



THE UNIVERSITY OF  
**SCRANTON**  
A JESUIT UNIVERSITY

**Doctor of Physical Therapy  
Student Handbook  
Summer 2012**

# WELCOME

Dear DPT Student:

On behalf of the Doctor of Physical Therapy program at the University of Scranton, I would like to welcome you. Physical Therapy is a dynamic, exciting and, ever-changing profession. The Doctor of Physical Therapy (DPT) curriculum is rigorous and becoming a Doctor of Physical Therapy will require many hours of study, practice and hard work. While demanding, we hope that you find the experience exhilarating and rewarding. When you graduate and become licensed, the effort it took to get there will be well worth it. There is no better feeling than the feeling one gets from helping others and helping others is what Physical Therapists do every day.

The faculty and staff of the Department of Physical Therapy and the Deans and staff of the College of Graduate and Continuing Education and the Panuska College of Professional Studies are committed to working with you and helping you develop into the best Physical Therapist possible. We are proud of our graduates because we know how much work it takes to become a Physical Therapist. Our alumni are literally improving the quality of life for people throughout the United States and the World. You are now part of the Scranton tradition. When you decided to come to the University of Scranton and become a Physical Therapist you showed that you are committed to becoming a “man or woman for others”.

Please review this handbook as well as other pertinent University of Scranton and Graduate School documents. We have set high goals for you. We expect you to be knowledgeable, service-oriented, self-assured, adaptable, and sensitive to the diverse needs of others. You should always conduct yourself in professional manner and be a proud member of your professional organizations, including the American Physical Therapy Association (APTA) and your home state’s PT association chapter. Remember, your time here is just the beginning of a lifetime of learning and personal growth.

Best wishes for a successful career.

Sincerely,

*John P. Sanko*

John P. Sanko, PT, Ed D  
Associate Professor and Department Chair

## TABLE OF CONTENTS

• Welcome .....	1
• Table of Contents .....	2-3
• Policy Statements .....	4
• Nondiscrimination Policy for Students and Policy on Student Disabilities .....	4
• Department Contact Information .....	5
• Historical Prologue of the Department of Physical Therapy .....	6-7
• The Mission, Characteristics and Goals of the University .....	7-8
• The Mission, Philosophy and Objectives of the Department .....	8-11
• Normative Model Definition of Physical Therapy .....	11-13
• Physical Therapist Professional Practice Expectations .....	13-17
• American Physical Therapy Association (APTA) Code of Ethics .....	18-21
• American Physical Therapy Association (APTA) Vision Statement (Vision 2020) .....	21
• The DPT Curriculum	
○ DPT Required Coursework and Sequence of Courses .....	22
○ Registration and Mentoring .....	23
○ DPT Service Learning Courses .....	23
○ DPT Grand Rounds .....	24
• Student Advancement and Retention in the DPT Program	
○ Grading System for the Graduate School .....	24
○ Standards of Progress for all Graduate Students .....	24
○ Normal Progression .....	25
○ Written and Practical Examination Policy (remediation) .....	25-27
○ Leave of Absence .....	27
○ Student Grievance Procedure .....	27
○ Unprofessional Behavior .....	27,28
• Professional Behaviors .....	28,29
○ Academic Integrity .....	29,30
○ Examination Policy .....	31
○ Awarding of Degrees .....	31
○ Attendance and Participation .....	31
○ Dress Code .....	31,32

• Additional Requirements	
○ Comprehensive Examination .....	32
○ Annual Physical, CPR and First Aid .....	32,33
○ Background Checks .....	33
○ Essential Functions for Participation in the DPT Program .....	33,34
○ Guidelines for Written Work .....	34
• Protection of Human Subjects .....	34
• Use of Human Subjects in Classroom and Laboratory Demonstrations .....	35
• Students Responsibility to Know and Understand Contraindications before Volunteering to be a demonstration/practice Subject .....	35
• Use of Department of Physical Therapy Equipment and Space	
○ Non-Class Equipment .....	35
○ PT use of Audio Visual Equipment .....	35
○ Open Laboratory Experience .....	35,36
○ Student Copy Services Policy .....	36
○ PT Department Computer Lab .....	36,37
○ PT Student Lockers .....	37
• Physical Therapy Student Organization .....	37
• Physical Therapy Professional Organizations .....	37
• Student Liaisons .....	38
• Useful Web Site Information .....	38
• Center for Teaching and Learning Excellence.....	38
• Inclement Weather .....	38
• Policy and Procedure .....	38,39
• Request for Curricular or Scheduling Changes Must Be Written.....	40
• Emergency Numbers .....	41

More Specific Information regarding the Clinical Internships and preparation for Internships will be found in the *Clinical Education Manual* which will be distributed at the same time this manual is distributed

Students in the Doctor of Physical Therapy (DPT) degree program are expected to follow the policies and procedures established by the University of Scranton, the College of Graduate and Continuing Education, and the Department of Physical Therapy. The information contained in this handbook is intended to be a guide for Doctor of Physical Therapy (DPT) students at the University of Scranton. DPT students should also read, become familiar with, and abide by the policies and procedures found in the College of Graduate and Continuing Education Catalog and the University of Scranton Student Handbook.

Comments and/or complaints about the Department of Physical Therapy or its programs can be made to the Department of Physical Therapy, University of Scranton, 800 Linden Street, Scranton, PA 18510 [john.sanko@scranton.edu](mailto:john.sanko@scranton.edu) or to the Commission on Accreditation in Physical Therapy Education (CAPTE) American Physical Therapy Association, 1111 North Fairfax Street, Alexandria, VA 22314-1488.

### **NOTICE OF NONDISCRIMINATORY POLICY FOR STUDENTS**

The University of Scranton admits students without regard to their race, color, religion, national origin, ancestry, sex or age to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. The University does not discriminate on the basis of race, color, religion, national origin, ancestry, disability, sex or age in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school-administered programs.

Otherwise qualified persons are not subject to discrimination on the basis of handicap or disability.

If you believe you have been discriminated against because of race, color, religion, national origin, ancestry, sex, age, or handicap or disability, please contact the Director of Equity and Diversity.

It is the personal responsibility of each student to acquire an active knowledge of all pertinent regulations set forth in the College of Graduate and Continuing catalog.

### **POLICY ON STUDENTS WITH DISABILITIES**

In order to receive appropriate accommodations, students with disabilities must register with the Center for Teaching and Learning Excellence and provide relevant documentation. Students should contact Mary Ellen Pichiarello (Extension 4039) or Jim Muniz (Extension 4218) to schedule an appointment.

The Department of Physical Therapy cannot accommodate students unless they have made the request through the Center for Teaching and Learning Excellence (CTLE). CTLE is located on the 5<sup>th</sup> floor of the Harper McGinnis wing of St. Thomas Hall.

## DEPARTMENT CONTACT INFORMATION

University of Scranton  
Department of Physical Therapy  
Scranton, PA 18510-4586

**Phone: 570-941-7499**

**Fax 570-941-7940**

<b>Faculty</b>	<b>Office *</b>	<b>Telephone</b>	<b>E mail</b>
Dr. Tracey Collins	LEA 019	(570) – 941 - 4832	<a href="mailto:tracey.collins@scranton.edu">tracey.collins@scranton.edu</a>
Dr. Renée Hakim	LEA 007	(570) – 941 - 7935	<a href="mailto:renee.hakim@scranton.edu">renee.hakim@scranton.edu</a>
Dr. Michael Ross	LEA 017	(570) – 941 - 4315	<a href="mailto:michael.ross@scranton.edu">michael.ross@scranton.edu</a>
Dr. Edmund Kosmahl	LEA 016	(570) – 941 - 4314	<a href="mailto:edmund.kosmahl@scranton.edu">edmund.kosmahl@scranton.edu</a>
Dr. Peter Leininger	LEA 004	(570) – 941 - 6662	<a href="mailto:peter.leininger@scranton.edu">peter.leininger@scranton.edu</a>
Dr. Gary E. Mattingly	LEA 1001	(570) – 941 - 7933	<a href="mailto:gary.mattingly@scranton.edu">gary.mattingly@scranton.edu</a>
Dr. Debra P. Miller	LEA 003	(570) – 941 - 4156	<a href="mailto:debra.miller@scranton.edu">debra.miller@scranton.edu</a>
Dr. John P. Sanko	LEA 1010	(570) – 941 - 7934	<a href="mailto:john.sanko@scranton.edu">john.sanko@scranton.edu</a>
Dr. Barbara R. Wagner	LEA 002	(570) – 941 - 7936	<a href="mailto:barbara.wagner@scranton.edu">barbara.wagner@scranton.edu</a>
<b>Secretaries</b>			
Ms. Tammi Cherra	LEA 008	(570) – 941 - 7494	<a href="mailto:tammi.cherra@scranton.edu">tammi.cherra@scranton.edu</a>
Ms. Lynn Rasalla	LEA 1008	(570) – 941 - 7783	<a href="mailto:lynn.rasalla@scranton.edu">lynn.rasalla@scranton.edu</a>
<b>Laboratories</b>			
Anatomy Lab	LEA 006	(570) – 941 - 6121	---
Computer Lab	LEA 010	(570) – 941 - 6121	---
Human Performance Lab	LEA 011	(570) – 941 - 6121	---
Multipurpose Lab	LEA 014	(570) – 941 - 6121	---
Pediatrics Lab	LEA 005	(570) – 941 - 6121	---
Center for Motion and Balance Analysis	MGH 019	---	---
<b>Classrooms</b>			
Classroom	MGH 017	---	---
Classroom	LEA 1006	---	---
Classroom	LEA 1007	---	---
Classroom	LEA 1011	---	---

\* Faculty members will post office hours on or near their office doors.

