. Three credits. (ucc 05-04)

**PT 710 Musculoskeletal System III**

This course provides an in-depth study of the evaluation and physical management of musculoskeletal conditions of the spine and pelvic girdle. Format is a combination of lecture and laboratory experiences with an emphasis on the development of psychomotor skills. Various orthopedic manual physical therapy approaches are covered as are common orthopedic surgical procedures for the
spine. Students learn to integrate concepts of various approaches to physical therapy management with specific examination and intervention techniques to address both surgical and non-surgical musculoskeletal conditions. Screening procedures to rule out contributions to clinical presentations from other body systems are included. The principles of worksite injury prevention and industrial rehabilitation are introduced in this course. Attention is given to the application of principles of musculoskeletal system rehabilitation across the lifespan and across clinical settings. PT 609, PT 610, and PT 709 are prerequisites of this course. Four credits. (ucc 05-04)

**PT721 Pathology**

This course is designed to acquaint the student to the basic principles in the study of disease. Included is an overview of pathological processes (cell injury, inflammation, neoplasia, etc.), followed by organ system pathology (cardiovascular, respiratory, nervous system, etc.), and multi-system pathology (nutritional, endocrine, wound healing, diabetes, trauma, etc.). A sign/symptom, pathogenesis, pathophysiological approach will be accentuated. Emphasis is also placed on diseases treated by the physical therapist. Pathology serves as an underpinning of mechanisms that lead to impairments, functional limitations, and disabilities that are treated in the clinic. Three credits. (ucc 02-00)

**PT733 Professional Issues II**

This is the second of three courses of lecture and discussion of ethical, professional and leadership issues encountered in physical therapy practice, administration, billing/reimbursement and management. Within the two course sequence, the student will be introduced to the process necessary for identifying and resolving issues of ethical and/or professional problems in a variety of practice settings. It will include an introduction to the standards of legal and ethical practice and conduct. The legal and ethical impact of confidentiality and accountability will be stressed along with introduction of other current topics of interest to the profession of physical therapy. The student will also be introduced to basic concepts of organization, fiscal policy, reimbursement, and communication issues pertinent to the administration and management of physical therapy service. One credit. (ucc 09-10)

**PT744 Prosthetics and Orthotics**

This course introduces the physical therapy examination and interventions for persons with limb differences and the principles and methods of fabrication of prosthetics and orthotics. The student will become familiar with a variety of spinal and lower extremity orthotics, and lower extremity prosthetics. Pathological gait patterns of persons with lower limb amputations are presented, with potential prosthetics and individual causes of deviations analyzed and remedied. Volunteers from the local community will be part of class lab as available. Demonstration of Developing and Advanced Level Generic Abilities is expected. Two credits. (ucc 02-00)

**PT753 Clinical Internship I**
The focus of the course is the application and demonstration of problem solving skills in the clinical environment. This first full-time clinical affiliation determines each student’s readiness to continue on the program, identifies (potential) problems, and reaffirms career choice. The focus of the course is the application and demonstration of problem solving skills in the clinical environment. Three credits.

PT761, PT762 and PT861  Clinical Conference I, II and III

Clinical conference is designed to facilitate application and integration of didactic information from the classroom into clinical practice by expanding clinical problem solving through clinical cases. A short formal presentation covering selected background information is followed by a presentation of the case Research supporting the efficacy of treatment and validity of evaluation tools is presented. Dialogue between students, faculty, and clinicians is encouraged both in large and small group format. Each case is posted on the PT home page of the SUNET and archived for student reference and study. One credit. (ucc 02-00)

PT771 Adult Neurotherapeutics

This course, together with Functional Neuroanatomy (PT 672) and the related clinical education experiences, will prepare the entry-level practitioner to evaluate and treat adult clients with movement dysfunction due to neurologic damage. The ability to evaluate and treat this patient population is based on understanding in three content areas: 1) theoretical models of how human movement is controlled under normal and pathological conditions, 2) knowledge of the etiology, clinical presentation, and natural history of recovery from neurological damage, and 3) techniques to examine and intervene in the most common movement impairments and functional limitations due to neurologic damage. This course also provides extensive laboratory experience examining and intervening with real and simulated patients with movement dysfunction due to neurologic damage. Four credits. (ucc 02-00)

PT781 Gait Analysis and Biomechanics

This is an introductory course in Gait Analysis and Biomechanics. The purpose of this course is to acquaint the student with the force motion relationship within the musculoskeletal system and the various techniques used to understand these relationships. Special lab activities will be utilized to enhance understanding of the gait cycle and biomechanics in sports and exercise. Course format will utilize an active learning approach which will include laboratory and self-directed learning activities. Students will use resources in the classroom, clinical/professional community and library in addition to the texts and syllabus to meet course requirements. Three credits. (ucc 12-05)

PT790 Therapeutic Exercise

This course covers the principles of therapeutic exercise prescription for the physical therapy patient/client. Theory and practice of the following exercise domains are covered including stretching, resisted exercise, plyometrics, endurance training, and balance and proprioceptive training. Appropriate exercise dosage, including
frequency, intensity, volume, and duration will be covered in each domain. One credit (ucc 1/2007)

**PT792 Physical Agents**

This course covers the physical modalities, electrodiagnostic techniques, hydrotherapy, massage, myofascial release, trigger point therapy, and acupressure/acustimulation. The modalities include thermal modalities, traction, continuous passive ROM, electrical stimulation, biofeedback, and electrodiagnostic techniques. The indications, contraindications, physiologic basis for therapeutic effect, and known efficacy are discussed in the lecture/discussion component. Students will experience the effect of each modality and develop psychomotor skills in the application of each modality during the laboratory portion of the course. Therapeutic implications of findings derived from electrodiagnostic testing are explored through the use of case studies and clinical examples. Students will develop skills in integrating the use of physical modalities into clinical practice through the use of case studies, class discussion, and computer-based interactive programs. Three credits. (ucc 12-01)

**PT796 Evidence-Based Practice I**

This course is the first of a three course sequence for the culminating research experience in the DPT program. It is a one credit course. Successful completion of PT 643 is necessary prior to enrolling in this course. In this course, students will develop a research proposal and successfully complete all appropriate applications for the Institutional Review Board. This endeavor is the first component of the endeavor that will be continued in PT 797 and PT 898 in which the project is formally completed and presented. This proposal will be done under the advisement of faculty with expertise in the research and content areas. One credit (ucc submitted for approval 09-10)

**PT797 Evidence-Based Practice II**

This course is the 2nd of a three course sequence for the culminating research experience in the DPT program. In this course, students will complete data collection for proposed research projects, perform appropriate literature searched for primary and secondary analyses, obtain relevant literature, and complete the initial portions of a written manuscript through an iterative process with peers, the instructor and any clinical or faculty advisors involved in the project. This endeavor is the continuation of the endeavor begun in PT *** in which the project was formally developed and the IRB process successfully completed. One credit (ucc submitted for approval 09-10)

**PT821 Cardiovascular and Pulmonary Physical Therapy**

This course is designed to provide the student with a general foundation in examination, evaluation, diagnosis, prognosis, interventions, and outcomes for persons with cardiovascular or pulmonary disorders. Application of specific tests and measures their reliability and validity, and efficacy of treatment interventions will be covered. Clinical reasoning and decisions are fostered through multiple case studies.
Cardiovascular and pulmonary risk factor reduction and wellness/health promotion will also be covered. Three credits. (ucc 02-00)

**PT831 Professional Issues III**

This is the third of three courses of lecture and discussion of ethical and professional issues encountered in medicine and physical therapy. Legal and ethical issues covered in the second course will be used as a basis for many of the issues covered in this course. In this course, the student will be introduced to the business and managerial aspects of physical therapy practice and these issues will be further explored in PT 832. Issues related to career choices and job acquisition will also be addressed in this course. Two credits. (ucc 12-05)

**PT832 Establishing a Physical Therapy Practice/Direct Access**

This course will introduce the student to the fundamentals of establishing a physical therapy practice. It will include assessing the marketplace, developing policies and procedures for the practice, planning and designing a facility, hiring personnel and other staffing considerations, and marketing the practice. Three credits. (ucc 02-00)

**PT854 Clinical Internship II and PT 855 Clinical Internship III**

The emphasis of these learning experiences is to progression to a level of a functioning and an entry-level clinician. The amount of assistance required by the clinical preceptor will gradually decrease as the student progresses within each clinical internship. Clinical internships are expected to be across a variety of settings with the expectation of entry-level competence at the completion of each internship. Six credits each. (ucc 12-01)

**PT881 Advanced Topics**

This course is designed to offer the student a variety of opportunities to expand their evaluation and treatment skills. Students are required to integrate advanced problem-solving skills with a wide range of treatment approaches. One credit. (ucc 12-03-01)

**PT896 Medical Foundations III**

This course consists of two mini-courses. The Pharmacology mini-course is designed to explain the basic pharmaco-therapeutics and surveys those medications most commonly prescribed for patients seen by the physical therapist. The Integumentary Disorders mini-course is designed to acquaint the student to management of wounds. A general foundation in examination, evaluation, diagnosis, prognosis, interventions and outcomes for persons with various types of wounds will be provided. Application of specific tests and measures, their reliability and validity, and efficacy of treatment interventions in addition to wound risk factor reduction will be covered. Clinical reasoning and decisions will be fostered through case studies. Two credits. (ucc 12-09)

**PT882 Comprehensive Examination**

This course is a preparatory course to help the student integrate the entire curriculum in preparation for practice and prepare them for the comprehensive oral and written examinations. The students will be given weekly cases for discussion and
practice. The course concludes with a comprehensive oral and written examination intended to identify the students’ preparedness to enter their full time clinical rotations. Both parts of this examination must be passed to proceed with full time clinical affiliations. Specific testing details are found on Blackboard. One credit. (ucc 09-10)

**PT893 Evidence-Based Practice III**

This course is the culminating research experience in the DPT program. In this course, students will complete a written manuscript through an iterative process with peers, the instructor and any clinical or faculty advisors involved in the project. This endeavor is the continuation of the endeavor begun in PT 796 and PT 797 in which the project was formally developed, data collected and the initial portions of the manuscript were completed. To do this, students will either: Critically analyze the physical therapy literature. This will be done through class discussions and through the development of a systematic review in an area of interest within the physical therapy field. Students will present this secondary analysis to the instructor and their peers. Or, critically analyze and interpret clinically relevant data that has been collected prior to this semester. Students will present this primary analysis to the faculty and students in the Division of Physical Therapy. Two credits (ucc 09 10).

### 6.3 DUAL DEGREE PROGRAM

Dual Degree: Doctor of Physical Therapy/Master of Science in Athletic Training

Physical therapy is a challenging and satisfying profession — one with many career pathways from which to choose. One particular pathway is developing a career that specializes in sports medicine. Certified athletic trainers have expertise in preventing, recognizing, managing, and rehabilitating injuries that result from athletics and other physical activity. The Dual Degree program DPT/MSAT has been established at Shenandoah University for those students who wish to become members in both professions sharing a common link to become a sports medicine expert clinician. The Dual Degree program offers the student all of the courses required to meet the standards to take the physical therapy licensure examination and the athletic training BOC certification examination. Courses are shared between programs where there is didactic course work that is overlapping between the two professions.

