Zuckerberg College of Health Sciences
Department of Physical Therapy
& Kinesiology

Graduate Student Manual
April 1, 2019

Dear DPT Student:

Welcome to the Doctor in Physical Therapy (DPT) Program.

This student manual is a useful tool providing you with pertinent information not only as you begin the DPT program but as you progress through to graduation. You will see the online Graduate Academic Catalog is referenced often and can be found at http://www.uml.edu/Catalog/Graduate/default.aspx.

Please note in registering for courses, each student assumes full responsibility for knowledge of and compliance with the definitions, regulations, and procedures for the University, as set forth in the University online Graduate Academic Catalog. Moreover, in accepting admission to the University, each student assumes responsibility for knowledge of and compliance with the definitions, regulations, and procedures of the University pertaining to his or her student status as set forth in the appropriate university publications. This student manual is the publication for students in the DPT program in the Zuckerberg College of Health Sciences.

DPT students will be dismissed from the program if s/he receives (1) more than nine credits of grades below B, (2) a grade below C in professional courses, or (3) an Unsatisfactory grade (U) on a Clinical Education Experience. All grades less than C are recorded as F according to the UMass Graduate Grading Scheme. Any student whose semester GPA is below 3.0 for a third time and whose cumulative GPA is below 3.0, or who fails to meet conditions of probation will automatically be dismissed from the graduate program and the university. For additional information refer to page 21.

As a DPT student you are required:

- to keep your address current in SIS
- to know your academic standing at the end of each semester
- to check and utilize the university’s email system.
Students should review the Student Policies at http://www.uml.edu/Catalog/Undergraduate/Health-Sciences/Policy/Special-College-Requirements.aspx. You will find information regarding National Criminal Background Check (CORI), Clinical Affiliate Random Drug Screening and the college’s Social Media Policy.

The university utilizes a web-based self-service application known as SIS - Student Information System. Additional information can be found at: http://www.uml.edu/enrollment/sis/.

The faculty and staff of the Physical Therapy & Kinesiology Department look forward to working with you during your time in our program.

Sincerely,

Erik E. Swartz, Ph.D.
Professor and Chair, Department of Physical Therapy & Kinesiology
# Table of Contents

I. DOCTOR OF PHYSICAL THERAPY PROGRAM ................................................. 7  
   A. Program Mission ....................................................................................... 7  
   B. Program Philosophy ................................................................................ 7  
   C. Expected Program Outcomes .................................................................. 8  
   D. Professional Behaviors .......................................................................... 9  
   E. Physical Therapy Course Descriptions .................................................. 13  
   F. Curriculum: Doctor in Physical Therapy (DPT) ..................................... 20  

II. ACADEMIC POLICIES .................................................................................. 21  
   A. Advising ..................................................................................................... 21  
   B. Attendance ................................................................................................ 21  
   C. Grading Policy .......................................................................................... 21  
   D. Make-up Policy ........................................................................................ 22  
   E. Academic Standing .................................................................................. 22  
   F. Program Feedback ................................................................................... 27  
   G. Leave of Absence ..................................................................................... 27  
   H. Honors and Awards ................................................................................ 27  
   I. Right of Access to Student Records ....................................................... 28  

III. GENERAL INFORMATION ........................................................................... 31  
   A. Faculty / Staff Offices .............................................................................. 31  
   B. P.T. Bulletin Boards; Blackboard; Facebook .......................................... 33  
   C. Use of P.T. Facilities ............................................................................... 33  
   D. Laboratory Guidelines ............................................................................ 34  

*University of Massachusetts Lowell Department of Physical Therapy & Kinesiology*
E. Financial Aid/Teaching Assistantships ............................................................................. 39
F. Counseling Center and Career Services ............................................................................. 39
G. O'Leary Library (South Campus) ....................................................................................... 40
H. University Bookstore ........................................................................................................ 40
I. Transportation Services Service ......................................................................................... 40
J. Parking ................................................................................................................................. 40
K. Miscellaneous ..................................................................................................................... 40

IV. PROFESSIONAL ACTIVITIES ...................................................................................... 41

V. CLINICAL EDUCATION ................................................................................................. 42
A. General Policies ................................................................................................................ 42
B. Criminal Offender Record Information (CORI) ................................................................ 45
C. Emergency Policy ............................................................................................................. 46
D. Clinical Education Attendance Policy ............................................................................... 47
E. Health Status Requirements ............................................................................................. 47
F. New England Consortium of Clinical Educators (NECCE) .................................................. 50
G. Student Data Form (NECCE) ........................................................................................... 51
H. Full Time Clinical Education Experiences ......................................................................... 51
I. Site Selection: ..................................................................................................................... 52
J. Evaluation of Clinical Performance .................................................................................... 52
K. Resolving Problems in the Clinical Setting ....................................................................... 54
L. Evaluation of the Clinical Experience ................................................................................ 54
VI. Appendices
   A. Honor Code.
   B. Academic Integrity Policy.
   C. Professional Behaviors.
   D. Academic Critical Incident Report.
   E. Technical Standards.
   F. Sample Clinical Affiliation Agreement.
   G. Student Data Form.
   H. In-service/Case Presentation.
   I. Scoring Rubric.
   J. Anecdotal Record.
   K. Critical Incident Report.
   L. APTA Student Evaluation of the Clinical Experience.
   M. Bloodborne Pathogen Exposure Control Policies.
I. Doctor of Physical Therapy Program

A. Program Mission Statement:

The Department of Physical Therapy & Kinesiology mission is to promote health and participation in a global society through:

· Teaching of theory and practice of physical therapy and exercise physiology in classroom and community-based settings.
· Preparing graduates to achieve their chosen path with knowledge, competence, and respect for human well-being.
· Scholarship that advances multidisciplinary scientific research and encompasses educational and practical applications of movement science.
· Community service in partnership with local, regional, and national organizations advancing intervention and prevention – based strategies in health.

Program Goals:

1. To prepare entry-level physical therapy clinicians in a manner consistent with contemporary professional norms. Graduates practice as competent, autonomous, collaborative, and doctoral-prepared providers who deliver services along the continuum of care from prevention to the remediation of impairments, activity, and participation restrictions in all populations.
2. To produce, disseminate, and incorporate scholarship that will advance the science, practice, and education of physical therapy.
3. Promote, develop, and maintain effective community partnerships cultivating proficiency in collaborative practice through modeling and experience in inter-professional education.

B. Program Philosophy

The faculty of the Department of Physical Therapy & Kinesiology believe that individuals have intrinsic worth and a right to optimal health and function. Function is defined as those activities identified by an individual as essential to support physical, social, and psychological well-being and to create a personal sense of meaningful living.

Physical therapists provide services to patients/clients with alterations in body structure and function, activity and participation restrictions or changes in physical function and health status resulting from injury, disease, or other causes. Physical therapists utilize prevention and wellness strategies in individuals at risk for developing a reduction in physical function.
The physical therapist is professionally educated in a program that synthesizes graduate study with undergraduate knowledge, and experiential learning. The graduate of the Doctor of Physical Therapy program is prepared to function as an ethical and competent practitioner who best practices in providing services to patients/clients. The six elements of patient/client management include examination, evaluation, diagnosis, prognosis, intervention and outcomes. The graduate is prepared to interact and practice in collaboration with a variety of health professionals, provide prevention and wellness services, consult, educate, and engage in critical inquiry. Finally, the graduate is prepared to direct and supervise physical therapy services, including support personnel. Graduates are expected to assume a leadership role in health care and to practice autonomously and cooperatively in a variety of practice settings such as: hospitals, rehabilitation centers, extended care facilities, schools, sports medicine clinics, community health and private practices, and industrial or workplace settings.

Students are active participants in the educational process. The relationship between students and faculty is one in which there is mutual respect, understanding, and interchange of ideas. As experienced professionals, the faculty serve as a resource, mentor, and role-model for the developing professional. The faculty are facilitators of the learning process. Students are expected to demonstrate commitment to learning as the basis for continued personal and professional growth, effective interpersonal and communication skills, problem-solving and critical thinking skills, and appropriate professional conduct. Effective use of time and resources, feedback, and stress management strategies are also important components of the behaviors of the successful student.

C. Expected Program Outcomes

1. Graduates of the Doctor of Physical Therapy Program at the University of Massachusetts Lowell will be prepared to exhibit attributes, characteristics, and behaviors of professionals including: commitment to learning, interpersonal and communication skills, effective use of time and resources, use of constructive feedback, problem-solving, professionalism, responsibility, critical thinking, and stress management.
2. Graduates will practice physical therapy in a safe, evidence directed, effective, autonomous, mindful, culturally sensitive, ethical and legal manner consistent with the patient/client management model.
3. Faculty will integrate contemporary practice and current literature to guide curriculum and course content. Faculty employ contemporary teaching and learning strategies with pedagogical principles to physical therapy education.
4. The program adheres to departmental policies and procedures regarding academic achievement and standards of professional behavior and conduct insuring that graduates are prepared to meet current standards of practice.
5. Faculty will promote, develop and maintain scholarship associated with clinical, community and curricular engagement activities.
6. The program will prepare students to apply the principles of the scientific method to conduct research and participate in evidence-based practice.
7. The program will develop and maintain local and international partnerships that deepen our commitment to communities and cultures promoting health and wellness.
8. The program will develop, promote and maintain opportunities consistent with Interprofessional Education and Collaborative practice in accordance with the Interprofessional Educational Collaborative Core (IPEC) Competencies.

