PURPOSE OF THE PTA LAB MANUAL

This manual is designed to serve as an addendum to Bakersfield College’s Catalog of Courses and the PTA’s Student Handbook. This manual is solely for students of the Physical Therapist Assistant (PTA) Program. This manual will help assist students with laboratory guidelines in the PTA program with students required to adhere to policies addressed in Bakersfield College’s Catalogue of Courses and the PTA Student Handbook.

College Website: http://www.bakersfieldcollege.edu

Program Website: https://www.bakersfieldcollege.edu/kinesiology-health-athletics/physical-therapist-assistant
PURPOSE
This lab manual is an addendum to Bakersfield College’s Student Handbook with emphasis on detailing specific purposes of lab activities and coursework. The hands-on portion of the curriculum; laboratory coursework and PTA Skills Lab PHTA B90A, B90B, and B90C, purpose, expectations, and learning outcomes will be explained in detail in this manual. Grading criteria, including the rubric, for Lab Practical Examinations along with Remediation Plans for students who do not pass any practical on the initial attempt will also be covered.

LAB INSTRUCTIONS
Bakersfield College’s PTA program’s coursework has a predominate focus on hands on learning with most classes having a laboratory component. Each lab course will have 2 sections, Lab A & Lab B, with students registering and attending their respective section along with the lecture component of the course. The student to faculty ratio is 10 to 1 with labs located in Gym 11, PTA lab room.

Each Laboratory Course will have a lab manual with specific skills checks form to be achieved upon completion of the course. The focus of laboratory time is to provide hands-on instruction with practice time on specific skill sets needed in each coursework to prepare the student for their clinical education experiences and eventually entry-level physical therapist assistants.

Bakersfield College’s PTA program requires the student to spend ample time to significant practice of these skills learned in lab to obtain competency and refine in order to perform them correctly on lab practical exams. The 3-step process to ensure this competency is as follows:

1. Instructor demos correct skill, then initiated by student (Self)
2. Skill is observed correctly by another fellow PTA student (Peer)
3. Skill is observed correctly by Course Instructor or Skills Lab Instructor (Instructor)
PTA SKILLS LAB PHTA B90A, B90B, B90C

The PTA Skills Labs are designed to allow students to have extra time to practice their skills for their skill checks in each individual lab course. They are set up according to semester and skill level as follows; PHTA B90A Beginner with outcome goals for semester 1 of the PTA technical Program PHTA B51 & B52, PHTA B90B Intermediate with outcome goals for semester 2 of the PTA technical program, PHTA B60 & B62 and PHTA B90C Advanced with outcome goals for semester 3 of the PTA technical program, PHTA B70, B71, & B72. Students are only allowed to review skills that they have been exposed to and taught in their respective laboratory coursework. As students' progress through the program, they can review skills that are identical or similar if they have been taught them in a previous or current course. Skill competency includes but not limited to performing the skill correctly within the allotted time, with correct body mechanics and safety techniques, and without any cues or prompting from the instructor.

LABORATORY COURSES

First Year:

First Semester of Technical PTA Program:

1. PHTA B51- Kinesiology for the PTA- Room Gym 11
   i. Lab A- 10 students
   ii. Lab B- 10 students

2. PHTA B52- Physical Agents Modalities for the PTA- Room Gym 11
   i. Lab A- 10 students
   ii. Lab B- 10 students

Second Semester of Technical PTA Program

1. PHTA B60- Orthopedics for the PTA- Room Gym 11
   i. Lab A- 10 students
   ii. Lab B- 10 students

2. PHTA B62- Acute Care/Inpatient Interventions for the PTA- Room Gym 11
   i. Lab A- 10 students
   ii. Lab B- 10 students

Practical Finals must be passed to in PHTA B51, B52, B60, & B62 in order to progress to PHTA B64, Clinical Education I.
Second Year:

Third Semester of Technical PTA Program:

1. PHTA B70 - Neurorehabilitation for the PTA - Room Gym 11
   i. Lab A - 10 students
   ii. Lab B - 10 students
2. PHTA B71 - Cardiopulmonary Rehab for the PTA - Room Gym 11
   i. Lab A - 10 students
   ii. Lab B - 10 students
3. PHTA B72 - Therapeutic Exercise for the PTA - Room Gym 11
   iii. Lab A - 10 students
   iv. Lab B - 10 students

LAB COURSE GRADING

All courses with a laboratory component, the lab portion will be count as 20% toward final course grade. Each faculty will determine what components make up the 20% lab portion score but at minimum will contain the Lab Practical Exam Scores (Midterm & Final).

Each PTA Program Course with a Lab Component will have the following Final Grade Breakdown:

PTA Courses with Laboratory Component Grade Scale for Final Grade

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<tr>
<td>Midterm</td>
<td>25%</td>
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<tr>
<td>Final</td>
<td>40%</td>
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<tr>
<td>Lab Score</td>
<td>20%</td>
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<tr>
<td>Assignments &amp; Quizzes</td>
<td>10 %  (5 % each one)</td>
</tr>
<tr>
<td>Class Participation</td>
<td>5%</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>100%</strong></td>
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In PHTA B70, B71 & B72 there will be a shared combined final Integrated Laboratory Practical. Students must pass this practical to progress to PHTA B80 & B81 Clinical Education II & III for Terminal Clinical Education Experience.

**Note:** A STUDENT WILL FAIL THE PROGRAM IF THEY DO NOT RECEIVE AT LEAST A “C,” 75% FOR ANY COURSE & A PASS GRADE ON THE FINAL LAB PRACTICAL Regardless of overall grade.

Please refer to this manual for clarification of grading, remediation procedures, copy of remediation forms and lab rubric.
PHTA B90A, B90B & B90C PTA SKILLS LAB BEGINNER, INTERMEDIATE & ADVANCED
SCHEDULE/RULES

Each semester will have multiple sessions of the PTA Skills Lab and will be assigned by year in the program with students in the first semester of the PTA technical program assigned to PHTA B90A- Beginner in the 1st semester and PHTA B90B- Intermediate in the 2nd semester. PHTA B90C – Advanced is for second year students in the 3rd semester of the PTA technical program. Each PTA Skill Lab will have 2 sessions for students to have ample opportunity to practice their hands-on skills and for skill check and competency. Students must “Pass” each PTA Skills Lab by completing a set number of hours in the course lab but are encouraged to complete more hours as needed to refine skills to perform well on Lab Practical Exams.

PTA Skills Labs are open labs that allow students to take skills first learned and observed in the course lab and practice to gain competency with feedback from the PTA Skills Instructor to ensure the student is practicing the skill correctly. Students will bring their lab manual for each respective class that is being taught concurrently with the assigned PTA Skill Lab to ensure that the required skills are signed off prior to the deadline for those skills for the Midterm Practical so that the student is eligible to complete the Midterm and then subsequently the Final Lab Practical.

PTA Skills Lab is located in Gym 11. Students are encouraged to utilize lab time for individual independent practice along with collaborative small group/practice so the student can validate their skills with their peers to correct mistakes and bring any questions to the PTA Skills Faculty for clarification. This ensures that the skills are being practiced correctly, safely, and eventually competently for Lab Practical Exams. This is a place to practice skills and is not an alternative to the library and library resources. The PTA Skills Lab is reserved for PTA students with a lab instructor who is either a licensed PT or PTA at the following Times:

- PHTA B90A- Beginner- Room Gym 11 Tuesday 4-6 & Thursday 6-8 pm
- PHTA B90B- Intermediate- Room Gym 11 Friday 8-10 & 10-12
- PHTA B90C- Advanced (not until second year and subject to change based on schedule changes)- Room Gym 11 Tuesday & Thursday 7-9 pm
COURSE LAB INSTRUCTION & SKILL INTRODUCTION VS COMPETENCE

1. Students are only allowed to review skills that they have been exposed to and taught in their respective laboratory coursework. As students' progress through the program, they can review skills that are identical or similar if they have been taught them in a previous or current course, BUT NOT ‘GET AHEAD’ BY ATTEMPTING SKILLS THAT HAVE NOT BEEN INTRODUCED IN THE LABORATORY COURSE.

2. Dress code is enforced at all times in the lab including Laboratory Course and PTA Skills Lab Course Time with students expected to be appropriately dressed and ready to practice skill.

3. Students are expected to come to each Lab Course and PTA Skill Lab Course appropriately prepared to practice each skill/technique that has been learned in the respective classes.

4. Proper and safe body mechanics will be instructed and expected to be utilized at all times by all students in the lab.

5. Any equipment problems/maintenance issues such as frayed electrical cords, cracked plugs, broken or missing parts, etc. are expected to be reported immediately to the faculty by the student.

PTA SKILLS LAB PURPOSE, RESOURCES, & UTILIZATION IN REMEDIATION

1. The Purpose of the PTA Skills Lab Courses; PHTA B90A, B90B & B90C is to provide extra laboratory time to practice and refine skills learned in laboratory portion of the coursework. It is open to students and instructors to help facilitate the following:
   a. Strengthens the PTA curriculum by providing learning activities that reinforce skills learned in lab along with course objectives.
   b. Prepares students for clinical experiences by allowing hands on practice of skills prior to providing these skills in a patient care setting.
   c. Allows for an environment where a remediation plan can be implemented for students who need extra training opportunities to gain competency in lab skills for practical exams and clinical education experiences to progress in the program.
   d. Provides for extra time and practice to meet the skills check for lab coursework to be eligible for Midterm and Final Lab Practical.

2. Resources Available in PTA Skills Lab:
   a. Lab supplies and equipment for practicing procedures (i.e., goniometers, BP machines/cuff, modalities, transfer equipment, w/c’s, gait training equipment, etc.)
   b. Anatomical/clinically focused models including lung/heart models, Wilma foot model and Surgical Sally, charts, and diagrams.
   c. Skills lab instructors to provide feedback on a one to one and group basis to provide assistance, refinement, and clarification of techniques and/or skills along with tutoring during scheduled hours.
The PTA Skills Lab provides a variety of equipment and supplies for students to utilize in practicing and mastering hands-on knowledge and skills. Every student will be required to purchase a “PTA Student Kit” from Bakersfield College’s Bookstore to be able to have the basic tools to practice not only in lab but outside of lab as well. These include instruments to practice measuring blood pressure, reflexes, sensation, and ROM. The PTA Skills Lab will have models and lab supplies for study and reference. Course Faculty Instructor, PTA Faculty Director and PTA Skills Lab Instructor will all be available to facilitate student learning.

3. Remediation of Skill:
   a. A remediation plan will be established by the instructor if a student does not successfully complete a skill at the “pass” level on a lab practical. A referral form is then sent to the Skills Lab Instructor who will then complete the remediation plan with student. The student may be required by the Skills Lab Instructor to have 3 signatures of different students to confirm the skill is being performed competently. Once the remediation plan has been successfully completed, the Skills Lab Instructor will sign it and place in in the student’s file and a copy proved to the original instructor to ensure that the student is safe to continue with lab activities. Only once the remediation plan is successfully completed may the student be allowed to repeat the specific portion that they had failed. The original instructor or PTA Skills Instructor (original instructor indicates who may complete the skill check on the referral form) will assess competency of the skill for passing of remediation plan.

4. Remediation: Case (Multiple Skills-No Gross Safety Concerns)
   a. A reexamination plan will be established by the lab instructor if a student does not perform multiple skills at the “pass” level on a lab practical. The lab instructor will then send a referral form to the Skills Lab Instructor to assist the student with the skills and possible review of the missing components of the lab practical. Once this is completed the student will repeat the practical with the lab instructor of the respective course.

5. Remediation: Practical (Multiple Skills- Emphasis on Safety of Student/Patient)
   a. A practical reexamination form as per section #4 above will be issued if a student does not perform multiple skills at the “pass’ level on a lab practical that involve critical safety, red flag items which put the student or patient in danger. The student then would be required to perform a total of 2 cases with an additional case chosen at random.

6. The PTA Director will coordinate with the PTA Skills Lab Instructor the skills, lab activities, equipment and supplies and each skills lab will address skills taught in that semester to achieve the individual objectives of each class. They will be coordinated as follows: PHTA B90A, Beginner- 1st semester of technical program, PHTA B90-B, Intermediate, 2nd semester of technical program and PHTA B90C – Advanced, 3rd semester of technical program.
PASSING OF PRACTICAL LABORATORY EXAMINATION-COMPETENCY VERIFICATION
Competency is required with all students in BC’s PTA Program for designated laboratory skills. Skill competency includes but not limited to performing the skill correctly within the allotted time, with correct body mechanics and safety techniques, and without any cues or prompting from the instructor. Competency is achieved in a multistep process; first students receive instruction in the form of exposure/observation with initial practice in specific lab courses where skill is taught then the students are responsible for practicing the skill in the course lab and PTA Skills Lab (follow the previously stated skill check off list: self, peer, instructor). All of these steps must be initiated and completed to demonstrate competency in a skill and be prepared to for Midterm and Final Laboratory Exams. In order for students to gain this competency skills must be practiced outside of designated laboratory coursework. Students can do this through the PTA Skills Lab and outside of designated school time.

PRACTICAL EXAMINATIONS (SEE LAB PRACTICAL GRADING CRITERIA APPENDIX)
1. Practical Examinations are graded Pass/Fail within established Criteria (See Lab Practical Rubric located at the end of this manual)
2. All CRUCIAL ELEMENTS & PATIENT SAFETY must be completed at 100%
3. All skills must be passed at a 70% or better.

LAB RULES
The dress code allows for an effective learning environment that promotes the safety of the PTA student and their lab partners. Appropriate neat and clean dress code will be implemented for all classroom and laboratory sessions. Students’ attire should not be visually distracting or disruptive/offensive to the educational experience. For the safety of students practicing in laboratory classrooms and the patient skills labs, the following guidelines must be followed.

Students must be dressed and ready for lab upon arrival. Students will be practicing on each other with one student role playing the patient while the other is the PTA student. Please be respectful of your fellow classmates and lab partners by following the below LAB RULES:

Dress Code:
1. Shorts, tank top and sports bra and/or T-shirt are required for Lab Sessions.
2. Designated Laboratory Sessions (Trunk or Upper Quadrant Anatomy)
   a. Females will be required to wear a tank top with sports bra or similar garment for
   b. Males will be required to remove their shirts.
   c. This clothing is necessary to preserve modesty while still allowing access to necessary
      body parts to practice physical interventions. (Warmer clothing may be worn when not
      role playing in the patient roll.
3. Fingernails must be trimmed short to ensure that the student is able to practice hands on
   techniques of physical therapy without risking injury to the skin of your lab partner or patients.
4. Jewelry should be limited to one ring per hand, watches, medical alert bracelets and only one
   small stud earrings.
5. Hair must be kept and neat and clean and not interfere with patient care.
6. Minimal use of perfume or aftershave products along with consistent, good personal hygiene is
   required to prevent offending patients or lab partners since the delivery of physical therapy
   services requires close physical contac
Lab Room & General Rules:

1. No Food or Drinks in the classroom or lab
2. Students are only allowed to review skills that they have been exposed to and taught in their respective laboratory coursework.
3. Dress code is enforced at all times in the lab including Laboratory Course and PTA Skills Lab Course Time with students expected to be appropriately dressed and ready to practice skill.
4. Students are expected to come to each Lab Course and PTA Skill Lab Course appropriately prepared to practice each skill/technique that has been learned in the respective classes.
5. Proper and safe body mechanics are expected to be utilized at all times by all students in the lab.
6. Any equipment problems/maintenance issues are expected to be reported immediately to the faculty by the student.
7. Students are not allowed to be in lab rooms without direct supervision of an instructor and will be locked when not in use.
8. Students must be knowledgeable of handling/care along with use of equipment prior to use.
9. Any illness, injury, disability, or pregnancy must be reported to the lab instructor prior to the start of lab session. The lab instructor will determine if the student is able to safely complete that lab session or will need to complete a makeup session during one of the PHTA B90 PTA Skills Labs. Special accommodations may require a doctor’s note.
10. At the end of each lab session:
   a. Beds must be remade with clean linen.
   b. Any tables, desks, equipment, or chairs moved must be returned to their original location.
   c. All equipment/tables must be sanitized and ready to go for the next lab session.
   d. If any supplies run low or equipment, please inform your lab instructor who will contact the PTA Office.
11. No Audiovisual Equipment should be placed on the floor.
12. Skills Lab Kts are required to be purchased at the beginning of the first semester of the technical program. Kits are designed to facilitate psychomotor skill procedures with classroom and laboratory learning and are available to purchase in the BC Bookstore. These kits allow the student to practice in the lab setting as well as independently at home.
13. Laboratory time is crucial for developing the hands-on skills for progression through the PTA program, and it is imperative that you arrive at least 5 minutes early ready to begin the lab session.
14. Remember, this is a place to practice skills and is not an alternative to the library and library resources or socializing.
PROGRAM SAFETY

1. Students will continually be monitored by faculty for practice of safety skills.
2. Faculty will remind students to incorporate safe practices in all skill labs.
3. Students who are not compliant with one or more of the safe practices during lab sessions, will be advised of the failure and re-instructed by faculty, as necessary.
4. Failure to follow safe practices on a lab practical will result in the student failing the lab practical and will have to re-take it per instructions in the syllabi.
5. Blatant disregard for safety of a classmate, the patient and/or him/herself will result in disciplinary action determined on an individual basis. Some possibilities include but are not limited to failure of the lab practical, failure of the class or affiliation, removal, and removal from the program.
6. Manuals for each piece of equipment is located in the PTA Lab, Gym 11 and easily accessible for all users.
7. All electrical equipment in the PTA Lab, Gym 11 is inspected and calibrated annually in August-September by an outside company. Once inspection and calibration are complete the company will then provide documentation of the equipment testing and calibration along with labels placed on each piece of equipment to verify testing was completed and when it is needed to be completed again. If there are repairs needed, they will be done premotor to students use of equipment.
8. The PTA faculty will inspect wheelchairs and other non-electrical equipment each semester with repairs or replacements ordered as needed.
9. Standard OSHA workplace inspections will occur as part of the BC campus policy. MSDS manual will be present in the PTA cabinet in the PTA Lab, Gym 11.
10. No unauthorized personnel should be present in any PTA lab room.
11. Emergency information and evacuation maps are posted in each lab.