#### 6.3.1 ADMISSION REQUIREMENTS:

This Dual Degree program involves formal admittance into the DPT and MSAT programs. Refer to the Shenandoah University Graduate Catalog for details regarding admission requirements for each program. Additional admission requirements beyond the formal acceptance into each program are listed below:

No more than five Dual Degree DPT/MSAT students are admitted annually due to availability of clinical affiliation sites for this program.

Applicants must submit a typed letter with the application to the DPT and MSAT programs stating a request for being admitted into the Dual Degree program.
Applicants who wish to pursue the Dual Degree program, who have been formally admitted into the DPT and MSAT programs, are ranked on a competitive basis using the admissions criteria established for the DPT and MSAT programs. Admission into the Dual Degree DPT/MSAT program is granted to the top four applicants. Application Deadline Dual major DPT/MSAT applications must be postmarked by May 1.

### 6.3.2 DEGREE REQUIREMENTS

The dual DPT/MSAT degree requirement is successful completion of the credit hours of the combined programs with a grade point average of 2.8 or better.

Curriculum for the Dual DPT/MSAT Degree

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<tr>
<td>PT603</td>
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<td>PT607</td>
<td>Examination and Intervention</td>
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<td>PT623</td>
<td>Histophysiological Aspects of Movement I</td>
<td>3</td>
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<td>PT643</td>
<td>Evidence-Based Practice</td>
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<tr>
<td>PT653</td>
<td>Professional Issues I</td>
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<tr>
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<tr>
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#### Spring, Year 1

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<tr>
<td>PT604</td>
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<td>Histophysiological Aspects of Movement II</td>
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<td>Medical Foundations II</td>
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<td>Pathology/ Evaluation of Athletic Injury II</td>
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<td>AT643</td>
<td>Advance Rehabilitation in Athletic Training</td>
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<td>AT641</td>
<td>Therapeutic Modalities</td>
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<tr>
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<td>PT721</td>
<td>Pathology</td>
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<td>PT751</td>
<td>Clinical Practicum II</td>
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<td>PT762</td>
<td>Clinical Conference II</td>
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<td>PT771</td>
<td>Adult Neurotherapeutics</td>
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<td>PT781</td>
<td>Gait Analysis and Biomechanics</td>
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<td>PT796</td>
<td>Evidence Based Practice I</td>
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<td>AT571</td>
<td>Sports Nutrition</td>
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<tr>
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<td>PT710</td>
<td>Musculoskeletal System III</td>
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<td>PT733</td>
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<td>PT797</td>
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<td>PT892</td>
<td>Medical Foundations III</td>
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<td>AT504</td>
<td>Psych Intervention/Referral in AT</td>
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<td>AT514</td>
<td>Pharmacology in AT</td>
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**Summer, Year 3**

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<td>PT821</td>
<td>Cardiovascular and Pulmonary Physical Therapy</td>
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<td>Professional Issues III</td>
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<td>PT881</td>
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<td>AT633</td>
<td>Clinical Medicine</td>
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<tr>
<td>AT745</td>
<td>Industrial Rehabilitation/Ergonomics</td>
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Subtotal Hours: 17

**Spring, Year 3**

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<tr>
<td>AT691/PT854</td>
<td>AT Clinical Field experience V for Dual Degrees/PT Clinical Internship II</td>
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<tr>
<td>AT670</td>
<td>Health Care Administration</td>
<td>2</td>
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<tr>
<td>AT711</td>
<td>Theories and Practice of Conditioning Athletes</td>
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<tr>
<td>PT855</td>
<td>Clinical Affiliation III</td>
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Subtotal Hours: 20

**Fall, Year 4**

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<td>AT692</td>
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<tr>
<td>AT774</td>
<td>Senior Seminar</td>
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Subtotal Hours: 5

**Total Semester Hours**: 148

**INSTRUCTIONAL METHODS**

Teaching is defined as all the activities employed by the faculty in order not only to transmit knowledge but to transform and extend it as well. Teaching begins with what the teacher knows and is a dynamic endeavor involving all the analogies, metaphors, and images that build bridges between the student’s understanding and the student’s learning. Courses will be conducted utilizing a multi-sensory approach to learning, which includes:

- Lectures
- Audio-visual materials
- Programmed instruction: interactive video and other independent study modules
- Computer programs/CD ROM/DVD
- Class and small group discussions and demonstrations
- Laboratory assignments in Clinical Skills, Clinical Research and Human Anatomy
- Clinical Conferences
- Quizzes, tests, oral, written and practical examinations including Comprehensive Examination
- Field trips
- Supplemental reading: textbooks, printed material, assignments, handouts, etc.
- Clinical Practicum and Internship experiences
The faculty will engage in other activities related to developing the knowledge, skills, attitudes, and behaviors of students necessary for entry to the profession. These activities include, but are not limited to

- design, implementation, and evaluation of classroom, laboratory, clinical, and other teaching/learning activities
- design, implementation, and evaluation of methods to assess student learning
- student advisement
- supervision of student-generated research projects.

7.0 STUDENT EVALUATION

7.1 METHODS

Each course grade for each student will be determined via evaluation of the degree to which the student met the course objectives. Individual course outlines identify the weighting system by which scores from tests, quizzes, written assignments, performance, etc. are utilized to determine a final grade. A variety of testing methods will be used throughout the curriculum including written and practical examinations. Written examinations may be delivered via paper and pencil or electronically. Achievement of a minimal level of competence may be required on individual examinations in addition to overall competence in the course material.

7.2 GRADING

The student’s knowledge, understanding, and ability to integrate information into the clinical problem-solving process will be graded on the point system that is used to determine the course grade. The points earned in each category are totaled. These are then converted to a percentage based on the total number of points possible. The grading scale is identified in the syllabi for each class. A final grade of D or F results in failure of the course. For those courses which are Pass/Fail, the student must demonstrate the ability to satisfactorily meet the course objectives to receive a Pass.

7.3 PRACTICAL EXAMINATIONS

For all practical examinations, a minimum grade of 70% and a “Pass” on the safety criterion is necessary to pass. The expected safety standards for clinical experiences and practical examinations are described in section 7.5. Should a student fail the practical component, the student will be scheduled a time period with remediation prior to re-taking the practical. A retake for failure of a mid-term practical examination may be scheduled, at the discretion of the faculty member, at any-time prior to finals week.

All retake practical examinations will be arranged by the primary course instructor. A second faculty member will be present at the retake examination. Retake examinations will be videotaped. These two faculty will independently rate the student’s performance; in addition, a third faculty member will view the videotape and independently rate the student’s performance. A minimum score of 70% is required to pass the retake practical. If at least two of the faculty members pass the student’s performance, the student will pass and a score of 70% will be assigned for the practical. If two or more faculty members fail the student’s
performance on the retake, the student will fail the practical and will result in failure of the course.

7.4 CLINICAL EXPERIENCES

Clinical Experiences: Three part-time and three full-time clinical experiences occur over the course of the program. During the part-time experiences (Practica) students are assigned to a single clinical environment which they will attend one-day/week for 10 weeks. During the full-time clinical experiences (Internships) student spend a total of 34 weeks in three or more clinical environments.

Proficiencies: Students are expected to develop proficiency in certain clinical skills during the clinical experiences. Proficiency expectations for each clinical experience are delineated in the course syllabi and clinical evaluation tool.

Selection of clinical experiences: Placement in the part-time setting is done by lottery based on student selection of offered clinical sites. Placement in the full-time setting is student selected based on offered clinical sites. When necessary the DCE may place the student in a specific setting.

Clinical Performance: Each student will be evaluated on clinical performance according to the criteria in the clinical evaluation tool. The P/F Grade is determined by the Director of Clinical Education (DCE) based on written feedback, observation of clinical performance when necessary, and the results of remediation efforts if required. The student is responsible for reading and signing each evaluation and may respond to any grade or comment written by the faculty or CI. The faculty may meet with students for final evaluations and at other times deemed necessary by the student, the CI, or the faculty.

7.5 SAFETY STANDARDS

The Division of Physical Therapy values the safety of all individuals. The purpose of this document is to minimize risk to all patients present and future who will be in the care of our students and graduates.

The following is a comprehensive list of safety standards for student clinical practice. This list is not exhaustive of all possible clinical scenarios but should give the student a general framework for what is considered safe practice.

All students are expected to demonstrate safe practice, minimizing the risk to patients, themselves and others at all times in the classroom, during practical examinations and clinic.

A student who provides safe physical therapy care:

- Uses universal precautions
- Responds to and reports emergency situations
- Uses acceptable techniques for safe handling of patients
  - Uses proper body mechanics
  - Provides appropriate guarding/level of assistance during all therapeutic activities
  - Uses a gait belt when appropriate
  - Assures that patient and therapist have appropriate footwear
o Selects an appropriate assistive device and uses it appropriately
o Assures that the area/floor is clear of obstacles

• Requests assistance when necessary
  o Requests assistance from clinical instructor
  o Utilizes and monitors support personnel

• Establishes and maintains safe working environment
  o Checks IV lines
  o Checks for good working order of all medical equipment
  o Checks for good working order of all physical therapy equipment and assistive devices
  o Maintains a hazard free work space

• Demonstrates knowledge of facility safety policies and procedures
• Recognizes physiological and psychological changes in patients and
  o Monitors vital signs as appropriate
  o Adjusts interventions accordingly within the plan of care or
  o Withholds interventions and consults the clinical instructor and/or supervising physical therapist

7.6 SELF-EVALUATION AND PEER REVIEW

For group projects, each student will complete periodic self-evaluation and peer review. Self-evaluation and peer review are integral parts of learning and professional behavior which enable the student to appraise strengths, weaknesses and growth in relation to stated objectives. Self-evaluation and peer review may be utilized for the purpose of grading, guiding learning and achievement, and for developing professional behavior.

7.7 WRITTEN ASSIGNMENTS

All papers must be typed unless specified otherwise by the instructor. Each paper must include the current date and course instructor's name. All Compositions (essays, papers, written assignments) must adhere to AMA style. Specifically, sentence structure, grammar, use of professional language and reference citations must be in AMA format. Assignments that are not in this format will be recorded as incomplete and returned to the students for revision. The assignment will then be graded accordingly (see late assignments) once it is resubmitted. Guidelines for AMA writing and references styles are available on the web at http://www.icmje.org/. Also, students may purchase American Medical Association Manual of Style: A Guide for Authors and Editors from the publisher on the website http://www.lww.com/.

All Compositions (essays, papers, written assignments) that are turned in late will have the overall score will be reduced as described in the individual course syllabi. If a student turns in more than one assignment late, the late assignments will be awarded the grade of zero. No exceptions will be made for technical problems involving the internet, e-mail or Blackboard. Emergency or illness are the only exceptions and will be dealt with individually.

7.8 STUDY WEEK
One full week immediately preceding the start of final examinations is designated Study Week. The purpose of Study Week is to provide students with a culminating instructional week, relatively free from extra activities, in preparation for final examinations.