D. Professional Behaviors

Professional Behaviors for the 21st Century along with the Professional Behaviors Assessment tool are detailed in Appendix C. The Graduate of the Doctor of Physical Therapy Program at the University of Massachusetts Lowell is prepared to demonstrate;

1. **Critical Thinking** – the ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information. The ability to appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision making process.

   **Entry Level:**
   - Distinguishes relevant from irrelevant patient data.
   - Readily formulates and critiques alternative hypotheses and ideas.
   - Infers applicability of information across populations.
   - Exhibits openness to contradictory ideas.
   - Identifies appropriate measures and determines effectiveness of applied solutions efficiently.
   - Justifies solutions selected.

2. **Communication** – The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.

   **Entry Level:**
   - Demonstrates the ability to maintain control of the communication exchange with individuals and groups.
   - Presents persuasive and explanatory verbal, written or electronic messages with logical organization and sequencing.
   - Maintains open and constructive communication.
• Utilizes communication technology effectively and efficiently.

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

   **Entry Level:**
   • Independently locates, prioritizes and uses resources to solve problems.
   • Accepts responsibility for implementing solutions.
   • Implements solutions.
   • Reassesses solutions.
   • Evaluates outcomes.
   • Modifies solutions based on the outcome and current evidence.
   • Evaluates generalizability of current evidence to a particular problem.

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

   **Entry Level:**
   • Demonstrates active listening skills and reflects back to original concern to determine course of action.
   • Responds effectively to unexpected situations.
   • Demonstrates ability to build partnerships
   • Applies conflict management strategies when dealing with challenging interactions.

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

   **Entry Level:**
   • Educates patients as consumers of health care services.
   • Encourages patient accountability.
   • Directs patients to other health care professionals as needed
   • Acts as patient advocate.
   • Promotes evidence-based practice in health care settings.
   • Accepts responsibility for implementing solutions
   • Demonstrates accountability for all decisions and behaviors in academic and clinical settings.

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

   **Entry Level:**
• Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to other healthcare professionals as necessary
• Provides patient/family centered care at all times as evidenced by provision of patient/family education, seeking patient input and informed consent for all aspects of care and maintenance of patient dignity.
• Seeks excellence in professional practice by participation in professional organizations and attendance at sessions or participation in activities that further education/professional development.
• Utilizes evidence to guide clinical decision making and the provision of patient care, following guidelines for best practices.
• Discusses role of physical therapy within the healthcare system and in population health.
• Demonstrates leadership in collaboration with both individuals and groups.

7. **Use of Constructive Feedback** – The ability to seek out and identify quality sources of feedback, reflects on and integrates feedback into practice, and provides meaningful feedback to others.

*Entry Level:*

• Independently engages in a continual process of self-evaluation of skills, knowledge and abilities.
• Seeks feedback from patients/clients and peers/mentors.
• Readily integrates feedback provided from a variety of sources to improve skills, knowledge and abilities.
• Uses multiple approaches when responding to feedback.
• Reconciles differences with sensitivity.
• Modifies feedback given to patients/clients according to their learning styles.

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

*Entry Level:*

• Uses current best evidence.
• Collaborates with members of the team to maximize the impact of treatment available.
• Has the ability to set boundaries, negotiate, compromise, and set realistic expectations.
• Gathers data and effectively interprets and assimilates the data to determine plan of care.
• Utilizes community resources in discharge planning.
• Adjusts plans, schedule etc. as patient needs and circumstances dictate.
• Meets productivity standards of facility while providing quality care and completing non-productive work activities

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

**Entry Level:**

- Demonstrates appropriate affective responses in all situations.
- Responds calmly to urgent situations with reflection and debriefing as needed.
- Prioritizes multiple commitments.
- Reconciles inconsistencies within professional, personal and work/life environments.
- Demonstrates ability to defuse potential stressors with self and others.

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

**Entry Level:**

- Respectfully questions conventional wisdom.
- Formulates and re-evaluates position based on available evidence.
- Demonstrates confidence in sharing new knowledge with all staff levels.
- Modifies programs and treatments based on newly-learned skills and considerations.
- Consults with other health professionals and physical therapists for treatment ideas.
E. Physical Therapy Course Descriptions

Year 1 Summer Semester

DPTH 6010  Clinical Anatomy (3 cr)
Clinical Anatomy is a study of the structures of the human body, utilizing lectures, demonstrations and A.V. materials. It is a foundation course for physical therapy procedure courses.

DPTH .6030  Clinical Anatomy Laboratory (1 cr)
Clinical Anatomy Laboratory is a visualization of the structures of the human body utilizing laboratory dissection of prosected parts and human cadavers. The laboratory also incorporates the recognition of underlying structures using surface anatomy and palpation of body and soft tissues.

DPTH.6090  Medical Surgical Conditions (Pathology) (3 cr)
This course presents an introduction to the study of diseases commonly seen in people with conditions treated by physical therapists. Mechanisms of cell growth, response to injury, and cell death are reviewed.

Year 1 Fall Semester

DPTH .6080  Musculoskeletal Physical Therapy I Lecture (3 cr)
This course is the first of a three-course series which explores physical therapy management of musculoskeletal dysfunction. In this first course, general models for physical therapy intervention will be presented. The evaluation, treatment and prevention of pathological conditions affecting the musculoskeletal system of the lower extremity will be emphasized. Normal function will be included as a basis for recognizing and therapeutically resolving dysfunction of skeletal and joint structures, muscles and soft tissues. A problem-solving approach to resolve impairments, contributing to functional limitations and disabilities, will be stressed.

DPTH .6100  Musculoskeletal Physical Therapy I Laboratory (1 cr)
This lab course develops psychomotor skills and clinical application of didactic knowledge gained in MSPT I Lecture (DPTH.6080). The examination and treatment procedures are taught using demonstrations, peer practice and case studies as they pertain to the hip, knee and ankle/foot. Examination procedures are organized by body regions and include interview, observation, palpation, anthropometric measurements, goniometry, joint play mobility, muscle strength testing, and special tests. Treatment procedures focus on integrating joint mobilization, passive and active stretching techniques, progressive strengthening exercises, and edema control with the thermal modalities, therapeutic exercises and functional activities taught in PT Interventions

DPTH .6050  Physical Therapy Interventions I Lecture (3 cr)
This course introduces the student to the principles of patient evaluation and treatment utilizing case studies to integrate didactic information into practical clinical situations. The appropriate use of evaluation procedures and the rationale for safe and effective use of treatment procedures are emphasized. Topics include: principles of biomechanical analysis, body mechanics, principles of goniometry and muscle testing, patient positioning and transfers, gait training and activities of daily living with assistive devices, wheelchair prescription and mobility, isolation/sterile technique, wound care, monitoring vital signs, heat and cold modalities, aquatic therapy, and evaluation of normal gait.

DPTH .6070  Physical Therapy Interventions I Laboratory (1 cr)
This laboratory course develops the psychomotor skills necessary to apply the didactic knowledge presented in the Physical Therapy Interventions I Lecture to clinical situations. The safe and effective performance of various evaluation and treatment techniques is emphasized. Topics include: patient interviewing; isolation/sterile techniques; wound care and bandaging; monitoring vital signs; patient positioning and bed mobility; transfers; gait training and activities of daily living with assistive devices; wheelchair mobility; massage/soft tissue mobilization/lymph edema management; heat and cold modalities;
gait analysis; goniometry and strength testing; postural analysis and anthropometry.

DPTH.6390 Medical Surgical Conditions (Orthopedics) (3 cr)
Medical Surgical Conditions (Orthopedics) presents topics related to the pathology and medical-surgical treatment of musculoskeletal disorders.

DPTH.6110 Professional Issues and Clinical Practice in Physical Therapy (3 cr)
This course is divided into two sections. The first course section will provide an overview of the profession of physical therapy. Professionalism, cultural competence and communication skills will be discussed as they apply to classroom instruction and clinical practice. The APTA (American Physical Therapy Association) Standards of Practice, Code of Ethics, The Scope of Physical Therapy Practice, ethnography and Evidence-Directed Care and Massachusetts and New Hampshire practice regulations will be discussed. The second portion of the course will emphasize the development of effective documentation skills.

**Year 1 Spring Semester**

DPTH.6020 Neuroscience: Anatomy (3 cr)
Neuroscience anatomy presents the form and functions of the human nervous system. It is a foundation course for physical therapy procedure courses. The student is introduced to clinically relevant neuroanatomy through a close examination of the signs and symptoms of a variety of pathologies, including lesions, tumors, injuries, and congenital disorders. Clinical examples are freely used to highlight the integral relationship between structural anatomy and functional impairment.

DPTH.6040 Neuroscience: Physiology and Neurology (3 cr)
Neuroscience presents the principles of neurophysiology, neurology, and motor control as related to the practice of physical therapy. Topics in neurophysiology include: conduction and transmission of the nerve impulse, neuromuscular synaptic transmission and skeletal muscle contraction, muscle tone and spinal reflexes, the neurophysiology of sensation and movement, and the transmission of pain. Neurological conditions will be integrated with these various neurophysiological topics through the use of case studies and will include: peripheral nerve injuries, neuromuscular conditions, and diseases/conditions of the central nervous system. An introduction to the major theories of motor control and their application to physical therapy examination and intervention will be discussed through problem solving and case studies.