INFECTION CONTROL IN LAB SESSIONS

All students and lab instructors will follow the following infection control procedures while in lab. There will be clean linen on the linen cart with soiled linen placed in the hamper. Tables will be cleaned with disinfectant after each lab session. Cleaning supplies will be located in Gym 11 in the cabinet.

1. Proper Hand washing technique/hand hygiene will be practiced by each student & lab instructor while participating in lab sessions.
2. For students with latex allergies, non-latex gloves will be provided.
3. All blood and bodily fluid by clients will be treated as potentially infectious.
4. Wash hands/perform hand hygiene before and after client or specimen contact.
5. Gloves to be worn if anticipate contact or splash with blood or bodily fluids.
6. Wear an agency approved filtration mask, N95, if airborne transmission is possible.
7. If splatter with blood and body fluid is possible, make sure to wear Protective Eyewear and Gown.
8. Place all used syringes immediately in nearby impermeable sharps container. Do not recap or manipulate needles in any way.
9. All linen soiled with blood/body secretions should be treated as possibly infectious.
10. All laboratory specimens should be processed as potentially infectious.
11. Follow agency policy regarding resuscitation during respiratory arrest.
12. COVID Appendix
OSHA Guidelines following Percutaneous or per Mucosal Exposure:
A Significant Occupational Exposure is Defined as:

1. Cut or Needle stick caused by a needle or sharp object that was potentially or actually contaminated with blood/bodily fluid.
2. Mucous Membrane Exposure (i.e., splash to the ears, eyes, mouth) to blood or bodily fluids.
3. Cutaneous Exposure of large bodily fluids or prolonged contact with bodily fluids, especially if the exposed skin is abraded, chapped, dermatitis flares up, or compromised or broken in anyway.

Procedure Following Exposure:

1. First Aid/Wound Care: Immediately Following Exposure:
   a. Wounds should be immediately cleaned vigorously and thoroughly with soap and water.
   b. Mucus membranes should be flushed with water or normal saline solution immediately.
   c. Any other treatment will be given as indicated.

2. Once First Aid/Wound Care Administered, Reporting Sequence
   a. The student will immediately report to their clinical instructor any incident of exposure.
   b. Clinical instructor will then complete the Accidental Exposure Notification Form and submit to PTA Faculty Director (Form available from PTA Administrative Assistant).
   c. The student or clinical instructor will notify the Infection Control Officer at their respective clinic.
   d. Per review, specific recommendations will be made depending on the type of exposure and infectious agents that are involved.

Guidelines for Prevention of Transmission of Infectious Disease:
Bakersfield College’s PTA Program recognizes that there has been a rapid increase in blood borne diseases, creating a need for policies and procedures for the management of issues related to infectious disease. This policy is designed to balance the protection from risk for faculty, students, and clients, with individual rights of equal opportunity and privacy. Students will be provided with information regarding protection from possible infectious diseases that they may be exposed to during their educational experience in the program. Although the risk of infection transmission exists, that risk can be minimized by appropriate education along with actions to prevent transmission. The PTA program identifies the importance of controlling the spread of microorganisms that can cause infection in humans by having our students be educated health practitioners in the prevention of infectious disease.
Bakersfield College’s PTA Program Policy on Prevention & Transmission of Infectious Disease is as follows:

1. Students will be educated on the chain of command of infection including measures which prevent the transmission of infection prior to participating in clinical education.
2. The information will be repeated and reviewed throughout the curriculum with increased depth as the student encounters more complex situations.
3. Students will acknowledge in writing that they have been provided the following information regarding transmission of infectious control in the Health Care Field.
   a. State the risk of infectious disease encountered in the allied health field.
   b. Identify and understand the control measures that are consistent with Centers for Disease Control (CDC) and OSHA guidelines.

Guidelines for usage of Personal Protective Equipment and Universal Precautions for the Prevention & Transmission of Infection Disease:

1. Proper usage of Universal Precautions is an effective way to prevent transmission of infectious disease. Universal precautions are an approach to infection control to treat all human blood and certain human body fluids as if they were known to be infectious for HIV, HBV and other bloodborne pathogens, (Bloodborne Pathogens Standard 29 CFR 1910.1030(b) definitions).
2. Students will be instructed in universal precautions and CDC recommendations on infection control measures prior to beginning clinical experiences and will be reinforced throughout the PTA program.
3. Students will be asked to review current information regarding universal precautions from the CDC infection control measures every semester along with a signed acknowledgment of the information by signing the Universal Precaution Form located in this Packet.
4. Students can find up to date information on universal precautions (standard precautions) and prevention of transmission of infectious disease at: https://www.cdc.gov/oralhealth/infectioncontrol/summary-infection-prevention-practices/standard-precautions.html

Occupational Exposure Control Protocol:
Bakersfield College’s PTA Program informs students that working in the healthcare profession does expose them to the risk of coming contact with hazardous or infectious substances. The PTA Program complies with all rules, standards, and regulations issued by the Occupational Safety and Health Administration (OSHA) and recommendations of the Center for Disease Control (CDC). Students are excepted to consistently follow all safe workplace practices. These practices are designed to reduce or eliminate your exposure to blood borne pathogens and other hazardous material.
Bakersfield College’s PTA Program Standards for Exposure Control Protocol:

1. Students must pass a test covering universal standard precautions for dealing with blood and other potentially infectious materials.
2. Students must obtain a Hepatitis B vaccination series with proof of tither or sign a delineation statement.
3. Students must utilize Personal Protective Equipment (PPE) when participating in activities where there is potential exposure.
4. Material Safety Data Sheets (MSDS) are maintained in all areas where potentially hazardous chemicals are utilized.
5. Sharp containers & biohazard disposal containers are located in laboratory and clinical areas.
6. Each Laboratory will have a first aid kit.

Physical Therapist Assistant Students who sustain a needle stick or other occupational injury resulting in an exposure to bodily fluids, blood, or other hazardous materials should follow the following protocol:

1. Wash the affected area immediately with soap and water.
2. If possible, cover the area with a dressing.
3. If there is any ocular exposure, flush thoroughly with water/eye wash.
4. Immediately inform the Instructor.
5. The BC PTA Program recommends that the student see a healthcare provider who is trained in assessing the risk of exposure immediately, if possible, but no later than 48 hours.
6. Complete the incident report located in the PTA Office in LA 118.

Students can consult with the Bakersfield College’s Student Health Center for an appropriate healthcare provider. Students are responsible for all expenses related to testing and treatment resulting from the needle stick or other occupational exposure. With this in mind it is recommended that students acquire/maintain their own health insurance policy to cover these expenses.

Reporting Communicable Disease

Students must report the nature of all students' communicable diseases to the Program Director/Clinical Faculty. To ensure the safety and welfare of both students and patients are maintained, the student must provide a statement from their physician indicating that the student may continue their course of study. Any restrictions on patient care activities must be provided.

Program policy requires the immediate reporting of suspected COVID-19 to a healthcare provider and BC Faculty. COVID-19 is highly contagious and is a threat to fellow students, faculty, and patients. Follow-up care for COVID-19 will be directed by the healthcare provider. Students may return to class 14 days from the onset of symptoms or, in the event of asymptomatic cases, date of positive diagnosis, and the final 72 hours must be symptom free without the use of suppressant medications. Clinical return is determined by the clinical facility policies.

To mitigate the spread of COVID-19 students are required to maintain daily self-monitoring for symptoms including fever above 100 degrees F, sore throat, cough, shortness of breath, muscle pain, headache, chill, and sudden loss of taste and/or smell. Students must also comply with all program and clinical facility personal protective equipment requirements. Students will comply with all COVID-19 policies of the institution and clinical facilities, including on-site symptom screening, early reporting of suspected exposure or development of COVID-19 related symptoms and quarantining in the event of
suspected infection. Students may not attend clinical education or face-to-face class interactions in the event of a possible exposure, while under quarantine for symptom surveillance, or exhibiting any COVID-19 screening sign/symptom. Students will be provided opportunities to participate online, make-up assignments and make-up clinical hours in the event of a COVID-19 positive screening or diagnosis. However, all program requirements must be met to proceed successfully within the program.

INFORMED CONSENT

All students must sign the Informed Consent form to be able to participate in laboratory activities to act as a simulated patient. The following is an Example of the Informed Consent form to be signed by students.

I understand that the physical therapy profession involves hands on contact with patients. In order to practice and simulate these patient experiences, I understand that being touched by my fellow classmates and instructors is included in the practice of PTA services. I understand that as a part of the academic and clinical education to become a PTA (Physical Therapist Assistant) I am required to participate as a simulated patient in various lecture and laboratory classes. Other students and instructors will have opportunities to practice and demonstrate on me those skills learned in my various coursework in the PTA program. Skills include but are not limited to a variety of mobility/soft tissue mobilization techniques, therapeutic exercises, testing/measurements, and physical agents/modalities. I understand that by participating that there is some risk of injury while training of these skills. I also understand that Bakersfield College cannot ensure that other students will properly apply skills learned in class or be held responsible for any pre-existing conditions or injuries I may have which may make me susceptible to injury.

I understand that it is my responsibility to report any pre-existing conditions or injuries that I have that may make me more susceptible to injury from practicing skills in laboratory to my instructor and/or if appropriate to the Disabled Student Programs & Services.

In the unlikely event that I become injured during laboratory skill practice; I must immediately report it to my instructor (s) of the class along with the college’s appropriate incident report form. I understand that if medical intervention is required, I am solely responsible for payment of those services. By signing this document, I am stating that I have read and understand the above information.

Student Name___________________________________
Student Signature_________________________________
Date____________________________________________

IN ORDER TO PARTICIPATE IN LABORATORY CLASSES, THIS FORM MUST BE SIGNED AND KEPT ON FILE IN THE PTA OFFICE.
LAB PRACTICAL EXAMINATION GRADING CRITERIA

- The following grading criteria is for all laboratory classes within Bakersfield College's Physical Therapist Assistant Program.
- Every lab practical exam will have Critical Safety Elements which will be identified in the Course Syllabus and Lab Manual with Skill Check Off.
- Critical Safety Elements that are identified in one course will be carried forward in subsequent coursework in the program.

STUDENTS WHO FAIL THE LABORATORY PRACTICAL MIDTERM EXAM WILL RESULT IN THE STUDENT COMPLETEING A LAB PRACTICAL/REMEDICATION PLAN

STUDENTS WHO FAIL THE LABORATORY PRACTICAL FINAL EXAM WILL RESULT IN THE STUDENT FAILING THAT COURSE AND DISMISSAL FROM THE PROGRAM

Lab Practical Exam Grading Guideline:

Score of 5, Pass (100%)- Surpasses Exceeds Expectations: The student is able to perform lab practical skills above and beyond expectations by correctly stating and demonstrating setup, initiation and sequence of techniques and application of interventions safely. Students who score a 5, perform the technique correctly with a combination of verbal, visual, and/or tactile cues to act as a guide and not through forceful action. They also demonstrate safe patient handling with correct body mechanics with all techniques, including when acting as the patient.

Score of 4, Pass (90%)- Exceeds Expectations: Students who are able to demonstrate consistent and efficient lab practical skills at a level exceeding Meets Expectation’s Performance will score a 4. This includes use of cues, techniques and body mechanics evaluating not only skill but efficiency.

Score of 3, Pass (80%)- Meets Expectations: The student scores a 3 if they demonstrate at a 75% level of expected skill performance safely and effectively. For example, may have some minor issues with consistency or efficiency, but patient and student remain safe.

Score of 2, Pass (70%)- Remediation Successfully Completed: A score of 2 (70%) is the minimum score a student can achieve and still pass the lab practical and is reserved for students who have completed a remediation plan and repeated lab practical. It is the highest score a student could achieve if they had to complete a remediation plan.

Score of 1, Fail (<70%)-Expectations Not Met: Students who score a 1, fail to demonstrate the required improvement needed to meet the expected passing score of 70 % for performance of required skills, safety, and/or efficiency.
A STUDENT WHO DOES NOT PASS A LAB PRACTICAL OR SKILL OR SPECIFIC PORTION OF
THE LAB PRACTICAL ON THEIR FIRST ATTEMPT WILL RECEIVE ONE OF THE FOLLOWING
REMEDIAION PLANS TO COMPLETE

Remediation Plans & Instructions:
A remediation plan will be established by the instructor if a student does not successfully complete a
skill at the “pass” level on a lab practical. A referral form is then sent to the Skills Lab Instructor who
will then complete the remediation plan with student. The student may be required by the Skills Lab
Instructor to have 3 signatures of different students to confirm the skill is being performed
competently. Once the remediation plan has been successfully completed, the Skills Lab Instructor
will sign it and place in in the student’s file and a copy proved to the original instructor to ensure that
the student is safe to continue with lab activities. Only once the remediation plan is successfully
completed may the student be allowed to repeat the lab practical exam or specific portion that they
have failed.