Classes meet fully. The instructional activities conducted during Study Week include classes and clinical sessions. New material may be introduced. Quizzes on recent material may be given. Review for final examinations is appropriate. Final examinations and field trips or other activities which cause students to miss other classes or spend excessive time in travel are prohibited during Study Week.

7.9 EXAMINATIONS AND MISSED EXAMINATIONS

All examinations may be cumulative for the semester and are prepared by both the lecturer and the course coordinator. All tests and exams will be announced prior to the scheduled date. All examinations must be taken on the date and at the time scheduled by the course coordinator. In the cases of extenuating circumstances, the student may petition for delayed or early (Note: the early option is only available for written examinations) examination (see Appendix B: Request for Rescheduled Exam Form below).

For unanticipated events (illnesses, car accident, etc), the Request for Rescheduled Exam Form is not used. However, students should notify the course coordinator by email and by phone as soon as feasible that the examination will be missed. Before an examination is re-scheduled, the student may be required to verify illness (at the discretion of the course coordinator) immediately upon returning to school by presenting a written statement from the Director of Health Services and/or physician to the instructor involved. Doctor and dental appointments (other than emergencies) are not considered legitimate excuses. Retaking the examination and grading will be at the discretion of the faculty. If a student misses any test, exam or quiz without a legitimate excuse (e.g. personal illness or death in the immediate family), the student may not be permitted to make up the exam and may receive a grade of zero.

Make-up tests may be either written or oral. The type of test is at the discretion of the faculty. When possible, arrangements to take the missed test must be made before the next scheduled class. If this procedure is not followed, test make-up will not be allowed and student will receive a grade of zero. It is the student's responsibility to contact the instructor to make arrangements for retakes. If the student fails to show up at the time scheduled to retake the test, the grade will be determined at the discretion of the faculty.

7.10 REVIEW OF EXAMINATION

Students will be provided with ONE opportunity to review their examination. The format of the examination review opportunity is at the discretion of the course coordinator and/or instructor.

7.11 TEST CHALLENGE PROCEDURES:

Should a discrepancy arise regarding a test item, the student needs to submit, in writing (see Appendix C: Examination Challenge Form), with two references cited
and justification as to why you believe a discrepancy exists. A reference is defined as a text or other reading required for the course, recommended text, refereed journal, or monograph. Copies of references not specifically used for the course must be attached to the Examination Challenge Form. Internet references and class lecture notes (including PowerPoint slides provided by the lecturer), do not fit the definition of acceptable references. Calculation errors do not require references. The course coordinator will review the challenge and determine if an adjustment in the grade is appropriate. Revisions to the examination score, if appropriate will be determined by the course coordinator and will only apply to the student who submits a successful challenge.

7.12 DISSEMINATION OF SCHOLARSHIP

Any research or other scholarly works performed with the SUPT program must: 1) appropriately recognize SUPT in any dissemination of the work, 2) indicate all appropriate authors including advising faculty in the agreed upon order, 3) have the work approved by all authors prior to the presentation or submission. It is expected that all presenting authors present themselves in a professional manner including dress as stated in the student handbook (section 16.6). The order of authorship will be will be mutually agreed on prior to preparation for dissemination. The first author is responsible for all coordination of the dissemination process.

8.0 FACULTY AND COURSE EVALUATION

During the academic year, students are required to complete individual faculty and course evaluations. In addition, students' feedback on the curriculum will be requested through the use of questionnaires. In the third year of the curriculum, students will be asked to evaluate the entire curriculum via questionnaire.

9.0 ACADEMIC INTEGRITY

Trust and mutual respect are essential in an environment dedicated to learning. To encourage and support such an environment, the University has adopted an Honor Code based on the recommendations of the Student Government Association and the Faculty Senate. The Honor Code, printed in the Shenandoah University Student Handbook, provides mechanisms for dealing with academic dishonesty and professional misconduct. Students are expected to read and abide by the Honor Code for the University and the honor code specific to the Health Professions. The Shenandoah University Honor Code can be found via the SU homepage.

10.0 PROMOTION AND DISMISSAL

10.1 RETENTION AND PROMOTION

1. Conduct and honor code violations may result in course failure and immediate dismissal from the program.

2. Students are responsible for and required to register for all required courses every semester. Failure to do so will result in immediate dismissal from the program.
3. In order to be retained in the Division of Physical Therapy, the student must achieve a cumulative Physical Therapy GPA of 2.80 (no rounding) by the end of each semester.

4. The student who receives a grade of D or below, or fails a Pass/Fail course, (except for a Clinical Practicum I, see #8 below) will be dismissed from the program and may petition the faculty for a seat for the next academic year in the appropriate class.

5. A student who fails to reach the cumulative 2.80 GPA in any semester will be put on academic probation. The 2nd time a student’s cumulative GPA falls below a 2.80 they will be dismissed from the program. The student may petition the faculty for a seat in the next year’s class. Should the student be re-admitted to the program following a program dismissal, they will automatically be placed on academic probation. The student must maintain their cumulative GPA above a 2.8 for the remaining time in the program.

6. Upon re-entry to the Division with the following year’s class, after having failed a course(s) or fallen below a 2.80 GPA, the student must participate in all courses for which the grade was a C or below. In courses where an A or B was received the student has the option to audit the course. In order to qualify for Federal student loans and deferment, the student must take at least 6 credits each term. In accordance with SU policy, all course grades will be recorded on the student’s permanent record. The credits and quality points resulting from the student’s most recent attempt will be used to compute the student’s cumulative GPA.

7. If a student is readmitted and receives a grade of D or below, and/or an “F” in a Pass/Fail course, including clinical experiences, regardless of GPA, the student is dismissed from the Division of Physical Therapy, without the option to petition for a seat in the next year’s class. However, the student may reapply as a new applicant to the Division of Physical Therapy.

8. The student must pass each clinical experience before being allowed to go on to the next clinical experience. All Practica and Internships must be passed, in the required order, to meet program requirements for graduation. If Clinical Practicum I is failed, it can be retaken in time (summer session) to keep the student in sequence, he/she will be able to proceed with their cohort.

9. In order to be retained in the Division of Physical therapy as a dual major, the student must achieve and maintain the same standards as the non-dual major students in the division, and meet the retention and promotion policies of each program independently.

10. Petition Letters should be self-reflective statements that may include (but are not limited to) the following information

10.2 PETITION LETTERS

1. Petition letters should be self-reflective statements that may include (but are not limited to) the following information:
   • Why you were not successful (weaknesses/limitations)
• How you plan to address any weaknesses/limitation
• Explanation of extenuating circumstances

2. Petition letters should not exceed three double spaced pages using size 12 font (Arial or Times New Roman) and 1” margins.

3. Advisors may assist the student in identifying relevant information but may not critique or edit petition letters.

10.3 REMEDIATION POLICY

Whenever a student is in academic difficulty (GPA in danger of falling below a 2.80), a remediation plan is required. The operational definition of academic difficulty is the potential to receive a “C” or below in an “A-F” grading system or an “F” in a P/F course. At any point during the course of the semester the faculty may require the student to meet with their advisor to sign a tutoring contract.

In general, two options are available and both include a formal contract specifying conditions. First, the Division has a tutoring program in which paid tutors meet regularly with those students having difficulty in individual content areas. Tutoring will be conducted in group sessions and attendance is required and restricted to those individuals experiencing academic difficulty for that specific content area. Attendance will be tracked and reported to the Primary Instructor for the course(s). Second, students may propose an alternative individual tutoring plan. Such plans are submitted for approval to the Primary Instructor(s) and they must specify activities, frequencies, and include an activity log that tracks participation and is submitted to the Instructor on a regular basis.

A student may waive both options with his/her signature on the tutoring contract. If a student is dismissed from the Program on the basis of academic performance, failure to have participated in the tutoring program eliminates the option to petition the Faculty to repeat the year. Participation in the tutoring program in no way changes the Retention and Promotion Policy (Section 13.1 of the Student Handbook).

10.4 DISMISSAL FROM PROGRAM

10.4.1 ACADEMIC

Failure to meet academic retention requirements as outlined in Section 12.0 will result in dismissal from the Shenandoah University Division of Physical Therapy program.

10.4.2 INAPPROPRIATE AFFECTIVE BEHAVIOR

Any student who demonstrates inappropriate affective behavior (including, but not limited to the following: poor attendance of required classes, missed examinations, lack of participation in required school activities, inappropriate dress in the classroom or clinical setting, poor personal hygiene, violation of student handbook policies, unsafe behavior or lack of respect for the dignity and rights of others) may receive disciplinary action. Particularly egregious behavior may result in immediate dismissal from the program. The Program Director in consultation with the faculty and student will determine the
appropriate disciplinary action. Appropriate actions may include consultation with the advisor/program director or other appropriate party, disciplinary suspension from the program, and/or dismissal from the program. All offenses will be documented and a copy will be placed in the student’s folder.

All offenses will be considered cause for a Professional Behaviors assessment by the faculty and a self-assessment by the student as described in Section 4.4.1 Professional Behaviors. Based on the assessment, a remediation plan will be initiated including specific goals and objectives. Failure to meet the stated goals and objectives in the stated time-frame or further incidents of a similar nature may be grounds for dismissal from the program.

10.5 LEAVE OF ABSENCE

1. In the event that a matriculated student in the Physical Therapy Program encounters a situation that requires a prolonged absence from the Program, that student may either withdraw from the Program or request a leave of absence. A request for a leave of absence must be submitted in writing to the Program Director with sufficient information to explain the situation. In the event that the student is ill or otherwise indisposed, the written requirement may be waived, or the Program Director may initiate the action independently.

2. If the request for leave seems reasonable and appropriate for the circumstance and the student is in good academic standing, the Program Director in consultation with the Program faculty may grant the leave. Otherwise, the Program Director may, at his/her discretion, deny the leave recommending that the student withdraw from the Program or recommend that the student be dismissed from the Program. Conditions will be determined individually according to the merits of each case.

3. A student who is granted a leave of absence is expected to complete all missed work upon return to the Program. This may mean that a student may have to withdraw from courses, if allowed by the Shenandoah University, reregister, and take the courses from the beginning upon return to the Program.

4. In no case will a student be granted a leave of absence for a period of time longer than 12 calendar months. See Graduate Catalog sections on Continuous Enrollment and Withdrawal.

5. If a leave of absence is granted, for a period of time equivalent to two or more semesters, the student must notify the Program Director, in writing, of intent to return. Unless prior arrangements are made with the Program Director, this notification must be accomplished prior to the beginning of the semester preceding the return if the Program is expected to guarantee that a space will be available for the student.

6. Prior to returning to the Program, students must submit a newly signed copy of the Essential Functions form. The Program may also require a physician signature on the Essential Functions form verifying the student is capable of
meeting the stated requirements depending on the reason for the leave of absence.

10.6 WITHDRAWAL PROCEDURES
For students withdrawing from the Division voluntarily, the following steps must be taken in order:

- Discuss the matter with your advisor
- Discuss the matter with the Director of the Division
- Submit a letter stating the reason for withdrawal to the Director of the Division
- Complete the official withdrawal forms from the University.