If an unplanned cancellation of a class, lab or other educational experience becomes necessary faculty members will attempt to contact you by email or post the cancellation on or near their office doors.

Please check your email frequently. If you have a non-University e mail address, please be sure you have emails forwarded to your University email address. If you are not familiar with the procedure for doing this, please contact the Technology Support Center.

## **HISTORICAL PROLOGUE**

### **History of the University**

The University of Scranton was founded as Saint Thomas College by Bishop William G. O'Hara, the first Bishop of Scranton, who had always hoped to provide an opportunity for higher education in the Lackawanna Valley. In August of 1888, with few resources at hand, he blessed a single block of granite as a cornerstone for his new college, which would admit its first students four years later. (The cornerstone of Old Main is preserved in the wall of St. Thomas Hall located at the corner of Linden Street and Monroe Avenue.)

The college was staffed by diocesan priest and seminarians until 1896 and then, for one year, by the Xaverian Brothers. From 1897 until 1942 the school, which was renamed the University of Scranton in 1938, was administered for the Diocese by the Christian Brothers. In the late summer of 1942, at the invitation of Bishop William Hafey, 18 Jesuits, led by Rev. Coleman Nevils, S.J., the newly appointed president, arrived on campus to administer the University.

The Jesuits restructured and strengthened Scranton's traditional and pre-professional programs with an emphasis on the liberal arts, which are the foundation for every program at a Jesuit university. This emphasis is intended to give students an appreciation for all disciplines as they develop specific subject knowledge.

The University has flourished under the Jesuits, growing from a primarily commuter school with fewer than 1,000 students to a broadly regional, comprehensive university with a total enrollment of about 5,000 students in undergraduate, graduate and non-traditional programs.

As it enters the 21<sup>st</sup> century, the University of Scranton is building on its historical and educational heritage, guided by a Strategic Plan and a Facilities Master Plan also adopted in 2000 (excerpted from the Undergraduate catalog).

### **History of the Department of Physical Therapy**

The Department of Physical Therapy was established in 1980 and the first class of twenty-six students received their Bachelors of Science in Physical Therapy (BSPT) degrees in 1984. The Bachelor's degree program continued until 1994 when the Bachelor of Science in Physical Therapy was replaced by the Master of Physical Therapy (MPT) degree. The five year program was a hybrid where students entered as undergraduates and completed the program five years later as graduate students.

The first MPT degrees were awarded to thirty-four students in 1996. Throughout the history of the program, University of Scranton Physical Therapy students have distinguished themselves in a wide variety of areas. Some of these accomplishments are celebrated in the PT Department "Wall of Fame" located in the student lounge area in the first lower level of Leahy Hall.

In response to the changing demands of the Physical Therapy profession and the American Physical Therapy Association's (APTA) Vision 2020, the Department of Physical Therapy began to lay the groundwork for conversion to the Doctor of Physical Therapy (DPT) degree in 2000. In the fall of 2006 the Department of Physical Therapy at the University of Scranton filed an Application for Approval of Substantive Change (AASC) with the Commission on Accreditation in Physical Therapy Education (CAPTE). In the fall 2010 semester the Doctor of physical Therapy program at the University of Scranton was granted reaffirmation of our accreditation status until June 30, 2018.

## **MISSION, CHARACTERISTICS AND, GOALS OF THE UNIVERSITY**

### **The Mission Statement of the University of Scranton**

The University of Scranton is a catholic and Jesuit university animated by the spiritual vision and the tradition of excellence characteristic of the Society of Jesus and those who share its way of proceeding. The University is a community dedicated to the freedom of inquiry and personal development fundamental to the growth in wisdom and integrity of all who share in life.

### **Characteristics and Goals**

#### **As a Catholic and Jesuit University, The University of Scranton will:**

1. Share with all the fullness of the Catholic intellectual tradition, the distinctive worldview of the Christian Gospels, and the Spirituality of St. Ignatius Loyola.
2. Educate men and women for others who are committed to the service of faith and promotion of justice.
3. Invite persons from other religious traditions and diverse backgrounds to share in our work and contribute to our missions.

#### **As a Comprehensive University, The University of Scranton will:**

4. Offer degree programs at the undergraduate and graduate levels in the traditional disciplines of the liberal arts as well as in pre-professional and professional areas.
5. Provide educational opportunities and support programs that promote the mission of the University, meet the needs and interests of traditional and non-traditional students, and serve the needs of the local region.

#### **As a University in the Liberal Arts Tradition, The University of Scranton will:**

6. Offer undergraduate students a core curriculum in the Jesuit tradition based on the arts and sciences.
7. Impart to students the importance of gathering, evaluating, disseminating, and applying information using traditional and contemporary methods.



8. Provide learning experiences that reach beyond the fundamental acquisition of knowledge to include understanding interactions and syntheses through discussion, critical thinking, and application.
9. Promote a respect for knowledge and a lifelong commitment to learning, discernment and ethical decision making.

**As a Caring Community, The University of Scranton will:**

10. Foster a spirit of caring, grounded in Jesuit tradition of *cura personalis* that enables all members of our community to engage fully in our missions, according to their needs and interests.
11. Facilitate the personal growth and transformation of all members of the University community through a spirit of caring.
12. Extend this spirit of caring to the wider community through civic engagement and service.
13. Enhance our sense of community by demonstrating high standards and care for our physical environment.

**As a Dynamic Institution, The University of Scranton will:**

14. Develop goals and aspirations by systematically reflecting on opportunities for and challenges to fulfilling our mission.
15. Fulfill our mission through careful planning and management of resources in order to achieve our aspirations while remaining affordable to our students.
16. Engage the University community in purposefully monitoring progress toward the accomplishment of our mission.

**THE MISSION, PHILOSOPHY, AND OBJECTIVES OF THE PHYSICAL  
THERAPY DEPARTMENT**

**Mission**

In concert with the Catholic and Jesuit mission of the University of Scranton, the Department of Physical Therapy aspires to graduate knowledgeable, service-oriented, self-assured, adaptable, reflective physical therapists who are competent and sensitive to individual diversity. The Department of Physical Therapy promotes the quest for excellence and knowledge along with a commitment for life-long learning. Graduates are expected to render independent judgments that are ethical and based on the best clinical practices and scientific evidence currently available. The Department fosters a spirit of caring for the whole person and strives to prepare its graduates for service to others.

Revised 12-18-06  
Reviewed 08-2012

## **Department of Physical Therapy Philosophy**

We, the members of the Department of Physical Therapy at The University of Scranton, subscribe to the belief that physical therapy is an essential component of the health care delivery system and that every individual should have access to appropriate health care services. We believe that health promotion, preventative healthcare, wellness and rehabilitation are essential to the health-related quality of life for our patients/clients.

We believe that the curricular plan, departmental policies and procedures, and academic and clinical experiences to be followed by every student are optimal in the development of knowledgeable, skilled, ethical and responsible physical therapists that will practice in a competent and compassion manner.

We recognize the necessity for scientific inquiry in providing the best evidence for safe and effective clinically based practice. We support the sharing of ideas, values and philosophies and encourage collaboration between students and faculty in the pursuit of knowledge.

We are committed to freedom of inquiry and the personal development fundamental to the growth in wisdom and integrity of our entire faculty, staff and students and those which when they interact.

We support the profession of physical therapy through involvement in professional organizations and believe that all physical therapists should play a role developing standards of practice healthcare policy while ensuring the availability, accessibility and optimal delivery of physical therapy services. By serving as role models, the academic and clinical faculties strive to assist the students in their quest to become contributing members of the profession as society at large.

## **Doctor of Physical Therapy (DPT)**

### **Program/Goals/Objectives**

#### **Admissions (Students):**

Goal 1. To enroll graduate-level students who are academically strong, caring, and committed to the profession of physical therapy.

Objective 1a. To recruit an annual pool of approximately 40 – 45 students who meet the prerequisites for admission into the professional DPT program.

Objective 1b. To recruit students who are diverse in terms of life experience and culture.

#### **Curriculum:**

Goal 2. To offer a curriculum that prepares students to become physical therapists who are capable of providing physical therapy services in any physical therapy setting.

Objective 2a. To provide students with the knowledge and theoretical basis in the major areas of physical therapy practice.

Objective 2b. To provide classroom, laboratory, and clinical and social experiences that bridge the gap between theory and practice.

Objective 2c. To provide experiences that foster the development of communication skills including appropriate documentation.

Objective 2d. To provide experiences that foster the development of reflective thinking, problem solving, decision making and supervisory capability.

Objective 2e. To provide a learning environment that encourages self-assessment and life-long learning.

Objective 2f. To provide experiences and an environment that demonstrate the safe, effective, ethical and legal practice of physical therapy.

Objective 2g. To provide mechanisms for modifications to the curriculum that reflect the current state of practice.

### **Faculty:**

Goal 3. To sustain department faculty who are qualified for their respective roles and responsibilities.

Objective 3a. To recruit and retain faculty with diverse backgrounds that are qualified to teach in their respective content areas and who freely support the mission and characteristics of the University of Scranton.

Objective 3b. To insure that faculty meet the standards of teaching set by the University of Scranton and CAPTE.

Objective 3c. To provide an environment that supports and encourages faculty development in the areas of teaching, scholarship and service.