1. Students who demonstrate a Single Skill Failure (in which a remediation plan is required,
Repeat of Specific Skill)-
   a. A reexamination plan will be established by the lab instructor if a student does not
      perform a skill at the “Pass” level on a lab practical.
   b. The lab instructor will then send a Referral Form- Single Skill Failure (Remediation
      Required) to the Skills Lab Instructor to assist the student with the skill and possible
      review of the missing components of the lab practical.
   c. The student must repeat the skill and demonstrate correct performance.
   d. The student must have 3 peers must observe and sign off on their skill performance
      ensuring it is done correctly prior to submitting it to the PTA Skills Lab Instructor to sign
      off. The students may have their peers observe them in and out of normal lab times.
   e. Once the remediation plan has been successfully completed, the Skills Lab Instructor
      will sign the referral form and place in in the student’s file. A copy will be given to prove
      to the original instructor to ensure that the student is safe to continue with lab activities.
   f. Only once the remediation plan is successfully completed may the student be allowed to
      repeat the specific portion that they have failed.
   g. Once this is completed the student will repeat the skill and/or competency with the
      original lab instructor or delegated to the PTA Skills Instructor (original instructor will
      indicate this on the referral form).
2. Students who demonstrate **Multiple Skills (Case) Competency Failures or Overall Excessive Time- (NO GROSS SAFETY VIOLATIONS)**- Resulting in Lab Practical Remediation-
   a. A reexamination plan will be established by the lab instructor if a student does not perform multiple skills at the “pass” level on a lab practical or takes excessive time to complete it with no gross safety violations observed.
   b. The lab instructor will then send a **Referral Form- Multiple Skills (No Gross Safety Violations)** to the Skills Lab Instructor to assist the student with the skills and review of the missing components of the lab practical.
   c. The PTA Skills Instructor must observe the skills in question and sign the referral form indicating that the student has practiced the remediation plan in the PTA Skills Lab, however the Course Instructor will complete the Final Skills Check for a repetition of the Original Case (or parts as listed in the Remediation Plan).
   d. Once the PTA Skills Instructor has signed the form that student has practiced the required Remediation Plan in Skills Lab to prove to the original instructor that the student is safe, the student will then bring the signed form to the original course instructor to complete the Remediation Plan with re-evaluation of the Original Case (or parts as listed in the Remediation Plan).
   e. Once this is completed the student will repeat the same skills to demonstrate correct performance of the lab practical utilizing the original case with the lab instructor of the respective course.
   f. Students only have 1 attempt to repeat the lab practical.
   g. Once the remediation plan has been successfully completed, the Course Instructor will sign the Completed Remediation Form and place it in the student’s file.

3. Students who demonstrate **Multiple Skills Competency Failures or Overall Excessive Time- (Emphasis on Safety to the Treating Student or Safety to the Patient)** Resulting in Practical Remediation (Original and New Case)
   a. A reexamination plan will be established by the lab instructor if a student does not perform multiple skills at the “pass” level on a lab practical or takes excessive overall time to complete with emphasis on safety to the treating student or safety to the patient.
   b. The lab instructor will then send a **Referral Form- Multiple Skills (Emphasis on Safety to the Treating Student or Safety to the Patient)** to the Skills Lab Instructor if a student does not perform multiple skills at the “pass’ level on a lab practical that involve critical safety, red flag items which put the student or patient in danger.
   c. The PTA Skills Instructor is to assist the student with the skills and review of the missing components of the lab practical to ensure red flags and safety components along with the skills are achieved at competency to repeat the lab practical.
   d. The PTA Skills Instructor must observe the skills in question and sign the referral form indicating that the student has practiced the remediation plan in the PTA Skills Lab, however the Course Instructor will complete the Final Skills Check for a repetition of the Original Case & New Random Case.
e. Once the PTA Skills Instructor has signed the form that student has practiced the required Remediation Plan in Skills Lab to prove to the original instructor that the student is safe, the student will then bring the signed form to the original course instructor to complete the Remediation Plan with re-evaluation of the Original Case & New Random Case.

f. Students only have 1 attempt to repeat the lab practical.

g. The student then would be required to achieve a score of 2, Remediation Successful (70%) on a total of 2 cases with an additional case chosen at random to pass the lab practical and continue in the course.

h. Once the remediation plan has been successfully completed, the Course Instructor will sign the Completed Remediation Form and place it in the student’s file.

Lab Practical Grading:

- Students must **PASS** the course **FINAL LAB PRACTICAL EXAM** with a score of > 70% in order to progress in the program, even if passing the didactic part of the course with greater than 75%.
- Students must have an overall **TOTAL COURSE GRADE PERCENTAGE > 75%** which includes **MIDTERM & FINAL LAB PRACTICAL GRADES** to be eligible to advance and move forward in the PTA Program.
- If a Student FAILS a LAB PRACTICAL & FAILS a REMEDITATION PRACTICAL the student will **FAIL the COURSE**, regardless if their didactic grade is greater than 75%.

Grading for Lab Practical for Students Completing a Remediation Plan:

1. **Remediation Plan for Single Skill/Competency (Skill):**
   a. If a student passes the skill and/or competency with the original instructor or delegated to the PTA Skills Instructor (original instructor will indicate this on the referral form), they will be rewarded the minimal score level on that respective skill according to the lab practical rubric. That new score will then replace the failed score according to the lab practical rubric. The student’s grade will then be recalculated with that new score along with the original scores of the other skills to determine the final grade on that respective lab practical.

2. **Remediation Plan for Multiple Skills/Competencies -No Gross Safety Violations (Case-Multiple Skills):**
   a. If a student repeats the original lab practical case, they will be rewarded the minimal score level on the respective skills that they failed. The new scores will then replace the failed scores according to the lab practical rubric. The student’s grade will then be recalculated with the new scores along with the original scores of the other skills to determine the final grade on that respective lab practical.
   b. Students will repeat the same case with the same criteria for the original course instructor who will complete the final grade for those skills according to the lab practical rubric.
3. Remediation Plan for Multiple Skills/Competencies - Emphasis on Safety to the Treating Student or Safety to the Patient (Practical- 2 Cases):
   a. The student who **PASSES** the retake of the lab practical will result in the score of **2**, 72% Passed.
   b. For students to achieve the pass they must **Retake & Pass**:
      1. Same Original Case of First Lab Practical
      2. An additional, randomly assigned, 2nd Case.
      3. Observed and graded by original instructor.

**Red Flag/Safety Error:**
1. Any error that places the patient at risk.
2. Any error that may place the student at risk.
3. Common Examples Include but are not limited to the following (Please see each course syllabus for more red flags/safety errors):
   a. Lack of utilization of a Gait Belt or if used not used appropriately or not all.
   b. Leaving the Patient Unattended.
   c. Failure to Assess Vitals
   d. Failure to Identify a Change in Status

After Completion of each Laboratory Course the instructor for that course will initial and sign your **Clinical Readiness Form**. This form will be kept in your file along with a copy in your binder to take to each clinical experience to share with your clinical instructor.
# Critical Skills Check for PTA Courses with Lab Practicals

## PHTA B51- Kinesiology for the PTA

### A. Arthrokinematics & Articular System

1. Identify primary bones and bony features including foramen, fossa, groove, meatus, sinus, condyle, face, eminence, head, crest, epicondyle, line spine, tubercle, tuberosity, and trochanter.
2. Demonstrate movement in all planes, being able to identify the correct anatomical position.
3. Identify & Describe End feels

### B. Nervous System

1. Identify the dermatomes of the body with demonstration of dermatome and myotome testing with progression to practicing with case studies.
2. Identify Signs of Autonomic Dysreflexia.

### C. Posture

1. Identify Key Components Correct Postural Alignment (Abnormal vs Normal)-
2. Identify center of gravity in sitting and standing to analyze the base of support and center of gravity for stability during functional activity.
3. Describe and demonstrate the correct alignment of the spine during lifting activities, recognizing factors that contribute to safe and unsafe lifting practices and recommending how to properly lift items from the ground, waist height and lower items on the floor to overhead.

### D. Shoulder Complex

1. Demonstrate competency in locating, palpating, and explaining the primary functions of the joints, ligaments, and primary muscle of the shoulder complex.
2. Accurately position patient for MMT of the shoulder and Goniometer Measurement of ROM.

### E. Elbow Joint/Forearm

1. Demonstrate competency in locating, palpating, and explaining the primary functions of the joints, ligaments and primary muscles of the elbow, forearm, and wrist.
2. Accurately position patient for MMT and Goniometer Measurement of ROM of the elbow

### F. Wrist/Hand

1. Demonstrate competency in identification/palpation of carpal bones along with origin insertion and nerve innervation for a given muscle of the wrist, forearm, and hand. Students must be able to demonstrate competency in locating, explaining the primary functions of the joints, ligaments and primary muscles of the wrist and hand.
**G. Neck/Trunk**

1. Locate, describe, and palpate significant bony landmarks, pertinent supporting structures including ligaments, and muscles of the cervical, thoracic, and lumbar spine including stating the function of intervertebral discs and stabilization.
3. Describe & demonstrate pelvic girdle movement.
4. Define/Differentiate between common Vertebral Column Pathologies (Lecture) for Application in Lab with Case Scenarios:
   a. TO Syndrome
   b. Torticollis
   c. Cervical Sprains
   d. Sciatica
   e. Whiplash
   f. Lordosis
   g. Kyphosis
   h. Spondylosis
   i. Spondylolisthesis
   j. Ankylosing Spondylitis
   k. Spinal Stenosis
   l. Herniated Disks
   m. Ruptured Disk
   n. Osteoporosis

**H. Hip**

1. Locate and palpate a significant bony landmark, pertinent structures, and muscles of the hip and pelvic girdle.

**I. Knee**

1. Locate and palpate significant bony landmarks, pertinent structures, and muscles of the knee.
2. Accurately position patient for MMT and Goniometer ROM of the Knee.

**J. Ankle/Foot Complex**

1. Locate and palpate significant bony landmarks, pertinent supporting structures, proximal and distal attachments of the muscles of the ankle/foot complex.

**K. Identify/Describe Newton's Laws of Motion as it applies to torque, states of equilibrium (COG, BOS), and lever arms with application of physical therapy interventions.**

1. Identify and give examples in each class of levers: first, second and third delineating between each one with examples.
L. Muscles of Respiration
   1. Identify the bones, boney features, and joints of the thoracic cage to demonstrate the ability to correlate gross anatomical respiratory structures with surface anatomy.
   2. Identify and demonstrate thoracic spine posture/movement needed for optimal respiration, phases of respiration, and breathing patterns discriminating between chest and diaphragmatic breathing.

M. Gait
   1. Identify Normal and Abnormal Gait Cycle.
   2. Define and Describe Characteristics of Common Gait Deviations:
      a. Muscular Weakness
      b. Paralysis
      c. Joint/Muscle
      d. Neurological
      e. Pain
      f. Leg Length Discrepancies
   3. Identify the displacement of center of gravity during normal gait, measure walking speed, step length and stride length.

PHTA B52- Modalities/Physical Agents for the PTA

A. Electrical Current
   1. Identify/State Rationale, Contraindications & Precautions for Electrical Currents.
   2. Propose, discuss, and demonstrate competency/critical safety application of electrical currents:
      a. TENS
      b. NMES
      c. High Volt
      d. IFC
      e. Biofeedback
      f. Ionto

B. Ultrasound
   1. Identify/State Rationale, Contraindications & Precautions for use of Ultrasound.
   2. Propose, discuss, and demonstrate competency/critical safety application of Ultrasound/Phonophoresis.

C. Heat/Cold
   1. Identify/State Rationale, Contraindications & Precautions for use of Heat/Cold.
   2. Propose, discuss, and demonstrate competency/critical safety application of Heat/Cold (Cryotherapy/Thermotherapy).

D. Traction
   1. Identify/State Rationale, Contraindications & Precautions for use of Spinal Traction.
   2. State/Identify adverse effects of Spinal Traction.
   3. Propose, discuss, and demonstrate competency/critical safety application of Spinal Traction.
E. Hydrotherapy/Aquatic Therapy

1. Identify/State Rationale, Contraindications & Precautions for use of Hydrotherapy.
2. Propose, discuss, and demonstrate competency/critical safety application of Hydrotherapy.
3. Predict and state safety issues for whirlpools and exercise pools, including infection control.
4. State and predict possible adverse effects of hydrotherapy.

F. External Compression

1. Identify/State Rationale, Contraindications & Precautions for use of External Compression.
2. State and predict possible adverse effects of External Compression.
3. Propose, discuss, and demonstrate competency/critical safety application of External Compression.
4. Demonstrate competency with application techniques of external compression via elastic bandages for the ankle, knee, wrist/forearm, elbow, shoulder and entire upper extremity and lower extremity.
5. Demonstrate assessment techniques for integumentary, anthropometrical characteristics, pain muscle guarding, and ROM deficits associated with edema.
6. Demonstrate competency with volumetric and circumferential measurement pre- and post-application of external compression.

G. Wound Care

1. Identify normal and abnormal integumentary changes.
2. State the Contraindications & Precautions for Debridement.
3. List the Precautions for Wound Dressing Removal.

H. Ultraviolet Radiation, Light & Lasers

1. Identify/State Rationale, Contraindications & Precautions for use of Ultralight Radiation, Lasers and Light Therapy.
2. State and predict possible adverse effects of External Compression.
3. Propose, discuss, and demonstrate competency/critical safety skills of use of lasers and light.

I. Soft Tissue Mobilization/MFR

1. Identify/State Rationale, Contraindications & Precautions for use of following therapeutic massage:
   a. Soft Tissue Mobilization (STM)
   b. Myofascial Release (MFR)
2. Demonstrate application of STM/MFR with proper body mechanics and positioning of PTA student and patient.
3. Propose, discuss, and demonstrate competency/critical safety application of:
   a. STM
   b. MFR
J. Motion Restrictions
   1. Discuss and demonstrate competency in differentiating muscle tone and tone abnormalities.
   2. Identify/State Rationale, Contraindications & Precautions for use PROM.
   3. Propose, discuss, and demonstrate competency/critical safety application with PROM techniques.
   4. Demonstrate competency in documentation in SOAP note format for an intervention on motion restriction including duration, frequency, and response to treatment with identification of importance of good oral/written communication with supervising PT on progression/modification and tolerance/intolerance to treatment sessions per supervising PT’s POC.

K. Competency in Goniometry Measurement/Positioning for ROM
   1. Shoulder
   2. Elbow
   3. Wrist/Fingers
   4. Cervical
   5. Trunk/Lumbar
   6. Hip
   7. Knee
   8. Ankle/Foot

L. Anthropometric Assessment/Girth Measurement:
   1. Discuss and demonstrate competency in the process of assessing swelling/edema, dermal temperature changes, skin color, mobility, moisture & lesions, skin integrity with utilization of equipment/braces, volumetric and circumferential measurements for safe application, usage, and data collection for effectiveness for physical agent/modality.

M. Breathing Techniques/Postural Drainage:
   1. Demonstrate competence with identification of indications (including common pathologies that would benefit), contraindications/precautions and red flags for postural drainage, vibration, and percussion.
   2. Demonstrate competency with basic manual techniques including postural drainage, percussion/vibration, and breathing/coughing exercises for the mobilization of fluids in the respiratory system understanding anatomy and mechanisms of movement of the respiratory system.
   3. Demonstrate competency in assessing the effectiveness of interventions for fluids in respiratory system towards supervising PT’s STG’s/LTG’S in relation decreased work of breathing and increased functional mobility.

N. AIDET Communication:
   1. Identify and demonstrate competency in communicating and instructing utilizing AIDET with patients/clients, caregivers and family members on physical agents/modalities/interventions including patient education and expected outcomes with appropriate modification for age, impairments, cognition/mental status, and cultural differences.
   2. Identify when a treatment is out of scope for the general PTA practice or PTA’s skill level as well as communication barriers that would hinder treatment session.
O. Documentation:

1. Demonstrate competency in documentation utilizing SOAP note format for physical agent/modalities/techniques/interventions for fluid restrictions including correct PTA/patient positions, electrode type/placement, skin prep, patient instruction/assessment of response and effectiveness of electrical stimulation intervention with competent oral/written communication with supervising PT in regard to adverse effects or progression/modification of intervention toward goals established in PT’s POC.

PHTA B60-Orthopedics for the PTA

A. Role of the PTA, Communication & Orthopedic Pharmacology:

1. Demonstrate competency with chart review for an orthopedic patient including patient history, PT evaluation, examination & POC along with objective scales of measurement of strength, pain, swelling, vital signs, coordination, stretch reflex and ROM and medications and their effects on implementation of supervising PT’s POC.

2. Demonstrate competent communication skills with patient/caregiver identifying and modifying for any cultural differences along with specific interview/communication/cueing skills for assessing the patient throughout treatment implementation for an orthopedic patient.

3. Demonstrate competent interprofessional and PT-PTA communication utilizing correct terminology and identifying critical safety concerns, treatment is out of PTA’s scope of practice or skills set or for modification of treatment plan with timely communication to supervising PT.

4. Demonstrate competency in documenting communication between patients/family members, health care team and supervising PT.

B. System Assessments & Implementation Orthopedic Interventions Per PT POC

1. Competently identify, implement, and correctly interpret appropriate tests, measures, and special tests for application of a treatment session, recognizing the role of the Physical Therapist Assistant and supervising Physical Therapist with physical therapy management of the orthopedic patient/client per supervising PT’s POC.