11.0 ACCREDITATION
The Commission on Colleges of the Southern Association of Colleges and Schools accredits Shenandoah University. This accreditation is reviewed every ten years. Shenandoah University is accredited through 2018 to grant Bachelor’s, Master’s and Doctorate degrees.

The Division of Physical Therapy is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE) of the American Physical Therapy Association through 2018.

12.0 HEALTH AND SAFETY
All DPT and dual major DPT/MSAT students must be covered with health insurance for the duration of the curriculum.

12.1 HEALTH INSURANCE
Students entering the university under the age of 24 may already have coverage under the health insurance policy of their parent(s). In the event that the student needs health insurance coverage, he/she may fill out an application at the student health center.

Secondary-coverage Health Insurance
Full-time students at Shenandoah University may be eligible for secondary coverage of health-related expenses by the University at no additional cost. The following criteria must be met:

- An injury/illness report must be filed at Wilkins Wellness Center within 24-48 hours.
- All health insurance claims must be submitted to the student’s primary health insurance.
- When the student subsequently receives an Explanation of Benefits form, the form should be submitted to the Wilkins Wellness Center.
- Exception: Automobile accidents are not covered by this policy.

For more information, contact Wilkins Wellness Center at 665-4530.

12.2 LIABILITY INSURANCE
All DPT and DPT/MSAT students are covered for liability (malpractice) insurance under the Student Malpractice Blanket Liability Plan by Seabury & Smith-Chicago.
12.3 HEALTH RECORD

The University health record must be completed and returned to the Director of Health Services prior to the start of the first semester. The student will not be allowed to attend any clinical until the completed health record is on file. No exceptions will be made. Absences due to incomplete health record are unexcused absences. The student will be responsible for having all necessary medical tests and certifications needed as required by the clinical site.

12.4 OSHA REQUIREMENTS

Students are required to receive OSHA training annually. Students must follow the Exposure Control Plan to minimize the possibility of exposure to blood borne pathogens. The Division of Physical Therapy will provide students with this training.

12.5 FIRST AID/CPR CERTIFICATION

Students must acquire and maintain certification in AHA Basic Life Support (BLS) for Healthcare Providers with AED training.

12.6 IMMUNIZATIONS

The following record of immunizations is required for participation in clinical activities: TB (Chest x-rays will be given to detect tuberculosis in any student with previous positive reactions to the TB tests), Tetanus, Chicken Pox (If a student has been exposed to "chicken pox," they are not eligible for any patient contact during the prodromal period.), Measles-Mumps-Rubella (MMR, both dates), Hepatitis B series (completed) (Students must sign a waiver if they do not wish to, or cannot, have this vaccination), Polio date. Testing will be yearly or more frequently.

12.6.1 POLIO

Polio vaccination is required for matriculation at Shenandoah University.

12.6.2 TUBERCULOSIS

If the student has a clinical field experience that has been arranged with an outside clinical affiliated site, such as a hospital setting, then the student may be required to receive a PPD test to detect tuberculosis prior to matriculation at the center. The TB test is done if it is older than 1 year and sites other than hospitals can and do require a TB test. Winchester Medical Center is now requiring a 2 step TB test – as do other hospitals.

12.6.3 MUMPS, MEASLES, AND RUBELLA (MMR)

MMR vaccination is required for matriculation at Shenandoah University. If the student has a clinical field experience that has been arranged with an outside clinical affiliated site, such as a hospital setting, then the student may be required to receive a rubella screening to detect MMR.

12.6.4 HEPATITIS B

The Hepatitis B vaccine, which consists of three inoculations, is required for matriculation at Shenandoah University. Students must sign a waiver if they do not wish to, or cannot, have this vaccination. A titer six months after the
third inoculation is recommended, to ensure the presence of Hepatitis B antibodies.

12.6.5 CHICKEN POX

If the student can provide medical documentation proving that the student had chicken pox, then the student does not need a vaccine or titer in order to matriculate at Shenandoah University. The chicken pox titer may be required by certain clinical sites. If a student has been exposed to “chicken pox” then they are not eligible for any patient contact during the prodromal period.

Students are to contact the Director of Health Services who can administer these screening tests and will keep the necessary records.

12.7 BLOOD BORNE PATHOGENS

12.7.1 POLICY

It is the policy of Shenandoah University to ensure the safety of clinical students from unnecessary exposure to blood borne communicable diseases through education on universal precautions and immunization; and to implement procedures when accidental exposure occurs in order to minimize risk of contracting disease.

12.7.2 DEFINITIONS

For the purposes of this procedure, the term “clinical faculty” will mean the individual who provides instruction and direction at the site where clinical services are provided. Other terms considered synonymous include: preceptor, (approved) clinical instructor, and fieldwork educator. The term “clinical coordinator” will mean the Shenandoah University faculty or staff member assigned responsibility for directing the clinical curriculum. Other terms considered synonymous include: field work coordinator and director of clinical education.

12.7.3 PROCEDURE

1. Students must immediately report any occupational exposure to blood or body fluids to their clinical faculty.

2. The clinical faculty will ensure that the student cleans/flushes wound, mucous membranes, eyes, or otherwise provide necessary palliative measure to the contaminated area at the time of exposure

3. The clinical faculty initiates process to determine the source patient’s HIV, HBC, or HCV status and to evaluate whether the source and/or exposure are considered high risk. Confidentiality to the student and patient will be maintained according to HIPAA during this process.

4. The clinical faculty will complete an incident report and any other documentation required by the agency where the student is assigned. The student shall contact the clinical coordinator within 24 hours to report the incident; and immediately contact the Director of the Wilkins Wellness Center at 540-665-5483 to discuss evaluation and a treatment
plan. The student will be responsible for all costs associated with the follow-up treatment.

5. The clinical faculty will inform the clinical coordinator of the policy for the host institution in which the injury occurred and treatment performed according to the host institution’s policy.

6. If the exposure occurred in an institutional setting, the Infection Control Officer of that facility will determine the follow-up course of treatment per their policy, including documentation of the incident.

7. If the exposure occurred in a clinic setting not associated with a licensed hospital and there is no policy, the Director of the Wilkins Wellness Center will determine if the exposure requires follow up with a medical professional according to the CDCs standards.

8. The clinical coordinator will assist the student in completing the Blood borne Exposure Worksheet (Appendix D) which will be faxed to the Wilkins Wellness Center at 540-665-5576 within 48 hours of the occurrence. The worksheet will remain in the student’s permanent medical record. The clinical coordinator will ensure a copy is placed in the student’s clinical file.

9. Copies of the any lab results shall be sent directly to the Director of the Wilkins Wellness Center in a sealed envelope marked confidential. The record will remain in the student’s permanent medical record and only be released to a third party with written consent and original signature of the student.

10. Student will meet with SU clinical coordinator to review universal precautions and be advised on how to minimize risk of exposure. Other educational interventions may be implemented if a student demonstrates a pattern of exposure. This may include suspension from clinical training activities or sanctions determined to be appropriate by the educational program.

Student will be offered counseling services through Wilkins Wellness Center

12.7.4 EXPLANATION OF TERMS

1. Exposure
   a. Type
      i. A percutaneous injury (e.g. needle stick or cut with a sharp object) involving blood, tissue, or other body fluids.
      ii. Contact of a mucous membrane or non-intact skin (e.g. chapped, abraded, or dermatitis with blood, tissue, or other body fluids.
      iii. Contact of blood, tissue, or other body fluids with intact skin when the duration of contact is prolonged.
   b. Body Fluids Associated with HIV
i. Blood, semen, vaginal secretions, or other body fluids including saliva contaminated with gross blood that have been implicated in the transmission of HIV infections (excluding tears, sweat, nonbloody urine of feces, or human breast milk).

ii. Cerebrospinal, synovial, pleural, peritoneal, pericardial, or amniotic fluids, which have an undetermined risk for transmitting HIV.

c. Body Fluids Associated with HBV or HCV.
   i. See HIV Body Fluids listed above.
   ii. Saliva, sputum, or vomitus.

2. Post Exposure Prophylaxis
   a. Students who need Post Exposure follow-up will be sent to an Infectious Disease physician as soon as possible for counseling and treatment protocols.
   b. Student will also maintain contact with the Wilkins Wellness Center.

3. HIV High Risk Sources
   a. Infected patient with initial acute infection
   b. Infected patient with terminal illness
   c. Infected patient with high viral load
   d. Intravenous drug uses
   e. Hemophiliac (blood or blood products prior to 1985)
   f. Homosexual/bisexual
   g. Unprotected sexual contact with multiple partners
   h. Sexual partner of any situation listed above

4. HBV and HCV High Risk
   a. Include all the HIV High Risk Sources above plus
   b. Hemodialysis patients
   c. Transfusion recipients (prior to 1985 or recipients of multiple recent transfusions)

5. High Risk Factors for Transmission of Any Bloodborne Pathogens
   a. Device is visibly contaminated with blood
   b. Procedure where device was placed directly in a vein or an artery
   c. Deep injury to the body
   d. Injury from a hollow bore needle
   e. Exposure involving a large volume of blood

12.8 COMMUNICABLE DISEASES

Shenandoah University will approach issues related to communicable diseases in the University population on an individualized case-by-case basis in accordance with the medical advice of an attending physician, guidelines of the American College Health Association and the Communicable Disease Center.

Each person contracting a communicable disease will have his/her case reviewed by an appropriate University committee composed of the Vice President for Student
Life, Director of Health Services and the physician advisor. During the committee review process, the person with the communicable disease and his/her physician will be consulted regarding the best procedure to follow for the welfare of the student as well as the safety of the University community and those individuals within the clinical environment.

The committee recommendations will be sent to the President of the University and other persons needing to have this information so that appropriate action can be taken to safeguard the health and privacy of the student involved and to give maximum protection to the University community and health care environment.

12.9 PREGNANCY

There are areas of clinical practice and laboratory hazards that represent potential danger to a pregnant woman or an unborn child. Should a student enter the Division pregnant, or become pregnant at any time prior to graduation, the student is required to inform her advisor and the Director of Health Services. A statement from the obstetrician regarding her ability to continue in the physical therapy curriculum is required. If possible, clinical experiences will be adjusted as needed. Missed time in class, labs, and clinical experiences due to pregnancy will be treated as any other absence. Please refer to the policy on attendance.

12.10 SMOKING

The Cork Street Facility is an entirely "smoke-free" building. Smoking is strictly prohibited by all persons entering the facility. All occupants of the facility are held responsible for informing individuals who are observed smoking of the "smoke-free" policy. If compliance is not achieved after explaining this policy to a visitor, notify a Security Officer to handle the situation.

12.11 CRIMINAL BACKGROUND CHECK

A criminal background check (which may include fingerprinting) will be required of all students before being allowed to begin clinical placements. Some clinical sites require more current background checks be done. Some students also may be expected to submit to random drug testing required by clinical and school sites.

Students who enter programs and courses that involve training in settings identified by federal and state laws must authorize and submit to a criminal background check prior to entering the program, and may be required on an annual schedule after admission. These settings include, but are not limited to childcare agencies, elementary and secondary schools, hospitals, nursing homes, assisted living facilities, district homes for adults, adult day-care centers, and community service agencies. Federal and state laws, health care accreditation regulations, and requirements for professional practice require that employees have not committed certain felonies or misdemeanors. Students must meet the same requirements as employees who work in these healthcare and community settings.