DPTH.6060 Neuroscience Laboratory (1 cr)
Neuroscience laboratory includes the study of the anatomy and function of the human brain, spinal cord, peripheral and autonomic nervous systems through prosection, audiovisual resources and experimental procedures. The gross anatomy of the human brain and spinal cord will be visualized using prosections of human specimens, models, and slides. The second half of the laboratory will focus on the Neurological Evaluation including evaluation of reflex function, assessment of sensory and cerebellar mechanisms, and testing cranial nerve function in typical and simulated atypical subjects. Motor learning activities and Cognitive Testing will be performed. To help synthesize the course content each student will present a neuropathology case study.

DPTH.6210 Musculoskeletal Physical Therapy II Lecture (3 cr)
This course is the second of a three-course series that focuses on physical therapy management, and summarizes medical and surgical management of musculoskeletal dysfunction. The evaluation, treatment and prevention of pathological conditions affecting the upper extremity will be emphasized. Normal function will be included as a basis for recognizing and therapeutically resolving dysfunction of skeletal and joint structures, muscular and soft tissue. A problem-solving approach to resolve impairments, which contribute to activity limitations and participation restrictions, will be stressed.
DPTH.6230  Musculoskeletal Physical Therapy II Laboratory (1 cr)
This laboratory course develops the psychomotor skills to allow clinical application of didactic knowledge gained in Musculoskeletal Physical Therapy II Lecture. The safe and effective performance of examination and treatment procedures are taught using demonstrations, peer practice, and case studies as they pertain to the shoulder, elbow/forearm, and wrist/hand regions of the body. Examination procedure are organized by body regions and include interview questions, observation, palpation, anthropometric measurements, goniometry, joint play mobility, muscle strength testing, and special tests. Treatment procedures focus on integrating bandaging/taping, joint mobilization/manipulation, passive and active stretching techniques, and progressive strengthening exercises with principles taught.

DPTH .6120  Cardiopulmonary Physical Therapy Lecture (3 cr)
In Cardiopulmonary Physical Therapy students will learn the essentials of physical therapy examination, evaluation and intervention for patients with pathological cardiopulmonary conditions. The course emphasizes a problem solving, clinical decision making approach. Successful completion of the course requires the ability to integrate and synthesize information from this course with prerequisite and other related courses in a variety of cardiopulmonary case based problem-solving experiences.

DPTH.6140  Cardiopulmonary Physical Therapy Laboratory (1 cr)
Cardiopulmonary Physical Therapy laboratory is taken concurrently with Cardiopulmonary Physical Therapy DPTH.6120. The Laboratory experiences are designed to provide an opportunity to practice examination, evaluation, and interventions discussed in lecture and demonstrate psychomotor proficiency in each procedure. The course emphasizes procedures employed by the physical therapist in dealing with cardiopulmonary conditions. In addition, students will be expected to integrate and synthesize information from related courses in a variety of cardiopulmonary problem solving experiences.

DPTH.6150  Clinical Education Seminar I (1 cr)
This course is the first in a series of two one-credit seminars. This first installment will provide an overview of the clinical education experience portion of the Doctor of Physical Therapy program. Topics include; the roles of clinical educators, the process of obtaining and assigning clinical sites, the clinical performance instrument (CPI), appropriate communication in the clinical setting, ethical practice, psychosocial aspects, and generic abilities.

Year 2 Summer

DPTH .6500  Clinical Education Experience I (3 cr)
A ten week full time clinical experience designed to integrate basic physical therapy evaluative and treatment procedures with an emphasis on the musculoskeletal and cardiopulmonary systems. Students are directly supervised by licensed physical therapists in acute care and outpatient settings.

Year 2 Fall Semester

DPTH.6170  Neurological Physical Therapy I Lecture (3 cr)
This course is the first of two courses dealing with the physical therapy management of adult patients/clients with neurological dysfunction. Concepts, practical applications, and strategies based on theories of motor skill development, motor control, and motor learning will be discussed. A variety of neurological conditions with different levels of impairments, activity limitations, and participation restrictions will be examined. Emphasis is on the development of clinical decision making skills using a problem solving approach. Practice is fostered in the development of appropriate plans of care. Concurrent laboratory classes emphasize the development of specific assessment and intervention skills.
DPTH.6190  Neurological Physical Therapy I Laboratory (1 cr)
This laboratory course must be taken concurrently with Neurological Physical Therapy I, DPTH.6170
Emphasis is on the development of problem solving and psychomotor skills necessary for successful
management of the patient/client with neurological dysfunction. Videos and patient demonstrations are used
to develop skills in examination, evaluation, and clinical decision making. Peer practice is used to promote
the development of psychomotor skills in advanced therapeutic exercise and functional training. Problem
solving in the application of interventions for different levels of impairments, activity limitations, and
participation is stressed.

DPTH.6250  Physical Therapy Interventions II Lecture (3 cr)
This course is a study of advanced physical therapy procedures which utilize electrophysics and
electrophysiology in evaluating and treating a variety of physical impairments. The course will
emphasize theories and techniques used in electrodiagnosis, electromyography, functional electrical
stimulation, iontophoresis, transcutaneous electrical stimulation, biofeedback, laser and therapeutic
electrical currents, including light and radar waves.

DPTH.6270  Physical Therapy Interventions II Laboratory (1 cr)
This course is a practical application of theories and principles presented in DPTH.6250, Physical Therapy
Interventions II Lecture.

DPTH.6160  Research Methods in Physical Therapy (3 cr)
This course presents the role of research in the development and critical analysis of physical therapy clinical
practice. Students are guided through the process of clinical scientific research including the following
content areas: philosophy of science & causation, problem and hypothesis identification, review and
analysis of scientific literature, methods of hypothesis testing, data analysis and interpretation and critique
of research results.

DPTH.6310  Pediatric Physical Therapy Lecture (3 cr)
This course focuses on the development of the individual from the prenatal period through adolescence
within the context of the individual’s family and cultural background. Emphasis will be on the examination,
evaluation, diagnosis and formulation of a physical therapy plan of care for infants, children and adolescents
with physical therapy related issues including wellness and prevention of disability. The framework for the
course will be based upon principles of development, neural plasticity, motor control, motor learning,
pediatric clinical decision making, the WHO ICF, and evidence directed care including clinical practice
guidelines. Throughout the course the student will have the opportunity to integrate the course material and
synthesize appropriate plans of care using cases.

DPTH.6330  Pediatric Physical Therapy: Laboratory/Clinic (1 cr)
Through classroom and clinical laboratory experiences, the student will gain introductory level skill in the
examination, evaluation, intervention, and development of a physical therapy plan of care for infants,
children, and adolescents who have or are at risk for developing disabling problems requiring physical
therapy intervention. Preventive and wellness strategies will also be developed and discussed. Problem
solving and evidence directed practice including Clinical Practice Guidelines will be emphasized.
Year 2 Spring Semester

DPTH.6200 Neurological Physical Therapy II Lecture (3 cr)
This course is the second of two courses dealing with the physical therapy management of adult patients/clients with neurological dysfunction. Concepts, practical applications, and strategies based on theories of motor skill development, motor control, and motor learning will be discussed. A variety of neurological conditions with different levels of impairments, activity limitations, and participation restrictions will be examined. Emphasis is on the development of clinical decision making skills using a problem solving approach. Practice is fostered in the development of appropriate plans of care. Concurrent laboratory classes emphasize the development of specific assessment and intervention skills.

DPTH.6220 Neurological Physical Therapy II Laboratory (1 cr)
This laboratory course must be taken concurrently with Neurological Physical Therapy II, DPTH.6200. Emphasis is on the development of problem solving and psychomotor skills necessary for successful management of the patient/client with neurological dysfunction. Videos and patient demonstrations are used to develop skills in examination, evaluation, and clinical decision making. Peer practice is used to promote the development of psychomotor skills in advanced therapeutic exercise and functional training. Problem solving using case studies in the application of interventions for different levels of impairments, activity restrictions and participation limitations is stressed.

DPTH.6260 Geriatric Physical Therapy Lecture (3 cr)
This course will focus on the special needs of the elderly and on the physical therapy management of the geriatric client. The physical changes associated with normal aging as well as pathological changes will be discussed and analyzed. Program planning will stress holistic consideration of the rehabilitative, cognitive/behavioral, and psychosocial needs of the elderly. (Re)Evaluation including functional evaluation, treatment planning (and treatment plan evaluation), treatment cost effectiveness, documentation, and reimbursement issues will be analyzed as they relate to the physical therapy management of the geriatric client.

DPTH.6280 Musculoskeletal Physical Therapy III Lecture (3 cr)
This course provides the second-year physical therapy student with an introduction to physical therapy evaluation and management of dysfunction of the cervical, thoracic and lumbar spine, ribcage, and pelvis. The development of evaluation strategies, documentation skills, organized clinical decision making, and effective patient management techniques will be emphasized. Discussions and exercises will focus on developing patient diagnoses, functional problems lists, long and short term goals, and treatment strategies. Critical thinking/problem solving strategies will be incorporated into all aspects of patient management. Emphasis will be on creating a climate that encourages learning.

DPTH.6300 Musculoskeletal Physical Therapy III Laboratory (1 cr)
This laboratory course provides students an opportunity to apply the didactic knowledge gained in Musculoskeletal Physical Therapy III Lecture through a systematic clinical reasoning approach which focuses on the concept of “regional interdependence”. Additionally, specific evidence-based evaluation and functional management techniques for the spine and pelvis will be demonstrated by instructors and practiced by students.