2. Demonstrate competency in identifying and monitoring a patient’s response to treatment by including competent skill assessment of the following measurements: temperature, edema, vital signs (BP HR/Pulse, RR, Pulse Oximetry) at rest and in response to exercise, pain, fatigue, and skin integrity.

C. Flexibility:

1. Demonstrate safe, appropriate, and competent demonstration of interventions for flexibility including understanding the principles of contractile and non-contractile tissue stretch for soft tissue contractures, difference between static, ballistic, and dynamic stretching, low load prolonged stretch for patients with orthopedic pathologies/impairments per the supervising Physical Therapist’s POC.

2. Perform objective scales of measurement to assess changes in patient status with prompt communication to the supervising physical therapist.

3. State the benefits of warmup exercises prior to implementation of physical therapy interventions.
D. Aerobic Conditioning:
1. Demonstrate safe, appropriate, and competent demonstration of interventions for aerobic conditioning including understanding the principles of aerobic vs nonaerobic exercise for patients with orthopedic pathologies/impairments per the supervising Physical Therapist’s POC.
2. Demonstrate competent assessment for aerobic/cardiovascular and muscle endurance along with implementation of endurance training per supervising PT’s POC.

E. Strengthening:
1. Discuss muscle response to exercise including clinical features of delayed onset of muscle soreness.
2. Demonstrate competent application of basic clinically relevant exercise programs per PT’s POC including Isometric, Isotonic (Concentric/Eccentric) Progressive Resistance Exercise (PRE), Plyometrics, Closed Kinetic Chain, Open Kinetic Chain and Periodization of Strength Training.
3. Demonstrate competency in describing the theory, rationale, and response/indications for implementation of strength exercises across the lifespan from youth to elderly populations regarding goals and outcomes recognizing special factors for the elderly adult per PT’s POC.

F. Tissue Healing/Signs of Inflammation:
1. Identify and understand the sequence of muscle strain, ligament sprain, and tendon strain including repair process with identification of physical therapy interventions appropriate at each stage of healing per supervising PT’s POC.
2. Discuss the rehabilitation process through various phases of recovery for ligamentous, cartilage, muscle, and tendon injuries/pathologies per supervising PT’s POC.
3. Discuss Inflammation including sequence, cell names, function, 5 cardinal signs of inflammation and sequence of overlapping inflammation with application to the orthopedic patient.

G. Gait:
1. Discuss and demonstrate normal gait patterns with safe and effective communication for instructing orthopedic patients on correct gait patterns including weight bearing, devices, braces and guarding as needed per PT’s POC.
2. Demonstrate application of various assistive devices including appropriate uses, fit and measurement for the orthopedic patient according to the physical therapist’s POC.
3. Demonstrate competency with instructing basic skills with negotiation of stairs/curbs with/without device.

H. Orthotics, Prosthetics, Bracing and Support- Fit, Use & Interventions
1. Demonstrate competency in apprising the fit, rationale and disadvantages with use of UE, LE and spinal orthotics/supports/braces.
2. Demonstrate competency with safety and basic skills in rehabilitation techniques used in orthotics, prosthetics, bracing and supports as outlined in the supervising PT’s POC.
I. Orthopedic Management of the Shoulder Complex:
   1. Demonstrate competency with correct MMT for the shoulder complex with correct patient/PTA positioning.
   2. Demonstrate safety and competency with basic skills in rehabilitation techniques used in the treatment of shoulder complex injuries including but not limited to shoulder impingement, rotator cuff tears, adhesive capsulitis, fractures, and arthroplasty along with post-surgical interventions as established by the supervising PT’s POC.

J. Orthopedic Management of the Elbow, Wrist & Hand:
   1. Demonstrate competency with correct MMT for the elbow, wrist, and hand with correct patient/PTA positioning.
   2. Demonstrate safety competency in demonstration of basic skills in rehabilitation techniques used in the treatment of the elbow, wrist and hand including but not limited to wrist and hand neuropathies, ligament and tendon injuries, soft tissue injuries, and fractures/dislocations pre- and post-surgical, as established by the supervising PT’s POC.

K. Orthopedic Management TMJ, Cervical, Thoracic and Lumbar Spine:
   1. Demonstrate competency with correct MMT for the cervical and trunk with correct patient/PTA positioning.
   2. Demonstrate safety and basic skills in rehabilitation techniques used in the treatment of cervical, thoracic, and lumbar conditions injuries pre- and post-surgical as established by the supervising PT’s POC.
   3. Demonstrate competency in instructing patients, caregivers and or clients in proper posture, positioning, body mechanics, and lifting techniques for promoting safety with physical therapy interventions/functional activities for an orthopedic patient per supervising PT’s POC.

L. Orthopedic Management of the Hip & Pelvis:
   1. Demonstrate competency with correct MMT for the hip and pelvis complex with correct patient/PTA positioning.
   2. Demonstrate safety and competency in basic skills in rehabilitation techniques used in the treatment of hip pelvis fractures, soft tissue injuries and hip arthroplasty as established by the supervising PT’s POC.

M. Orthopedic Management of the Knee:
   1. Demonstrate competency with correct MMT for the knee with correct patient/PTA positioning.
   2. Identify basic joint mobilizations techniques for the knee.
   3. Demonstrate safety and competency with basic skills in rehabilitation techniques used in the treatment of the knee including the injured meniscus, ligament sprains, patellofemoral and post-surgical knee arthroplasty as established by the supervising PT’s POC.

N. Orthopedic Management of Ankle/Foot:
   1. Demonstrate Competency correct MMT for the ankle and foot with correct patient/PTA positioning.
   2. Identify basic joint mobilizations techniques for the ankle, foot, and toes.
   3. Demonstrate safety and competency in basic skills in rehabilitation techniques used in the treatment of common foot and ankle injuries/conditions as established by the supervising PT’s POC.
O. Neuromuscular Re-ed, Balance Training for the Orthopedic Patient:
   1. Demonstrate and instruct basic coordination tests, progressive balance exercises, and proprioceptive training understanding the process of progression per the supervising PT’s POC.
   2. Discuss and competently demonstrate purposeful functional balance/coordination exercises including functional closed chain proprioceptive exercises.

P. Assessment of Physiological Changes/Red Flags for the Orthopedic Patient:
   1. Identify, choose, interpret appropriate assessment tools to determine physiological changes of a patient with an orthopedic impairment with competent performance in the following: taking vitals, blood pressure, temperature, pulse oximeter, pulse, hear rate, pain, skin changes and fatigue.
   2. Discuss the physiological response to aerobic exercise including calculating maximum heart rate, recovery heart rate and percentage of workload capacity for an aerobic conditioning intervention for a patient with an orthopedic impairment.
   3. Competently identify critical safety elements with identification of red flags with interventions for the orthopedic patient identifying when to confer to supervising PT for possible modification of PT’s POC.
   4. Demonstrate competency with assessment for orthopedic patients with orthotics, bracing, support, or prosthetics for skin integrity and timely communication between PTA and supervising PT any need for modification/progression of supervising PT’s POC in correct SOAP note format in a timely manner.

Q. Documentation:
   1. Demonstrate competency with documentation for patients with an orthopedic impairment or pathology including instruction/cueing and treatment parameters along with assessments of response to treatment and timely communication between PTA and supervising PT any need for modification/progression of supervising PT’s POC in correct SOAP note format in a timely manner.

PHTA B62-Acute Care/Inpatient Interventions for the PTA

A. Acute Care/Inpatient Setting, Communication, Safety/Room Set up and Documentation:
   1. Demonstrate correct review of medical chart to identify aspects critical to determine patient status, medical stability for initiation and preparation for physical therapy intervention including any red flags and identifying anything in the supervising PT’s POC that the PTA is not comfortable in performing for pathologies, surgeries and impairments found in the acute care/inpatient setting.
      a. H&P, diagnostics/radiology, lab values, activity orders, PT orders, mobility scores (BMAT, etc.), lines/tubes, etc. and physical therapy evaluation.
   2. Demonstrate competent chart review for the patient with pathologies/surgeries in the acute care/inpatient setting, identifying precautions/red flags, need for and wearing schedule for brace, co-morbidities that may limit progress, need for vital assessment, lab values including hemoglobin/hematocrit, diagnostic tests including MRI/CT scans, TPA, DVT/PE, etc. that would cease or limit therapy intervention according to supervising physical therapist’s evaluation and recommendations from previous treatment.
3. Demonstrate safe pre and post room management:
   a. Locking bed and all moveable objects, donning non-slip footwear, clearing the path of all environmental barriers including fall mats, positioning bed and chair for optimally, and positioning lines and tubes and monitoring equipment.
   b. Demonstrate proper positioning of patient, PTA and support staff Demonstrate how to enter a note into an electronic health record system and any obstacles that would limit timely completion of documentation. For safe mobility while ensuring proper draping and modesty.
   c. Identify any safety issues from environmental or medical obstacles that may limit or stop treatment session.
   d. Room management with various lines/tubes common to patients with cardiovascular diagnosis/surgeries.

4. Describe key components of patient orientation/mental status and 2 patient identifiers with demo and practice various communication styles/limitations to communication, AIDET and SBAR communication.

B. Infection Control/ROM/Ther-ex:
   1. Demonstrate effective hand hygiene with soap and water and hand rubbing with hand sanitizer.
   2. Demonstrate competency in correct donning/doffing of personal protective equipment and isolation precautions from chart and/or room signage.
   3. Demonstrate competent and safe disinfection, decontamination and disposal of items related to patient care: including linens, equipment, protective clothing, blood and other infectious waste items, and needles.
   4. Review ROM techniques and Demonstrate Application to the Acute Care/Inpatient Setting:
      a. Differentiate between AROM, AAROM and PROM and explain the benefits common utilization, and precautions that would limit or cease intervention of all 3 in the acute care/inpatient setting.
      b. Demonstrate the positions and motions for performance of concentric, eccentric muscle groups for hamstrings, gluts, triceps, etc. that are essential for functional mobilization in the acute care setting.

C. Assessment of Vital signs, Pain, Red Flags, and Intro to Cardiovascular system & Respiratory System/Respiratory Assessment and Proper Positioning and Draping:
   1. Demonstrate competency in measuring body temperature and peripheral circulation by manual palpation at the following sites: brachial, femoral, popliteal, and pedal pulses and determine heart rate parameters more safe mobility.
   2. Identify and demo ways to assess effectiveness of treatment sessions progress toward functional goals, patient education and ther-ex including practice assessing MMT of UE/LE, sensation assessment, and pain assessment including severity, type and distribution in a manner that is conducive to the patient’s diagnosis and setting of acute care/inpatient according to the supervising PT’s POC.
   3. Define Trendelenburg position and reasoning behind placing a patient in this position.
   4. Demonstrate competency in assessing breathing patterns, chest wall expansion and posture including differentiating between utilization of accessory muscles and diaphragm.
   5. Demonstrate 3 breathing exercises that can be utilized for abnormal respiratory rate, breathing pattern and pulse oximeter reading including huffing exercise, spirometer, PLB and diaphragmatic breathing.
6. Demonstrate competency in performing and documenting all vitals for cardio-pulmonary system including heart rate and pulse, BP (determine safe BP ranges & METS for functional activities), RR, perception of pain, and pulse oximetry identifying red flags and predicting maximal activity tolerance with good room management and set up accordingly.

7. Demonstrate effective draping to protect the patient’s modesty in supine position, sitting, and standing and in preparation for a variety of physical therapy interventions.

8. Recognize the most common bony prominences that may cause pressure injuries and how to position to prevent skin break down and demonstrate correct positioning with the patient in supine, prone, sideline and sitting with proper alignment of trunk, head, and extremities.

D. Body Mechanics, Bed Mobility/Transfer Skills, Level of Assist, Safe Patient Handling, Geriatric Patient, and Incidents/Emergencies:

1. Identify normal posture in sitting and standing, identifying areas that are important for maintaining stability for mobility.

2. Demonstrate correct positioning of patient, student, and environment with interventions in supine, sup to sit, sitting and with transfers of various levels of assist and various surfaces utilizing correct body mechanics and good patient/caregiver instruction.

3. Differentiate and demonstrate between various types and levels of assistance with physical mobility including sit to stand, stand pivot transfers vs squat pivot transfers, lateral scooting, standby vs supervision, modified independent vs independent, etc.

4. Demonstrate correct techniques with hand positioning for assist with rolling, sup to sit, scooting supine in bed, seated lateral scoot, supine to prone, sideline to sit and floor to transfers.

5. Demonstrate competency with utilization of safe handling items including inflating/deflating waffle mattresses, fall mats, and sally tubes and documenting recommendations for interdisciplinary safe patient handling including transfer status and level and usage of mechanical lifts.

E. Gait, Ambulation Aids and Wheelchairs:

1. Demonstrate competency on proper fit for walkers, canes, and crutches and be able to identify when a device is not properly adjusted.

2. Demonstrate patient characteristics and abilities needed to perform each of the following gait patterns; reciprocal gait, step thru gait, antalgic gait, NWB, TTWB, PWB and 2, 3- & 4-point gait with good patient/care giver instruction.

3. Demonstrate competency with completing and instructing correct sequencing for stair and curb training for any orthopedic patient in the acute care setting with/without assistive device with correct guarding and maintenance of weight bearing status.

4. Identify and demonstrate how to don/doff any supportive devices, orthotics, or prosthetics necessary for gait.

5. Describe how and when to assess tolerance to gait activities including pain, fatigue, vitals, deviations from gait patterns to ensure safe progression towards supervising physical therapist’s POC.

6. Demonstrate proper measurement and confirmation of proper fit for a patient needing a wheelchair.

7. Demonstrate competency in bed to w/c transfers utilizing appropriate transfer including lateral scoot, slide board or SPT/squat pivot with correct safety with set up w/c.
8. Demonstrate proper w/c skills and how you would instruct a patient for independent or caregiver on assisted of these skills on even and uneven surfaces including: propulsion with (B) UE’s, 1 UE and 1 LE, ascending/descending an incline, how to perform a “wheelie” and ascending/descending a curb.

F. Acute/Inpatient Management of the Orthopedic Patient with Shoulder/Wrist and Hand Pathologies/Surgeries:

1. Demonstrate competent chart review for the patient with shoulder, elbow and wrist pathologies or surgeries identifying precautions/red flags, co-morbidities that may limit progress, need for vital assessment, lab values, diagnostic tests that would cease or limit therapy intervention according to supervising physical therapist’s evaluations and recommendations from previous treatment.
2. Demonstrate competency in completing and instructing ther-ex including PROM, AAROM and AROM per MD precautions for acute care/inpatient UE surgeries pathologies including Codman exercises with good demo of instructions to patient/caregiver/healthcare team on precautions, sling/brace schedule and ROM limitations as applicable.

G. Acute/Inpatient Management of the Orthopedic Patient with Cervical/Thoracic and Lumbar Pathologies, Injuries and Surgeries:

1. Demonstrate competent functional mobilization with effective AIDET/SBAR communication including bed mobility, transfer and gait of the patient cervical, thoracic and lumbar pathology and surgical patients in the acute care/inpatient setting abiding to precautions including instructions on log roll and no BLT (bending, lifting, twisting), donning/doffing applicable braces if cleared by MD, equipment needed for mobility and/or ambulation, and correct guarding with mobility.
2. Demonstrate competency in completing and instructing ther-ex per MD precautions for acute care/inpatient cervical, thoracic, and lumbar pathology and surgical patients with good demo of instructions on precautions, brace fitting and use of assistive devices and equipment with mobility.

