**George Fox University**
**School of Physical Therapy**
**COURSE SYLLABUS: Fall**

**COURSE:** **PDPT 780 Clinical Internship II**

**CREDIT HOURS:** **8**

**CLOCK HOURS:** **320 clinic hours**

**PREREQUISITES:** **PDPT 680 Clinical Internship I**
**Successful completion of didactic coursework to date**
**Recommendation by academic faculty**

**INSTRUCTOR:** **Paul Shew PT, DPT, Director of Clinical Education**
**Li-Zandre Philbrook PT, DPT, Assistant Director of Clinical Education**

**OFFICE HOURS:** **Available by appointment.**

**SCHEDULE:** **Schedule determined by clinic.**

**CLASSROOM:** **In clinic**

**COURSE DESCRIPTION:**
This course is a 9-week full time clinical experience. Students will be under supervision of a clinical instructor at an assigned physical therapy facility. Clinical sites vary in their location and it is the student's responsibility for travel and living expenses if they occur.

**COURSE REQUIREMENTS:**

At completion of this internship student is expected to be rated at least at "Intermediate Level" on The APTA Clinical Performance Instrument.

1. A student who requires clinical supervision less than 75% of the time managing new patients or patients with complex conditions and is 25% assistance managing patients with simple conditions.
2. At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning.
3. The student is capable of maintaining 50% of a full-time physical therapist's caseload.

**METHODS OF INSTRUCTION:**

These courses emphasize application and integration of academic coursework in the clinical setting. Students are supervised by licensed physical therapists.

**REQUIRED TEXTS/OTHER MATERIAL:**

Prior to Clinical Internship:

- Review GFU Clinical Education Handbook
- Review CPI
- Review Medicare rules related to use of student Physical Therapists in the clinic
  - Supervision of Students Under Medicare Chart
  - Implementing MDS 3.0: Use of Therapy Students
  - Use of Students Under Medicare Part B

During Internship:

- Reading as assigned by Clinical Instructor

**RECOMMENDED TEXTS:**

None

**COURSE MATERIAL ON CLINICAL INTERNSHIP WEBSITE:**

Links to the goal-setting form and the CPI assessment will be available on the Google Clinical Internship website.

**METHODS OF EVALUATION AND GRADING:**

1. The intern and CI are required to complete a midterm evaluation using the Clinical Performance Instrument (CPI). After completing the self-evaluation, the intern may write two or more goals for herself/himself to be achieved by the end of the internship.
2. At the end of each internship, the intern and Clinical Instructor will again evaluate student performance using the CPI.
3. The CPI's and the Evaluation of Clinical Experience and Clinical Instruction Form are due immediately following the last day of the internship. A link to the Clinical Experience and Clinical Instruction form will be e-mailed to the student the last week of the internship.
4. Grades will be assigned based on the completion of the following, along with verbal input from the CI and intern. Ultimately the academic faculty determines the final grade based upon:
   - Student CPI
   - CI CPI
   - Evaluation of Clinical Experience and Clinical Instruction Information Survey

**OUTLINE OF CONTENT AND COURSE OBJECTIVES:**

Upon completion of this course, the students will be able to:

1. **Professional Practice**
   - Practices in a safe manner that minimizes the risk to the patient.
   - Demonstrates professional behavior in all situations.
   - Adheres to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.7D1)
   - As necessary report to appropriate authorities suspected cases of abuse of vulnerable populations. (7D2)
   - As necessary, report to appropriate authorities suspected cases of fraud and abuse related to the utilization of and payment for physical therapy and other health care services(7D3)
   - Practice in a manner consistent with the APTA *Code of Ethic*(7D4)
   - As necessary implement, in response to an ethical situation, a plan of action that demonstrates sound moral reasoning congruent with core professional ethics and values (7D6)
   - Practice in a manner consistent with the APTA *Core Values*. (7D5)
   - Communicate effectively with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers, and policymakers. (7D7)
   - Identify, respect, and act with consideration for patients'/clients' differences, values, preferences, and expressed needs in all professional activities. (7D8)
   - As appropriate to the clinic participate in professional and community organizations that provide opportunities for volunteerism, advocacy and leadership.
   - Advocate for the profession and the healthcare needs of society through legislative and political processes.(7D14)
   - Identify career development and lifelong learning opportunities, including the role of the physical therapist in the clinical education of physical therapist students. (7D15)
   - Respond effectively to patient/client and environmental emergencies in one's practice setting. (7D33)
   - Participate in patient-centered interprofessional collaborative practice. (7D39)
   - Assess health care policies and their potential impact on the healthcare environment and practice. (7D41)
2. **Patient Management**
   - Access and critically analyze scientific literature (7D9)
   - Apply current knowledge, theory, and professional judgment while considering the patient/client perspective, the environment, and available resources. (7D10)
   - Identify, evaluate and integrate the best evidence for practice with clinical judgment and patient/client values, needs, and preferences to determine the best care for a patient/client(7D11)
   - Effectively educate others using teaching methods that are commensurate with the needs of the learner, including participation in the clinical education of