DPTH.6450 PT Interventions III Lecture (3 cr)
This course introduces the second year physical therapy student to various topics related to specialized physical therapy management of patients. Topics include, but are not restricted to: lower extremity prosthetic and orthotic management, hand orthotic fabrication, inhibitive casting techniques, introduction to ergonomic principles, ergonomic design of seating systems and workstations, wheelchair seating systems, cumulative trauma disorders, work site analysis, functional capacity evaluation, lumbar stabilization exercises, the acute care environment, burn care management, post-mastectomy management, and infection control and standard precaution policies.
DPTH 6470 PT Interventions III Laboratory (1 cr)
This course introduces the second year physical therapy student to various topics related to specialized physical therapy management of patients. Topics include, but are not restricted to: lower extremity prosthetic and orthotic management, hand orthotic fabrication, inhibitive casting techniques, introduction to ergonomic principles, ergonomic design of seating systems and workstations, wheelchair seating systems, cumulative trauma disorders, work site analysis, functional capacity evaluation, lumbar stabilization exercises, the acute care environment, burn care management, post-mastectomy management, and infection control and standard precaution policies.

DPTH.6350 Clinical Education Seminar II (1 cr)
This course is the second, in a series of two, one credit weekly seminars. The class will continue to explore professional issues and application of didactic material in the clinical setting. Clinical education will be examined from the perspective of career development and physical therapy board preparation.

Year 3 Summer

DPTH .6520 Clinical Education Experience II (3 cr)
A twelve-week full time experience which promotes the development of an autonomous professional through the synthesis and utilization of advanced academic theory in evaluation and treatment. Students are expected to use sound scientific rationale and a problem solving approach in all aspects of patient care. Students are allowed to explore areas of interest in a variety of settings.

Year 3 Fall Semester

DPTH.6370 Integrating Clinical Issues (3 cr)
This course will focus on integrating clinical reasoning skills in physical therapy with an emphasis on application of evidence-based research and current concepts of disablement. Students will share clinical experiences focusing on utilization of “best practices” and “Clinical Practice Guidelines”.

DPTH.6430 Evidence Directed Care (3 cr)
This course presents the role of evidence in the development and critical analysis of physical therapy clinical practice guidelines and practice recommendations. Students are guided through the process of analyzing, weighting, comparing and integrating sources of evidence. Methods of integrating various forms of evidence that will be specifically covered include literature reviews, meta-analyses, systematic reviews, clinical predictive rules and clinical practice guidelines.

DPTH. 6420 Health Policy & Administration in PT (3cr)
This course explores the social, political, and economic policies that impact the delivery of physical therapy services and health. The course underscores the issues of professionalism, leadership, management, and the advocacy to foster excellence in autonomous practice for the benefit of members and society. The course emphasizes leadership in promoting cultural competence, global health initiatives, social responsibility, effective application of technology, and health services research.

DPTH.6480 Service Learning in Physical Therapy (3 cr)
This three-credit course is designed to serve as a service learning experience in the final year for doctoral physical therapy students. The course is designed to provide relevant and meaningful service opportunities for culturally competent physical therapy services with a focus on prevention, health promotion, fitness, and wellness to individuals, groups, and communities. The service learning experience will prepare students for active civic participation in a diverse society. Through the use of readings, discussion, reflection and presentations students will gain an understanding “what it means to “build the capacity of a community” and develop the competency skills of an entry level physical therapy practitioner.
Year 3 Spring Semester

DPTH.6530  Clinical Education Experience III (3 cr)
This terminal, twelve-week clinical education experience is designed as the final promotion of complete socialization and transition into the profession of physical therapy. Students are expected to function as independently as possible using problem solving processes as a basis for all clinical decision making. Communication, coordination, and consultation with other members of the health care team and responsibility for complete patient management are emphasized.

DPTH.6400  Professional Preparation in PT (3 cr)
This course will focus on facilitating the students’ transition into the Physical Therapy Profession including successful completion of the professional licensure examination, the National Physical Therapy Exam. Student groups will outline and present review materials for the exam to each other including a list of sources for further study. The faculty facilitator will oversee the development and content of the presentations and supervise practice examinations. Students are guided through reflection in practice, development of a personal professional development plan, a Vision and Mission Statement including continuing education, pro bono and community service and participation in the American Physical Therapy Association. Other topics will include strategies for successful interviewing and negotiating techniques.

DPTH.6460  Complex Cases in PT (3 cr)
This course, which runs concurrently with Clinical Education Experience III (DPTH 6530), is designed to promote evidenced-based practice, intra-professional correspondence, and further socialization into the profession of physical therapy. Students are expected to incorporate evidenced based practice in real-time clinical practice whenever possible and speak to the implementation, progress, and outcome(s) via on-line posting of related case studies. Furthermore, students are expected to critically evaluate the degree to which the current evidence supports or conflicts with the common practice intervention. Additionally, students will critically evaluate their classmate’s cases study postings offering feedback and/or treatment suggestions based upon their experience(s) and the evidence.
# F. CURRICULUM: Doctor in Physical Therapy (DPT)

## Doctor of Physical Therapy (DPT) Curriculum

### Year 1:

**Summer Session**

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>DPTH.6010</td>
<td>Clinical Anatomy</td>
<td>3</td>
</tr>
<tr>
<td>DPTH.6030</td>
<td>Clinical Anatomy Lab</td>
<td>1</td>
</tr>
<tr>
<td>DPTH.6090</td>
<td>Pathology</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td><strong>Total Credits</strong></td>
<td><strong>7</strong></td>
</tr>
</tbody>
</table>

**Fall Semester**

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>DPTH.6080</td>
<td>Musculoskeletal PT I Lec</td>
<td>3</td>
</tr>
<tr>
<td>DPTH.6100</td>
<td>Musculoskeletal PT I Lab</td>
<td>1</td>
</tr>
<tr>
<td>DPTH.6050</td>
<td>PT Interventions I Lec</td>
<td>3</td>
</tr>
<tr>
<td>DPTH.6070</td>
<td>PT Interventions I Lab</td>
<td>1</td>
</tr>
<tr>
<td>DPTH.6390</td>
<td>Med/Surg Orthopedics</td>
<td>3</td>
</tr>
<tr>
<td>DPTH.6110</td>
<td>Prof. Issues &amp; Clin. Practice</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td><strong>Total Credits</strong></td>
<td><strong>14</strong></td>
</tr>
</tbody>
</table>

**Spring Semester**

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>DPTH.6020</td>
<td>Neuroscience: Anatomy</td>
<td>3</td>
</tr>
<tr>
<td>DPTH.6040</td>
<td>Neuroscience: Physiology/Neuro</td>
<td>3</td>
</tr>
<tr>
<td>DPTH.6060</td>
<td>Neuroscience: Lab</td>
<td>1</td>
</tr>
<tr>
<td>DPTH.6210</td>
<td>Musculoskeletal PT II Lec</td>
<td>3</td>
</tr>
<tr>
<td>DPTH.6230</td>
<td>Musculoskeletal PT II Lab</td>
<td>1</td>
</tr>
<tr>
<td>DPTH.6150</td>
<td>Clinical Ed. Seminar I</td>
<td>1</td>
</tr>
<tr>
<td>DPTH.6120</td>
<td>Cardiopulmonary PT Lec</td>
<td>3</td>
</tr>
<tr>
<td>DPTH.6140</td>
<td>Cardiopulmonary PT Lab</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td><strong>Total Credits</strong></td>
<td><strong>16</strong></td>
</tr>
</tbody>
</table>

### Second Summer: DPTH. 6500 Clinical Education Experience I (10 weeks, 3 credits)

### Year 2:

**Fall Semester**

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>DPTH.6170</td>
<td>Neurological PT I Lec</td>
<td>3</td>
</tr>
<tr>
<td>DPTH.6190</td>
<td>Neurological PT I Lab</td>
<td>1</td>
</tr>
<tr>
<td>DPTH.6250</td>
<td>PT Interventions II Lec</td>
<td>3</td>
</tr>
<tr>
<td>DPTH.6270</td>
<td>PT Interventions II Lab</td>
<td>1</td>
</tr>
<tr>
<td>DPTH.6160</td>
<td>Research Methods</td>
<td>3</td>
</tr>
<tr>
<td>DPTH.6310</td>
<td>Pediatric PT Lec</td>
<td>3</td>
</tr>
<tr>
<td>DPTH.6330</td>
<td>Pediatric PT Lab</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td><strong>Total Credits</strong></td>
<td><strong>15</strong></td>
</tr>
</tbody>
</table>

**Spring Semester**

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>DPTH.6200</td>
<td>Neurological PT II Lec</td>
<td>3</td>
</tr>
<tr>
<td>DPTH.6220</td>
<td>Neurological PT II Lab</td>
<td>1</td>
</tr>
<tr>
<td>DPTH.6450</td>
<td>PT Interventions III Lec</td>
<td>3</td>
</tr>
<tr>
<td>DPTH.6470</td>
<td>PT Interventions III Lab</td>
<td>1</td>
</tr>
<tr>
<td>DPTH.6350</td>
<td>Clinical Ed. Seminar II</td>
<td>1</td>
</tr>
<tr>
<td>DPTH.6260</td>
<td>Geriatric PT</td>
<td>3</td>
</tr>
<tr>
<td>DPTH.6280</td>
<td>Musculoskeletal PT III Lec</td>
<td>3</td>
</tr>
<tr>
<td>DPTH.6300</td>
<td>Musculoskeletal PT III Lab</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td><strong>Total Credits</strong></td>
<td><strong>16</strong></td>
</tr>
</tbody>
</table>

### Third Summer: DPTH.6520 Clinical Education Experience II (12 weeks, 3 credits)

### Year 3:

**Fall Semester**

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>DPTH.6370</td>
<td>Integrating Clinical Practice</td>
<td>3</td>
</tr>
<tr>
<td>DPTH.6430</td>
<td>Evidence Directed Care</td>
<td>3</td>
</tr>
<tr>
<td>DPTH.6480</td>
<td>Service Learning in PT</td>
<td>3</td>
</tr>
<tr>
<td>DPTH.6420</td>
<td>Health Policy &amp; Admin in</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td><strong>Total Credits</strong></td>
<td><strong>12</strong></td>
</tr>
</tbody>
</table>

**Spring Semester**

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>DPTH.6460</td>
<td>Complex Cases</td>
<td>3</td>
</tr>
<tr>
<td>DPTH.6400</td>
<td>Professional Prep in PT</td>
<td>3</td>
</tr>
<tr>
<td>DPTH.6530</td>
<td>Clinical Ed. Experience III (12 weeks)</td>
<td>9</td>
</tr>
</tbody>
</table>

Total credits: 95 (34 weeks of Clinical Education)

*University of Massachusetts Lowell Department of Physical Therapy & Kinesiology*
II. Academic Policies

A. Advising

One faculty member is assigned as the advisor for all DPT students. The responsibilities of the advisor are as follows: (1) to be accessible to students seeking academic and/or professional guidance; (2) to respond to requests from students when personal or academic problems arise. The responsibilities of the student are to seek out their advisor for such meetings. Faculty office hours are posted outside of offices.