H. Acute/Inpatient Management of the Orthopedic Patient with Pelvis, Hip, Knee and Ankle/Foot Pathologies/Surgeries:

1. Demonstrate competent functional mobilization with effective AIDET/SBAR communication including bed mobility with special attention for total hip arthroplasty, transfer and gait of the patient with pelvis, hip, knee and ankle/foot pathologies/surgeries in the acute care/inpatient setting abiding to precautions including instructions on donning/doffing orthotics/braces, weight bearing precautions of the affected side and any equipment modifications needed for mobility and/or ambulation, with correct guarding with functional mobility/gait.
2. Demonstrate competency in completing and instructing ther-ex including PROM, AAROM and AROM per MD precautions for acute care/inpatient LE surgeries/pathologies including but not limited to quad/gut sets, heel slides, SLR, ankle pumps, LAQ’s/SAQ’s, etc. with good demo of instructions on precautions with mobility and ther-ex and ROM limitations as applicable.
3. Demonstrate effective communication with an orthopedic patient of any diagnosis with altered mental status including but not limited to dementia, Alzheimer’s, bipolar, or schizophrenia to complete physical therapy interventions as stated in supervising PT’s POC and document/communicate when mental status or cognition impairs progress to these goals to the healthcare team.
I. Acute Care Management of Pathologies/Surgeries, Burns, Metabolic, Endocrine, Female/Male reproductive, Digestive, Urinary Pathologies/Surgeries, Amputees, Ulcers and Vascular Surgeries:

1. Discuss common digestive diseases including upper and lower gastrointestinal bleeds and abdominal surgeries Open vs. Vascular (EVAR-endovascular aneurysm repair) critical lab values.
2. Demonstrate proper infection control/hand hygiene with patients with burns including sterile application of PPE.
3. Describe and demonstrate proper application/removal of a bandages and dressings.
4. Demonstrate ability to measure girth of a calf, thigh, and upper extremity.
5. List precautions with abdominal surgeries, vascular surgeries, reproductive (i.e., caesarian) /urinary surgeries with demonstration of safe functional mobilization with bed mobility, transfers and gait with correct utilization of assistive devices with appropriate handling of catheters, drains and application of abdominal binder assessing vitals, strength with MMT, tolerance to activity, sensation, and progress toward goals identifying any red flags as prescribed according to the supervising physical therapist POC.
6. Identify complications related to short-term and prolonged positioning of transfemoral and transtibial amputations, burns and grafted areas and vascular surgeries with grafting with demonstration of positioning to prevent skin breakdown and contractures.

J. Introduction to Acute Care Management of the Neuro Patient

1. Demonstrate safe mobilization with bed mobility, transfers and gait recognizing precautions and assessment of vitals of the neurological patient in the acute care setting utilizing the appropriate assistive device and support personal according to the supervising physical therapist’s POC while adhering to AIDET and SBAR communication.
2. Identify precautions with subluxation of hemiplegic shoulder with functional mobility.
3. Demonstrate 3 activities to perform with low to mid-level & 3 with a high-level neurological patient with proper positioning of the hemiplegic extremity/extremities and proper patient/caregiver education.
4. Identify steps to ensure safe mobilization of neuro patient with room management, equipment precautions including helmets, clamping of ventriculostomy/lumbar drains, and feeding tubes to eliminate barriers to safe movement.
5. Demonstrate competency with demonstrating and instructing a neuro patient with varying levels of communication including expressive/receptive aphasia, non-verbal, and AMS to complete physical therapy interventions as stated in supervising PT’s POC and document/communicate when mental status or cognition impairs progress to these goals to the healthcare team.

K. ICU/PICU Management:

1. Demonstrate correct chart review for an ICU patient identifying precautions, red flags, and readiness to mobilize procuring the necessary assistance from healthcare team and safe room management to safely mobilize according to the supervising physical therapist’s POC.
2. Demonstrate competent room management with lines and equipment with demo of safe functional mobilization in ICU recognizing correct vital monitors and following precautions for drains, tubes, and lines to safely mobilize the patient for early mobilization with correct support staff per supervising PT’s POC.
3. Identify the role of the PTA in the ABCDEFG bundle and how the utilization of other healthcare personal including respiratory, nursing, occupational and MD in completing safe mobilization of patient in ICU knowing when it is safe to mobilize the patient and when to cease treatment with good communication to healthcare team and supervising PT.

4. Identify parameters and demonstrate safe functional mobilization with ventilators and various forms of oxygen sources utilizing correct healthcare team.

L. Documentation:

1. Differentiate different parts of the SOAP note to demonstrate concise documentation of all relevant aspects of the treatment session that is easily understood by all members of the healthcare team and easily reproducible and continued by other PT's and PTA's according to the physical therapist's POC.

2. Demonstrate concise and easily reproducible SOAP note documentation of a patient with a pathology or surgery in the acute care/inpatient setting including tolerance treatment including any positive or adverse responses to the treatment that need to be communicated to the healthcare team and supervising PT for revision of POC, barriers to progress, subjective, objective interventions and any assessment findings, vitals, recommendations for next session or discharge and how patient is positioned safely at end of session per supervising PT's POC.

3. Demonstrate how to enter a note into an electronic health record system and any obstacles that would limit timely completion of documentation.

PHTA B70 Neurorehabilitation for the PTA

A. Introduction to Neurorehabilitation for the PTA:

1. Discuss an overview of common basic clinical presentations of neurological pathologies associating them with neuroanatomy structures and functions of CNS (i.e., CVA's) and PNS (i.e., peripheral neuropathy/nerve degeneration).

2. Discuss and demonstrate communication styles with emphasis on the neurological patient adjusting for age, impairment level including cognitive level, and cultural differences.

3. Define the role of the physical therapist assistant in treating and assessing patients with neurological disorders including central nervous system movement problems choosing and competently demonstrating appropriate follow-up tests and assessments appropriate for a PTA to complete including motor, function/strength, ROM, cognition, sensation, coordination, cranial nerves balance and standardized test of impairment and function and when a physical therapist needs to perform tests to determine progress toward goals/outcomes set forth by the supervising physical therapist's plan of care.

4. Demonstrate competency with chart review with implications for the neurological patient applying concepts of neuroanatomy and physiology including MRIs, CT scans, medicines commonly utilized with neurological patient, physician’s H&P, other medical professional documentation and supervising physical therapist’s POC and how that impacts the PTA’s treatment session.

5. Discuss the process of choosing and assessing the use of assistive devices, adaptive equipment, orthotics, and discharge planning including environmental/architectural barriers specific to patients with neurological pathologies/impairments per the PT's POC.
B. Motor Development across the Lifespan:

1. Identify normal development across the lifespan practicing handling skills to facilitate normal development patterns including applying different theories of development across varied stages of development and application to administering physical therapy interventions by the PTA.
2. Demonstrate competency with interventions across the lifespan including “play as a therapy” to promote normal development across the lifespan demonstrating appropriate communication and behavior appropriately for the stage of development and identifying interventional variables across the lifespan.
3. Define normal neurodevelopmental growth sequence identifying important motor accomplishments including acquisition and refinement of fundamental movements to recognize deficits or delays, with an emphasis on 0-5 years of age.

C. Motor Control, Motor Learning and Neuroplasticity:

1. Discuss and Define Motor learning, Motor Control and Neuroplasticity and application to physical therapy interventions.
2. Demonstrate competency with various motor learning, control and neuroplasticity concepts with neurological patients including how to administer and progress depending on usage of various motor practice and feedback concepts.
3. Demonstrate competency with implementing a therapeutic exercise progression of a neurological patient including neurodevelopmental disorders/impairments applying concepts of motor learning, motor control and neuroplasticity with proper positioning and handling as it applies to achieving a functional goal/task across the lifespan as established by the supervising physical therapist.

D. Discuss the following and their importance with the neurological patient in administering interventions by the physical therapist assistant:

1. Discuss the following and their importance with the neurological patient in administering interventions by the physical therapist assistant.
   a. Vitals
   b. Monitoring Devices/Drains/Precautions Pertaining to Neurological Patient
   c. Observation:
      i. Define Arousal, Attention, and Cognition including identifying deficits that would limit or stop initiation or progression of a treatment session.
   d. Sensation: Define various types of sensation and how to assess
   e. Motor: Identify components of motor assessment and methods to assess including tone.
   f. Coordination: Define and understand coordination in terms of neuroanatomy and methods to assess.
   g. Identify name and function (sensory, motor or both) of Cranial Nerves I-XII and how to assess correctly.
   h. Assessment of Balance/Equilibrium/Posture:
      i. Standardized tests of Impairment and Function:

2. Demonstrate competency with various neurological assessments with demonstration of clinical reasoning skills for choosing, performing, and grading the correct assessment tool for a neurological patient understanding how it relates to the anatomy, structures, and function of the neurological system.
E. AFO’s Prosthetics, Other Devices & Environment Factors:

1. Discuss and demonstrate assessment of various orthotic/prosthetics, assistive devices and equipment as it pertains to the neurological patient.
2. Identify Environmental/Home factors for the neurological patient including safety and barrier concerns, recommending appropriate adaptations.

F. Intervention Procedures and Psychosocial and Cognitive Factors Affecting Therapy:

1. Demonstrate competency with the 5 intervention procedures including comparing and contrasting various forms of tone and tone reduction strategies, hands on techniques to facilitate normal movement patterns and inhibit abnormal, sensory retraining exercises and assessment to complete neurological interventions that are meaningful to the patients integrating psychosocial and cognitive factors into therapy interventions.
2. Demonstrate competency with integrating concepts learned throughout this class and others applying them to the neurological patient including chart review, assessment of ROM/tone, application of motor/sensory training/retraining including hands on facilitation/inhibition of motions recognizing appropriate monitoring to complete and red flags while following the POC established by the supervising physical therapist.
3. Discuss & Identify the Psychosocial and Cognitive Factors Affecting Therapy for a Neurological Patient:
4. Discuss Outcome Measures for the Neurological Patient as it applies implementation/assessment of physical therapy interventions by the PTA as established by the supervising PT.

G. Techniques for Neuromuscular Learning PNF/NDT/Neuro-IFRAH:

1. Demonstrate competency with in PNF, NDT, and Neuro-IFRAH for bed mobility, balance, transfers, and gait for the neurological patient.
2. Demonstrate competency of skills, choosing and applying various motor learning/control interventions to address a specific neurologic impairment or functional deficit and assess success of treatment toward goals of supervising physical therapist.

H. Spinal Cord Injury (SCI):

1. Demonstrate competency with intervention techniques, assessments, usage of assistive/adaptative equipment including w/c mobility and transfers including identifying and providing patient/family education on complications/precautions and home program with patients with a spinal cord injury.
2. Identifying red flags, precautions and contradictions, with patients with SCI including skin breakdown and autonomic dysreflexia.

I. Traumatic Brain Injury (TBI):

1. Demonstrate competency with application of physical therapy interventions with patients experiencing a TBI in various stages of recovery with thorough chart review, identifying red flags, precautions/contradictions, assistive devices/equipment, and home program to have patient achieve short- and long-term goals established by the supervising physical therapist.
J. Cerebral Vascular Accident (CVA):

1. Demonstrate competency with intervention techniques including PNF, NDT and Neuro-IFRH applying neuroplasticity and motor learning techniques, assessments, usage of assistive/adaptative equipment including cognitive complications with patients experiencing a CVA identifying and providing patient/family education on complications/precautions and home program.

2. Demonstrate competency with application of physical therapy interventions with patients experiencing a CVA in various stages of recovery with thorough chart review, identifying red flags, precautions/contradictions, assistive devices/equipment, and home program to have patient achieve short- and long-term goals established by the supervising physical therapist.

K. Other Neurological Disorders Adult:

1. Discuss Other Neurological Disorders including Amyotrophic Lateral Sclerosis (ALS), Guillain-Barre Syndrome (GBS), Multiple Sclerosis (MS), Parkinson’s Disease, Amputations including the following for each one:
   a. Epidemiology
   b. Classification
   c. Clinical Presentation
   d. Special Considerations:
   e. Complications
   f. Goals of Treatment
   g. Modification of Interventions and the role of the PTA
   h. Skin Integrity
   i. Medications
   j. Documentation
   k. Equipment/Device/Orthotic/Prosthetic Assessment
   l. Discharge Planning
   m. Patient/Family Education
   n. Home Program

2. Demonstrate competency with intervention techniques including PNF, NDT and Neuro-IFRH applying neuroplasticity and motor learning techniques as appropriate, assessments, usage of assistive/adaptative equipment including cognitive complications with patients experiencing the above other neurological conditions identifying and providing patient/family education on complications/precautions and home program.

L. Cerebral Palsy (CP):

1. Demonstrate competency with intervention techniques specific to CP assessments, usage of assistive/adaptative equipment identifying and providing family education/family centered care home program including therapeutic play.

M. Other Neurological Disorders in Children- Genetic, Acquired, Developmental Delay discussing the following for each one & Americans with Disability Act (ADA):

1. Demonstrate competency with intervention techniques for other neurological disorders in children discussed in lecture, assessments, usage of assistive/adaptative equipment identifying and providing family education/family centered care home program including therapeutic play agreed upon the family.

2. Discuss the ADA and the physical therapist assistant’s role with advocacy for patients with disabilities.
## N. PT-PTA Communication/POC

1. Demonstrate competency with application of physical therapy interventions with patients experiencing other neurological conditions across the life span in various stages of recovery with thorough chart review, identifying red flags, precautions/contraindications, assistive devices/equipment, and home program to have patient achieve short- and long-term goals established by the supervising physical therapist.
2. Demonstrate good communication to supervising physical therapist when patient has a change in status needing modification or reassessment of PT’s POC.

## O. Documentation:

1. Demonstrate concise documentation for a neurological patient in SOAP note format including electronic health records with all pertinent tests, measurements, interventions, and discharge planning from the PTA standpoint as stated in the plan of care by the supervising physical therapist.

## PHTA B71 Cardiopulmonary Rehab for the PTA

### A. Cardiovascular Pathology, Cardiovascular Medications & Lab Values:

1. Identify the surface anatomy of the heart and lungs to be able to correctly assess normal and abnormal breath and heart sounds with understanding of underlying pathology of that these sounds may correlate to and how this effects application of physical therapy interventions as set forth in the plan of care by the supervising physical therapist.
2. Identify and describe adult and pediatric cardiac pathologies and their etiologies as they relate to physical therapy treatment:
3. Recognize the risk factors associated with common cardiac and respiratory surgeries including various anesthesia, precautions with sternal/abdominal incisions and management of tubes and lines identifying precautions with mobility and monitor of treatment from PT’s POC.
4. Demonstrate competency with chart review of adult and pediatric cardiac pathologies identifying precautions, contraindications, and red flags.
5. Identify medicines or lab values that may prevent or modify physical therapy treatment session.
6. Practice patient handling skills with precautions and concise, reproducible SOAP note documentation with this patient population.
7. Demonstrate critical thinking skills identifying diagnosis, precautions, and interpreting lab values for proper progression of PTA treatment session per PT’s POC of cardiac pathologies/surgeries.

### B. Physical Therapy Settings & Discharge Planning:

1. Discuss the various settings that physical therapy interventions are administered for cardiac patients including appropriate discharge recommendations from/ to for acute care hospital, acute inpatient rehab/sub-acute rehab, Skilled Nursing Facilities (SNF), Home Health and Outpatient
2. Differentiate between appropriate and inappropriate discharge planning reporting the latter to the supervising physical therapist.
3. Demonstrate correct implementation of discharge planning utilizing a case scenario including team rounds, assistive devices recommendations, and recognizing home/architectural barriers with recommendation of safe alternatives per supervising physical therapist’s plan of care.
C. Tubes, Procedures and Other Lab Values - Cardiopulmonary/Vascular Patients:

1. Demonstrate competencies of location, indications, precautions and contraindications for the following lines: Arterial line, Central Line, Chest Tubes, ECG Telemetry, Endotracheal Tubes, Nasogastric Tubes, Percutaneous Endoscopic Gastrostomy (PEG Tube), Orogastric Tube, Foley, Condom & Pure wick Catheter, Hickman Catheter, Triple Lumen Catheter, Intravenous Line, Nasal Cannula, Peripherally Inserted Central catheter (PICC), Swan Ganz Pulmonary Artery Catheter, Venti mask, Yankauer Suction ICU to telemetry utilizing case scenarios involving a cardiopulmonary patient in the ICU to telemetry floor building from the skills learned in Acute Care Rehab.

2. Demonstrate critical thinking skills to safely progress a treatment session including safe patient handling with lines and pre-treatment room/environment set up in an effective, efficient manner preparing for minimal mobility but progress toward maximal mobility as established by the supervising physical therapist.