Non-compliance with this policy means that faculty members may not be able to place a student in a clinical or education site. In addition, a student may not be able to complete the requirements of the education program and may not be eligible for federal or state credentialing required for practice. Shenandoah University
programs included in this policy are Athletic Training, Education, Music Therapy, Exercise Physiology, Nursing, Respiratory Care, Occupational Therapy, Pharmacy, Physical Therapy, Physician Assistant Studies, and Service Learning. Faculty members, who work with students and special populations in clinical and education sites, in most circumstances will be required to meet the same requirements as employees in those sites.

13.0 **DRESS AND GROOMING**

The appearance of all students must conform to the highest standards of cleanliness, safety, and good taste. The dress code for the classroom, guest speakers, clinical environment, and professional meetings is varied. Practiced daily, appropriate dress should become second nature. Failure to adhere to stated policies for dress will be considered a violation of professional and University standards. Students will be dismissed if attire is inappropriate, and an unexcused absence recorded. If you have any questions see the course instructor. Students requiring medical or cultural allowances for certain policies must have the approval of the program director.

13.1 **CLINIC**

In a clinical setting you represent Shenandoah University, the Division of Physical Therapy, the physical therapy profession and yourself. Students are to dress appropriately for the clinical setting and must conform to the dress code of the Division of Physical Therapy or that of the assigned clinic to convey an image of professionalism. Failure to comply with dress codes or instructions will result in removal from the clinical experience until proper attire is obtained.

All students are expected to present a neat, clean and well-groomed, professional appearance consistent with the traditional dignity of the healthcare professions. At clinical sites students will:

- Dress appropriately for their role
- Wear only authorized insignia and professional pins
- Avoid excessive cologne or perfume
- Limit jewelry to appropriate style and amount
- Use cosmetics in a conservative manner
- Groom hair, as well as beards, mustaches and side burns, in a neat, clean and conservative style; tie hair back and off face
- Groom nails so as to not be visible over the tips of fingers; if applied, neutral polish only
- Shirts MUST be of a length that can be tucked into and remain in the pants. The shirt must remain tucked when reaching as high as possible overhead and bending down to touch one's toes.
- Clean, closed-toes shoe with socks/stockings are acceptable
- Wear an appropriate lab jacket if required

Items listed below are unacceptable at all times in clinical facilities:

- T-shirts, shirts without collars, tank tops, sleeveless tops, low cut shirts, grunge look, pajamas, bib overalls, short skirts or dresses
• Jeans (denim)
• Tennis or running shoes, Open-toed shoes, flip flops and beach sandals
• Jewelry, visible body piercing (exception pierced ears, max 2/ear) or body art that is inflammatory, derogatory or provocative
• Insignia/slogans which are crude, vulgar, profane, obscene, libelous, slanderous, or sexually suggestive
• Display of smoking, alcohol and/or tobacco products
• Under garments which are visible beneath uniforms, scrubs, or other clothing
• Bare midsection, gluteal fold, cleavage, or lower sternum
• Unnatural hair coloring (i.e. blue, purple, green, etc.)
• Dark glasses, sunglasses, hats, caps, visors, and other head coverings shall not be worn indoors

13.2 CLASSROOM

The student is reminded that the school is located in a professional office building in a small community. Your dress will not go unnoticed. Standard clinic or professional attire may be required when a guest speaker is visiting the University. Professional attire: Men will wear a shirt and tie with a jacket and slacks, or a suit. Women will wear a business suit (skirt or slacks).

13.3 SKILLS LABORATORY

Skills labs will require students to examine, palpate, and apply treatment modalities and practice therapeutic exercise and related activities. Shorts and t-shirts for men, shorts and halter-tops or bathing suit tops for women are required. Sports bras are not acceptable for labs addressing spine examination and interventions. Hair must be tied back. Nails must not be visible over tips of fingers. Students MUST change from laboratory attire into classroom attire when out of lab classes.

13.4 ANATOMY LABORATORY

Students are to wear gloves at all times while working with cadavers. Students are to provide their own supply of gloves. Protective eyewear is also recommended and is available in the lab. Students should wear clothing, which will weather the lab environment. A lab coat or a change of clothing is recommended. No open-toed shoes are allowed in the cadaver lab.

13.5 CLINICAL CONFERENCE

Professional attire is required for all Clinical Conference presenters and a minimum of Clinical attire is required for those attending Clinical Conference.

13.6 PROFESSIONAL MEETINGS AND CONFERENCES

Professional attire is required for a professional presentation off the university grounds. A minimum of Clinical attire is required for those attending professional meetings.

14.0 SPACE AND EQUIPMENT UTILIZATION

14.1 GENERAL RULES FOR ANATOMY, RESEARCH, AND SKILLS LABORITORIES
Appropriate behavior: All labs contain expensive and sensitive equipment. For this reason, no unsafe or potentially destructive behavior will be tolerated in labs. Students are expected to maintain their individual workspaces and common areas of the labs in a clean and orderly fashion. No food or beverages are to be taken into labs at any time.

Laboratory use: No one is admitted into the laboratories except for students, faculty, and research/demonstration subjects. Labs are available for student use 24 hours a day, seven days a week via combination locks, on a first-come, first-served basis except for the Center for Clinical Research for which direct, on-site supervision of a faculty member is required. Access to any lab may be temporarily restricted to students during preparation for practical exams.

Universal blood/body fluid precautions (MMWR Vol. 36/No 25, Aug. 21, 1987): Universal precautions will be observed in all labs, except anatomy (see modified precautions below), to minimize the risk of transmission of HIV or hepatitis. The precautions are:

- Glove before touching blood, body fluids, mucous membranes, non-intact skin or performing venipuncture. Change gloves after contact with each patient.
- Wash hands immediately after gloves are removed. Wash hands and other skin surfaces immediately if contaminated with blood or other body fluids.
- Use an apron/gown for procedures likely to generate splashes of blood or body fluids.
- Masks and protective eyewear or face shields for procedures likely to generate splashes of blood or body fluids.
- Blood spills should be cleaned up promptly with an approved chemical germicide or appropriately diluted sodium hypochlorite (bleach) solution.
- Safety: Students must not attempt to operate any equipment without first receiving formal instruction in its use. Always return equipment to the appropriate default settings after each use to avoid injury to you or others, or irreparable equipment damage.

All reusable equipment that comes in direct contact with persons will be wiped with an approved chemical germicide or autoclaved after each use, as appropriate.

A minimum of two (2) students in addition to the subject must be present at all times during application of exercise or use of biomedical equipment. Specific emergency procedures are posted in each lab. You must be familiar with these procedures. Promptly report all accidents, injuries, equipment damage or other incidents to a faculty member and an incident report must be filed.

14.2 ANATOMY LABORATORY

Cadaver regulations: The Anatomy Lab will involve dissection of human cadavers. The Commonwealth of Virginia code requires the University to adhere to all statutes regarding cadavers. These statutes, posted in the Anatomy Lab, pertain to the responsibilities of the sponsoring academic institution, faculty and students. You
must be familiar with these regulations. A minimum of two students must be present at all times while in the anatomy lab; you are not to work alone.

Appropriate Utilization of Cadavers: Respect for the deceased; and respect for their and their family's wishes are to be considered at all times.

Students need to appreciate the privilege of being able to dissect a human body, and act accordingly at all times.

Cadavers or cadaver parts are not to be taken from the anatomy lab at any time without prior permission of the Lab Director.

Anatomical models and pro-sections: Models are not to be removed from the laboratory without permission of the Lab Director. Students are not to draw on the models in any fashion or use writing utensils as pointers while working with the models. All models and pro-sections are available to all students for independent study outside of the time they are being used for class.

Modified universal precautions: There is no known risk of transmission of HIV or hepatitis via embalmed cadavers. If you are dissecting fresh specimens, full universal blood/body fluid precautions are required. Precautions for embalmed specimens are as follows:

Examination gloves are required; plastic apron and eye protection (face shield or protective glasses) are strongly recommended.

Dispose of paper towels in ordinary wastebaskets and place cadaver tissue scraps in specially marked waste container.

Dispose of needles and other sharp items (scalpel blades) in puncture-resistant container located near point-of-use.

Wash hands immediately after gloves are removed. Wash hands and other skin surfaces immediately if contaminated with embalming fluid.

Bones: All students will be assigned a "bone box" to be used for the year. When in the student's possession, the box and skeleton enclosed are the financial and professional responsibility of the student. The bone boxes are not to leave the building under any circumstances and are currently being stored in the Skills Lab.

Bone boxes are available to all students for independent study outside class time. First year students should be granted highest priority of use during critical study periods. The shared responsibilities and privileges to the bone boxes should provide opportunity for shared learning between the classes.

14.3 SKILLS LABORATORY

Exam tables and stools: Shoes, belts, jewelry or other sharp objects must be removed prior to using the exam tables and stools to avoid damage to the upholstery. Do not use an exam table as a writing surface or study desk. Always make table adjustments slowly and return the table to the full-down position after each use. Students should be sure that all equipment such as: stools, Swiss balls, etc. are not under tables when lowering them. The students will write a rotating schedule for keeping the lab clean and the tables wiped with disinfectant.
14.3.1 SKILLS LAB SAFETY REGULATIONS

Students may practice in the skills laboratory outside of formal class time. A minimum of two students plus must be present to ensure that proper safety procedures could be followed in the case of an emergency.

The students are instructed of lab safety procedures during the program initial orientation.

Safety regulations are posted on the wall of the skills laboratory.

14.4 CENTER FOR CLINICAL RESEARCH

Human research subjects: The Center for Clinical Research will involve the use of human subjects in research. The federal government requires the University to adhere to all legal and ethical codes regarding the use of such subjects. Data collection is strictly prohibited without prior approval by the Human Subjects Review Board (Institutional Review Board at Shenandoah University). A copy of the regulations and application forms will be supplied to you as part of research course materials. You must be familiar with these regulations. A minimum of two (2) students in addition to the subject must be present at all times during application of exercise or use of biomedical equipment.

Software and documentation: Unauthorized copying of software or documentation is a copyright violation punishable by law and will result in revocation of Center privileges. Software and documentation (including tutorials) are not to be removed from the Center under any circumstances.

Equipment: Students should not make any unauthorized changes in hardware configuration or remove any item from the Center. **Do not attempt to make repairs on any equipment.** Notify a Division secretary of any damaged equipment.

14.4.1 RESEARCH LAB ACCESS

Access to the center for clinical research will be limited to business hours, 8am to 5pm. After hours access is only available for students involved with ongoing research projects and requires the presence of a faculty research advisor. Students are not permitted to use the research lab space as a study space at any time.

14.4.2 RESEARCH LAB SAFETY REGULATIONS

Students must have a faculty research advisor present in the lab when conducting experimental research.

When students chose to use the research laboratory to practice clinical skills outside of formal classroom time, then the same safety regulations apply as for the skills laboratory. The safety regulations are posted on the wall.