Objective 3d. To provide support and encourage faculty development and sustain an active research agenda which contributes to the body of knowledge in the area of rehabilitation and actively involves students.

Objective 3e. To provide an environment that encourages faculty to be active in professional organizations and actively engaged in service to the University, the profession and the community at large.

### **Students:**

Goal 4. To graduate entry-level physical therapists who meet the changing needs of the individuals who they will serve.

Objective 4a. To graduate entry-level physical therapists who are prepared to address the unique physical and psychosocial characteristics of patients/clients.

Objective 4b. To graduate entry-level physical therapists that are prepared to practice their profession in a manner which adheres to legal regulations and professional ethical standards.

Objective 4c. To graduate entry-level physical therapists who are capable of providing safe, effective and ethical care for individuals of various backgrounds in varied settings throughout the lifespan spectrum.

### **Community Relationships:**

Goal 5. To actively support the University community, the professional community and the community at large.

Objective 5a. To play an active role in the mission, characteristics and direction of the University of Scranton by participating in activities such as committees, boards and governance bodies.

Objective 5b. To encourage membership and participation in the American Physical Therapy Association and other related professional groups at the district, chapter and national levels.

Objective 5c. To foster in our students attitudes regarding the value of active involvement in professional organizations and service to the committees in which they live and practice.

Objective 5d. To actively engage with local physical therapists and other healthcare providers as guest lecturers, professional consultants, advising committee members, research collaborations and clinical instructors.

Objective 5e. To provide continuing education opportunities to the professional community.

### **NORMATIVE MODEL OF PHYSICAL THERAPIST PROFESSIONAL EDUCATION DEFINATION OF PHYICAL THERAPY**

“Physical therapy is a dynamic profession with an established theoretical and scientific base and widespread clinical applications in the restoration, maintenance, and promotion of optimal physical function. For more than 750,000 people every day in the United States, physical therapists: diagnose and manage movement dysfunction and enhance physical and functional abilities; restore, maintain and promote not only optimal physical function but optimal wellness and fitness and optimal quality of life as it relates to movement and health; and prevent the onset, symptoms, and progression of impairments, functional limitations, and disabilities that may result from disease, disorders, conditions, or injuries.

As essential participants in the health care delivery system, physical therapists assume leadership roles in rehabilitation: in prevention, health maintenance, and programs that promote health, wellness, and fitness; and in professional and community organizations. Physical therapists also play important roles both in developing standards for physical therapists practice and in developing health care policy to ensure availability, accessibility, and optimal delivery of physical therapy services. Physical therapy is covered by federal, state, and private insurance plans. The positive impact of physical therapists' services on health-related quality of life is well accepted.

The practice of physical therapy necessitates that the individual physical therapist engages in specific and complex cognitive, psychomotor, and affective behaviors when providing services to patients/clients, families, or caregivers. Using their body of knowledge, physical therapists integrate five elements of care in a manner designed to maximize the patient's/client's outcome.

- **Examination.** A comprehensive screening and specific testing process leading to diagnostic classification or, as appropriate, to a referral to another practitioner. The examination has three components: (1) the patient/client history, (2) the systems review, and (3) tests and measures.
- **Evaluation.** A dynamic process in which the physical therapist makes clinical judgments based on data gathered during the examination.
- **Diagnosis.** Both a process and a label. The diagnostic process includes integrating and evaluating the data that are obtained during the examination to describe the patient/client condition in terms that will guide the prognosis, the plan of care, and intervention strategies. Physical therapists use diagnostic labels that identify the impact of a condition on function at the level of the system (especially the movement system) and at the level of the whole person.
- **Prognosis.** The determination of the predicted optimal level of improvements in function and the amount of time needed to reach that level, and also may include a prediction of levels of improvement that may be reached at various intervals during the course of therapy.
- **Intervention.** The purposeful interaction of the physical therapist with the patient/client and, when appropriate, with other individuals involved in patient/client care, using various physical therapy procedures and techniques (eg, coordination, communication, documentation, patient-related instruction, procedural interventions including therapeutic exercise, functional training in self-care and home management (including ADL and IADL), functional training in work (job/school/play), community, and leisure integration and reintegration (including ADL, work hardening, and work conditioning) manual therapy techniques (including mobilization/manipulation), prescription, application and, as appropriate, fabrication of devices and equipment (assistive, adaptive, orthotic, protective, supportive, and prosthetic), airway clearance techniques integumentary repair and protection techniques, electrotherapeutic modalities, and physical agents and mechanical modalities to produce changes in the condition that are consistent with the diagnosis and prognosis.

Throughout the entire episode of care, the physical therapist determines the anticipated goals and expected outcomes for each intervention. Beginning with the history, the physical therapist identifies patient/client expectations, perceived need for physical therapy services, personal goals, and desired outcomes . . . As the patient/client reaches the termination of physical therapy services and the end of the episode of care, the physical therapist measures the global outcomes of the physical therapy services by characterizing or quantifying the impact of the physical therapy interventions on the following domains: pathology/pathophysiology (disease, disorder, condition), impairments, functional limitations, disabilities, risk reduction/prevention, health, wellness, and fitness, societal resources, and patient/client satisfaction.

These complex processes, as delineated, reflect the needs of patients/clients, families, or caregivers for physical therapy services in the contemporary health care environment. As is necessary for any profession, physical therapists must routinely and systematically assess the external environment to determine the context in which their services will be provided. Based on such an assessment, the profession develops a vision for the role and future practice of physical therapists that anticipates the changing needs and demands of society. Thus, to render such an assessment requires that the profession continually analyze the current health care environment and the complex issues that surround that dynamic system. The profession of physical therapy values the contributions and work of other organizations that influence health care and its delivery, such as the Institute of Medicine's core competencies for health care professionals, goals for Healthy People 2010, the Department of Health and Human Services with respect to cultural competence, and outcomes resulting from the Human Genome Project.

American Physical Therapy Association. *A Normative Model of Professional Education: Version 2004*. Alexandria, VA: American Physical Therapy Association; 2004.

The terms "Physical Therapy" and "Physiotherapy," and the terms "Physical Therapist" and "Physiotherapist" are synonymous.

American Physical Therapy Association. *Guide to Physical Therapist Practice, 2<sup>nd</sup> ed.* Alexandria, VA: American Physical Therapy Association; 2004.

## **PRACTICE EXPECTATIONS**

Practice expectations are a description of behaviors, skills or knowledge that defines the expected performance of the physical therapist. When taken in aggregate, they describe the performance of the graduate entry into the practice of Physical Therapy.

### **1.0 Professional Practice Expectation: Accountability**

- 1.1 Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.
- 1.2 Has a fiduciary responsibility for all patients/clients.
- 1.3 Practice in a manner consistent with the professional code of ethics.

- 1.4 Change behavior in response to understanding the consequences (positive and negative) of his or her actions.
- 1.5 Participate in organization and efforts that support the role of the physical therapists in furthering the health and wellness of the public.

**2.0 Professional Practice Expectation: Altruism**

- 2.1 Place patient's/client's needs above the physical therapist's needs.
- 2.2 Incorporate *pro bono* services into practices.

**3.0 Professional Practice Expectation: Compassion/Caring**

- 3.1 Exhibit caring, compassion, and empathy in providing services to patients/clients.
- 3.2 Promote active involvement of the patient/client in his or her care.

**4.0 Professional Practice Expectation: Integrity**

- 4.1 Demonstrate integrity in all interactions with patients/clients, family members, caregivers, other health care providers, students other consumers, and prayers.

**5.0 Professional Practice Expectation: Professional Duty**

- 5.1 Demonstrate professional behavior in all interactions with patients/clients, family members, caregivers, other health care providers, students, other consumers, and payers.
- 5.2 Participate in self-assessment to improve the effectiveness of care.
- 5.3 Participate in peer-assessment activities.
- 5.4 Effectively deal with positive and negative outcomes resulting from assessment activities.
- 5.5 Participate in clinical education of students.
- 5.6 Participate in professional organizations.

**6.0 Professional Practice Expectation: Communication**

- 6.1 Expressively and receptively communicate in a culturally competent manner with patients/clients, family members, caregivers, practitioners, interdisciplinary team members, consumers, payers, and policy makers.

**7.0 Professional Practice Expectation: Cultural Competence**

- 7.1 Identify, respect, and act with consideration for patients'/clients' differences, values, preferences, and expressed needs in all professional activities.

## **8.0 Professional Practice Expectation: Clinical Reasoning**

- 8.1 Use clinical judgment and reflection to identify, monitor, and enhance clinical reasoning in order to minimize errors and enhance patient/client outcomes.
- 8.2 Consistently apply current knowledge, theory, and professional judgment while considering the patient/client perspective in patient/client management.

## **9.0 Professional Practice Expectation: Evidence-Based Practice**

- 9.1 Consistently use information technology to access sources of information to support clinical decisions.
- 9.2 Consistently and critically evaluate sources of information related to physical therapy practice, research, and education and apply knowledge from these sources in a scientific manner and to appropriate populations.
- 9.3 Consistently integrate the best evidence for practice from sources of information with clinical judgment and patient/client values to determine the best care for a patient/client.
- 9.4 Contribute to the evidence for practice by written systematic reviews of evidence or written descriptions of practice.
- 9.5 Participate in the design and implementation of patterns of best clinical practice for various populations.

## **10.0 Professional Practice Expectation: Education**

- 10.1 Effectively educate others using culturally appropriate teaching methods that are commensurate with the needs of the learner.