students.

- Determine when patients/clients need further examination or consultation by a physical therapist or referral to another health care professional. (7D16)
- Obtain a history and relevant information from the patient/client and from other sources as needed. (7D17)
- Perform systems review (7D18)
- Select, and competently administer tests and measures[1] appropriate to the patient's age, diagnosis and health status including, but not limited to, those that assess:
    a) Aerobic Capacity/Endurance
    b) Anthropometric Characteristics
    c) Assistive Technology
    d) Balance
    e) Circulation (Arterial, Venous, Lymphatic)
    f) Self-Care and Civic, Community, Domestic, Education, Social and Work Life
    g) Cranial and Peripheral Nerve Integrity
    h) Environmental Factors
    i) Gait
    j) Integumentary Integrity
    k) Joint Integrity and Mobility
    l) Mental Functions
    m) Mobility (including Locomotion)
    n) Motor Function
    o) Muscle Performance (including Strength, Power, Endurance, and Length)
    p) Neuromotor Development and Sensory Processing
    q) Pain
    r) Posture
    s) Range of Motion
    t) Reflex Integrity
    u) Sensory Integrity
    v) Skeletal Integrity
    w) Ventilation and Respiration or Gas Exchange (7D 19)
- Evaluate data from the examination (history, health record, systems review, and tests and measures) to make clinical judgments. (7D20)
- Use the International Classification of Function (ICF) to describe a patient's/client's impairments, activity and participation limitations. (7D21)
- Determine a diagnosis that guides future patient/client management. (7D22)
- Determine patient/client goals and expected outcomes within available resources (including applicable payment sources) and specify expected length of time to achieve the goals and outcomes. (7D23) (7D24)
- Determine those components of the plan of care that may, or may not, be directed to the physical therapist assistant (PTA) based on
    - (a) the needs of the patient/client
    - (b) the role, education, and training of the PTA
    - (c) competence of the individual PTA

- (d) jurisdictional law, (e) practice guidelines policies, and
- (f) facility policies. (7D25)

- Create a discontinuation of episode of care plan that optimizes success for the patient in moving along the continuum of care. (7D26)
- Competently perform physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:
  a) Airway Clearance Techniques
  b) Assistive Technology: Prescription, Application, and, as appropriate, Fabrication or Modification
  c) Biophysical Agents
  d) Functional Training in Self-Care and in Domestic, Education, Work, Community, Social, and Civic Life
  e) Integumentary Repair and Protection
  f) Manual Therapy Techniques (including mobilization/manipulation thrust and non-thrust techniques)
  g) Motor Function Training (balance, gait, etc.)
  h) Patient/Client education
  i) Therapeutic Exercise (7D27)
- Manage the delivery of the plan of care that is consistent with professional obligations, interprofessional collaborations, and administrative policies and procedures of the practice environment. (7D28)
- Delineate, communicate and supervise those areas of the plan of care that will be directed to the PTA. (7D29)
- Monitor and adjust the plan of care in response to patient/client status. (7D30)
- Assess patient outcomes, including the use of appropriate standardized tests and measures that address impairments, functional status and participation. (7D31)
- Complete accurate that follows guidelines and specific documentation formats required by state practice acts, the practice setting, and other regulatory agencies. (7D32)
- Provide physical therapy services that address primary, secondary and tertiary prevention, health promotion, and wellness to individuals, groups, and communities. ( 7D34)
- Provide care through direct access as it relates to screening. (7D35)
- Participate in the case management process as it relates to Financial Resources. (7D36)
- Assess and document safety risks of patients and the healthcare provider and design and implement strategies to improve safety in the healthcare setting as an individual and as a member of the interprofessional healthcare team as it relates to Financial Resources. (7D37)
- Participate in activities for ongoing assessment and improvement of quality services (7D38)
- Use health informatics in the health care environment as it relates to documentation. (7D40)
- Participate in the financial management of the practice setting, including accurate billing and payment for services rendered. (4D42)