B. Attendance

**Attendance is mandatory for all classes.** Unexcused absences or unprofessional behavior may result in course grade reduction. Individual faculty requirements are outlined in their course syllabus. Students are encouraged to notify the instructor about any potential conflicts between their religious observance and course due dates/examinations. Students should inform the course instructor in writing of the day(s) when they will be absent. This should be done as early as possible in the semester and always prior to the day(s) the student will be absent for religious reasons. Students who are observing a religious holiday are excused from class that day, but will be responsible for the work missed. Students must speak with the instructor before the scheduled class.

C. Grading Policy

Students will be informed in each course of the methods to be used to evaluate their performances.

The following scale is used in all physical therapy courses:

<table>
<thead>
<tr>
<th>Score Range</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>97-100</td>
<td>A+</td>
</tr>
<tr>
<td>93-96.9</td>
<td>A</td>
</tr>
<tr>
<td>90-92.9</td>
<td>A-</td>
</tr>
<tr>
<td>87-89.9</td>
<td>B+</td>
</tr>
<tr>
<td>83-86.9</td>
<td>B</td>
</tr>
<tr>
<td>80-82.9</td>
<td>B-</td>
</tr>
<tr>
<td>77-79.9</td>
<td>C+</td>
</tr>
<tr>
<td>73-76.9</td>
<td>C</td>
</tr>
<tr>
<td>&lt; 73</td>
<td>F</td>
</tr>
</tbody>
</table>
D. Make-up Policy

If a student is unable to attend an examination, the student must provide the instructor with a valid reason for the absence PRIOR to the examination. Students must take the responsibility for arranging a make-up exam with the instructor within 1 week following a missed examination.

If a grade of F is received on any practical examination, a student must take a reexamination. Only one reexamination (per failed practical examination) will be given. The maximum grade on the reexamination will be a C or 73. Prior to the reexamination, the student should make an appointment with the instructor to identify deficiencies and when possible to identify strategies to correct the situation. The importance of practical examinations is such that failure of a practical examination after two attempts will result in failure of the respective course.

E. Academic Standing

Each student is subject to two sets of academic regulations; the University Graduate School (see the online Graduate School Catalog http://www.uml.edu/catalog/graduate/policies/default.htm) and the academic rules of the Zuckerberg College of Health Sciences and Physical Therapy program. In registering for courses, each student assumes full responsibility for knowledge of and compliance with the definitions, regulations, and procedures of the University, as set forth in the University Online Graduate School Catalog. Moreover, in accepting admission to the University, each student assumes responsibility for knowledge of and compliance with the definitions, regulations, and procedures of the University pertaining to his or her student status as set forth in the appropriate UML publications. The Academic Critical Incident Report Appendix D may be used by faculty to provide written notification of unprofessional behavior in an academic setting.

The academic rules for the Department of Physical Therapy & Kinesiology are presented below.

1. Academic Warning and Dismissal

Continuation in the DPT program necessitates achieving an overall average of B (3.0 GPA) or better. Grades below B must be offset with higher grades in other courses. Grades below C (2.0) are not acceptable. No more than 9 credits below 3.0 may be counted toward the DPT degree (grades of B-, C+, or C). At the end of the semester, letters of notification are emailed to students with an academic standing of either warning or dismissal. Students must maintain current addresses in SiS. The Department Professional Review Committee is made up of members of the physical therapy faculty and meets to decide whether to recommend loss of degree candidacy (dismissal from the program) or
continuance in the program on probation with a plan to correct deficiencies.

a. Academic Warning
Any student whose semester grade point average (GPA) falls below 3.0 or receives nine (9) credits of grades of B-, C+, or C will automatically receive a warning notice. The student is required to meet with the DPT faculty advisor within 30 days of receipt of the warning notice and develop an academic plan to correct deficiencies.

b. Dismissal
A student will be dismissed from the program is s/he receives (1) more than nine credits of grades below 3.0 (B-, C+, or C), (2) a grade below C in a professional course, or (3) an Unsatisfactory grade (U) on a Clinical Education Experience. All grades less than C are recorded as F according to the UMass Graduate Grading Scheme. Any student whose semester GPA is below 3.0 for a third time and whose cumulative GPA is below 3.0 or who fails to meet conditions of probation will automatically be dismissed from the graduate program and the University.

2. Appeals Process
The student has the right to appeal for reinstatement in the form of a written petition to the Department Professional Review Committee. The formal appeal will be submitted in writing to the Chairperson of the Department no later than the date specified in the letter of notification. The Department Professional Review Committee shall convene and discuss the appeal. Reinstatement will be considered if the student provides detailed justification and an academic plan describing how s/he will meet program requirements.

The Department Professional Review Committee, by a majority vote, shall render a decision and notify the appropriate parties in writing including a rationale for the decision and summary of the facts which the committee considered in reaching a decision. If reinstatement is recommended, the student will be placed on probation. Terms of the probation will be specified in a letter to the student. The student must satisfy these requirements in order to continue in the program. Students who are dismissed from the program after having been reinstated and placed on probation may not petition for reinstatement.

3. Academic Probation
Any student whose semester GPA falls below 3.0 for a second time or who has been readmitted following a successful appeal for dismissal from the program will be placed on probation. The Professional Review Committee will meet to determine the terms of the probation specified in a letter to the student. The student must satisfy all probation requirements to continue in the program. Students
may be asked to repeat courses with unsatisfactory grades, maintain grades of B or better, and audit professional courses prior to being allowed on Clinical Education Experiences. Graduate Students can petition to have one grade replaced. Students may be placed on probation only once. Failure to meet the terms of probation will result in dismissal from the program without appeal.

4. Non-Academic Dismissals and Appeals
All students in the Zuckerberg College of Health Sciences must demonstrate a level of professionalism and a state of emotional and physical health that will enable them to provide safe, competent practice. Students may be dismissed for non-academic reasons including:
   a. Improper conduct or criminal behavior; failed CORI check; failed drug screening if required by clinical agency
   b. Failure to meet Professional Behaviors Appendix C or Technical Standards Appendix E.
   c. Honor Code violation: academic dishonesty, cheating, plagiarism
   d. Issues of emotional and/or physical health that cannot be reasonably accommodated and would impact the safety of patients in a clinical setting

An individual dismissed for non-academic reasons may be required to present statements of physical and/or mental health from appropriate physicians or psychiatrists who are fully licensed. On the basis of a review of such statements, the Department Professional Review Committee will determine if the individual will be reinstated or denied continuance in the program.

If the decision of the Department Professional Review Committee is not satisfactory to the student, the student may forward the appeal to the college dean within two weeks of the decision of the Department Professional Review Committee. A College Committee will be convened to discuss and render a decision of the appeal in accordance with the University Appeals Process Regarding Academic (Non-Misconduct) Issues http://www.uml.edu/Catalog/Graduate/Policies/Graduate-Grade-Appeal-Process.aspx

5. Unsatisfactory Clinical Education Experience
A student will receive a warning if there are issues or concerns about the student’s developing Professional Behaviors or if performance is unsafe or unacceptable in any one area on the Clinical Performance Instrument. Grades for full-time Clinical Education Experiences (10 & 12 week experiences) are given as Satisfactory (S)/ pass or Unsatisfactory (U)/ fail. If a student receives an Unsatisfactory grade, s/he will be dismissed from the program. The student has the right to appeal for
reinstatement in the form of a written petition to the Professional Review Committee. See the Appeals Process described above.

6. Social Media Policy and other Zuckerberg College of Health Sciences policies
All students must adhere to the Zuckerberg College of Health Sciences Policies including: National Criminal Background Check, Clinical Affiliate Random Drug Screening and Social Media Policy which can be found at: http://www.uml.edu/Catalog/Undergraduate/Health-Sciences/Policy/Special-College-Requirements.aspx

7. Incomplete Grades
If, because of unusual circumstances, a student is unable to meet all the requirements of the course by the end of a semester, the grade of Incomplete (INC) may be given. Responsibility for making arrangements with an instructor to complete all outstanding coursework rests entirely with the student, who must complete all outstanding coursework by the date listed on the Graduate Academic Calendar (www.uml.edu/Registrar/Calendars/default.aspx). Under no circumstances will a student be allowed to graduate with incomplete(s) on his or her transcript.