## **11.0 Patient/Client Management Expectation: Screening**

- 11.1 Determine when patients/clients need further examination or consultation by a physical therapist or referral to another health care professional.

## **12.0 Patient/Client Management Expectation: Examination**

- 12.1 Examine patients/clients by obtaining a history from them and from other sources.
- 12.2 Examine patients/clients by performing systems reviews.
- 12.3 Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures.



**13.0 Patient/Client management Expectation: Evaluation**

- 13.1 Evaluate data from the examination (history, systems review, and tests and measures) to make clinical judgments regarding patients/clients.

**14.0 Patient/Client Management Expectation: Diagnosis**

- 14.1 Determine a diagnosis that guides future patient/client management.

**15.0 Patient/Client Management Expectation: Prognosis**

- 15.1 Determine patient/client prognosis.

**16.0 Patient/Client Management Expectation: Plan of Care**

- 16.1 Collaborate with patients/clients, family members, payers, other professionals, and other individuals to determine a plan of care that is acceptable, realistic, culturally competent, and patient/client-centered.
- 16.2 Establish a physical therapy plan of care that is safe, effective, and patient/client-centered.
- 16.3 Determine patient/client goals and outcomes within available resources and specify expected length of time to achieve the goals and outcomes.
- 16.4 Deliver and manage a plan of care that is consistent with legal, ethical, and professional obligations, and administrative policies and procedures of the practice environment.
- 16.5 Monitor and adjust the plan of care in response to patient/client status.

**17.0 Patient/Client Management Expectation: Intervention**

- 17.1 Provide physical therapy interventions to achieve patient/client goals and outcomes.
- 17.2 Provide effective culturally competent instruction to patients/clients and others to achieve goals and outcomes.
- 17.3 Complete documentation that follows professional guidelines, guidelines required of the health care systems, and guidelines required by the practice setting.
- 17.4 Practice using principles of risk management.
- 17.5 Respond effectively to patient/client and environmental emergencies in one's practice setting.

## **18.0 Patient/Client Management Expectation: Outcomes Assessment**

- 18.1 Select outcome measures to assess individual and collective outcomes of patients/clients using valid and reliable measures that take into account the setting in which the patient/client is receiving services, cultural issues, and the effect of societal factors such as reimbursement.
- 18.2 Collect data from the selected outcomes measures in a manner that supports accurate analysis of individual patient/client outcomes.
- 18.3 Analyze results arising from outcomes measures selected to assess individual outcomes of patients/clients.
- 18.4 Use analysis from individual outcomes measurements to modify the plan of care.
- 18.5 Select outcome measures that are valid and reliable and shown to be generalizable to patient/client populations being studied.

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

- 19.1 Provide culturally competent physical therapy services for prevention, health promotion, fitness, and wellness to individuals, groups, and communities.
- 19.2 Promote health and quality of life by providing information on health promotion, fitness, wellness, disease, impairment, functional limitation, disability, and health risks related to age, gender, culture and lifestyle with the scope of physical therapy practice.
- 19.3 Apply principles of prevention to defined population groups.

American Physical Therapy Association. *A Normative Model of Professional Education: Version 2004*. Alexandria, VA: American Physical Therapy Association; 2004.

# Code of Ethics for the Physical Therapist

HOD S06-09-07-12 [Amended HOD S06-00-12-23; HOD 06-91-05-05; HOD 06-87-11-17;  
HOD 06-81-06-18; HOD 06-78-06-08; HOD 06-78-06-07; HOD 06-77-18-30; HOD 06-77-17-27;  
Initial HOD 06-73-13-24] [Standard]

## Preamble

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

1. Define the ethical principles that form the foundation of physical therapist practice in patient/client management, consultation, education, research, and administration.
2. Provide standards of behavior and performance that form the basis of professional accountability to the public.
3. Provide guidance for physical therapists facing ethical challenges, regardless of their professional roles and responsibilities.
4. Educate physical therapists, students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the physical therapist.
5. Establish the standards by which the American Physical Therapy Association can determine if a physical therapist has engaged in unethical conduct. No code of ethics is exhaustive nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive.

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

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

## Principles

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

*(Core Values: Compassion, Integrity)*

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

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

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

*(Core Values: Altruism, Compassion, Professional Duty)*

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

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

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

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

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

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

*(Core Values: Excellence, Integrity)*

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

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

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

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

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

**Principle #4:** Physical therapists shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public.

*(Core Value: Integrity)*

4A. Physical therapists shall provide truthful, accurate, and relevant information and shall not make misleading representations.

4B. Physical therapists shall not exploit persons over whom they have supervisory, evaluative or other authority (eg, patients/clients, students, supervisees, research participants, or employees).

4C. Physical therapists shall discourage misconduct by health care professionals and report illegal or unethical acts to the relevant authority, when appropriate.

4D. Physical therapists shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.

4E. Physical therapists shall not engage in any sexual relationship with any of their patients/clients, supervisees, or students.

4F. Physical therapists shall not harass anyone verbally, physically, emotionally, or sexually.

**Principle #5:** Physical therapists shall fulfill their legal and professional obligations.

*(Core Values: Professional Duty, Accountability)*

5A. Physical therapists shall comply with applicable local, state, and federal laws and regulations.

5B. Physical therapists shall have primary responsibility for supervision of physical therapist assistants and support personnel.

5C. Physical therapists involved in research shall abide by accepted standards governing protection of research participants.

5D. Physical therapists shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.

5E. Physical therapists who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.

5F. Physical therapists shall provide notice and information about alternatives for obtaining care in the event the physical therapist terminates the provider relationship while the patient/client continues to need physical therapy services.

**Principle #6:** Physical therapists shall enhance their expertise through the lifelong acquisition and refinement of knowledge, skills, abilities, and professional behaviors.

*(Core Value: Excellence)*

6A. Physical therapists shall achieve and maintain professional competence.

6B. Physical therapists shall take responsibility for their professional development based on critical self-assessment and reflection on changes in physical therapist practice, education, health care delivery, and technology.

6C. Physical therapists shall evaluate the strength of evidence and applicability of content presented during professional development activities before integrating the content or techniques into practice.

6D. Physical therapists shall cultivate practice environments that support professional development, lifelong learning, and excellence.

**Principle #7:** Physical therapists shall promote organizational behaviors and business practices that benefit patients/clients and society.

*(Core Values: Integrity, Accountability)*

7A. Physical therapists shall promote practice environments that support autonomous and accountable professional judgments.

7B. Physical therapists shall seek remuneration as is deserved and reasonable for physical therapist services.

7C. Physical therapists shall not accept gifts or other considerations that influence or give an appearance of influencing their professional judgment.

7D. Physical therapists shall fully disclose any financial interest they have in products or services that they recommend to patients/clients.

7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapy services accurately reflect the nature and extent of the services provided.

7F. Physical therapists shall refrain from employment arrangements, or other arrangements, that prevent physical therapists from fulfilling professional obligations to patients/clients.

**Principle #8:** Physical therapists shall participate in efforts to meet the health needs of people locally, nationally, or globally.

*(Core Value: Social Responsibility)*

8A. Physical therapists shall provide pro bono physical therapy services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.

8B. Physical therapists shall advocate to reduce health disparities and health care inequities, improve access to health care services, and address the health, wellness, and preventive health care needs of people.

8C. Physical therapists shall be responsible stewards of health care resources and shall avoid overutilization or underutilization of physical therapy services.

8D. Physical therapists shall educate members of the public about the benefits of physical therapy and the unique role of the physical therapist.

Proviso: The Code of Ethics will take effect July 1, 2010.

### **APTA VISION STATEMENT**

Physical therapy, by 2020, will be provided by physical therapists who are doctors of physical therapy and who may be board-certified specialists. Consumers will have direct access to physical therapists in all environments for patient/client management, prevention, and wellness services. Physical therapists will be practitioners of choice in clients' health networks and will hold all privileges of autonomous practice. Physical therapists may be assisted by physical therapist assistants who are educated and licensed to provide physical therapist-directed and –supervised components of interventions.

Guided by integrity, life-long learning, and a commitment to comprehensive and accessible health programs for all people, physical therapists and physical therapist assistants will render evidence-based service throughout the continuum of care and improve quality of life for society. They will provide culturally sensitive care distinguished by trust, respect, and an appreciation for individual differences.

While fully availing themselves of new technologies, as well as basic and clinical research, physical therapists will continue to provide direct care. They will maintain active responsibility for the growth of the physical therapy profession and the health of the people it serves.