- As appropriate participate in practice management, including marketing, public relations, regulatory and legal requirements, risk management, staffing and continuous quality improvements (7D43)

**3.** Student should demonstrate progress on all items.

**PROGRAM AND UNIVERSITY POLICIES:**

Please refer to the George Fox University Student Handbook, the Clinical Education Handbook, and the School of Physical Therapy Student Handbook regarding policies on attendance, preparedness, academic honesty, grading, remediation, and appeals.

**Disability Services Information**

In keeping with the central tenets of its mission – teaching, faith, and service – George Fox University is committed to the full access and the inclusion of all qualified students in its programs. It is the policy of the University to ensure that students with disabilities have equal opportunity for participation in the University's academic programs and activities, in accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act. Some students with disabilities may need reasonable accommodation in order to participate fully in the Doctor of Physical Therapy program. If accommodation is needed in classroom or clinical settings, students should contact the Disability Services Office (DSO) as early as possible (www.georgefox.edu/dso). If you have been approved for accommodations through the DSO, please discuss your accommodations with your professors and your advisor at the start of each semester in order to optimize your learning opportunities.

**Important:** The DPT program includes multiple lab experiences and off-campus clinical placements. Students may need additional or different accommodation arrangements for these lab and clinical components of the program. The Director of Clinical Education should receive the student's Field Experience Accessibility Plan from the Disability Service Office by February 1 of the calendar year prior to the scheduled start of a clinical experience. Early notification improves the ability to arrange a suitable placement to support needed accommodations. If an Accessibility Plan is submitted after the designated date, the Director of Clinical Education will attempt to arrange placements that meet accessibility needs, but the student might be delayed in completing clinical experiences.

The Director of Clinical Education may meet with the student at the students' request to discuss strategies for a successful completion of the clinical internship. Students may be encouraged at this time to meet with the Site Coordinator of Clinical Education (SCCE) to come to an agreement as to the request for accommodations. At no time is the student required to disclose their medical diagnosis. Prior to the clinical placement, the SCCE signs the **Field experience accessibility plan.** The SCCE may decline the

student request if the request is unreasonable for their specific setting.

**Clinical Policies:**

1. Working hours are those established by the facility. The intern is not expected to work a longer day than the supervising PT (clinical Instructor).
2. If applicable, the intern may work on the weekend with a day off during the week according to the facility departmental policies.
3. Students can expect to spend 8-10 hours per week studying, preparing, and reviewing relevant material. This is in addition to the 40 hours/week that the students spend in the clinic.
4. The facility dress code is to be the guide for the intern.
5. Student/Intern must have current appropriate CPR certification and complete immunization records. This includes, MMR, HepB, Tdap, Varicella, and TB. The student/ intern is responsible for keeping copies of their own records so that they can be presented to their clinical instructors on the first day. Student must provide proof of current health insurance.
6. Interns must be supervised by at least one licensed PT (not a Physical Therapist Assistant). A supervising PT must also be located in the same premises as the intern at all times. In some cases, the PT should be in the same treatment area/room.
7. If any problems or questions occur during the affiliation, consult the Director of Clinical Education (DCE). DO NOT wait until a clinic visit, return to school, and assume things will improve. Problem areas can often be easily handled early on without wasting valuable clinic time.
8. Each facility has the authority to require extra reading, homework, or reports in order to enhance the clinical experience.

**Absences:**

1. Absences must be due to illness or emergency only and must be made up at the discretion of the DCE.
2. The facility must be notified each day of an absence by 8:00 a.m. or upon opening.
3. The DCE must be notified each day of an absence.
4. Students may have the opportunity to participate in School-approved or School-sponsored activities during an internship, including state, national, or international professional meetings and service-learning experiences. Students may participate in these activities under the following conditions:
    a. The absence is approved by the clinical instructor
    b. The absence is approved by the DCE
    c. The time missed is made up
5. Absences for personal reasons (weddings, family reunions etc.) are not professional behavior and are not supported.
6. Tardiness during your clinical rotation is not professional behavior and is not supported.