Prior to completion of the missing work, the incomplete will not be computed into the grade point average (GPA). If the student completes the missing work within the specified period, the instructor must evaluate the work and turn in a grade change form to the Registrar's Office before the deadline for instructors to submit final grades for incomplete courses as specified on the Graduate Academic Calendar (www.uml.edu/Registrar/Calendars/default.aspx). However, if the student does not complete the missing work by the specified date and no grade change form is submitted by the instructor, the student's grade will automatically change to a grade of "F" and be computed into the GPA.

If the incomplete grade is received in a professional course that is a prerequisite to the following semester’s course, the incomplete grade must be cleared prior to the commencement of the following course. Students may not proceed to their Clinical Education Experience until the incomplete grade is cleared.

8. Academic Dishonesty and Prohibited Academic Practice and Behavior
The following definitions are provided for the information of all students and constitute official notice of prohibited academic practice and behavior as taken from the online Graduate School Catalog at: http://www.uml.edu/Catalog/Graduate/Policies/Academic-Integrity.aspx

University of Massachusetts Lowell, Department of Physical Therapy & Kinesiology 25
Academic dishonesty includes but is not limited to:

a)  *Cheating* - use, or attempted use, of trickery, artifice, deception, breach of confidence, fraud, or misrepresentation of one's academic work. Submission of the same work in its entirety for credit in two courses without obtaining the permission of the instructors constitutes cheating. Further defined *cheating* is:

- Misrepresenting academic work which has been done by another as one’s own efforts – whether such misrepresentation has been accomplished with or without the permission of the other individual;

- Utilization of prohibited assistance (whether in the nature of a person or a resource) in the performance of assignments and examinations;

- Copying of another person’s work or the giving or receiving of information or answers by any means of communication during an examination;

- Utilization of the services of a commercial term paper company;

- The unauthorized or fraudulent acquisition and/or use of another’s academic property.

b)  *Fabrication* - falsification or invention of any information or citation in any academic exercise.

c)  *Plagiarism* - representing the words or ideas of another as one's own work in any academic exercise. Further defined *plagiarism* is:

- Direct quotation or word-for-word copying of all or part of the work of another without identification or acknowledgment of the quoted work;

- Extensive use of acknowledged quotation from the work of others which is joined together by a few words or lines of one’s own text;

- An unacknowledged abbreviated restatement of someone else’s analysis or conclusion, however skillfully paraphrased.

d)  *Facilitating dishonesty* - helping or attempting to help another commit an act of academic dishonesty, including substituting for another in an examination, misrepresenting oneself, or allowing others to represent as their own one's papers, reports, or academic works.

9. **Non-Academic Misconduct**

Improper conduct or behavior of graduate students is subject to the University of Massachusetts Lowell Student Conduct Code and Judicial Process. Copies of this document may be obtained from the Dean of Students Office.

10. **Department of Physical Therapy & Kinesiology Honor Code**

All students are expected to adhere to the department Honor Code Appendix A which states: I agree to
adhere to the honor code of the Department of Physical Therapy & Kinesiology throughout my tenure in the Physical Therapy program. I understand I am responsible for complying with professional standards of behavior. I understand prohibited practice and behaviors to be defined as cheating, lying, or plagiarizing. The preservation of integrity in the academic process is an exercise of professional judgment. The Honor Code requires I will not only adhere to all ethical practices, but I shall report to the Department observable behaviors in other students that violate the Honor Code.

The policy for academic integrity is located in **Appendix B**.

**F. Program Feedback:**

Students are encouraged to work to resolve a conflict in an appropriate fashion by first discussing the matter with the specific with the faculty member. If the matter cannot be resolved, the student should seek the consultation of the Program Director. If the matter remains unresolved, consultation with the Department Chairperson will be considered if deemed appropriate.

To file a formal complaint with the Commission on Accreditation of Physical Therapy Education (CAPTE), please follow the link provided: [https://www.uml.edu/Health-Sciences/PT/Graduate/Accreditation.aspx](https://www.uml.edu/Health-Sciences/PT/Graduate/Accreditation.aspx)

To provide general Department of Physical Therapy and Kinesiology feedback or offer suggestions, please follow the link provided: [https://www.uml.edu/Health-Sciences/PT/Contact-Us.aspx](https://www.uml.edu/Health-Sciences/PT/Contact-Us.aspx)

**G. Leave of Absence**

In extenuating circumstances, the student can petition the Department Professional Review Committee for a one year leave of absence. The leave of absence request must be submitted in writing within 2 weeks of withdrawing from classes and must include the reason for the request. If a leave of absence is approved, return to the program is on a space-available basis and contingent upon terms specified by the Department Professional Review Committee. Leave of absences will only be granted one time throughout the program.

**H. Honors and Awards**

At graduation, the following awards are bestowed:

1. **Physical Therapy Award of Excellence**

   This award is given annually to the student(s) of the graduating class who demonstrated superior
academic and clinical achievement. The decision is based on:

a. Cumulative GPA and
b. Combined recommendations of the clinical and academic faculty who have been familiar with the student’s clinical performance.

2. Dean's Award
The Dean’s Award of the Zuckerberg College of Health Sciences are given annually to the student who distinguishes himself or herself academically and demonstrates qualities of leadership.

3. Award for Clinical Excellence in Physical Therapy
Clinical Excellence Awards are given annually to students who have demonstrated outstanding clinical achievement throughout clinical education experiences. Decisions are based on performance as defined by Clinical Performance Instruments, recommendations of the students' clinical instructors (CIs), Site Coordinators (SCCEs), the Director of Clinical Education (DCE), the Associate Director of Clinical Education (ADCE) and other faculty members who may have been in contact with the student and clinical site during clinical experiences.

I. Right of Access to Student Records
The Family Rights and Privacy Act of 1974 grants any student currently in attendance, or to any former student, the right of access to inspect or review his or her educational files, records, or data. Students who wish to inspect their records must file a Right of Access form with the office or department in which the desired record is kept. Right of Access forms are available in the Registrar’s Office. Within ten days of receipt of the Right of Access form, the office or department will notify the student as to the date, time, and location when the desired record will be available for inspection.

The file of each student must contain a record of all non-University affiliated individuals or organizations requesting access to it, plus statements, which specify the legitimate educational purposes, for which access was requested. The record of access may be released only to University personnel or to state or federal officials as a means of auditing the reporting of access to student records.

Information or records concerning individual students may not be released to any individual or agency without written permission of the student. Any request for such information received without such written notice will not be honored and will be returned with a request for a written release by the student.

Educational records may be released without permission to the following individuals or agencies
under the following specific conditions:

1. personnel of the University, i.e., faculty, administrators, or staff for legitimate educational purposes only;
2. officials of other institutions in which the student is enrolled, provided that the student is notified of the release;
3. federal or state officials in connection with the audit and evaluation of programs funded by the federal or state governments or in connection with the enforcement of legal requirements which relate to such programs or in connection with the student’s application for or receipt of financial aid;
4. state and local officials pursuant to any state statute adopted prior to November 19, 1974;
5. organizations conducting studies for the purpose of developing predictive tests, administering student aid programs, and improving instruction;
6. accrediting organizations in order to carry out their accrediting functions;
7. parents who claim the student as a dependent on their IRS statement; and
8. when necessary in an emergency, to protect the health, safety or welfare of the student or others, to persons who are in a position to deal with the emergency.

The following data is considered informational in nature and may be released, without permission of the student, at the discretion of the University: name, city/town of residence, University mail box #, date of birth, previous educational institution(s) attended, major field of study, dates of attendance, awards & honors received, degrees conferred, past and present participation in officially recognized sports & activities and height & weight of athletic team members.

The University maintains the following general records on students:

**Admission File**
- Admissions Office
- University Crossing

**Permanent Academic Records**
- Office of the Registrar
- University Crossing

**Financial Aid Records**
- Financial Aid Office
- University Crossing

**Account and Payment Records**
- Business Office
- University Crossing

**Health Records**
- Health Services Office
- University Crossing

In addition, the Department of Physical Therapy & Kinesiology maintains Clinical Education files in the
DCE’s office in Weed Hall. Any student who believes that his or her records are inaccurate or misleading may request a hearing with the Dean of Students to discuss the contents of such records. Additional information on procedures or policies relating to University compliance with the Family Rights and Privacy Act can be obtained from the Office of Student Affairs or the Registrar’s Office.

The University of Massachusetts Lowell is an Equal Opportunity/Affirmative Action University.