American Physical Therapy Association, Alexandria, VA. HOD 06-00-12-23 (Program 17)  
[Amended HOD 06-91-05-05; HOD 06-87-11-17; HOD 06-81-06-18; HOD06-78-06-08; HOD 06-78-06-07; HOD 06-77-18-30; HOD 06-77-17-27; Initial HOD06-73-13-24]

## DPT Curriculum 2011-2012 (Students Graduating 2014 and after)

	SUMMER SESSION			FALL SEMESTER			SPRING SEMESTER		
	Number	Course Name	Credits	Number	Course Name	Credits	Number	Course Name	Credits
Year I	PT 700	Anatomy for PT	6	PT 701	Introduction to PT	2	PT 703	Advanced Patient Management in PT	2
				PT 702	Basic Patient Management in PT	3	PT 704	Therapeutic Exercise in PT	3
				PT 706	Kinesiology and Pathokinesiology for PT	4	PT 705	Therapeutic Modalities in PT	4
				PT 707	Applied Clinical Neuroscience for PT	4	PT 711	Neurological PT I	3
				PT 753	Applied Pathology for PT	3	PT 713	Orthopedic PT I	4
				PT 781	PT Grand Rounds I	0.5	PT 791	PT Clinical Education Seminar I	1
	Total		6			16.5 (22.5)**			17 (39.5)**

	SUMMER SESSION			FALL SEMESTER			SPRING SEMESTER		
	Number	Course Name	Credits	Number	Course Name	Credits	Number	Course Name	Credits
Year II	PT 792	PT Internship I	6	PT 712	Neurological PT II	4	PT 721	Rehabilitation I for PT	2
				PT 714	Orthopedic PT II	4	PT 731	Pediatric PT	4
				PT 741	Cardiovascular and Pulmonary PT	3	PT 732	Geriatric PT	3
				PT 752	Pharmacology for PT	3	PT 744	Motor Control/Motor Learning for PT	3
				PT 771	Scientific Inquiry I in PT	3	PT 755	Principles of Teaching/Learning in PT	2
				PT 782	PT Grand Rounds II	0.5	PT 772	Scientific Inquiry II in PT	1
							PT 793	PT Clinical Education Seminar II	1
	Total		6 (45.5)**			17.5 (63)**			16 (79)**

	SUMMER SESSION			FALL SEMESTER			SPRING SEMESTER		
	Number	Course Name	Credits	Number	Course Name	Credits	Number	Course Name	Credits
Year III	PT 794	PT Internship II	6	PT 722	Rehabilitation II for PT	2	PT 796	PT Internship III/IV	12
				PT 743	Psychosocial Aspects of Disability for PT	2			
				PT 754	Diagnosis for PT	3			
				PT 756	Professional Practice Issues for PT	1			
				PT 757	Organization & Management for PT	3			
				PT 773	Scientific Inquiry III in PT	1			
				PT 783	PT Grand Rounds III	1			
				PT 795	PT Clinical Education Seminar III	1			
			6 (85)**			14(99)**			12 (111)**

\*\* Credit running total

26 May 2011 Revised

## **REGISTRATION**

The University uses touch-tone phone and web-based registration systems. The Graduate School provides registration information, online passwords, etc. for registration each semester. Personal Identification Numbers (PIN numbers) will be available from the DPT Program Director.

## **MENTORING**

Each PT major is assigned to a faculty mentor. The faculty mentor is available to answer questions and offer advice regarding the PT Department and the physical therapy profession.

## **DPT SERVICE LEARNING REQUIREMENTS**

Service-learning is an experimental education approach grounded in the concept or idea of “reciprocal learning.” The concept of reciprocal learning refers to the ideas that learning flows from service activities. In other words, those who provide service and those who receive it “learn” from the experience. Service-Learning is only fully realized when both the providers and recipients of a service benefit from the activities. “Service-Learning” occurs when there is a balance between learning goals and service outcomes (Sigmon, 1979).

The Department of Physical Therapy requires students to not only look at their chosen field of study, but also the world around them. The opportunity to share one’s talent with the community benefits not only the recipient but also impact on one’s professional growth as well. We are committed to developing professionals that are enriched by their communities and the experiences, which they have shared together. The Department of Physical Therapy Mission in concert with the Mission and Characteristics of the University of Scranton strongly emphasizes service to others.

**Three DPT courses have a service learning components.**

**Year One**      PT 791 PT Clinical Education Seminar I      20 hours

**Year Two**      PT 793 PT Clinical Education Seminar II      20 hours

**Year Three**    PT 795 PT Clinical Education Seminar III      20 hours

Students will be given additional information regarding the successful completion of their service-learning requirements by the instructor(s) of the previously listed courses. The site and type of service must be pre-approved by the instructor and students will be required to keep a service-learning log.



## **DPT GRAND ROUNDS**

All DPT students are required to attend and participate in PT Grand Rounds. PT Grand Rounds is a series of three courses based on the Physician Model. Each week students will present medically or surgically related topics and/or case studies pertinent to the practice of Physical Therapy. Students enrolled in PT Grand Rounds III will be responsible for the actual presentations. When feasible, the presentations may incorporate the use of physicians or other professionals. Students enrolled in PT Grand Rounds II will also be creating and presenting a case later in the semester. Students enrolled in PT Grand Rounds I are required to attend Grand Rounds, but are not responsible for any preparation or presentations, will be assigned to one of the Grand Rounds II groups to assist with basic anatomy information and literature review.

## **STUDENT ADVANCEMENT AND RETENTION IN THE DOCTOR OF PHYSICAL THERAPY PROGRAM**

Physical therapy (DPT) majors are expected to maintain full time enrollment and follow the curriculum (including all internships) as described in the catalog.

## **GRADING SYSTEM FOR THE GRADUATE SCHOOL**

The following grades are used in graduate course work:

Grade	Quality Points per Credit	Definition
A	4.00	Superior/Outstanding
A-	3.67	Excellent
B+	3.33	Very Good
B	3.00	Good
B-	2.67	Fair
C+	2.33	Passing grade
C	2.00	Minimal passing grade
F	0.00	Failure
S	Not computed	Satisfactory or Pass
U	Not computed	Unsatisfactory or Fail

## **STANDARDS OF PROGRESS FOR ALL GRADUATE STUDENTS**

All students must have a cumulative graduate grade point average (GPA) of at least 3.0 in order to graduate. In addition, it is expected that all students must maintain a cumulative graduate GPA of at least 3.0 in order to remain in good academic standing. Students are required to have a GPA of 3.0 or better to progress to any of the Clinical Internships throughout the curriculum.

## **DPT STUDENT NORMAL PROGRESSION**

DPT students must pass all designated courses in sequence to progress to next level. If a student fails to pass all the courses in a particular semester, they will be placed on PT Department probation and required to come back the following year and resume in the semester where the deficiency occurred. The curriculum is planned to progress from less complex concepts and skills to more complex concepts and skills. Therefore, no student will be allowed to progress to the more complex portions of the curriculum until they have completed the elements basic to that coursework. If a DPT student fails to pass more than one course in a semester they face dismissal from the program. They can appeal the decision to the Department Chair, but it will be at the discretion of the Department of Physical Therapy Faculty whether that student will be placed on Department probation and allowed to resume the following year and remediate their areas of deficiency. Normally, a student would only be allowed to remediate once during the three-year program. A student may appeal this to the Department Chair and once again any exemption from this policy will be at the discretion of the Department of Physical Therapy Faculty. Appeals of PT Department decisions regarding retention and progression through the DPT curriculum should be taken to the Office of the Dean of the Graduates School. Decisions by the Dean's Office regarding retention and/or progression through the program are final.

PT Department probation will be removed when the deficiency has been corrected. Students on PT Department Probation must submit a written plan for remediation to the PT Department Chair for approval before remediation can begin. Students should develop the written plan for remediation in consultation with their PT Department faculty mentor and/or the Department of Physical Therapy Chair.

Students must have a 3.0 GPA at the end of the semester to proceed to clinical internships. Students who have not completed all the coursework prior to an internship will not be allowed to advance to the internship until all of their deficiencies have been corrected. If a student is asked to come back the following year to make up a deficiency, they will be required to retake and pass the final examinations and practical examination for any course considered essential for safe and successful completion of that internship. Students who display unsafe or unprofessional behaviors may also be denied approval to begin an internship until the situation has been corrected.

Course, unit, and individual performance exam grades below 77% are unacceptable for progression through the curriculum and will initiate the probation policy. Please also consult the syllabus for each course and comply with the additional policies contained in each syllabus for each course.

## **WRITTEN AND PRACTICAL EXAMINATION POLICY RELATED TO REMEDIATION**

Students who do not achieve the minimum "C" grade in a course and return the following year to remediate will be required to retake the final written examination and all skills check-offs and practical examinations in clinically-based courses previously completed successfully. This is necessary to assure clinical competence prior to entering the next clinical internship experience.

Courses to be tested when remediating a course in the fall semester of the first year:

- PT 702 Basic Patient Management in PT
- PT 707 Applied Clinical Neuroscience for PT

Courses to be tested when remediating a course in the spring semester of the first year:

- PT 702 Basic Patient Management in PT
- PT 707 Applied Clinical Neuroscience for PT
- PT 703 Advanced Patient Management in PT
- PT 704 Therapeutic Exercise
- PT 705 Therapeutic Modalities in PT
- PT 713 Orthopedic PT I

Courses to be tested when remediating a course in the fall semester of the second year or the first clinical internship experience:

- PT 702 Basic Patient Management in PT
- PT 707 Applied Clinical Neuroscience for PT
- PT 703 Advanced Patient Management in PT
- PT 704 Therapeutic Exercise
- PT 705 Therapeutic Modalities in PT
- PT 713 Orthopedic PT I
- PT 712 Neurological PT II
- PT 714 Orthopedic PT II
- PT 741 Cardiovascular and Pulmonary PT

Courses to be tested when remediating a course in the spring semester of the second year:

- PT 702 Basic Patient Management in PT
- PT 707 Applied Clinical Neuroscience for PT
- PT 703 Advanced Patient Management in PT
- PT 704 Therapeutic Exercise
- PT 705 Therapeutic Modalities in PT
- PT 713 Orthopedic PT I
- PT 712 Neurological PT II
- PT 714 Orthopedic PT II
- PT 741 Cardiovascular and Pulmonary PT
- PT 721 Rehabilitation I for PT

Courses to be tested when remediating a course in the fall semester of the third year or the second clinical internship:

- PT 702 Basic Patient Management in PT
- PT 707 Applied Clinical Neuroscience for PT

- PT 703 Advanced Patient Management in PT
- PT 704 Therapeutic Exercise
- PT 705 Therapeutic Modalities in PT
- PT 713 Orthopedic PT I
- PT 712 Neurological PT II
- PT 714 Orthopedic PT II
- PT 741 Cardiovascular and Pulmonary PT
- PT 721 Rehabilitation I for PT
- PT 722 Rehabilitation II for PT

The policy for remediating an internship failure is found in the *Physical Therapy Program Student Clinical Education Manual*

## **LEAVE OF ABSENCE**

The PT Department complies with the University policy on Leave of Absence (see the Graduate School catalog). PT majors must obtain Department Chair and College of Graduate and Continuing Education Dean's approval. Students returning following a leave of absence will be required to retake and pass the final examinations and practical examination for any course considered essential for safe and successful completion of their next internship.