3. Demonstrate competency in administering and progressing a treatment plan for a patient s/p cardiac surgery with thorough chart review of labs and vitals to determine readiness to mobilize from ICU to telemetry floor to discharge planning according to the supervising PTs stated goals in plan of care (i.e., CABG progression for typical 5 day stay).

4. Demonstrate competency and state the importance of post treatment room organization to ensure patient safety by positioning all items near including bedside table, bed positioning, blanket position, call light, bed alarm, patient movement alarms (tabs), bed rails, door, curtain, air mattresses (waffle mattresses), fall mats, patients' belongings, and any personal request to ensure patient has all needs met.

5. Demonstrate appropriate communication (SBAR) to RN, confirming medical appropriateness for therapy including confirming patient’s specific dietary/swallowing restrictions including NPO (no food or drink) for swallowing deficits or in preparation for specific procedures and pertinent information regarding treatment session to recommend appropriate transfer levels for nursing to perform with the patient.

D. Heart Rhythm, EKGs, and Telemetry:

1. Demonstrate competency of interpreting EKG strips and treating patients on telemetry including utilization of telemonitor to safely administer, monitor and progress/modify physical therapy interventions with non-surgical cardiac patients on the telemetry floor according to the supervising physical therapist’s stated goals in the plan of care identifying any red flags from EKG monitoring or other chart review data that would limit or cease interventions by utilization of case scenarios.

2. Demonstrate clinical reasoning skills to progress a non-surgical cardiac patient in a short acute care hospital stay from day 1 to day 5 utilizing all skills learned thus far in the PTA program including competent, concise reproducible documentation.

E. Principles of Aerobic Conditioning:

1. Define and discuss aerobic exercise and its role in conditioning.

2. Demonstrate assessment procedures for exercise tolerance including maximal and submaximal test.

3. Describe the cardiovascular and respiratory adaptations to aerobic conditioning.

4. Demonstrate appropriate supervision during aerobic conditioning program.

5. Identify pre-participation screening tests recommended prior to beginning an exercise program.
6. Calculate maximum heart rate, heart rate reserve and recovery rate of an individual of certain age to help progress appropriately aerobic exercise for patients with differing physical capabilities.
7. Demonstrate competency in performing and instructing different types of aerobic exercises utilizing a case study, monitoring HR, RPE and BP during performance of exercise prescription.
8. Identify signs and symptoms of exercise intolerance and indications for terminating an exercise with proper notification to health care team in case of a crisis.
9. Implement an aerobic exercise program for a patient with a cardiopulmonary diagnosis and demonstrate competency in instruction, monitoring and documentation including vitals and tolerance to exercise with sets, reps and frequency as established by the supervising physical therapist.

F. Graded Exercise Testing:

1. Compare and contrast cardiovascular and respiratory parameters and VO2 max across the lifespan including the child, young adult and elderly and the relevance to graded exercise testing.
2. State all the components of an exercise prescription including intensity, duration, frequency, and mode as it pertains to the results from graded exercise testing to progress exercise appropriately from the physical therapist's POC.
3. Correctly calculate exercise prescription heart rate using age predicted equations.

G. Aerobic Exercise Equipment and Reasons for Dropout:

1. Discuss the advantages and disadvantages and demonstrate fit for various aerobic conditioning devices which may include a stationary or recumbent bicycle, Nu-step recumbent stepper, stair climber, treadmill, total-body system, and upper body ergometer or equivalent equipment.
2. Compare and contrast the factors or predictors of exercise dropout or non-compliance and describe the strategies for enhancing compliance with an exercise prescription.
3. Demonstrate competency with various stages of aerobic exercise progression utilizing multiple aerobic conditioning devices with use of sound judgement to choose correct equipment while addressing compliance issues.
4. Demonstrate correct assessment of program for effectiveness of device, exercise prescription and monitoring for tolerance to exercise programs as established by the supervising physical therapist recognizing when the skill level is above the individual PTA or PTA profession, or intervention is above the ability of the patient.

H. Cardiac Rehabilitation:

1. Implement an appropriate aerobic exercise program for a patient with coronary artery disease identifying and describing the absolute and relative indications for terminating an exercise.
2. Demonstrate competency in describing and demonstrating pre-treatment assessments to initiate a cardiac rehabilitation program given various case scenarios on cardiopulmonary diagnoses with monitoring of vitals including heart rate, rate of perceived exertion (RPE) and blood pressure during aerobic exercise with identification of the guidelines for progression to a home exercise program and discharge planning based upon the patient's progress toward goals established by the supervising physical therapist.
3. Demonstrate competency in communicating and instructing patients, family members and caregivers for cardiac patients with consideration of age, impairments, and cultural differences.
I. Renal Disease, Arterial Blood Gases /Heart Sounds:

1. Demonstrate competency with providing all aspects of a treatment session for a patient with a renal pathology from chart review to discharge planning including identifying pertinent labs for assessing red flags/readiness to mobilize and monitoring tolerance assessing effectives of interventions as prescribed by the supervising physical therapist.
2. Demonstrate competency in auscultating heart sounds in the correct sequence and be able to demonstrate knowledge of how to assess for murmurs and application to physical therapy interventions as established by the supervising physical therapist.

J. Pulmonary Pathology, Surgeries &Pulmonary Medications:

1. Demonstrate competency in assessing apnea, tachypnea, bradypnea and dyspnea including observation/palpation of chest wall, respiratory rate, pulse oximetry and others for a patient diagnosed with a pulmonary pathology/surgery in various stages of rehabilitation.
2. Identify pertinent pulmonary medications and labs to determine readiness to mobilize, modification and progression of interventions as established by the supervising physical therapist with student able to state good clinical rationale based on anatomy and physiology of the pulmonary system, ventilation and breathing sequence.

K. Muscles of Respiration/Cough/Sputum & Autonomic Control & Receptors:

1. Identify and demonstrate competency in recognizing the primary and accessory muscles of inspiration and accessory muscles of expiration with competency in educating the patient, family member and/or caregiver on importance of correct posture, positioning and use of respiratory muscle with mobility and exercise showing competent knowledge of the musculature and function of respiratory musculature.
2. Demonstrate competency in describing and measuring chest wall expansion and excursion.

L. Breath Sounds /Breathing Techniques:

1. Demonstrate competency in educating the following techniques: Pursed Lip Breathing (PLP) and Diaphragmatic Breathing, Airway Clearance and Chest Physical Therapy.
2. Demonstrate competency in assessing and identifying normal vs abnormal breath sounds along with voice sounds to be able to choose and administer with correct demonstration and instruction of breathing techniques, airway clearance and chest physical therapy utilizing a case study.
3. Demonstrate good understanding of purpose, monitoring and progression of each breathing exercises in a pulmonary program across the lifespan utilizing knowledge about common pulmonary disease processes to choose the correct exercise.

M. Pulmonary Function Testing, Co-morbidities, & Communication

1. Demonstrate integration of knowledge of pulmonary disorders and co-morbidities in applying therapeutic exercises for a patient with pulmonary dysfunction within the established POC by the supervising physical therapist.
2. Identify activities that aggravate or alleviate symptoms including edema, pain, dyspnea, and others while being able to discern when an intervention established in the supervising physical therapist’s POC should not be completed secondary to a change in the patient’s status with competent communication of these changes to the supervising PT with interventions for cardiopulmonary patients.
3. Recognize the signs and symptoms of cyanosis and what action should be taken by the PTA if a patient begins to become cyanotic.
4. Recall the components of normal gait to apply to the common gait deviations for cardiopulmonary and cardiovascular patients with identifying correct assistive devices and adaptive equipment commonly utilized with this patient population.
5. Identify cultural diversity in all patients across the lifespan with demonstration in adapting communication styles and behaviors when administering physical therapy interventions.
6. Demonstrate techniques for releasing pulmonary secretions including application of percussion and shaking techniques.
7. Demonstrate correct selection of intervention and techniques for breathing retraining including incentive spirometer, PLB, diaphragmatic breathing, active expiration, relaxation breathing, coughing techniques (forced expiratory technique (FET, Huff cough)) for airway clearance with correct postural positions for drainage and the importance of energy conservation/pacing and posture with correct monitoring and progression toward goals established by the supervising physical therapist integrating psychosocial issues into implementation of intervention utilizing a case study.
8. Demonstrate competence in instructing a patient, family, or caregiver on correct posture, breathing retraining exercises, coughing techniques for airway clearance and patients with cardiopulmonary issues taking into consideration age, impairments and cultural differences including the complex patient.
9. Recognize when performing a cardiopulmonary intervention is beyond the skill level of the individual physical therapist assistant or PTA as a profession or beyond the ability of the patient with timely communication to supersizing physical therapist of findings.

N. Documentation:

1. Demonstrate concise, easily reproduceable SOAP note documentation for a patient with a cardiopulmonary, vascular, or other medical pathology/impairment and/or cardiac rehabilitation program with all pertinent tests, measurements, home/environment recommendations and interventions per supervising physical therapist’s plan of care.

PHTA B72 Therapeutic Exercise for the PTA

A. Review of Therapeutic Exercise Principles/Range of Motion:
   1. Demonstrate competent application of appropriate techniques for passive, active-assistive and active osteokinematic movement of the extremities and spine performed in anatomic body planes as directed by the physical therapist’s plan of care.
   2. Demonstrate competent utilization of external forces/aides including wands, pulleys, mechanical devices (CPM), and others to assist with PROM and AAROM within the PTA’s scope of practice and directed by the physical therapist’s plan of care.

B. Stretching Activities for Increased Muscle Flexibility and Mobility:
   1. Demonstrate application of proper use of autogenic and reciprocal inhibition both together and separately in proprioceptive neuromuscular facilitation within the established physical therapist’s plan of care.
   2. Demonstrate competency application of appropriate clinical guidelines along with indications and contraindications for use of static, ballistic and PNF stretching along with competency in demonstrating application for common static stretching activities for upper/lower extremities, and cervical and lumbar spine within the established physical therapist’s plan of care.
C. Peripheral Joint Mobilization:
   1. Demonstrate ability to apply concave-convex rule in determining which direction to perform a peripheral mobilization technique as established by physical therapist’s plan of care.
   2. Demonstrate competency in performing grade I-III peripheral joint mobilizations as established within the physical therapist’s plan of care.

D. Principles of Resistance Training & Resistance Exercise for Impaired Muscle Performance:
   1. Open Chain Resistance Training:
      a. Demonstrate proper clinical technique for isometric, isotonic, and isokinetic exercise of the upper and lower extremities as established by the physical therapist’s plan of care.
      b. Demonstrate age related modifications of exercise for pediatric and geriatric populations as established by physical therapist’s plan of care.
   2. Closed Chain Resistance Training:
      a. Demonstrate competency application of appropriate clinical guidelines along with indications and contraindications for closed kinetic chain exercises for the upper and lower extremities and age-related modifications of closed kinetic chain exercise for pediatric and geriatric populations within the established physical therapist’s plan of care.
   3. Plyometrics:
      a. Demonstrate proper clinical techniques for appropriate for upper and lower extremities and trunk plyometric programs as established by the physical therapist’s plan of care.

E. Developmental Skills: Stages of Motor Control and Motor Learning:
   1. Demonstrate strategies/techniques to improve mobility, stability, controlled mobility, and skill within the established physical therapist’s plan of care.

F. Proprioceptive Neuromuscular Facilitation:
   1. Demonstrate application of proper techniques for upper extremity diagonal patterns including scapular patterns, unilateral upper extremity patterns, bilateral symmetric upper extremity patterns and bilateral asymmetric trunk patters with and without equipment for proprioceptive neuromuscular facilitation as established within the physical therapist’s plan of care.
   2. Demonstrate application of proper techniques for lower extremity diagonal pattern including unilateral and bilateral lower extremity patterns with and without equipment for proprioceptive neuromuscular facilitation as established within the physical therapist’s plan of care.
   3. Demonstrate application of PNF for strengthening techniques using slow reversal, repeated contractions, timing for emphasis and agonist reversal techniques as established within the physical therapist’s plan of care.
   4. Demonstrate application of proper stability techniques utilizing alternating isometric contractions and rhythmic stabilization with proprioceptive neuromuscular facilitation within the established physical therapist’s plan of care.

G. Functional Training and Progression for the Extremities:
   1. Demonstrate application of appropriate techniques including aerobic sequences, spring sequences, jump-hop sequences and cutting sequences for lower extremity functional progression rehabilitation program within the established physical therapist’s plan of care.
   2. Identify and competently address psychological issues associated with rehabilitation and functional progression for the extremities as established by the physical therapist, competently demonstrating effective motivational strategies in the provision of patient intervention utilizing case scenarios/studies.
H. Balance Training with Exercises for Impaired Balance

1. Demonstrate application of proper technique to improve ankle strategy, hip strategy, or stepping strategies within the established physical therapist’s plan of care.
2. Demonstrate competency with communication, educating and instructing patients family members and caregivers balance exercises and fall prevention strategies as established in the physical therapist’s plan of care taking age, impairments, and cultural difference into consideration utilizing case scenarios/studies.

I. Reactive Neuromuscular Training:

1. Demonstrate proper clinical techniques to a reactive neuromuscular training program focusing on single leg stance, uniplanar, isometric activities, controlled eccentric and concentric contractions through a full ROM, and ballistic and impact activities within the established physical therapist’s plan of care.

J. Amputations and Prosthetics:

1. Demonstrate application of prosthetics and orthotic, assessing the fit and stating the rational and disadvantages of utilization for the patient with a lower extremity amputation as established by the supervising physical therapist’s plan of care.
2. Recognize the patient’s and caregiver’s ability to properly care for orthotics, prosthetics and other assistive devices and equipment as indicated ensuring that the patient and caregiver are able to identify the change in skin condition and safety factors while utilizing orthotics, prosthetics and other assistive devices as indicated to promote functional independence with prevention of potential adverse effects that could limit use of devices and equipment or lead to further medical management for skin breakdown or complications with falls.
3. Demonstrate competency in monitoring of a patient during application of interventions for the patient with a lower extremity amputation adjusting and progressing positioning, stretching, ROM, balance, and resistive exercises within the plan of care established by the physical therapist and in response to patient clinical indications and/or changes in status with timely and appropriate communication to physical therapist of these changes utilizing case scenarios/studies.

K. The Spine: Structure, Posture and Functional Progression:

1. Demonstrate competency in proper clinical observations skills and education techniques regarding proper body mechanics including demonstration of appropriate spinal stabilization techniques with an understanding of neutral spine within the established physical therapy plan of care.
2. Demonstrate competency in identifying and addressing psychological issues associated with rehabilitation and functional progression of the spine with competent demonstration of effective motivational strategies with patient interventions utilizing case scenarios/studies.

L. Functional Progression of the Extremities:

1. Demonstrate application of appropriate techniques for a lower extremity functional progression rehabilitation program including aerobic sequences, spring sequences, jump-hop sequences and cutting sequences within the established physical therapist’s plan of care.
2. Demonstrate competency in identifying and addressing psychological issues associated with rehabilitation and functional progression of upper and lower extremity exercises with competent demonstration of effective motivational strategies with patient interventions utilizing case scenarios/studies.

M. Special Populations: Pediatric and Geriatric Patient Interventions

1. Demonstrate competency in application of an established plan of care by the physical therapist to improve contextual fitness and function.
2. Demonstrate age related modification to a postural stabilization exercises for the pediatric and geriatric patient within the established physical therapist plan of care.
3. Demonstrate application of exercises for the geriatric population identifying the issues pertaining to strengthening.
4. Identify and apply basic guidelines for resistance exercise progression in children within the established physical therapist’s plan of care.
5. Demonstrate age related modification to stretching, ROM, resistive exercises, and balance training for the pediatric and geriatric patient within the established physical therapist plan of care.
6. Demonstrate safe implementation, modifications, and progression of therapeutic exercise interventions across the lifespan with ROM (AROM, AAROM, PROM, Stretching).

N. Treating the Complex Patient:

1. Demonstrate application of techniques of stretching, ROM, resistive exercises, and basic techniques of PNF to complex patients within the established physical therapist’s plan of care.
2. Demonstrate correct implementation of a treatment for a complex patient to improve mobility, stability, controlled mobility, and/or skill as established within the physical therapist’s plan of care.
3. Provide appropriate recommendations for progression and discharge planning of the complex patient based upon patient’s short- and long-term goals established within the physical therapist’s plan of care.
4. Demonstrate competency in identifying and addressing psychological issues associated with providing interventions to the complex patient competently demonstration of effective motivational strategies with patient interventions utilizing case scenarios/studies.