14.5 STUDENT LOUNGE

Student lounge facilities provided by Shenandoah University -- including appliances, furniture, reserve reading materials and computer workstations for E-mail and Internet access -- are made available to students, of the Divisions in Occupational and Physical Therapy primarily as a resource for enhancing and facilitating
communication, learning, relaxation and student safety. The University encourages and promotes appropriate use of this shared Division resource.

14.5.1 STUDENT LOUNGE COMPUTERS

Shared Resource: All computers in the student lounge are connected to the campus network. Lab computers are a shared resource of the Divisions of Occupational and Physical Therapy.

Individual Accounts: In accordance with University policy, currently registered students will automatically receive a network and E-mail account when admitted into the Division, which will remain active during continuous enrollment. It is the student’s responsibility to appropriately use and maintain their accounts. Access to the network account is password protected. E-mail and network accounts will be used to disseminate important information including scheduled coursework, grades, and announcements.

E-mail and Internet Access: computers may be used to access E-mail and Internet.

Workstation Operation:

1. Equipment Location
   Monitor and seat position may be adjusted for viewing comfort but monitor controls should not be changed. Location of the monitor, CPU, and other peripheral devices should not be changed to prevent damage to cables and interruption of service. No equipment may be altered or removed from the laboratory at any time.

2. Log-In Procedures
   Each work session must begin by logging on to the system and conclude by logging off the system. Failure to properly log-off leaves your account vulnerable to unauthorized use.

3. Software
   Do not install any software applications on local hard drives or networked volumes. Unauthorized copying of software is a violation of University policy and is punishable by law. Most software documentation is available on-line within the application. Documentation for those applications not available on-line will be stored in a designated location in the computer laboratory. Treat hard copy documentation with the same respect accorded to a library reference book. Promptly return documentation to its proper location after each use and do not remove any documentation from the laboratory.

4. Virus Protection
   Computer viruses typically are transmitted by Internet access. Virus checking software has been installed on all University workstations to protect against equipment damage or loss of information. Home
computer systems should have similar protection to prevent inadvertent infection of personal computers.

5. Printing

A printing kiosk located in the student lounge is available for students. Additional printing kiosks will be available through the SU campus. These kiosk stations will charge students 9 cents for black and white copies and 49 cents for color copies.

6. Equipment Malfunction

If a computer “freezes” during use, try to warm boot the machine by simultaneously pressing the control-alt-delete keys. As a last resort, power-off the CPU only, wait 30 seconds, and reapply the power. If the computer still malfunctions, power-off the equipment and report the problem. Low supplies and all equipment malfunctions should be reported immediately to the Division Office.

14.5.2 INFORMATION TECHNOLOGY POLICY STATEMENT

Information technology resources provided by Shenandoah University -- including hardware, software applications, data, computer networks, computer labs, and classrooms -- are made available to students, faculty, staff, and approved guests primarily as a tool for enhancing and facilitating teaching, learning, scholarly research, and administrative tasks. The University encourages and promotes the use of its technology resources for these primary activities.

Students, faculty, staff, and approved guests are expected to abide by the University’s Information Technology Policy. Utilization of shared Division resources is governed by the following additional policy.

15.0 CLINICAL ACTIVITIES

15.1 LEGAL LIMITATIONS ON CLINICAL ACTIVITIES

Students should recognize the serious nature of and potential liability involved with clinical education. Patients being treated by a student in a clinical facility have the right to know the level of training of the person administering treatment, the right to receive the same standard of care as provided by licensed therapists, and the right to refuse treatment administered by any health care provider. The clinical instructors are responsible for the care given patients and must, therefore, guide and supervise a student’s activities.

The University has developed a number of procedures to minimize the liability risks. These include: stating the objectives for each clinical assignment; providing the clinical instructors with information related to the curriculum, level of preparation of the student; requiring professional liability insurance for all students during every semester of the curriculum. The professional liability insurance is mandatory for all students and is provided by the university.
A clinical contract, signed by the University, the Division and the clinical facility, further clarifies the duties and responsibilities of each party in regard to student clinical education.

15.2 PHYSICAL THERAPY REGULATIONS IN THE COMMONWEALTH OF VIRGINIA

No person shall practice as a physical therapist or physical therapist assistant in the Commonwealth of Virginia unless licensed, except as provided in regulations Article 4, 54.1-3471, page 2 of the Virginia Physical Therapy Practice Act. A copy of these regulations is available in the Division Office and Student Lounge. Students will be given their own copy in conjunction with the Professional Issues content. Students are expected to be familiar with these regulations.

15.3 GENERAL RULES FOR CLINICAL EXPERIENCES

Whenever students are in the clinical setting for either Clinical Practicum or Clinical Internships, certain rules are to be followed:

Attendance: Attendance during the scheduled clinical time is required. See Section 4.3. Any absences, during the part-time Practica or full-time Internships will be made up at the discretion of the clinical instructor in consultation with the CCCE and DCE. The opportunity to make-up missed days allows the student to achieve the objectives, including consistent demonstration of effectiveness, efficiency, complexity, quality in patient care with the expected level of guidance. If a student is late or absent from the clinical site, a call to the CI is required within 5 minutes of the expected arrival time. The student shall then contact the PT program. The student is expected to be proactive in arranging to make-up missed clinical hours.

Courtesy and Respect: The student will behave in a manner that communicates courtesy, respect and professionalism to patients, clinical staff and all other health care professionals. Harassment of any sort will not be tolerated. The student will abide by the policies and procedures of the University, the Division of Physical Therapy, State Practice Laws, the APTA, and the clinical site.

Privacy Act: Information contained within a patient's medical record is strictly confidential and may not be released to anyone without written permission from the patient. All students will receive HIPAA instruction prior to patient contact.

Physical Exam: The student will have a physical examination on file with the University Student Health Services. This Office will then verify health status, current PPD or any other needed information for the clinics upon request.

CPR Certification: Each student is required to be currently certified in Basic Cardiac Life Support (with AED) by the American Heart Association (AHA). The AHA course is required and will be held throughout the academic year. Times and locations will be posted. Documentation must be filed with the clinical education secretary prior to the first clinical practicum and certification must be maintained and documented throughout the student's time in the Division. The student is encouraged to maintain personal copies of this documentation.

Student Introductory Information: The student will develop a short biographical introduction that is sent to his/her clinical instructor prior to the start of the
experience. The student will also develop learning objectives and communicate them to his/her clinical instructor using a form provided by the facility.

**Clinic Time:** Students are encouraged to take the following to heart because behavior communicates volumes about attitudes. Arrive early, be prepared, have all your "tools", and stay late. Students are expected to work the hours of their clinical instructor unless other arrangements are made. **Students will arrive and leave Clinical Practicum and Internships sites at the times determined by their clinical instructors.** A minimum of six hours of patient care for 10 weeks are required for each Clinical Practicum. Clinical Internships are a minimum of a 40 hour week for 13 weeks.

**Orientation to the Facility:** Discuss the operation of the clinic with your CI and learn peoples' names. Review Policy and Procedures Manuals. It is the student's responsibility to be familiar with the clinic's rules and regulations. Ignorance of rules and regulations will not be accepted as an excuse. If the clinic does not have a dress code, follow those in the SU PT Student Handbook unless directed otherwise by your CI.

**Felony Conviction:** The student might not be admitted to a clinical setting with a history of any felony. Misrepresentation of this matter may result in termination from the clinical setting and the program.

**Clinical Supplies:** Students are required to have a stethoscope, goniometer and gait belt for use in labs and clinics. Students must have available a white lab coat for use in the clinic if needed.

**Remediation Procedures:** When necessary remediation will take place during a clinical experience. The DCE, the student and the CI will write a remediation contract. The contract will identify specific areas of deficit and the means by which the student will demonstrate improvement. The contract requirements must be fulfilled in addition to the usual expectations for the rotation.

**Dismissal from the Clinic:** If a student is requested to leave for any reason, the student will do so immediately and without comment. The DCE, clinical instructor and student will then discuss and determine any further actions.

**Use of Free Time:** Occasionally, students may have unscheduled time during their clinical experiences. Some suggestions for the use of free time include: working on progress note writing; reading progress notes of other therapists; observing other clinical services such as occupational therapy, speech pathology or nursing; reading professional journals; reviewing or studying coursework; and offering to help other members of the department with miscellaneous tasks. The student is expected to be in the department unless directed or given permission to leave by his/her CI.

**Use of telephones:** Request permission from the CI before using the telephone, even for patient-related calls. Be aware that some clinics require their staff to use pay phones for any non-business calls. Cell phones are not to be turned on during clinic hours. The cell phone can be left with the clinic front office staff if it needs to be on for an emergency call.
Emergencies: Emergency situations will be handled as they arise according to the emergency procedures of the facility. It is important to communicate back to the DCE or faculty in order to minimize potential misunderstandings.

Conflict resolution: There may be times in which students and their CI may experience conflict. In the event of a conflict, the student should bring the issue to the attention of the DCE, CI and/or CCCE or vice versa and attempt to resolve the issue at that point. The DCE, faculty advisor or other faculty members may be contacted by either the student or clinical instructor to assist in conflict resolution.

Paperwork: All paperwork (i.e., progress notes and summaries, evaluations, diaries) assigned to the student must be completed by the end of the clinical experience. Both the student and the clinical instructor must sign these forms. Failure to complete paperwork, by the stated deadline, will result in the student not being allowed to continue the succeeding semester in the clinical experiences.

Health Services: It is understood that students utilize health services offered by clinical sites, including emergency services, at their own expense.

Financial Relationships: Students will not be paid for participation in any Clinical Practicum or Clinical Internship. Any stipends, discounted or free services, meals, lodging, parking, etc. are provided at the discretion of the clinical site.

Transportation: Students are expected to provide their own means of transportation to and from all clinical sites. It is not possible, nor desired that all or most clinical placements be local, so students must expect to and have the ability to travel to distance clinical placements sites

16.0 PUBLICATIONS

Permission to publish: Students must obtain permission to publish all manuscripts from their research advisor. Other faculty members may be involved in the review of a manuscript prior to submission for publication.

Authorship: Determined at the discretion of the faculty.

Record keeping: A complete final copy (hard and soft) of all materials relating to a project must be submitted by the principle investigator to the PT Division research archives.

17.0 AWARDS AND HONORS

Shenandoah University has several awards and honors. Consult the University Catalog and University Student Handbook for information on these citations. Awards and honors conferred by the SU Division of Physical Therapy are:

Best performance on PT Comprehensive Exam

Best Seminar Presentation: Chosen by faculty from student work on PT Seminar

Most Professional: Student selected by peers as most professional in the graduating class

Highest cumulative GPA in PT Division

Dean’s Award: Faculty selected, outstanding student, good academic standing, leadership qualities, interacts well, and represents what the Division stands for.
Wilkins Award: Faculty selected, financial award for an outstanding contribution to the development of the reputation of the University; a major cost-saving idea implemented at the University, based on an individual’s initiative; outstanding leadership in a crisis or difficult situation that helped to sustain life or make life more fulfilling for the University community; achievement of distinction or special recognition by peers for achievement in the recipient’s occupation or profession.