## **STUDENT GRIEVANCE PROCEDURE**

PT majors who receive a grade or evaluation that they feel is incorrect should first speak with the instructor. If the problem is not resolved, the student should contact the PT Department Chair. If the problem remains unresolved, the student should contact the Dean of the Graduate School.

## **UNPROFESSIONAL BEHAVIOR**

1. When a faculty member observes inappropriate professional behavior by a student, which includes, but is not limited to, unexcused absences, chronic tardiness, disruptive behavior or remarks, the student will be confidentially made aware of the concern by the faculty member. Whether this is done verbally, by letter or email, a documented record of the action will be kept by the faculty member and a copy sent to the Department chair for inclusion in the student's file.

2. If a change in behavior is not observed, the student will be given a second warning by the Department Chair. Documentation regarding the inappropriate behavior will be identified and a meeting with the Chair will be scheduled. A copy of the discussion will be placed in the student's file.

3. If changes in the behavior are not observed, a face-to-face meeting will be scheduled with the student and the Physical Therapy Department faculty. The student will be apprised of the concerns and told that if the behavior does not cease, they will face probation, suspension from the program for one year, or dismissal. Documentation of the meeting will be placed in the student's file and a letter will be sent to the Dean of the Graduate School.

4. If the student's behavior is not corrected and does not meet acceptable standards, a letter will be sent to the appropriate Dean(s) with the Department's recommendation for dismissal or suspension.

*The faculty expects every DPT student to exhibit professional behavior in all learning experiences.*

## **PROFESSIONAL BEHAVIORS**

Cell phones must be turned off and stored while in classrooms, laboratories and in clinical settings. Ringing cell phones in these settings are annoying, discourteous and poor examples of professional behavior. Profanity will not be tolerated in any setting. Harassment of students, staff or faculty by any DPT student is grounds for disciplinary action which could lead to dismissal from the program.

Professional behaviors are attributes, characteristics or behaviors that are not explicitly part of the profession's core of knowledge and technical skills but are required for success in the profession, both in the academic and clinical settings. The following ten physical therapy-specific professional behaviors define the behavior/conduct expected of PT majors. These behaviors are formally evaluated using the *Professional Behavior Assessment Portfolio* three times during the curriculum. Many PT majors may already demonstrate some or all of the professional behaviors. These behaviors are as important as your academic performance. If not, faculty is available to facilitate growth toward this goal. Please carefully read the 10 professional behaviors.

### **\*\* BEHAVIOR**

### **DEFINITION**

---

Commitment to Learning

The ability to self-assess, self-correct, and self direct; to identify needs and sources of learning; and to continually seek new knowledge and understanding.

Interpersonal Skills

The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community and to deal effectively with cultural and ethnic diversity issues.

Communication Skills

The ability to communicate effectively (i.e., speaking, body language, reading, writing, listening) for varied audiences and purposes.

Effective Use of Time and Resources	The ability to obtain the maximum benefit from a minimum investment of time and resources.
Use of Constructive Feedback	The ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction.
Problem-Solving	The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.
Professionalism	The ability to exhibit appropriate professional conduct and to represent the profession effectively.
Responsibility	The ability to fulfill commitments and to be accountable for actions and outcomes.
Critical Thinking	The ability to question logically; to identify, generate, and evaluate elements of logical argument; to recognize and differentiate facts, illusions, assumptions, and hidden assumptions; and to distinguish the relevant from the irrelevant.
Stress Management	The ability to identify sources of stress and to develop effective coping behaviors.

---

\*\* Developed by the Physical Therapy Program, University of Wisconsin-Madison, May et al. Journal of Physical Therapy Education. 9:1, Spring 1995.

## ACADEMIC INTEGRITY

PT majors are expected to exhibit the highest standards of academic honesty. Cheating, plagiarism, etc. will not be tolerated, and will be dealt with according to the *Academic Code of Honesty* promulgated by the University. The following is a link to the graduate student academic integrity tutorial:

- If a faculty member observes an incident or discovers evidence that indicates a student may be in breach of the University Code of Academic Integrity, the incident should be reported in writing to the Department Chair that will schedule a faculty meeting or place it on the agenda of the next regularly scheduled faculty meeting. If the majority of faculty members believe that there is no “hard evidence” to support the suspicion, the student(s) in question will not be confronted, but will remain under observation.
- If the majority of faculty members believe that there is sufficient evidence to indicate that a breach in academic integrity has occurred, the Chair will request that the student(s) appear at a special or scheduled faculty meeting for further investigation. Documentation regarding the incident and the meeting will be placed in the student(s) file.

- Following the student meeting, the faculty will determine by majority if the evidence against the student(s) is strong enough (“without a reasonable doubt”) to be considered a violation of academic integrity. If a violation is determined, the Department faculty will recommend an appropriate action, which may include, but is not limited to, failure of an exam or assignment, failure of a course and/or suspension or dismissal of the student from the PT Program. The Dean of the Graduate School will be notified in writing of the faculty recommendation and if the Dean is in agreement, the student will be notified of this decision in writing. If it is determined that there was not a violation, the student(s) will be given a warning and placed under observation. Documentation of this decision will be placed in the student(s) file. If the student does not agree with the action, an avenue of appeal may be pursued as per the University’s policy.
- Every student at The University of Scranton is expected to uphold the tenets of this pledge.

### ***Honor Pledge***

I pledge upon my honor  
to be faithful to the ideals of every loyal son & daughter  
of The University of Scranton.  
I shall strive always to increase my spirit of faith,  
to enrich my character  
by contributing my gifts and talents to be a person "for others,"  
and to seek excellence in the pursuit of knowledge.  
In the pursuit of the high ideals and rigorous standards of academic life,  
I commit myself to respect and uphold  
The University of Scranton Academic Code of Honesty:  
to be honest in any academic endeavor,  
and to conduct myself honorably as a responsible member  
of The University of Scranton community.  
As represented by this flame,  
I commit myself to  
"go forth and set the world on fire."  
In return I ask of The University of Scranton,  
its faculty, staff and alumni and my fellow students  
to accord me the privilege of matriculation as a graduate student  
at The University of Scranton

## **EXAMINATION POLICY**

During examinations and/or other assessment activities students are not allowed to have any study materials, notes or textbooks open or on their desk unless allowed by the instructor for that specific assessment activity. Students must keep their eyes on their own papers at all times. Students are not allowed to wear hats or headgear of any type during exams except to satisfy cultural or religious customs and traditions. Students are not allowed to have drinks or food on their desk or in their fields of vision during examinations. Students may not have cell phones (even if turned off) on their desk or in their field of vision during an examination.

## **AWARDING OF DEGREES**

The Doctor of Physical Therapy (DPT) will be awarded upon successful completion of all the requirements listed in the DPT Student Handbook and the College of Graduate and Continuing Education catalog.

## **ATTENDANCE AND PARTICIPATION**

Attendance and participation in all course meetings and activities are the required norms. The Department of Physical Therapy has a “no cut” policy. When absence becomes necessary because of illness, family or other emergencies, students should contact the course instructor(s) for whose course(s) they will be missing. This can be done by phone or email and must be done prior to the class(es) being missed. It is the student’s responsibility to make-up work missed and it is at the discretion of the instructor to give make-up exams or accept late assignments.

Students should be prepared and on time for each course meeting (e.g. have assignments ready, be dressed appropriately in lab clothes if required, participate in discussions, ask questions). Students who are chronically late, even if for only a few minutes, are considered to be exhibiting unprofessional behavior. Unexcused absence, lateness, and/or lack of participation will result in a final grade reduction of as much as 10% at the discretion of the instructor.

## **DRESS CODE**

Doctor of Physical Therapy (DPT) students represent themselves, the University of Scranton, the Department of Physical Therapy and the profession at all times. The policy regarding dress and appearance during clinical internships is clearly addressed on page 22 of the *Clinical Education Manual*.

Students engaged in laboratory activities throughout the curriculum should dress appropriately for the activity. If you are unsure about how to dress for a particular laboratory experience, please check with the instructor for clarification.

DPT students often engage in program related activities off campus other than clinical internships. These may include, but are not limited to field trips, visits to the hospitals or other health care and/or rehabilitation facilities and service-learning sites. Wearing jeans, shorts, flip-flops, halter tops, t-shirts with writing or graphics other than the University of Scranton are not considered professional and should not be worn to these experiences.