O. Documentation:

1. Demonstrate competency in monitoring a patient during application of various physical therapy interventions across the lifespan and their application to achieving STG’s/LTG’s per PT’s POC, adjusting and progressing interventions within the plan of care in response to patient’s clinical indications and/or changes in status with timely and appropriate communication to physical therapist of these changes utilizing case scenarios/studies.
2. Demonstrate competency with communication, educating and instructing patients, family members and care givers on various physical therapy interventions across the lifespan as established in the physical therapist’s plan of care taking age, impairments, and cultural difference into consideration utilizing case scenarios/studies.
3. Demonstrate competent, thorough, technically accurate, logical, concise, timely and easily reproducible SOAP note documentation or physical therapy interventions by the PTA including any reports to the supervising physical therapist any changes in the patient’s status or treatment interventions of a patient across the lifespan.
PHYSICAL THERAPIST ASSISTANT PROGRAM
LAB PRACTICAL: REMEDIATION FORM: SKILL
COURSE#___________ MIDTERM/FINAL

Name (First and Last)________________________________________Date__________________

Course Instructor Please List/Describe the Skill below that needs Remediation: List/Describe the Skill Below
Competency Criteria for Remediation & Recommendations for Practice to Achieve Competency:

State Remediation Plan for the student to complete in order to meet competency level.

Course Instructor Signature________________________________Date________________

Remediation of Skill Evaluation (PTA Skills Instructor):
Remediation Plan for Above Skill completed by student at competency level____
Remediation Plan for Above Skill was not completed by student at competency level____

Skills Instructor Signature________________________________Date________________

Students must print and bring this form to their respective PHTA B90 (90A, 90B or 90C) class and inform the
PTA Skills Instructor of their Remediation Plan.

Students must have 3 different students observe the remediation skill and initial below. Once 3 initials are
achieved the student then will present this form to the PTA Skills instructor for final evaluation of Skill for
competency. The student will then take signed form to the original course instructor.

Student #1 Initials_________Student #2 Initials_________Student #3 Initials_________

PTA Remediation of Skill for Lab Practical Form 2022/2023
 PHYSICAL THERAPIST ASSISTANT PROGRAM
LAB PRACTICAL: REMEDIATION FORM: CASE
COURSE#_____________ MIDTERM/FINAL

Name (First and Last) ___________________________________________ Date ____________

**Course Instructor Please List/Describe the Skill below that needs Remediation:** List/Describe the Skills/Case Below Competency Criteria for Remediation & Recommendations for Practice to Achieve Competency:

State Remediation Plan for the student to complete in order to meet competency level.

Remediation Plan for Above **CASE (or parts of)** completed by student at competency level____
Remediation Plan for Above **CASE (or parts of)** was not completed by student at competency level____

**Course Instructor Signature___________________________________________ Date__________**

**Practice of Remediation Plan with PTA Skills Instructor:**

Student has completed practice of Remediation Plan in PTA Skills Lab: ________

**PTA Skills Instructor Signature___________________________________________ Date__________**

Students must print and bring this form to their respective PHTA B90 (90A, 90B or 90C) class and inform the PTA Skills Instructor of their Remediation Plan. Students must have the PTA Skills Instructor sign and date that they have practiced the remediation plan in the PTA Skills Lab then take the form to the Original Course Instructor for Reevaluation of Case or part of it as stated in the Remediation Plan.

**Course Instructor: Date:** Remediation Initiated________ Required Completion_______ Received & Updated________

**PTA Skills Instructor Date:** Received Remediation Plan____________ Remediation Practiced in Skills Lab______

BC PTA Remediation of CASE for Lab Practical Form 2022/2023
PHYSICAL THERAPIST ASSISTANT PROGRAM
LAB PRACTICAL: REMEDIATION FORM: 2-CASES
COURSE#_____________ MIDTERM/FINAL
Name (First and Last) __________________________________________ Date __________________

Course Instructor Please List/Describe the Skill below that needs Remediation:

List/Describe the Skills/Case Below Competency Criteria for Remediation & Recommendations for Practice to Achieve Competency:

State Remediation Plan for the student to complete in order to meet competency level.

Remediation Plan for Above 2-CASES completed by student at competency level____
Remediation Plan for Above 2-CASES was not completed by student at competency level____
Course Instructor Signature___________________________________ Date_________

Practice of Remediation Plan with PTA Skills Instructor:
Student has completed practice of Remediation Plan in PTA Skills Lab: ______
PTA Skills Instructor Signature ________________________________ Date __________

Students must print and bring this form to their respective PHTA B90 (90A, 90B or 90C) class and inform the PTA Skills Instructor of their Remediation Plan. Students must have the PTA Skills Instructor sign and date that they have practiced the remediation plan in the PTA Skills Lab then take the form to the Original Course Instructor for Revaluation of Case and New Random Case as stated in the Remediation Plan.

Course Instructor: Date: Remediation Initiated_________ Required Completion_______ Received & Updated_______
PTA Skills Instructor Date: Received Remediation Plan______________ Remediation Practiced in Skills Lab_______

BC PTA Remediation of 2-CASE for Lab Practical Form 2022/2023
PHYSICAL THERAPIST ASSISTANT PROGRAM

INFORMED CONSENT FORM FOR PARTICIPATION IN LABORATORY ACTIVITIES

All students must sign the Informed Consent form to be able to participate in laboratory activities to act as a simulated patient. The following is an Example of the Informed Consent form to be signed by students.

I understand that the physical therapy profession involves hands on contact with patients. In order to practice and simulate these patient experiences, I understand that being touched by my fellow classmates and instructors is included in the practice of PTA services. I understand that as a part of the academic and clinical education to become a PTA (Physical Therapist Assistant) I am required to participate as a simulated patient in various lecture and laboratory classes. Other students and instructors will have opportunities to practice and demonstrate on me those skills learned in my various coursework in the PTA program. Skills include but are not limited to a variety of mobility/soft tissue mobilization techniques, therapeutic exercises, testing/measurements, and physical agents/modalities. I understand that by participating that there is some risk of injury while training of these skills. I also understand that Bakersfield College cannot ensure that other students will properly apply skills learned in class or be held responsible for any pre-existing conditions or injuries I may have which may make me susceptible to injury.

I understand that it is my responsibility to report any pre-existing conditions or injuries that I have that may make me more susceptible to injury from practicing skills in laboratory to my instructor and/or if appropriate to the Disabled Student Programs & Services.

In the unlikely event that I become injured during laboratory skill practice; I must immediately report it to my instructor(s) of the class along with the college’s appropriate incident report form. I understand that if medical intervention is required, I am solely responsible for payment of those services.

By signing this document, I am stating that I have read and understand the above information.

Student Name___________________________________
Student Signature__________________________________
Date______________________________________________

IN ORDER TO PARTICIPATE IN LABORATORY CLASSES, THIS FORM MUST BE SIGNED AND KEPT ON FILE IN THE PTA OFFICE.
## Clinical Readiness Form

Skills Required to be learned with competency in the following Didactic and Laboratory Courses to be eligible to complete each Clinical Education Experience: PHTA B64 (1st rotation, 4 weeks end of second semester), PHTA B80 & B81 (terminal rotation 6 & 7 weeks about 1 and a half months), 4th semester.

### Clinical Readiness Form: PHTA B64:

<table>
<thead>
<tr>
<th>Arthrokinematics &amp; Articular System</th>
<th>Electrical Current: TENS, NMES, High Volt, IFC, Biofeedback, Ionto</th>
<th>System Assessments &amp; Implementation Orthopedic Interventions, PT POC.</th>
<th>Patient Care Activities, Safe Patient Handling, Patient Identifiers &amp; Joint Commission, Acute/Inpatient Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postural Alignment-Static/Kinematic</td>
<td>Cryotherapy/Theromotherapy</td>
<td>Flexibility, Strength, Aerobic Training Ther-Ex -Orthopedic Impairment</td>
<td>Hand Hygiene/Washing, Universal Precautions/Infection Control and Proper Use of PPE, Sterile Technique, Burn, Dressings</td>
</tr>
<tr>
<td>Body Mechanics lifting objects.</td>
<td>Spinal Traction</td>
<td>Tissue Healing/Signs of Inflammation</td>
<td>Techniques, Level of Assist Bed mobility, Transfers, Gait &amp; WIC Mobility, Functional Mobility, ADL’s with progression, Assessment &amp; Modification per PT POC.</td>
</tr>
<tr>
<td>Origin, Insertions Muscles, Joints, Bony Landmarks</td>
<td>Hydrotherapy Aquatic Therapy</td>
<td>Gait- Use and Fit of Assistive Devices, Gait Training for Orthopedic Patient</td>
<td>Orthotics, Prosthetics, Bracing and Support- Fit, Use &amp; Interventions</td>
</tr>
<tr>
<td>Newton’s Laws of Motion: BOS, COG, Lever Arms</td>
<td>Ultraviolet Radiation, Light &amp; Lasers</td>
<td>Competency in MMT UE/LE &amp; Trunk &amp; Spine</td>
<td>Proper Need Assessment set up and use of Assistive Devices including walker, w/c, cane, crutches.</td>
</tr>
<tr>
<td>Muscles &amp; Pathologies</td>
<td>Therapeutic Massage-STM &amp;MFR</td>
<td>SOAP Note Documentation Orthopedic Patient</td>
<td>AIDET, SBAR, Communication Styles</td>
</tr>
<tr>
<td>Respiration, Posture, Positioning,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gait-Normal/Abnormal &amp; Common Gait Deviations</td>
<td>Motion Restrictions-Tone Assessment, PROM as an intervention</td>
<td>SOAP Note Documentation Orthopedic Patient</td>
<td>PROM, Isometrics, AROM, AAROM, Balance, Posture, Neuromuscular Re-Ed Safe Monitoring in Acute Care/Inpatient</td>
</tr>
<tr>
<td>Palpations Skills</td>
<td>Assessment swelling, edema, dermal, temperature, volumetric, circumferential integumentary &amp; pain response, anthropometrical characteristic, muscle guarding</td>
<td>Utilize and Interpret Pain Scales &amp; Pharmacology Orthopedic Patient</td>
<td>Positioning, Draping for Optimizing Mobility, Modesty &amp; Prevention of Pressure Ulcers &amp; Injury.</td>
</tr>
<tr>
<td>SOAP Note Documentation Modalities/Physical Agents</td>
<td>SOAP Note Documentation Orthopedic Patient</td>
<td>Body Mechanics, Lifting Techniques for the Orthopedic Patient.</td>
<td>Response to Emergencies and Incidents Competent Critical Safety Skills</td>
</tr>
<tr>
<td>AIDET Communication</td>
<td>Vitals: for Orthopedic Patient, Red Flags-communication to supervising PT.</td>
<td>Communication with Supervising PT &amp; Information for the Orthopedic Patient</td>
<td>SOAP Note Documentation Acute Care/Inpatient Setting Communication with Supervising PT.</td>
</tr>
<tr>
<td>PT-POC communication supervising PT- Modification, Progression &amp; Red Flags</td>
<td>Competent Critical Safety Skills</td>
<td></td>
<td>Common Pathologies, Surgical, Medical Management Acute/Inpatient, Interventions/Precautions.</td>
</tr>
</tbody>
</table>

**Instructor Initials__________**

---

BC PTA Lab Manual 2022/2023 50
Clinical Readiness Form

Skills Required to be learned with competency in the following Didactic and Laboratory Courses to be eligible to complete each Clinical Education Experience: PHTA B64 (1st rotation, 4 weeks end of second semester), PHTA B80 & B81 (terminal rotation 6 & 7 weeks about 1 and a half months), 4th semester.

Clinical Readiness Form: PHTA B80 & B81 (Plus all for PHTA B64):

<table>
<thead>
<tr>
<th>PHTA B70</th>
<th>PHTA B71</th>
<th>PHTA B72</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neurorehabilitation for the PTA</td>
<td>Cardiopulmonary Rehab for the PTA</td>
<td>Therapeutic Exercise for the PTA</td>
</tr>
<tr>
<td>System Assessments &amp; Implementation-Myotomes, Dermatomes, Reflexes, Muscle Tone Neurological Interventions,</td>
<td>Assessment &amp; Implementation Aerobic Conditioning &amp; Exercise Training-Equipment Per PT POC</td>
<td>Safe Implementation, Modification, Progression of Therapeutic Exercise Across the Lifespan, Home Environment, Community &amp; Workplace per PT POC</td>
</tr>
<tr>
<td>Standardized Test Impairment &amp; Function Neurological Patient (Balance /Function)</td>
<td>Cardiac Rehabilitation-Assessment &amp; Intervention Per PT POC</td>
<td>Assessment Changes of Patient Status &amp; Implementation Therapeutic Exercise per PT POC.</td>
</tr>
<tr>
<td>Interventions Neurological Impairments with Implication for Specific Neurological Diagnoses across lifespan &amp; Settings</td>
<td>Respiratory Function-Assessment &amp; Intervention, Chest Wall Expansion, Breathing Exercises, PT POC</td>
<td>Competency in Fit, Skin Assessment &amp; Usage Prosthetics, Orthotics, Assistive Devices &amp; Equipment, Specifically for the Patients with Amputations</td>
</tr>
<tr>
<td>Pathologies Nervous System Across the Lifespan- CNS &amp; PNS Anatomy &amp; Function-Precautions/Indications</td>
<td>Vital Assessments, RPE, Exercise Tolerance, Cyanosis, Dyspnea, Heart/Breath Sounds-Heart &amp; Lung Anatomy/Physiology</td>
<td>Pharmacology with Precautions for Patients Taking Multiple Medications &amp; Application of Interventions per PT POC.</td>
</tr>
<tr>
<td>Assessment &amp; Implementation Outcomes of PT POC for neurological Patient, ICF, NAGI, WHO</td>
<td>Assessment &amp; Interventions Cardiovascular System per PT POC Competent Critical Safety Skills</td>
<td>Gait- Use &amp; Fit of Assistive Devices, Gait Training with/without AD across the Lifespan.</td>
</tr>
<tr>
<td>Home &amp; Environmental Assessment for Recommended Adaptors for Neurological Patient, ADA.</td>
<td>Pathologies Respiratory, Cardiac &amp; Vascular (Medical &amp; Surgical) Assessment &amp; Interventions Across Lifespan &amp; Setting.</td>
<td>Competent Application PNF, Balance, Aquatics, ROM, Stretching Resistance Training for Muscle Flexibility with Monitoring, Adjusting &amp; Progressing Per Status Changes</td>
</tr>
<tr>
<td>Assessment, Positioning &amp; Education for Skin Integrity Neurological patient.</td>
<td>Positioning, Postural Drainage &amp; Vibration for Mobility of Secretions</td>
<td>Functional Progression for UE &amp; LE’s - Level of Assist with Task Specific Activities Per PT POC</td>
</tr>
<tr>
<td>Communication Styles with Modification for Neurological Impairments.</td>
<td>Assessment Skin, Swelling, Edema, Pain, Sputum, Visual Inspection</td>
<td>Motor Control &amp; Motor Learning Across the Lifespan</td>
</tr>
<tr>
<td>Gross Motor, Milestones, Motor Control &amp; Learning, Neuroploplasticity with Interventions Neurological Impairment</td>
<td>PT-POC Communication Supervising PT, Status Changes</td>
<td>PT-POC, Communication Supervising PT- Status Changes, Red Flags, Modifications and Progression toward STG’S/LTG’s.</td>
</tr>
<tr>
<td>Assessment Sensation, Cognition, Perception, Memory, Motor, Coordination, Cranial Nerves, Balance PT’s POC</td>
<td>SOAP Note Documentation Pulmonary, Vascular &amp; Cardiac Patient.</td>
<td>Modifications for Spinal, ROM, Restive, Balance, &amp; Strength Exercises for Geriatric &amp; Pediatric Patients- Monitoring, Adjusting &amp; Progressing Per Status Changes-PT POC</td>
</tr>
<tr>
<td>Pharmacology Neurological Patient Competent Critical Safety Skills</td>
<td>AIDET &amp; SBAR Communication</td>
<td>SOAP Note Documentation Across Lifespan with Multiple Diagnosis, Electronic/Paper</td>
</tr>
<tr>
<td>Progression, Modification, Identification Red Flags, Precautions, Contraindications, Stoppage &amp; Recognition Intervention Above Skill Level or Scope PTA Neurological Patient-Communication to PT</td>
<td>Progression, Modification, Identification Red Flags, Precautions, Contraindications, Stoppage &amp; Recognition Intervention Above Skill Level or Scope PTA Cardiac, Vascular &amp; Pulmonary Patient</td>
<td>Progression, Modification, Identification Red Flags, Precautions, Contraindications, Stoppage &amp; Recognition Intervention Above Skill Level or Scope PTA with implication of therapeutic exercise across the lifespan including complex patient.</td>
</tr>
</tbody>
</table>