**CLASS SCHEDULE:**

Week 1-2: Overview:

This week the student should:

1. Meet with SCCE and/or CI.
    a. Review student and clinic expectations as well as other information.
    b. Facility orientation.
    c. Review policies, work hours, dress code, safety procedures etc.
    d. Introductions to other staff members.
    e. Review facility documentation.
2. Shadow CI to become familiar with the patients and procedures and discuss treatment and assessment rationale.
3. The Student may assist in treatment of non-complicated patients with close supervision.
4. The Student may discuss, identify or contrast pros and cons of tests or procedures.
5. Demonstrate safety for patient and self with guidance from CI.
6. Demonstrate professional communications and demeanor with department staff and other multi-disciplinary team members in a tertiary care environment.
7. Attempt daily notes on select, non-complicated patients and compare with CI.
8. During the second week, complete an initial examination/evaluation on non- complicated patients with close supervision and cueing as needed from the CI.
    a. Take accurate patient history including medication profile as appropriate.
    b. Discuss and perform examination procedures under the guidance of the CI. c. Synthesize available data to include impairments, functional limitations, and participation restrictions.
    d. Integrate the examination findings to diagnostically classify the patient's condition and discuss with CI.
    e. Analyze impairments to determine a specific dysfunction towards which the intervention will be directed.
    f. Contrast indications, contraindications, precautions and limitations with CI.
    g. Synthesize plan of care, including prognosis, interventions and goals with assistance from CI.

By the end of 2nd week the student should be able to:

1. Require direct clinical guidance less than 75% of the time managing patients with simple conditions, but require assistance managing patients with complex conditions.
2. Demonstrate consistency in developing proficiency with basic tasks (i.e., medical record review, goniometry, muscle testing, and basic interventions).
3. Review your performance for the week and exchange feedback with CI regarding level of supervision, teaching methods, plan for next week, etc. (This is on-going for the entire duration of the internship).
4. Demonstrate collaboration with all members of health care team for a patient during all

phases of care in the patient management model.

Week 3-4: Overview:

- Increased Student Participation
- Student should be familiar with facility, routine, policies and procedures Student should increase their own clinical reasoning into the discussions with the CI
- Increased participation with non-complicated patient care
- Student may be introduced to more complex patient situations

This week the student should:

1. Schedule CPI mid-term review with DCE and CI.
2. Continue to conduct initial examinations/evaluations on non-complicated patients with supervision from the CI. 50% or less cueing needed for accuracy, and completeness plus efficiency is improving.
3. Increase participation in the examination and evaluation of more complicated patients.
4. Assess effectiveness and make adjustments with interventions concerning on-going, non-complicated patients with 50% or less assistance from CI.
5. Document initial evaluations and progress notes on patients with simple diagnoses in a suitable time frame for a student and with 25% or less assistance from CI.
6. Actively seek feedback with and demonstrate safety (patient and self).
7. Actively seek feedback with professional communications and demeanor from CI.
8. Write measurable functional goals that are time referenced with less than 25% assistance from CI.
9. Prepare for patient conferencing and or/progress report writing with less than 50% assistance from CI.
10. With 1-2 patients weekly, apply evidence from the most current literature that supports the clinical decision making for each case.
11. Direct and supervise patient scheduling, human resource needs, and other administrative responsibilities with 75% assistance from CI.
12. If appropriate, work with CI to meet other stated goals such as planning meetings/observations of other disciplines, surgery, specialty areas, etc.
13. Complete CPI mid-term review at end of 4th week.
    a. Re-adjust clinical internship goals based on mid-term review, paying particular attention to any performance criteria that the student had no learning/assessment opportunities.
    b. Complete appropriate sections of the student assessment of clinical instruction and discuss with CI.

By the end of 4th week the student should be able to:

1. Require direct clinical guidance 50% of the time managing patients with simple conditions, and 75% of the time managing patients and tasks with complex conditions.

2. Demonstrate more consistency with proficiency of basic tasks (ie, medical record review, goniometry, muscle testing, and basic interventions) and is demonstrating capacity to manage more complex patient and administrative responsibilities.
3. Be capable of managing 50% of a new graduate full-time PT case load.
4. Student will participate in the supervision of PT Aides, PTA students, and other DPT
    i. students with appropriate knowledge base.