The policy found on 22 – 23 of the *Clinical Education Manual* regarding jewelry, piercing, tattoos, cosmetics, hair styles and personal hygiene apply to all off campus experiences related to the DPT program or the Department of Physical Therapy. If you are in doubt about what to wear for a particular activity, please check with the appropriate faculty member or the Director of Clinical Education.

## **ADDITIONAL REQUIREMENTS**

### **COMPREHENSIVE EXAMINATION**

DPT students are required take and pass the comprehensive examination during the fall term of the final year in the program.

*A minimum score of 77% is required to pass. Students who do not pass the exam will be placed on PT Department Probation and offered the opportunity to re-take the exam. Students must pass the exam before they will be permitted to begin the final series of clinical internships. Normally, students who are unable to pass the exam after two attempts are dismissed from the PT Major. Variation from this policy is only at the discretion of the PT Department faculty and the Dean of the Graduate School and must be requested in writing by the student within one week (seven days) following notification that they did not pass the comprehensive exam.*

### **OBJECTIVES OF THE COMPREHENSIVE EXAMINATION**

- To identify student's ability to apply, analyze, and synthesize knowledge relative to the objectives of the courses in the physical therapy curriculum.
- To identify problem solving strengths and weaknesses.
- To provide practice in taking a problem-based, timed examination.
- To provide data for curricular assessment.

### **ANNUAL PHYSICAL, CPR AND FIRST AID**

Students are required to have an annual physical with a Student Health Form completed and submitted to the Clinical Education secretary by designated dates. Students are also required to obtain and maintain current Basic Life Support for Health Care Providers CPR certification. Certification must be by the American Heart Association, the American Red Cross or American Safety & Health Institute. CPR renewal is required throughout the curriculum. Basic First Aid certification by the American Red Cross or equivalent is also required prior to by the end of the fall semester in year one, this does not need to be repeated.

Documentation of successful completion of all of these certifications is the responsibility of the student and is due on the designated date to the Clinical Education secretary.

Successful participation in the Doctor of Physical Therapy program requires that a candidate be able to meet the demands of the program.

Physical therapy students must be capable of completing (with reasonable accommodations as needed) at least the following skills in a safe, reliable, and efficient manner, and be in compliance with legal and ethical standards as set forth by the APTA Code of Ethics and Standards of Practice. There are no substitutes for these essential skills.

## **BACKGROUND CHECKS/CLEARANCES NEEDED**

In preparation for internships and observation in the Leahy Clinic for the Uninsured, students will be required to annually obtain Pennsylvania Child Abuse and State Police Criminal Record Checks annually prior to Pediatrics for PT and Clinical Internships, or other clearances as demanded by clinical sites. Application information is available at:

[http://academic.scranton.edu/departments/cps/service\\_learning/clearances.shtml](http://academic.scranton.edu/departments/cps/service_learning/clearances.shtml)

## **ESSENTIAL FUNCTIONS FOR PARTICIPATION IN THE DOCTOR OF PHYSICAL THERAPY PROGRAM**

### **Essential functions required of all Physical Therapy students:**

1. Utilize effective and appropriate verbal, nonverbal, and written communication with patients, families, health care workers, and others.
2. Complete appropriate physical therapy procedures used to assess the function of the movement system in a timely manner. These include, but are not limited to, the assessment of cognitive/mental status, vital signs, pulmonary function, wound status, strength endurance, segmental length, girth and volume, sensation, strength, tone, reflexes, movement patterns, coordination, balance, developmental stage, soft tissue, joint motion/play, pain, cranial and peripheral nerve function, posture, gait, functional abilities and assistive device fit/use.
3. Determine the physical therapy needs of any patient with perceived or potential movement dysfunction.
4. Develop and document a plan of care for all types of patients requiring physical therapy services.
5. Recognize the psychosocial impact of dysfunction and disability and integrate the needs of the patient and family into the plan of care.
6. Complete treatment procedures that are appropriate to the patient's status and desired goals in a timely manner. These include, but are not limited to, exercise, developmental activities, balance training, gait training, transfer training, functional training, coordination training, positioning techniques, self-care activities, therapeutic modalities, and CPR.
7. Apply "Standard Precautions".
8. Participate in the process of scientific inquiry.
9. Apply teaching/learning theories and methods in varied health care and community environments.

10. Complete (with reasonable accommodations as needed) consultative activities in professional and lay communities.
11. Obtain and maintain certification in Cardiopulmonary Resuscitation and Community First Aid and Safety.
12. Participate in all laboratory experiences, which include serving as patient-demonstrator, for fellow students and instructors.

## **GUIDELINES FOR WRITTEN WORK**

Written work should be typed or word-processed, double-spaced, all pages numbered, and should comply with the guidelines of the American Medical Association [AMA] Manual of Style, latest edition. Written work should be of the same quality as a manuscript submitted for publication in a professional journal. Spelling, grammar, style, etc. will be considered when grading written work. Please read the manuscript preparation instructions and articles published by **PHYSICAL THERAPY** and the **JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION** for examples of acceptable format and style. Person first language should be used at all times

Instructions for Authors - **PHYSICAL THERAPY** –

<http://www.ptjournal.org/>

**THE AMERICAN MEDICAL ASSOCIATION MANUAL OF STYLE** –

<http://www.amamanualofstyle.com//oso/public/index.html>

## **PROTECTION OF HUMAN SUBJECTS**

The Department of Physical Therapy takes protection of human subjects very seriously. Research of any type, including surveys is subject to the rules and regulations of the Office of Research Services (ORS). The ORS is the home of the Institutional Review Board (IRB).

<http://academic.scranton.edu/departments/ors/>

The Department of Physical Therapy has a Department Review Board (DRB) for the protection of human subjects. Information (including the PT DRB Policy & Procedure Manual) regarding the operation of the PT DRB can be found on the Department web page.

<http://academic.scranton.edu/departments/pt/>

All faculty and/or student research involving humans must be reviewed and approved by one of the boards. In general, the IRB must review research involving special protected groups such as minors, pregnant women, the mentally incompetent and prisoners. The DRB can review research not involving special groups which is deemed as carrying risk no more than that experienced in activities of everyday life, for the particular sample group.

## **USE OF HUMAN SUBJECTS FOR CLASSROOM OR LABORATORY DEMONSTRATION**

Whenever an individual is asked to serve as a demonstration subject for any learning experience their safety and privacy are paramount. HIPAA rules and regulations are applicable in these situations. If a student intends to invite an individual to be part of a demonstration or presentation, they should notify the faculty or staff member responsible for the class in advance.

## **STUDENT'S RESPONSIBILITY TO KNOW AND COMPREHEND CONTRAINDICATIONS BEFORE VOLUNTEERING TO BE A DEMONSTRATION/PRACTICE SUBJECTS**

To become an effective and safe Physical Therapist, DPT students should experience the treatments that they will be administering. This provides them with the experience necessary to interpret patient's responses to various treatments. However, students with contraindications to specific treatments should not expose themselves to unnecessary risk and includes conditions that may be aggravated by various physical agents or exercise protocols. If a student has a condition or suspects that they may have a condition that could make it unsafe for them to experience a particular treatment, it is the students responsibility to notify the instructor.

## **NON-CLASS EQUIPMENT USE**

Non-classroom use of equipment (e.g. for study, research, etc.) requires written approval by the appropriate PT Department faculty or staff. PT majors who borrow equipment are responsible for its safe return (in good working order) to its designated storage area at the agreed upon return date or time. See one of the PT Department secretaries for equipment sign-out form, information and approval forms.

## **STUDENT USE OF AUDIO VISUAL EQUIPMENT**

Students may use Department projectors, cameras and sound recording devices for use in department-related presentation such as, but not limited to Grand Rounds. Sign out sheets for some of the equipment are located in the Leahy 008 department secretary office. Students who borrow equipment are responsible for its safe return (in good working order) to its designated storage area at the agreed upon return date or time.

## **OPEN LABORATORY PRACTICE**

Students will be provided the opportunity to access laboratory space for practice

- Students will require prior permission of the laboratory instructor to access the laboratory space for practice of clinical skills and procedures.
- A faculty member or designated therapist must be immediately available when the students are practicing the application of therapeutic modalities.

- Students will be required to maintain a clean and safe laboratory environment.
- Students will be required to return equipment and supplies to their appropriate storage area.

## **STUDENT COPY POLICY (DPT Program)**

A limited copy service is available for PT Department related coursework (e.g. course projects, presentations, handouts, etc).

### **Guidelines:**

- Students may not use the PT Department photocopy machine.
- Submit requests for copying to the PT Department Secretary (LEA 008) AT LEAST 24 hours in advance.
- Maximum page limits - 4 page original and 50 pages total (per student). Maximum 4 transparencies per student. Work requests that exceed these limits cannot be handled by the PT Department and are the responsibility of the student.
- The following types of copy jobs will not be handled by the PT Department (and are the responsibility of the student):
  - ☐ course notes
  - ☐ photographs
  - ☐ journal articles (even for course assignments)
  - ☐ personal needs

## **PT DEPARTMENT COMPUTER LAB USE**

The PT Department Computer Lab is a university computing resource. All policies, rules, and regulations contained in the Code of Responsible Computing (see

[http://matrix.scranton.edu/informationResources/re\\_code\\_of\\_responsible\\_computing.shtml](http://matrix.scranton.edu/informationResources/re_code_of_responsible_computing.shtml)

and apply to the use of the PT Department Computer Lab.