III. General Information

A. Faculty / Staff Offices
To contact, either e-mail or leave a voicemail. Faculty office hours are posted each semester. Faculty office locations are subject to change, consult the PTK department web site https://www.uml.edu/Health-Sciences/PT/faculty/default.aspx

Dr. Erik E. Swartz, Professor, Chairperson
Weed 202
Erik_Swartz@uml.edu 978-934-4292

Ann Bratton, Program Administrator
Weed 210D
Ann_Bratton@uml.edu 978-934-3114

Dr. Kyle Coffey, Assistant Teaching Professor, Director of Exercise Science Program
Weed 210B
Kyle_Coffey@uml.edu 978-934-6462

Dr. David Cornell, Assistant Professor
Weed 210A
David_Cornell@uml.edu 978-934-5458

Dr. Michele Fox, Assistant Teaching Professor, Associate Director of Clinical Education, DPT Associate Program Director
Weed 218C
Michele_Fox@uml.edu 978-934-4766

Dr. Lynne V. Gauthier, Associate Professor
Weed 218D
Lynne_Gauthier@uml.edu 978-934-5383

Dr. Keith Hallbourg, Clinical Associate Professor, Director of Clinical Education, DPT Graduate Admissions Coordinator
Weed 220
Keith_Hallbourg@uml.edu 978-934-4402
Dr. Linda Kahn-D’Angelo, Professor, DPT Program Director
Weed 214
Linda_Kahndangelo@uml.edu 978-934-4411

Dr. Pei-Chun Kao, Assistant Professor
Weed 212B
PeiChun_Kao@uml.edu 978-934-4399

Dr. So-Jung Kim (Sophie Kim), Assistant Professor
Weed 218B
SoJung_Kim@uml.edu 978-934-45483
Dr. Erika Lewis, Associate Professor
Weed 208
Erika_Lewis@uml.edu 978-934-4405

Dr. Alexandre Lopes, Associate Professor
Weed 212A
Alexandre_Lopes@uml.edu 978-934-45671

Dr. JoAnn Moriarty-Baron, Associate Teaching Professor, Transfer Coordinator
Weed 210C
JoAnn_Moriartybaron@uml.edu 978-934-4412

Dale Pevey, Coordinator of Laboratory Resources
Weed 104
Dale_Pevey@uml.edu 978-934-4491

Dr. Connie Seymour, Associate Professor
Weed 224
Connie_Seymour@uml.edu 978-934-4434

Dr. Edgar Torres, Associate Clinical Professor
Weed 218A
Edgar_Torres@uml.edu 978-934-5534

Dr. Yi-Ning Wu (Winnie Wu), Assistant Professor
Weed 212C
Yining_Wu@uml.edu 978-934-6456
General Department of Physical Therapy & Kinesiology Information

Students and faculty are expected to maintain unconditional positive regard for each other in all interactions. Students will make appointments with faculty and DCE to discuss any issues confidentially. Students will be prompt and on time for class in appropriate attire. Cell phone use is not permitted during class or clinical education experience. Students are expected to notify faculty and DCE of absences in a timely fashion.

Students must use their UMass Lowell email accounts and address for communication with faculty and DCE. Students are expected to check email regularly for information and updates.

Students are required to maintain current contact information in SiS- Student Information Systems including current postal address, phone number, and the name of a contact individual in case of an emergency. SiS can be found at: http://www.uml.edu/it/isis/default.html

B. P.T. Bulletin Boards; Blackboard; Facebook

Bulletin boards are located throughout Weed Hall for announcements and items of interest. Physical Therapy Clinical information is sent to students electronically but may also be posted on bulletin boards.

Individual program courses using Blackboard may include email, discussion boards and real-time chat capabilities to facilitate communication between the faculty member and students enrolled in the course.

Additional announcements can also be found on the department’s Facebook account at https://www.facebook.com/UMassPT.

C. Use of P.T. Facilities

The PT labs are in Weed Hall and should be maintained in good condition. Smoking is not permitted on the UML campus. Semester lab hours are posted outside each lab. Semester lab schedules are posted outside each lab. When not in regular use, classroom space (P.T. laboratories) may be utilized by students for extra study and review or research and data collection. A key to the lab rooms may be checked out from the PTK main office during regular business hours (Weed 210). The
Department of Physical Therapy & Kinesiology has lab space available in Weed 304, 306, 310, 312, and 316. These labs are available to faculty and DPT students. The Program Administrator manages the calendar and sends confirmation e-mails to confirm reservations.

D. Laboratory Guidelines

Students should be appropriately dressed for lab activity: for men, gym shorts and for women, gym shorts and sports bra are required. Cover-ups such as shirts and sweat suits may be worn over the required attire for comfort. Low heeled rubber soled shoes are required. Long hair must be pulled back. No hats/caps are allowed. Jewelry, which poses a safety hazard, must be removed (i.e. dangling earrings, multiple bracelets, rings, & necklaces). Fingernails should be sufficiently trimmed so as not to cause discomfort to a simulated patient during lab sessions. A professional atmosphere should be maintained in the lab. Subjects should be properly draped and positioned. Dignity of subjects should be respected, and comfort and safety always provided. Students are required to purchase equipment prior to PT Interventions I in the first semester of the physical therapy program. The equipment listed below will be utilized in subsequent laboratories and throughout their clinical education experiences. The equipment can be purchased at any medical supply company. The required list includes:

**Equipment Description**

- 12” Goniometer
- 6” Goniometer
- 36 inch Retractable Tape Measure
- Gait Belt
- Stethoscope and sphygmomanometer
PT Laboratory Guidelines

Students are expected to:

1. Take personal responsibility for the care and maintenance of labs and all equipment.
2. Leave sinks and surrounding areas clean.
3. All equipment should be cleaned prior to and after use.
4. Return equipment and furniture to appropriate location after each use.
5. Procure a written permission form from department administrator to remove any equipment or supplies from the building.
6. Tape a “Do Not Use” note on any equipment that appears broken or is not functioning properly and submit written statement to department administrator.
7. Linen should be placed in the appropriate container when soiled.
8. Shoes should not be worn on any equipment, which contacts human skin i.e. plinths, exercise mats, tilt table.

Laboratory Safety Procedures

1. Hands should be washed prior to and at the completion of laboratory work.
2. Room is to be occupied by a minimum of two students at all times.
3. Students are required to obtain prior authorization and instruction in safe use by a faculty member before using equipment.
4. Do not leave treatment area while equipment is in use.
5. All equipment should be unplugged when not in use.
6. Recheck all gauges before using equipment.
7. Check the wiring and the plug of all electrical equipment before use.
8. Dry hands before any contact with electrical equipment.
Cadaver Laboratories

Students should be appropriately dressed for lab activity: long pants and close-toe shoes are required. Long hair must be pulled back. No hats/caps are allowed. Jewelry, which poses a safety hazard, must be removed (i.e. dangling earrings, multiple bracelets, rings, & necklaces). Cadavers are to be treated with the same professional respect and courtesy as any living patient: students will be mindful that the cadavers were once living individuals and have families who care deeply for them. Jokes or comments at the expense of the cadavers will not be tolerated.

Cadaver Laboratory Guidelines

Students are expected to:

1. Take personal responsibility for the care and maintenance of labs and all equipment.
2. Leave sinks and surrounding areas clean.
3. All dissection tools are to be cleaned and dried after use.

Cadaver Laboratory Safety Procedures

1. Hands should be washed prior to and at the completion of laboratory work.
2. Room is to be occupied by a minimum of two students at all times.
3. Students are not to use equipment without prior authorization and instruction of a faculty member.
4. Students are to maintain the integrity of the cadavers by keeping them covered and closed when not in use.
5. Accumulated waste is to be disposed of in appropriate containers after each dissection session.
6. Scalpel blades must be safely disposed of in sharps disposal container prior to cleaning the tools.
7. In case of injury, student must immediately remove gloves, wash hands with soap and hot water for 15 minutes, and report the accident to the instructor or TA.
8. Full laboratory safety training will be provided to students on the first day of class.
9. Formaldehyde is used to preserve the cadavers. Any students who are pregnant or suspect they may be pregnant must inform the instructor prior to entering the laboratory.
Palpation Laboratories

Students should be appropriately dressed for lab activity: for men, gym shorts and, for women, gym shorts and a sports bra are required. Cover-ups such as shirts and sweat suits may be worn over the required attire for comfort. Low heeled rubber soled shoes are required. Long hair must be tied or pinned back. No hats/caps are allowed. Jewelry, which poses a safety hazard, must be removed (i.e. dangling earrings, multiple bracelets, rings, & necklaces). Fingernails should be sufficiently trimmed so as not to cause discomfort to a simulated patient during lab sessions. A professional atmosphere should be maintained in the lab. Dignity of subjects should be respected, and comfort and safety always provided. During this lab course, you will be required to practice palpation methods on others within the lab and outside of the lab. You will be encouraged to practice on friends and family to successfully palpate people of a variety of body shapes and genders. By the end of the course, you will have practice in making a patient feel comfortable with your touch, being able to use your fingers, palms, and thumbs to enhance your sense of touch to feel bony structures and soft tissues, and recognizing these landmarks on a variety of people. You will learn the landmarks early on in lab and be expected to continue practicing the skills outside of lab to be ready for the one-on-one practical to be scheduled later in the semester.

1. Students will not be used as models during the initial teaching session – instead, a prepared video of the material will be shown using a patient with full consent.
2. Extra practice sessions will not be given. Students can review the video and practice with other students or friends and family.
3. Emphasis will be put on professionalism and on obtaining consent from others.
4. Students will be taught clinical relevance – how to make the patient feel comfortable, why practice is so important, how to use the whole hand to feel structures, how to manipulate the patient, hand-washing procedures, etc.
5. An inclusive culture will be achieved by stressing the importance of learning techniques for the clinic and being accepting of all patients, and therefore, each other.
6. The instructor will only touch the students for instructional purposes and with consent of the students.

7. Students will be informed that if at any time they feel uncomfortable, they should inform the person palpating them, the instructor, or the department chair. Discomfort should always be avoided in the classroom and in the clinic.
E. Financial Aid/Teaching Assistantships

Scholarships and Financial Aid

The Financial Aid Office is responsible for administering and coordinating funds from federal, state, private, and University sources (see http://www.uml.edu/financialaid/)

The office is located in University Crossing (978-934-4220).

Teaching Assistantships

A limited number of teaching assistantships may become available for qualified full-time students.

The department chair notifies students if there are any openings.