Week 5-6: Overview:

- Increased confidence
- Increased participation in patient care
- Increased participation in their own learning process

The student should:

1. Continue to complete evaluations on non-complicated patients with less than 25% assistance from CI.
2. Select, administer and evaluate valid and reliable examination procedures to assess patient function.
3. Consistently cite the evidence to support clinical decisions.
4. Implement and assess effectiveness of treatment interventions addressing impairments, activity limitations and specific patient goals in consideration of cultural background with less feedback from CI.
5. Consistently demonstrate safe behaviors requiring no cueing from CI.
6. Consistently demonstrate professional communications, integrity and demeanor with patients/clients requiring no cueing from CI.
7. Document progress notes and initial evaluations with increasing efficiency needing less than 25% assistance from CI.
8. Instruct patients on their condition and intervention ensure understanding and effectiveness of their ongoing program and tailor interventions with consideration of patient's situation 25% or less assistance from CI.
9. Student to collaborate with CI regarding patient's suitability for discharge and may begin to differentiate between discharge and discontinuation of service and transfer of care.
10. Present patient during care conference or writes up progress reports with less than 25% assistance needed from CI.
11. Direct and supervise patient scheduling, human resource needs and other administrative responsibilities with less than 25% assistance from CI.

By the end of 6th week the student should be able to:

1. Require direct clinical guidance less than 10% of the time managing patients with simple conditions, and 50% of the time managing patients and tasks with complex

conditions.

2. Demonstrate more consistency with proficiency of basic tasks (i.e., medical record review, goniometry, muscle testing, and basic interventions) and is demonstrating capacity to manage more complex patient and administrative responsibilities.
3. Be capable of managing 30% of a new graduate full-time PT case load.
4. Select an outcome measurement tool to assess patient outcomes taking into consideration therapy setting, cultural background and reimbursement when selecting the measurement tool.
5. Demonstrate ability to maximize patient care through interprofessional collaboration.

Week 6-8: Overview:

- Demonstrates skill in patient care requiring only occasional assistance from
- Clinical Instructor.
- Demonstrates commitment to lifelong learning and evidence-based care.

This week the student should:

1. Complete examinations on non-complicated patients with less than 75% assistance from CI for complex cases and 50% with simple cases.
2. Select, administer and analyze valid and reliable examination procedures to assess patient function.
3. Construct an appropriate Plan of Care by consistently interpreting the examination and citing the evidence and plausible rationales to support clinical decisions.
4. Implement and assess effectiveness of treatment interventions addressing impairments, activity limitations and specific patient goals with occasional feedback from CI.
5. Consistently demonstrate safe behaviors with occasional from CI.
6. Consistently demonstrate professional communications and demeanor with occasional cueing from CI.
7. Document progress notes and initial evaluations with good efficiency and minimal feedback from CI.
8. Instruct patients on their condition and intervention ensure understanding and effectiveness of their ongoing program.
9. Design interventions with consideration of patients' situation with little guidance from CI.
10. Student to take the lead with patient discharge responsibilities.
11. Take initiative with patient scheduling and other administrative responsibilities with infrequent errors or needed cueing from CI.

By the end of 8th week, with only 50-75% assistance from Clinical Instructor the student should:

1. Demonstrate the use of outcome measures that are selected to be generalizable to the clinic education site's patient population.

2. Demonstrate ability to perform an appropriate medical screening and examination for a patient seen through direct access, determine need for intervention and provide appropriate care.
3. Complete CPI and Student Assessment of Clinical Site and Experience form and review with CI.
4. Student should demonstrate progress on all items.
5. Student should manage 50% of a caseload expected for new graduate hires.

# COURSEWORK

**EXPECTATIONS:** Allow the student to have hands on experience within the limits of their knowledge and current skill set. A Midpoint and Final CPI is required. By the end of this clinical experience, the student should be at **"Intermediate"** level.