Instructor Initials_________ Instructor Initials_______ Instructor Initials_______
PTA LAB PRACTICAL RUBRIC

Course Name_________________ Score____________ P/F____________ Remediation Y/N, Type_____________

Instructor Name________________________________________________________

Student Name________________________________________________________

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Surpasses</td>
<td>Exceeds</td>
<td>Meets</td>
<td>Needs</td>
<td>Safety Concerns- Needs</td>
</tr>
<tr>
<td></td>
<td>Experiences</td>
<td>Expectations</td>
<td>Expectations</td>
<td>Remediation</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Inconsistent</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Safety Compliance</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Identifying Supervising Physical Therapist of Record</th>
<th>RED FLAG CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifies PT of Record prior to beginning any direct patient care.</td>
<td>Fails to identify PT of Record prior to beginning of direct patient care or any time during the lab practical.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Safety</th>
<th>RED FLAG CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secures use of appropriate equipment, /lines during patient care as indicated by patient presentation &amp; chart.</td>
<td>Fails to Secure use of inappropriate equipment, /lines during patient care as indicated by patient presentation &amp; chart.</td>
</tr>
<tr>
<td>OR</td>
<td>OR</td>
</tr>
<tr>
<td>Fails to Identify, demonstrate and/or respond appropriately to Base Critical Precautions, Contraindications, Co-morbidities, Restrictions and adverse reactions to interventions.</td>
<td>Fails to Identify, demonstrate and/or respond appropriately to Base Critical Precautions, Contraindications, Co-morbidities, Restrictions and adverse reactions to interventions.</td>
</tr>
<tr>
<td>Professionalism</td>
<td>Behavior &amp; Communication is of the highest level of achievement, with aspects of responsibility, respectfulness to ALL including patients, family, staff and other professionals.</td>
</tr>
<tr>
<td>----------------</td>
<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>RED FLAG</td>
<td>Exemplifies and Adheres to the highest level legal and ethical standards. All pertinent information is communicated to appropriate persons/personnel in a timely, clear and concise way in easily understandable and reproducible terms appropriately adjusted per audience.</td>
</tr>
</tbody>
</table>
professionalism
and accountability
demonstrated in
ALL aspects of
performance
including
identification of
self, professional
dress uniform
with school name
tag, and respectful
and effective
communication.

adjusted per
audience but just
takes extra time.
Exemplifies the
highest level of
professionalism
and accountability
demonstrated in
ALL aspects of
performance
including
identification of
self, professional
dress uniform
with school name
tag, and respectful
and effective
communication, just takes extra

easily understandable
and reproducible
terms inconsistently
adjusted per
audience.

OR

Failure to
demonstrates
professionalism
and accountability
in aspects of
performance
including
identification of
self, clean
business dress
with name
tag, and respectful
and effective
communication.

OR

Inconsistently
demonstrates
professionalism
and/or
accountability in
aspects of
performance
including inconsistence
in completing the
following:
identification of
self, clean
business dress
with name
tag, and respectful
and effective
communication.

Pre-Intervention
Skills

Prior to Initiation
of any direct
patient contact
performs a
thorough and
complete chart
review.

Prior to Initiation
of any direct
patient care
receives specific
informed consent
of responsible
medical staff,
patient, and/or
patient legal
representative.

Prior to Initiation
of any direct
patient care
obtains All
pertinent &
necessary
equipment &
maximally
prepares
environment for
safe execution of

Prior to Initiation
of any direct
patient contact
performs a
thorough and
complete chart
review.

Prior to Initiation
of any direct
patient care
receives specific
informed consent
of responsible
medical staff,
patient, and/or
patient legal
representative,
just takes extra
time.

Prior to Initiation
of any direct
patient care
obtains All
pertinent &
necessary
equipment &
maximally
prepares
environment for

Prior to Initiation
of any direct
patient contact
performs a
complete chart
review.

Prior to Initiation
of any direct
patient care
receives general
informed consent
of responsible
medical staff,
patient, and/or
patient legal
representative.

Obtains All
pertinent &
necessary
equipment &
maximally
prepares
environment for
safe execution of
activity/intervention
during the course
of providing direct
patient care.

Clarifies with PTOR
and/or responsible

Prior to Initiation
of any direct
patient contact
performs an
incomplete chart
review.

OR

Receives general
informed
consent of
responsible
medical staff,
patient, and/or
patient legal
representative
during course
the course of
providing direct
patient care.

OR

Inconsistently
obtains the
necessary
equipment &
inconsistently
prepares

Prior to Initiation
of any direct
patient contact
Fails to
perform a basic
chart review.

OR

Prior to Initiation
of any direct
patient care
Fails to
receive general
informed consent
of responsible
medical staff,
patient, and/or
patient legal
representative.

OR

Fails to Obtain All
pertinent &
necessary
equipment and/or
Fails to maximally
prepare
environment for
safe execution of
activity/intervention
during the course
of
<table>
<thead>
<tr>
<th>Intervention #1 Skills</th>
<th>Demonstrates detailed and thorough knowledge of intervention and/or case.</th>
<th>Demonstrates detailed and thorough knowledge of intervention and/or case but takes extra time to recall for execution.</th>
<th>Demonstrates good knowledge of intervention and/or case. Able to recognize and understand patient presentation including patient’s level of function, tissue healing and implements</th>
<th>Demonstrates inconsistent knowledge of intervention and/or case.</th>
<th>Fails to demonstrate good knowledge of intervention and/or case.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Able to recognize and understand patient presentation including patient’s</td>
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Prior to Initiation of any direct patient care clarifies with PTOR and/or responsible medical staff any concerns or questions regarding treatment plan or precautions.

Prior to Initiation of any direct patient care communicates with responsible medical staff, patient, and/or patient legal representative identifying specific daily plan of intervention/treatment session with outcomes stated in a clear, concise and easily understandable way.

Prior to Initiation of any direct patient care clarifies with PTOR and/or responsible medical staff any concerns or questions regarding treatment plan or precautions, just takes extra time.

Prior to Initiation of any direct patient care communicates with responsible medical staff, patient, and/or patient legal representative identifying general daily plan of intervention/treatment session with outcomes stated in an understandable way.

Environment for safe execution of activity/intervention during the course of providing direct patient care.

Communicates with responsible medical staff, patient, and/or patient legal representative identifying general daily plan of intervention/treatment session with outcomes stated in an understandable way.

FAILS to clarify with PTOR and/or responsible medical staff any concerns or questions regarding treatment plan or precautions during the course of providing direct patient care.

FAILS to communicate with responsible medical staff, patient, and/or patient legal representative and/or FAILS to identify general daily plan of intervention/treatment session with outcomes stated in an understandable way.

FAILS to demonstrate good knowledge of intervention and/or case.

FAILS to recognize and understand patient presentation including patient’s level of function, tissue healing and implements.
| Intervention #2 Skills | Demonstrates detailed and thorough knowledge of intervention and/or case. Able to recognize and understand patient presentation including patient’s level of function, tissue healing and implements intervention specific to these findings. | Demonstrates detailed and thorough knowledge of intervention and/or case but takes extra time to recall for execution. Able to recognize and understand patient presentation including patient’s level of function, tissue healing and implements intervention | Demonstrates good knowledge of intervention and/or case. Able to recognize and understand patient presentation including patient’s level of function, tissue healing and implements intervention not contraindicated for patient presentation. | Demonstrates inconsistent knowledge of intervention and/or case. OR Inconsistently recognizes and/or misses components of patient presentation including patient’s level of function, tissue healing and implements intervention not contraindicated for patient presentation. | Fails to demonstrate good knowledge of intervention and/or case. OR Fails to recognize and understand patient presentation including patient’s level of function, tissue healing and implements intervention not contraindicated for patient presentation. | level of function, tissue healing and implements intervention not contraindicated for patient presentation. |
| Intervention #3 Skills | Demonstrates excellent safe patient handling skills including body mechanics, draping/privacy, positioning of self and patient with implementation of interventions. | Demonstrates excellent safe patient handling skills including body mechanics, draping/privacy, positioning of self and patient with implementation of interventions. | Demonstrates good knowledge of intervention and/or case. Able to recognize and understand patient presentation including patient’s level of function, tissue healing and implements intervention specific to these findings. | Demonstrates good knowledge of intervention and/or case. Able to recognize and understand patient presentation including patient’s level of function, tissue healing and implements intervention not contraindicated for patient presentation. Demonstrates basic safe patient handling skills including body mechanics, draping/privacy, positioning of self and patient with implementation of interventions. | Demonstrates inconsistent knowledge of intervention and/or case. OR Inconsistently recognizes and/or misses components of patient presentation including patient’s level of function, tissue healing and implements intervention not contraindicated for patient presentation. OR Inconsistently demonstration of safe patient handling skills including body mechanics, draping/privacy, positioning of self and patient with implementation of interventions. | Fails to demonstrate good basic safe patient handling skills including body mechanics, draping/privacy, positioning of self and patient with implementation of interventions. OR Fails to demonstrate consideration and monitoring of any applicable precautions, contraindications, restrictions or co-morbidities (including vitals). | OR |

Demonstrates excellent safe patient handling skills including body mechanics, draping/privacy, positioning of self and patient with implementation of interventions.

Proactively demonstrates consideration and monitoring of any applicable precautions, contraindications, restrictions or co-morbidities (including vitals) just takes extra time.

Demonstrates excellent safe patient handling skills including body mechanics, draping/privacy, positioning of self and patient with implementation of interventions just takes extra time.

Proactively demonstrates consideration and monitoring of any applicable precautions, contraindications, restrictions or co-morbidities (including vitals), just takes extra time.

Fails to recognize and understand patient presentation including patient’s level of function, tissue healing and implements intervention specific to these findings.

Demonstrates good basic safe patient handling skills including body mechanics, draping/privacy, positioning of self and patient with implementation of interventions.

Demonstrates consideration and monitoring of any applicable precautions, contraindications, restrictions or co-morbidities (including vitals) just takes extra time.

Able to recognize and understand patient presentation including patient’s level of function, tissue healing and implements intervention not contraindicated for patient presentation.

Demonstrates basic safe patient handling skills including body mechanics, draping/privacy, positioning of self and patient with implementation of interventions.

OR

Inconsistently demonstration of safe patient handling skills including body mechanics, draping/privacy, positioning of self and patient with implementation of interventions.

Fails to demonstrate good basic safe patient handling skills including body mechanics, draping/privacy, positioning of self and patient with implementation of interventions. OR Fails to demonstrate consideration and monitoring of any applicable precautions, contraindications, restrictions or co-morbidities (including vitals). OR Fails to demonstrate good basic safe patient handling skills including body mechanics, draping/privacy, positioning of self and patient with implementation of interventions.
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<td>Post- Intervention Skills</td>
<td>Assesses thoroughly patient’s response to treatment and responds appropriately with application of interventions or deferral if indicated and incorporates into future plan including notification of appropriate medical staff and PTOR. Post treatment positioning of patient and applicable patient education is completed optimally. Is aware of infection control by cleaning treatment area per protocol and proper storage of equipment.</td>
<td>Assesses thoroughly patient’s response to treatment and responds appropriately with application of interventions or deferral if indicated and incorporates into future plan including notification of appropriate medical staff and PTOR, just takes extra time. Post treatment positioning of patient and basic patient education is completed. Is aware of infection control by cleaning treatment area per protocol and proper storage of equipment, just takes extra time.</td>
<td>Assesses patient’s response to treatment and able to alter application of interventions or deferral if indicated and notification of appropriate medical staff and PTOR. Post treatment positioning of patient and basic patient education is completed. Appropriate Personnel are alerted or cleaning of treatment area and demonstrates a base awareness of infection control and equipment storage. Inconsistently assesses patient’s response to treatment and altering of application of interventions or deferral if indicated and inconsistent notification of appropriate medical staff and PTOR. OR Inconsistently and/or incorrectly performs Post treatment positioning of patient and/or provides incorrect basic patient education. OR Appropriate Personnel are alerted or cleaning of treatment area and demonstrates a base awareness of infection control and equipment storage.</td>
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<td>Fail to assess patient’s response to treatment and/or is unable to alter application of interventions or deferral if indicated and fails to notify appropriate medical staff and PTOR. Fails to perform Post treatment positioning of patient and/or provide basic patient education. Appropriate Personnel are alerted or cleaning of treatment area and demonstrates a base awareness of infection control and equipment storage.</td>
<td>Assesses thoroughly patient’s response to treatment and responds appropriately with application of interventions or deferral if indicated and incorporates into future plan including notification of appropriate medical staff and PTOR, just takes extra time.</td>
<td>Demonstrates consideration and monitoring of any applicable precautions, contraindications, restrictions or co-morbidities (including vitals) including body mechanics, draping/privacy, positioning of self and patient with implementation of interventions. OR Inconsistently demonstrates consideration and monitoring of any applicable precautions, contraindications, restrictions or co-morbidities (including vitals)</td>
<td>Fails to assess patient’s response to treatment and responds appropriately with application of interventions or deferral if indicated and fails to notify appropriate medical staff and PTOR. Fails to perform Post treatment positioning of patient and/or provide basic patient education. Appropriate Personnel are alerted or cleaning of treatment area and demonstrates a base awareness of infection control and equipment storage.</td>
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| Efficiency/Time Skills | Demonstrates time management skills with demonstration of thorough, complete pre during and post treatment interventions/activities and clean up in a specified timeframe. | Demonstrates good time management skills with demonstration of thorough, complete pre during and post treatment interventions/activities and clean up in <= 5 minutes over specified time. | Demonstrates sufficient time management skills with demonstration of complete pre during and post treatment interventions/activities and lacking clean up and/or <= 5 minutes over specified timeframes. | Assesses patient's response to treatment and able to alter application of interventions or deferral if indicated and notification of appropriate medical staff and PTOR.  

**OR**  
Post treatment positioning of patient and basic patient education is completed.  

**OR**  
Appropriate Personnel are alerted or cleaning of treatment area and demonstrates a base awareness of infection control and equipment storage. | Fails to complete any 2 or more pre during and post treatment interventions/activities and lacking clean up and/or <= 5 minutes over specified timeframes. |

| Documentation Skills | Demonstrates complete, thorough, concise, easily reproducible SOAP note documentation with all components including recommendations for progression, established STG/LTG, notification of appropriate | Demonstrates complete, thorough, concise, easily reproducible SOAP note documentation with all components including recommendations for progression, established STG/LTG, notification of | Demonstrates incomplete, SOAP note documentation missing 1 or more component including, notification of appropriate medical staff/PTOR regarding status changes. | Demonstrates incomplete, SOAP note documentation missing 1 or more component including, notification of appropriate medical staff/PTOR regarding status changes. | Fails to demonstrate complete/thorough SOAP note documentation missing 2 or more components including, notification of appropriate medical staff/PTOR regarding status changes.
| appropriate medical staff/PTOR regarding status changes, just takes a little more time. | Demonstrates no more than 2 grammatical, spelling or punctuation errors. | Demonstrates more than 2 grammatical, spelling or punctuation errors. | Demonstrates more than 3 grammatical, spelling or punctuation errors. | medical staff/PTOR regarding status changes. Demonstrates no grammatical, spelling or punctuation errors. |