## **PRIORITIES FOR USE**

The following uses are arranged with highest priority listed first. Lab users who are engaged in lower priority activities may be asked to relinquish their computer station to a higher priority user. Use that is not related to courses or the university is prohibited.

1. Course-related work and Clinical Education Database
2. Other university-related work
3. Email (if it is course-related or university-related)

## **PROBLEMS**

During regular business hours, the department secretaries monitor the lab for appropriate use and proper functioning. During extended hours, the work-study student in charge handles these duties. The administrator, secretaries, or work-study student may consult the HELP desk for additional support.

## **HOURS OF OPERATION**

Hours of operation are posted outside the lab door. The lab will be open during normal business hours (M thru R - 8 AM to 8:30 PM and F - 8AM to 5PM). Additional hours will be scheduled based on need and supervisor availability. The lab will not be open when approved supervision is unavailable. Approved supervisors are the department secretaries, department faculty and work study students. As a professional courtesy, the computer lab is shared with the Occupational Therapy Department. Food and drinks are prohibited from the computer lab.

## **STUDENT LOCKERS**

Each student is assigned a locker by the Department Secretary located in Leahy 008 at the beginning of their first summer in the DPT program. Students are responsible for providing their own locks. Locks should be removed at the end of the fall semester of year three. Locks not removed in a timely fashion will be cut off and both lock and contents will be discarded.

## **PHYSICAL THERAPY STUDENT ORGANIZATION**

The Physical Therapy Student Organization is open to all Graduate DPT students and other interested undergraduate students. To hold office in the organization, however, a student must be a Graduate DPT student. The purpose of this organization is to provide an avenue for DPT students and those undergraduate students interested in becoming DPT students to interact in a meaningful way. The organization will encourage service to the community, educational experiences outside the curriculum and active participation in national, state and local physical therapy professional organizations.

## **PHYSICAL THERAPY PROFESSIONAL ORGANIZATIONS**

DPT students at the University of Scranton are strongly encouraged to attend APTA and PPTA sponsored conference and other professional/educational activities. Students will need to show evidence of attendance at one or more APTA or PPTA (or other Chapter) meetings or other activities each year in order to meet the requirements for the Clinical Education Seminar courses. Membership in the APTA is mandatory, and will be discussed during PT 701, Introduction to Physical Therapy.

## STUDENT LIASIONS

Each class DPT class (first year, second year, third year) will elect a class liaison and alternate. Elections will take place before September 15<sup>th</sup> of each year. Student liaisons are invited to make short presentations about class activities and any issues or concerns that have been brought to their attention by classmates. The liaisons or any individual students are welcome to speak to the Department Chair at anytime regarding student issues or concerns. Faculty members are instructed that liaisons are class representatives and the views they express may not be their own personal views.

## UNIVERSITY WEB SITES THAT STUDENT MAY FIND USEFUL

First go to [www.scranton.edu](http://www.scranton.edu) or your “My Scranton” page.

The Physical Therapy Department Website: [www.scranton.edu/pt](http://www.scranton.edu/pt)

From this page numerous useful links for current and prospective students can be accessed. Please become familiar with these links and information contained.

## CTLE

Students having academic difficulty or requiring testing and/or accommodations should contact (CTLE) The Center for Teaching and Learning Excellence at 570-941-4038

Or

<http://academic.scranton.edu/departments/ctle/>

## SEVERE WEATHER HOTLINE

**CALL 941-5999**

---

### Press 1 for announcements on:

- Delays
- Cancellations
- Compressed Class Schedule

### Press 2 for announcements on:

- Campus Parking Bans

During winter storm watches, warnings and events, announcements will be recorded by 7:00 a.m. for day classes and by 3:00 p.m. for evening classes.

Campus parking bans will be declared as snow accumulates or is forecasted to accumulate.

Parking bans are in effect from 12:00 midnight to 8:00 a.m. on all surface parking lots. Vehicles should be parked in the parking pavilion.

## CONFIDENTIALITY OF INFORMATION

The Department of Physical Therapy complies with the University policy on *Student Rights and Confidentiality of Information* (see University catalog and University of Scranton Student Handbook).

<p style="text-align: center;"><b>University of Scranton - Physical Therapy</b> <b>Policy and Procedure</b></p>
<p>Title of Policy: Request for Curricular or Scheduling Changes Must Be Written Effective date: March 2010</p>
<p>Policy: Any and all requests from anyone (students, faculty members, staff, etc.) for changes to the curriculum or schedules must be submitted <u>in writing</u> to the appropriate program director.</p>
<p>Note: This policy includes individual students' requests to change individual schedules.</p>
<p>Rationale: Any change to any aspect of the curriculum or schedules (even individual students' schedules) affects others in the department. This is especially true for laboratory classes, as the lock-step nature of the curriculum, the density of the schedule, and the limited number of faculty and rooms mandates that students be registered in particular sets of lab sections across all courses in a given semester. This policy ensures that there is written documentation, and that all interested parties have input, for all changes that are requested and/or approved.</p>
<p>Procedure:</p> <ol style="list-style-type: none"> <li>1. Written requests are submitted to the appropriate program director using the form, "Request for Curricular or Schedule Change."</li> <li>2. Curricular change requests must be submitted 1 academic year in advance, and schedule change requests must be submitted 1 semester in advance during the first week of the advance semester.</li> <li>3. The program director forwards copies of the request to the department chairperson and the faculty member teaching the affected course(s).</li> <li>4. The department chairperson places the request on the next department meeting agenda, and at least 2 weeks prior to the meeting, forwards copies of the request to all members of the department affected by the requested change. The chairperson solicits input from all affected individuals prior to the meeting.</li> <li>5. The requested change may be approved by a majority of those in attendance at the meeting.</li> <li>6. Approval or disapproval will be indicated by chairperson, program director and faculty member signatures on the original request form.</li> <li>7. The original request form will be placed in the appropriate department file(s). Copies of the approved or disapproved original request form will be distributed to the requestor and all affected individuals.</li> </ol>
<p style="text-align: right;"><b>Initial Approval:</b> February 4, 2010</p>



**University of Scranton - Physical Therapy  
REQUEST FOR CURRICULAR OR SCHEDULE CHANGE**

<b>Print Requestor Name:</b>			
<b>Signature:</b>			
<b>Description of Request:</b>			
<b>Signatures</b>	<b>Approve</b>	<b>Disapprove</b>	<b>Date</b>
<b>Chair:</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Program Director:</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Faculty Member:</b>	<input type="checkbox"/>	<input type="checkbox"/>	

## **EMERGENCY RESPONSE REFERENCE – LEAHY HALL**

For serious illness, injury or emergency and need immediate attention, phone **7777**

Non emergencies should be reported to **7888**

<p style="text-align: center;"><b>Crime Reporting</b></p> <ul style="list-style-type: none"> <li>▫ Report all crimes to Public Safety at <b>7777</b></li> </ul>	<p style="text-align: center;"><b>Fires</b></p> <ul style="list-style-type: none"> <li>▫ Sound fire alarm [pull station]</li> <li>▫ Evacuate the building [move <u>away</u> from the building]</li> <li>▫ Alert first responders to source of fire</li> </ul>
<p style="text-align: center;"><b>Life Threatening Injuries</b></p> <ul style="list-style-type: none"> <li>▫ Call Public Safety at <b>7777</b> and provide as much information as possible about the individual and the injury/illness</li> <li>▫ Public Safety will alert appropriate emergency response units and direct them to the scene</li> </ul>	<p style="text-align: center;"><b>Bomb Threat</b></p> <ul style="list-style-type: none"> <li>▫ Hang up after the caller hangs up</li> <li>▫ Dial 24 on the line where threat came &amp; then hang up</li> <li>▫ Call Public Safety at <b>7777</b> and inform them that you have activated 24 and provide information requested</li> <li>▫ Public Safety will follow up</li> </ul>
<p style="text-align: center;"><b>Psychological Crisis/Potential Harm to Self/Others</b></p> <ul style="list-style-type: none"> <li>▫ Never try to handle a situation that is dangerous</li> <li>▫ Notify Public Safety at <b>7777</b> – who will alert University Counselors &amp; medical professionals</li> <li>▫ If possible and safe, remain with the individual until emergency responses arrive</li> </ul>	<p style="text-align: center;"><b>Employee/Student/Visitor Injury {non-life threatening}</b></p> <ul style="list-style-type: none"> <li>▫ Employees must report all work-related injuries to their supervisor or department chairperson</li> <li>▫ Student or visitor injuries must be reported to Public Safety at <b>7888</b></li> </ul>
<p style="text-align: center;"><b>Armed Individual in a Building</b></p> <ul style="list-style-type: none"> <li>▫ When a person(s) is causing death or serious bodily injury or the threat of imminent death or serious bodily injury within a building: <ul style="list-style-type: none"> <li>▫ If you are not at risk of injury and communication is available, call Public Safety at <b>7777</b></li> <li>▫ If unable to notify Public Safety, summon help discreetly by any means at your disposal</li> <li>▫ Place students in the nearest classroom, lock/barricade the door [if in an office, lock/barricade the door]</li> <li>▫ Close windows, turn off the lights and audio equipment and sit on the floor <ul style="list-style-type: none"> <li>☞ Do not leave your secure area until notified by Public Safety or the Scranton Police Department</li> <li>▫ Stay out of open areas and be as quiet as possible</li> </ul> </li> <li>▫ Do not sound the fire alarm</li> </ul> </li> </ul>	

▫ Once Public Safety or the Scranton Police arrive, obey all their commands quickly and quietly.