Physical Therapy Service Award: Financially rewards a second-year student for efforts of helping others in their internal and external community. Award is to assist the student during their full-time clinicals. Conferred prior to third-year clinical internships, and faculty selected based on student nominations.

K. Madison Smith Award for Clinical Excellence: Awarded to member(s) of graduating class who demonstrates qualities of humanistic caring, professional integrity, devotion to education and excellence in clinical service. Selected by the K. Madison Smith Council.

Outstanding Leadership Award: Faculty selected, award to a student who demonstrates consistent and positive leadership qualities during his/her three years in the program. When awarded, it will be conferred at graduation.

Excellence in Physical Therapy Research: Faculty selected, financial award given to a student, alumni, or faculty member who demonstrates excellence in Physical Therapy research.

18.0 FACULTY AND STAFF

18.1 LIST OF CORE FACULTY

Karen Abraham (2001), Program Director, Associate Professor, Physical Therapy; B.S., University of Maryland at Baltimore; Ph.D., East Carolina University

Megan Bureau (2013), Assistant Professor, Physical Therapy; B.S., James Madison University; DPT, Shenandoah University; APTA Board Certified as a Sports Certified Specialist

Andrea Fergus (2002), Associate Professor, Physical Therapy; B.S., University of Vermont; Ph.D., University of Virginia

Sheri Hale (2004), Associate Professor, Physical Therapy; B.S., ATC Certification, The Pennsylvania State University; MPT, The University of Pittsburgh; Ph.D., The Pennsylvania State University

John Hunt (2013), Assistant Professor, Physical Therapy; B.S., Ferrum College; MSAT, Shenandoah University; DPT, Shenandoah University

Ruth Maher (2013), Associate Professor, Physical Therapy; B.S., Georgia State University; MPT, Georgia State University; DPT, Simmons College; Ph.D., University College Dublin, Ireland; APTA Board Certified in Women’s Health and a Board Certified Associate Fellow of the Biofeedback Certification International Alliance; Certified Ergonomic Assessment Specialist

Lisa McVey (2007), Associate Professor, Physical Therapy; MPT, Shenandoah University; DPT, Shenandoah University; APTA Board Certified in Cardiovascular and Pulmonary Physical Therapy
Edward Schrank (2001), Associate Professor, Physical Therapy, MPT, Baylor University; B.S., Mechanical Engineering, Texas A&M University; M.S., Computer Science, University of West Florida; D.Sc., Rocky Mountain University, APTA Board Certified in Clinical Electrophysiology

Thomas Turner (2006), Assistant Professor, Physical Therapy; M.S., Virginia Commonwealth University, Ph.D., Virginia Commonwealth University

Melissa Wolff-Burke (1999), Associate Professor, Physical Therapy; B.S., ATC Certification, University of Vermont; M.S., Massachusetts General Hospital Institute of Health Professions; Ed.D., University of Tennessee

18.2 STAFF

Linda Burrow, Admissions Coordinator

Jeanne Curtin, Clinical Education Secretary

Connie Fitzgerald, Administrative Assistant to the Director of the Division

Lisa Kilmer, Transitional DPT Administrative Assistant and Division Secretary/Receptionist

19.0 APPENDICES
I ___________________________ (print name) request to review my records as a student in the SU DPT program. I understand that I may review my record within the Division facilities, but I may not remove any documents from the record.

Procedure:

Submit this request to the Program Director.

You will be notified by email of your appointment to review your record by the Program Secretary. He/She will make the record available to you to review in a secure location.

Return the record to the Secretary.

In order to review some examination documents, a faculty member may need to be present.

______________________________
Student Signature

Date

______________________________
Program Director Signature

Date

Date request received: ______________________

Date to review the record: ______________________

Time of appointment: ______________________
APPENDIX B  REQUEST FOR RESCHEDULED EXAM FORM

Please submit completed form to the course coordinator at least two weeks in advance

Student’s Name:  

Today’s Date:  

Phone:  

Class:  

Email:  

Please List the Exam(s) You Wish to Reschedule:

<table>
<thead>
<tr>
<th>Name of Exam</th>
<th>Name of Instructor</th>
<th>Original Exam Date</th>
<th>Make-Up Exam Date and Time (completed by Instructor)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reason for Delayed/Early Exam: (Students are encouraged to attach appropriate documentation to support the request)

Make-Up Examination Policy

Students missing an examination due to an excused absence (Refer to student handbook), may take a make-up examination only after permission is granted from the course coordinator. The time, location and format of the make-up examination are at the discretion of the course coordinator. Scheduling of the make-up examination with the course coordinator is usually within 72 hours of the originally scheduled exam. Students with an unexcused absence will be assigned 0 points for the missed examination. If the make-up examination is not taken at the specified time, the student will receive a grade of 0 points for the examination. For unanticipated events (illnesses, car accident, etc), this form is not used. However, students should notify the course coordinator by email and by phone as soon as feasible and appropriate documentation (Doctor’s note etc.) at the discretion of the course coordinator, will need to be provided before an examination is re-scheduled.

For Course Coordinator Use Only

☐ Approved  ☐ Denied

Course Coordinator: __________________________  Date: ________________
APPENDIX C EXAMINATION CHALLENGE FORM

Instructions: Fill out all entries completely. Provide complete explanations where asked to do so. Sign and print your name at the bottom. Completing this form will not prejudice your standing in the class or on the examination. Fill out one sheet per question. This form must be submitted within two weeks of receipt of the examination results.

Exam Name: _____________________________ Exam Date: ________________

Topic/Course #: ______________________________________________________

Primary Instructor of the Course: ________________________________

Question Challenged: Number: ________ Page: __

Brief Explanation of why you are challenging the question: ________________________________________________________________

Reference to back up your challenge (See Policy in Syllabus for Acceptable References): ________________________________

Print Name: _____________________________

Signature: _____________________________ Date: ________________

For Course Coordinator Use Only

☐ Accepted ☐ Not Accepted

Rationale: ________________________________________________________________

Course Coordinator: _____________________________ Date: ________________
APPENDIX D  BLOODBORNE PATHOGENS STUDENT EXPOSURE WORKSHEET

To be completed by the student immediately after an exposure is reported

Student’s Name ___________________________  SU ID Number ___________________________
Program of Study ___________________________  Clinical Faculty ___________________________
Date of Incident ___________________________  Time of Incident: ___________________________
Clinical Site Location ___________________________

1. Description of Incident and type of exposure: Include activity at time of exposure (e.g. needle stick while removing vacutainer needle from barrel after blood drawn, part of body exposed type of device, severity or depth of injury.

   ____________________________________________________________

2. Treatment of Exposed Area: Include actions taken (e.g. washed wound with soap and water or attach emergency room sheet, and timing of actions (e.g. washed within 3 minutes of exposure).

   ____________________________________________________________

3. Source/Patient: Did the host institution document the incident?  Yes  No

4. Was the source or patient known?  Yes  No

5. Risk Status of Source Patient: “Was the patient a high risk patient” (e.g. IV drug abuse, unprotected sex with multiple partners, immunosuppressed) or record “not known” per record.

   Yes  No

6. Patient Test Results/Test Ordered: Include names of all blood tests performed in the past and tests ordered on the patient at the time of exposure (e.g. HBsAg, HIV antigen, anti-HCV or Western Blot), dates and results of said tests. Include the lab or hospital name or record “never tested” or “test not ordered”.

   A. HBsAg  Date ____________  Result __________________________

   B. Anti-HCV  Date ____________  Result __________________________

   C. HIV antigen  Date ____________  Result __________________________

   D. Previous test results  Date ____________  Result(s) __________________________

Fax to: Director of the Wilkins Wellness Center at 540-665-5576  Date Faxed: ________________

Health Professions Clinical Coordinator notified: Yes ____  No ____  Date/Time ________________
I, ____________________________, consent to having my blood drawn to serology testing due to a reported exposure of a bloodborne pathogen exposure.

I, ____________________________, was offered prophylaxis for a bloodborne pathogen exposure by the hospital’s infection disease department or Shenandoah University’s Wilkins Wellness Center.

I, ____________________________, was offered prophylaxis for a bloodborne pathogen exposure by the hospital’s infection disease department or Shenandoah University’s Wilkins Wellness Center. I have declined the prophylaxis treatment and understand the consequences of declining treatment.

Signature: ____________________________ Date ____________________

Print Name ____________________________
<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood drawn</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counseling provided</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Results reported to patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referred to ID physician (If applicable)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### APPENDIX G  APPROVED ABBREVIATION LIST