## CURRICULUM COMPLETED

Professional Practices in Physical Therapy
Basic Patient Care Skills
Human Anatomy with labs
Neuroscience/Motor Control
Evidence Based Practice
Applied Physiology
Therapeutic Exercise
Biomechanics and Kinesiology
Therapeutic Modalities
Essentials of Research and Statistics
Pathophysiology
Cardiopulmonary Therapy
Pharmacology for PT
Geriatric Physical Therapy
Neurorehabilitation Pediatric
Physical Therapy Orthopedic
Rehabilitation Professional
Research Project Differential Diagnosis
Medical Surgical & Integumentary Management
Health and Wellness in Physical Therapy
Prosthetics and Orthotics
Diagnostic Imaging for Physical Therapists
Psychosocial Aspects of Patient Care and Disability
Professional Duty & Social responsibility
Administration in Physical Therapy
Professional Seminar/Special Topics
Clinical Education (26wks)

## COURSEWORK INCLUDED

**Professional Practices in PT**
Subjective history evaluation
Documentation
Universal precautions
Legal issues (state and federal)
Ethics
HIPPA
Vital signs

**Basic Patient Care Skills**
Range of motion
Manual muscle testing
Transfers
Bed mobility
Gait with assistive devices
Body mechanics

**Human Anatomy**
Muscle attachment/innervation
Palpation including arteries

**Neuroscience/Motor Control**
Dermatomes
Postural control
Reflex testing
Sensory testing
Cranial nerve testing
Basic vestibular test/treatment

**Therapeutic Exercise**
Design and modify basic exercise and stretching programs
Posture
Ergonomics
Balance and proprioceptive training
Limited joint mobilization
- Grades 1-3

**Therapeutic Modalities**
Massage
Ultrasound
Phonophoresis
Electrical muscle stimulation (NMES)
Iontophoresis
TENS
Laser
Whirlpool
Paraffin bath
Mechanical traction
- Cervical
- Lumbar

Biofeedback

**Ortho Extremities**

- Patient interview
- Tests and measures
  - Upper and lower extremities
- General orthopedic conditions
  - Diagnosis
  - Prognosis
  - Plan of Care
  - Post-operative care
- Hand mobilizations
  - Grade 1-3, limited grade 4

**Ortho Spine**

- Red and yellow flags
- Spinal mobilization
  - Grade I-V
- HVLAT
  - Lumbar spine neutral gap
  - Lumbosacral
  - Thoracic flexion and Extension
  - Cervical/Thoracic
- Neurodynamics
- Manual therapy
  - Cervical spine NAG, SNAG
  - Trigger point: Compression
- Spinal muscle strength assessment
  - Motor control theory
  - Global muscle training
- TMJ
- Movement analysis
- Chronic pain assessment

**Neuro Rehab**

- Use of a systematic clinical decision making frameworks
- Patient interview
- Neurologic tests and measures
  - Cognition
  - Perception
  - Motor control
  - Postural control
  - Sensory exam
  - Cranial nerves
- Principles of neuroplasticity and neurotherapeutics
- Interventions to enhance:
  - Bed mobility
  - Sitting function
  - Sit to stand
  - Gait
- Wheelchair seating/positioning
- Pathophysiology, examination, prognosis, and intervention for:
  - Stroke
  - Multiple sclerosis
  - Cerebellar dysfunction
  - Brain tumors
  - Traumatic brain injury
  - Vestibular dysfunction
  - Balance dysfunction
  - Parkinson's disease
  - Spinal cord injury
  - Neuromuscular diseases: Guillain-Barre, ALS, etc.

**Cardio Pulmonary Rehab**

- EKG
- Cardiac Rehab
  - Phases I-IV
- Spirometry
- 6-Minute Walk Test
- Aerobic and anaerobic testing
- Breathing exercises
- Postural drainage and percussion
- Exercise prescription

**Differential Diagnosis**

- Patient interview
  - Special questions and follow-up questions related to pathologies in major systems of the body
- Screening questions and exams
  - Upper extremity
  - Lower extremity
  - Spine
- Abdominal auscultation, inspection, palpation, and percussion
- Knowledge of flags and associated signs and symptoms

**Other**

- Evidence Based Practice
- Biomechanics and Kinesiology
- Essentials of Research/Statistics
- Pathophysiology
- Pharmacology
- Geriatric Physical Therapy
- Pediatric Physical Therapy
  - Decision making
- Professional Research Project
- Med/Surg/Integument
  - Management
- Health and Wellness in PT
- Prosthetics and Orthotics
  - Decision making Diagnostic
- Imaging for PT Psychosocial
- Aspects of Patient
  - Care and Disability
- Professional Duty & Social responsibility
- Administration in Physical Therapy
- Professional Seminar/Special Topics