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>@</td>
<td>at</td>
</tr>
<tr>
<td>A &amp; P</td>
<td>anatomy and physiology</td>
</tr>
<tr>
<td>ab</td>
<td>abortion</td>
</tr>
<tr>
<td>abd</td>
<td>abdominal</td>
</tr>
<tr>
<td>ABG</td>
<td>arterial blood gas</td>
</tr>
<tr>
<td>a.c.</td>
<td>before meals</td>
</tr>
<tr>
<td>ac &amp; cl</td>
<td>acetest and clinitest</td>
</tr>
<tr>
<td>ACLS</td>
<td>advanced cardiac life support</td>
</tr>
<tr>
<td>AD</td>
<td>right ear</td>
</tr>
<tr>
<td>ADL</td>
<td>activities of daily living</td>
</tr>
<tr>
<td>ad lib</td>
<td>as desired</td>
</tr>
<tr>
<td>adm</td>
<td>admission</td>
</tr>
<tr>
<td>afeb</td>
<td>afebrile, no fever</td>
</tr>
<tr>
<td>AFB</td>
<td>acid-fast bacillus</td>
</tr>
<tr>
<td>AKA</td>
<td>above the knee</td>
</tr>
<tr>
<td>alb</td>
<td>albumin</td>
</tr>
<tr>
<td>alt dieb</td>
<td>alternate days (every other day)</td>
</tr>
<tr>
<td>am</td>
<td>morning</td>
</tr>
<tr>
<td>AMA</td>
<td>against medical advice</td>
</tr>
<tr>
<td>amal</td>
<td>amalgam</td>
</tr>
<tr>
<td>amb</td>
<td>ambulate, walk</td>
</tr>
<tr>
<td>AMI</td>
<td>acute myocardial infarction</td>
</tr>
<tr>
<td>amt</td>
<td>amount</td>
</tr>
<tr>
<td>ANS</td>
<td>automatic nervous system</td>
</tr>
<tr>
<td>ant</td>
<td>anterior</td>
</tr>
<tr>
<td>AOx3</td>
<td>alert and oriented to person, time, and place</td>
</tr>
<tr>
<td>Ap</td>
<td>apical</td>
</tr>
<tr>
<td>AP</td>
<td>apical pulse</td>
</tr>
<tr>
<td>approx</td>
<td>approximately</td>
</tr>
<tr>
<td>aq</td>
<td>aqueous</td>
</tr>
<tr>
<td>ARDS</td>
<td>acute respiratory distress syndrome</td>
</tr>
<tr>
<td>AS</td>
<td>left ear</td>
</tr>
<tr>
<td>ASA</td>
<td>aspirin asap</td>
</tr>
<tr>
<td>(ASAP)</td>
<td>as soon as possible</td>
</tr>
<tr>
<td>as tol</td>
<td>as tolerated</td>
</tr>
<tr>
<td>ATD</td>
<td>admission, transfer, discharge</td>
</tr>
<tr>
<td>AU</td>
<td>both ears</td>
</tr>
<tr>
<td>Ax</td>
<td>axillary</td>
</tr>
<tr>
<td>BE</td>
<td>barium enema</td>
</tr>
<tr>
<td>bid</td>
<td>twice a day</td>
</tr>
<tr>
<td>bil, bilateral</td>
<td>both sides</td>
</tr>
<tr>
<td>BK</td>
<td>below knee</td>
</tr>
<tr>
<td>BKA</td>
<td>below the knee amputation</td>
</tr>
<tr>
<td>bl</td>
<td>blood</td>
</tr>
<tr>
<td>bl wk</td>
<td>blood work</td>
</tr>
<tr>
<td>BLS</td>
<td>basic life support</td>
</tr>
<tr>
<td>BM</td>
<td>bowel movement</td>
</tr>
<tr>
<td>BOW</td>
<td>bag of waters</td>
</tr>
<tr>
<td>B/P</td>
<td>blood pressure</td>
</tr>
<tr>
<td>bpm</td>
<td>beats per minute</td>
</tr>
<tr>
<td>BR</td>
<td>bed rest</td>
</tr>
<tr>
<td>BRP</td>
<td>bathroom privileges</td>
</tr>
<tr>
<td>BS</td>
<td>breath sounds</td>
</tr>
<tr>
<td>BSI</td>
<td>body substance isolation</td>
</tr>
<tr>
<td>BSO</td>
<td>bilateral salpingo-oophorectomy</td>
</tr>
<tr>
<td>BUN</td>
<td>blood, urea, nitrogen levels</td>
</tr>
<tr>
<td>BVM</td>
<td>bag-valve-mask</td>
</tr>
<tr>
<td>bx</td>
<td>biopsy</td>
</tr>
<tr>
<td>c</td>
<td>with</td>
</tr>
<tr>
<td>C &amp; S</td>
<td>culture and sensitivity</td>
</tr>
<tr>
<td>c-spine</td>
<td>cervical spine</td>
</tr>
<tr>
<td>CA</td>
<td>cancer</td>
</tr>
<tr>
<td>CAD</td>
<td>coronary artery disease</td>
</tr>
<tr>
<td>cal</td>
<td>calorie</td>
</tr>
<tr>
<td>CAT</td>
<td>computerized axial tomography</td>
</tr>
<tr>
<td>cath</td>
<td>catheter</td>
</tr>
<tr>
<td>CBC</td>
<td>complete blood count</td>
</tr>
<tr>
<td>cc</td>
<td>cubic centimeters</td>
</tr>
<tr>
<td>CC</td>
<td>chief complaint</td>
</tr>
<tr>
<td>CCU</td>
<td>coronary care unit, critical care unit</td>
</tr>
<tr>
<td>CHD</td>
<td>coronary heart disease</td>
</tr>
<tr>
<td>CHF</td>
<td>congestive heart failure</td>
</tr>
<tr>
<td>CHO</td>
<td>carbohydrate</td>
</tr>
<tr>
<td>chol</td>
<td>cholesterol</td>
</tr>
<tr>
<td>circ</td>
<td>circumcision</td>
</tr>
<tr>
<td>cl liq</td>
<td>clear liquid</td>
</tr>
<tr>
<td>CNS</td>
<td>central nervous system</td>
</tr>
<tr>
<td>c/o</td>
<td>complains of</td>
</tr>
<tr>
<td>COPD</td>
<td>chronic obstructive pulmonary disease</td>
</tr>
<tr>
<td>CPK</td>
<td>creatine phosphokinase</td>
</tr>
<tr>
<td>CPR</td>
<td>cardiopulmonary resuscitation</td>
</tr>
<tr>
<td>CPT</td>
<td>chest physical therapy</td>
</tr>
<tr>
<td>CS</td>
<td>central supply</td>
</tr>
<tr>
<td>CSF</td>
<td>cerebrospinal fluid</td>
</tr>
<tr>
<td>CT</td>
<td>computer tomography</td>
</tr>
<tr>
<td>CVA</td>
<td>cerebrovascular accident (stroke)</td>
</tr>
<tr>
<td>CVU</td>
<td>cardiovascular unit</td>
</tr>
<tr>
<td>cx</td>
<td>cervix or complaint of</td>
</tr>
<tr>
<td>CXR</td>
<td>chest X ray</td>
</tr>
<tr>
<td>cysto</td>
<td>cystography</td>
</tr>
<tr>
<td>d/c</td>
<td>discontinue</td>
</tr>
</tbody>
</table>

71
liq—liquid
LLQ, LLL—left lower quadrant (abdomen), lobe (lung)
LMP—last menstrual period
LOC—level of consciousness
LP—lumbar puncture
lt—left
LUQ, LUL—left upper quadrant (abdomen), lobe (lung)
MA—mental age
MAST—medical antishock trousers
MCI—mass casualty incident
meds—medications
MI—myocardial infarction
MICU—mobile intensive care unit
min—minute
MN—midnight
MOM—milk of magnesia
MRI—magnetic resonance imagery
MS—morphine sulfate, multiple sclerosis
MVA—motor vehicle accident
NVD—nausea, vomiting, diarrhea
Na+—sodium
NaCl—sodium chloride
N/C—nasal cannula no—complaints
neg—negative
neuro—neurology
NG—nasogastric
NGT—nasogastric tube
nitro—nitroglycerine
NKA—no known allergies
noc (t)—night
NPO—nothing by mouth
NS—normal saline
nsg—nursing
NSR—normal sinus rhythm
NVS—neurological vital signs
O—oxygen
OB—obstetrics
OD—right eye, overdose
oint—ointment
OOB—out of bed
OPD—outpatient department
OR—operating room
ord—orderly
ORTH—orthopedics
ortho—correct, right (bones)
os—mouth
OS—left eye
OT—occupational therapy
OU—both eyes
oz—ounce
p—after
P—pulse
P & A—percussion and auscultation
PAC—premature atrial contraction
palp—palpation
PAR—post-anesthesia room
PAT—paroxysmal atrial tachycardia
pc—after meals
pCO2—partial pressure of carbon dioxide
PDR—physician’s desk reference
PE—physical exam, pulmonary embolism
PEDS—pediatrics
per—by or through
PERL(A)—pupils equal and reactive to light (and accommodation)
PET—positron emission tomography
PH—past history
pH—hydrogen ion concentration
PID—pelvic inflammatory disease
PKU—phenylketonuria
pm—between noon and midnight
PNS—peripheral nervous system
po—by mouth post
(pos)—posterior postop,
PostOp—postoperative
pp (p.p.)—postprandial (after eating)
pO2—partial pressure of oxygen
PPD—purified protein derivative (TB test)
preop, PreOp—before surgery
prn—as needed, whenever necessary
pro time—prothrombin time
pt—patient, pint
PT—physical therapy
PTT—partial prothromboplastin time
PVC—premature ventricular contraction
Px—physical exam, prognosis
q—every
qd—every day
qh—every hour
q2h, q3h, ...—every two hours, every three hours, ...
qhs—every night at bedtime
qid—four times a day
qns—quantity not sufficient
qod—every other day
qs—quantity sufficient
r (R)—rectal
R (resp)—respirations, rectal
RAIU—radioactive iodine uptake study
RBC—red blood cell/count
reg—regular
Rh—rhesus
RK—radial keratomy
RL—ringer’s lactate
RLQ, RLL—right lower quadrant
(abdomen), lobe (lung)
RML—right middle lobe (lung)
RO—reality orientation
R/O—rule out
ROM—range of motion
R.R.—recovery room
RUQ, RLL—right upper quadrant, lobe
rt—right
RV—residual volume
Rx—take (prescription)
s—without
S & S—signs and symptoms
ss—1/2
Sats—oxygen/blood saturation level
SA—sinoatrial
SB—small bowel
sc—subcutaneous
SGOT—serum glutamic oxaloacetic
transaminase
SGPT—serum glutamic pyruvic
transaminase
SIDS—sudden infant death syndrome
Sig:—label/write SL—sublingual
SMAC—sequential multiple analysis
computer
SOB—shortness of breath
spec—specimen
sp. gr.—specific gravity
SQ, sub q—subcutaneous
SSE—soap suds enema
stat—immediately
STD—sexually transmitted disease
STH—somatotropic hormone
SVD—spontaneous vaginal delivery
VN—small volume nebulizer
SVT—supraventricular tachycardia
Sx—symptoms
T—temperature, thoracic
T & A—tonsillectomy and adenoidectomy
tab—tablet
tachy—tachycardic
TAH—total abdominal hysterectomy
TB—tuberculosis
TCDB—turn, cough, deep breath
temp (T)—temperature
TH—thyroid hormone
TIA—transient ischemic attack
tid—three times a day
TMJ—temporomandibular joint
tol—tolerated
TPN—total parenteral nutrition
TPR—temperature, pulse, respirations
tr—tincture
trach—tracheotomy, tracheostomy
TSH—thyroid-stimulating hormone
TT—tetanus toxoid
TUR—transurethral resection
TV—tidal volume
TVH—total vaginal hysterectomy
TX—traction
UA—urinalysis
umb—umbilicus
unc.—unconscious
ung—ointment
unk—unknown
ur—urine
URC—usual, reasonable, customary
URI—upper respiratory infection
US—ultrasonic
UTI—urinary tract infection
V fib—ventricular fibrillation
V tach—ventricular tachycardia
vag—vaginal
VC—vital capacity
VD—venereal disease
vit—vitamin
vo—verbal order
vol—volume
V/S—vital signs
WA—while awake
WBC—white blood cell/count
w/c—wheelchair
WNL—within normal limits
wt—weight
y/o—year(s) old
APPENDIX H  SIGNATURE PAGE

SHENANDOAH UNIVERSITY  DIVISION OF PHYSICAL THERAPY

STUDENT HANDBOOK SIGNATURE PAGE

(Must be completed and returned to your advisor by the second week of classes)

Print Name: ________________________________

1. I have read, understand and agree to abide by the policies outlined in the Division in Physical Therapy Student Handbook and the Shenandoah University Student Handbook.

   Signature: ________________________________  Date: ________________

2. I have read, understand and agree to abide by the provisions of the University and Academic Honor Code outlined in the Shenandoah University Student Handbook.

   Signature: ________________________________  Date: ________________

3. I have read, understand and signed the Health Professions Social Networking Policy document provided by the Division of Physical Therapy.

   Signature: ________________________________  Date: ________________

4. The Physical Therapy faculty has permission to provide verbal or written references on my behalf.

   Signature: ________________________________  Date: ________________

5. I understand that I may not be permitted to test for licensure/certification, admitted to a clinical setting or may be denied the opportunity to practice should I have a history of any felony. I also understand that misrepresentation of this matter may result in termination from the program.

   Signature: ________________________________  Date: ________________

6. I give the Wilkins Wellness Center and the Division of Physical Therapy permission to release information regarding my immunization and health insurance status for circumstances directly related to my clinical education in the Physical Therapy Program.

   Signature: ________________________________  Date: ________________