F. Counseling Center and Career Services

1. Counseling Center

This Center offers individual and group counseling to assist students who have concerns in vocational, personal, and educational areas. Counseling services are available free of charge and with the complete assurance that any concern discussed will be held in strictest confidence. The center is located in University Crossing (978-934-4331).

2. Career & Co-op Center

The Career Services & Cooperative Education Center supports all graduate students at UMass Lowell as they navigate their career decision making. Our career counseling staff is available to work with graduate students in all aspects of their career development including internship and job searches. We offer individual appointments as well as drop-in hours, workshops, a job and internship listing resource, CareerLINK, multiple career fairs per year and numerous web resources. Additionally, the Career & Co-op Center provides graduate students with opportunities to network with industry representatives, many of whom are alumni, through employer career panels, on-campus interviewing, information sessions and the UMass Lowell Alumni – Student Career Connections group on LinkedIn.

Students are encouraged to avail themselves of these services early on in their graduate school career. These services are also available to alumni. They are located in University Crossing and have
a satellite office in O’Leary Library and on the web at https://www.uml.edu/student-services/Career-Services/students/

G. O'Leary Library (South Campus)

The O'Leary Library is located on Wilder Street, opposite Weed Hall on the quadrangle. Students should consult with the library staff for operating hours each semester. O'Leary Library has instructions, brochures, and orientation sessions concerning the use of the library. University Library Services are described on their website: http://libweb.uml.edu/

H. University Bookstore

The university bookstore is located in the University Crossing building. Students may purchase books with cash, check, credit card, or book vouchers from the financial aid office. A list of required texts for Physical Therapy courses is distributed at orientation and can be found at https://www.uml.edu/Health-Sciences/PT/Graduate/Current-PT-Students.aspx.

I. Transportation Services Service

A shuttle bus operates between campuses. You can use the UMass Lowell transportation GPS system at http://www.uml.edu/routes/. For additional information about schedules, routes, etc. see http://www.uml.edu/student-services/Transportation_Services/

J. Parking

Parking stickers are mandatory and are available in the UCard, Access and Parking Services (UCAPS) at University Crossing. Students may park in the parking lots designated to them. Additional information is available at http://www.uml.edu/access-services/parking.html

K. Miscellaneous

Other general information about the University of Massachusetts Lowell (associations, programming, other curricula, etc.) may be found on the University Website. http://www.uml.edu/
IV. Professional Activities

Membership in the American Physical Therapy Association (APTA) and Massachusetts APTA chapter is highly recommended. Students are eligible to attend all national and state meetings at a discount with APTA membership. Students are also eligible for scholarship assistance from the APTA.

On campus, students may become involved in the Physical Therapy Club and/or the Graduate Student Organization. Announcements are made at the beginning of the year regarding each of these groups.
V. Clinical Education

"Clinical Education in physical therapy is the process by which the student is given the opportunity to learn to apply knowledge, develop attitudes, and practice skills in a clinical setting." (Dickinson, R., Dervitz, HL, Meida, HM. Handbook for Physical Therapy Teachers, New York, APTA, 1967)

The Clinical Education component of the DPT in PT curriculum is composed of:

a. A ten week clinical throughout the summer following the first year of academic preparation.
b. A twelve week clinical throughout the summer following the second year of academic courses.
c. A final, twelve week clinical during the spring semester of the third year.

A. General Policies

1. The Director of Clinical Education (DCE) directs the clinical education component of the Physical Therapy curriculum. In addition to identifying and developing new clinical sites, coordinating and implementing the matching process of students to clinical facilities, it is the DCE's responsibility to act as the liaison between the Department of Physical Therapy & Kinesiology and all affiliated Clinical Education Centers. The Site Coordinator of Clinical Education (SCCE) is responsible for managing the clinical education program within each facility and for monitoring those persons directly responsible for student supervision i.e., the Clinical Instructors (CIs).

2. All Clinical Education Centers sign a Clinical Education Contractual Agreement with UMass Lowell, Appendix F. This Agreement describes the rights and the responsibilities of each party in the clinical education process. Agreements must be in place prior to a student beginning an affiliation at the facility. The contractual agreement is a legal and binding document.

3. Students may take an active role in the identification of potential Clinical Education Sites. This is especially true for out-of-state placements. An appointment should be made with the DCE or Associate DCE to discuss the possibility of establishing a clinical education relationship with the facility and to determine a course of action. Students should not contact a facility to establish a clinical education. The DCE will contact the facility. Finalization of a Clinical Education agreement with a new facility is a legal matter, which can be a time consuming process. For this reason, it is required the student identification of a potential clinical
education site, as described above, be initiated during the fall semester prior to the year of anticipated attendance, i.e. approximately 1-year in advance

4. **All costs** related to clinical education are the student's responsibility, e.g. housing, transportation, meals, and other living expenses. Some clinical education sites offer free or subsidized housing, while other sites provide a list of available community housing. However, many clinical sites assume no responsibility or assistance with regard to student housing. It is required that you have your own method of reliable transportation. It is expected students be willing to drive up to 90 minutes, to/from their place of residence, for local clinical experiences. **Note:** Full-time clinical education experiences i.e., DPTH 6500, DPTH 6520, and DPTH 6530 are considered courses for which you will receive credit. Students must register through and pay tuition to the Division of Online and Continuing Education (OCE) for Clinical Education DPTH 6500 and DPTH 6520 since these courses occur during the summer intersession periods. Students will register through and pay as part of their regular tuition/fees for this semester to the Graduate School for DPTH.6530. Malpractice insurance and credit will not be given for the clinical experience if you are not registered prior to the affiliation.

Costs of Clinical Education Experiences are based on the number of credits through the Division of Online and Continuing Education. The current tuition costs can be found at [http://continuinged.uml.edu/general/ tuition.cfm](http://continuinged.uml.edu/general/tuition.cfm)

Continuing Education will charge a late fee for students who register after the deadline established in the catalogue. Fees usually increase at the end of the Spring semester. Registration can be done by mail, telephone, fax, or walk-in registration during the times listed in the catalogue.

5. Clinical placements are determined irrespective of a student’s personal commitments, e.g. employment, family responsibilities, etc. Furthermore, limiting your clinical education experiences based upon geography may greatly impact the quality of the clinical experience. The above criteria are considered **only** after all high priority placements have been made and **only if** you have not been placed in any of your selected facilities (see J. Site Selection).
6. **ALL** students are expected to travel, out of the area, to complete the clinical education component of the DPT program. Whenever possible, students will be matched to one of their preferred clinical sites. However, it is important to remember, the commitments of the University of Massachusetts Lowell, Department of Physical Therapy & Kinesiology supersede any individual student agenda.

7. Over the course of the three, 10-12 week clinical education experiences, students are compelled to complete clinical experiences in both the outpatient and inpatient settings. This requirement is consistent with the program’s goal of graduating clinicians who are considered generalists of physical therapy practice. Additionally, the diversified experience will expose students to the continuum of care as well as serve as a valuable resource in preparing for the licensure examination.

8. It is the department’s policy to visit every clinical site during each clinical education experience. However, when a personal site visit is not logistically possible, a phone (conference call) visit will be conducted. Clinical site visits usually occur sometime around the midterm evaluation and involve discussions with the student, the Clinical Instructor, and/or the SCCE. The DCE, ADCE, and other faculty members conduct the clinical site visits. Students are encouraged to contact the DCE if they identify problems or concerns that should be addressed immediately.

All students are required to contact the DCE during the first week of **all** clinical education experiences and provide the following information.

*Student Name: ____________________________*

*Facility Name: ____________________________*

*Clinical Instructor (CI): ____________________________ CI 2: ____________________________*

*Location of clinical rotation (complete street address, satellite, floor, etc.)*

________________________________________________________

*CI email address (required for CPI): ____________________________*

*CI telephone: ____________________________*

*Work schedule (Hours): ____________________________*

*First impressions? ____________________________

________________________________________________________
9. Prior to each full time clinical experience, a clinical packet is emailed to each Clinical Education Center. All of the forms and documents required for the upcoming clinical placement are included in this packet, e.g. syllabus, student data form, health documentation attestation, CORI attestation, etc.

10. Upon completion of a clinical experience, other than a personal thank you, all student contact with the clinical education site should cease.

11. Additionally, at the completion of each clinical education experience students are required to complete the Physical Therapy Student Evaluation: Clinical Experience and Clinical Instruction. (Appendix L) Students should share their feedback with their clinical site, i.e. CI and SCCE. The document must be submitted to the DCE within 72 hours of the completion of the clinical experience.

B. Criminal Offender Record Information (CORI)

Massachusetts passed the Criminal Offender Record Information (CORI) act in 1996. According to the CORI Act, Massachusetts General Laws chapter 6 sections 167-178, agencies have the right to require a criminal record check on any student affiliating at their institution. Most clinical education experiences require a CORI check. Each individual institution must first be certified by the Criminal History Systems Board to request this information. When a student is assigned to a facility that requires a check, a form will be given to the student by the DCE. This form must be filled out and mailed to the agency. Or, in some cases the prospective clinical site will complete all documentation on their premises. Regardless, all confidential information will be kept by designated persons at the agency, and the University will not have access to the information.

In addition to individual clinical site requests, **ALL** students entering the Doctor of Physical Therapy program will be subject to a CORI at the time of DPT graduate student orientation.

If a student fails the record check, they will be notified of their results. Failure to pass a CORI may jeopardize continued matriculation in the program, clinical education placements, and state licensure. The Zuckerberg College of Health Sciences’ Professional Review Committee will make final
determination of a failed CORI check. Any fee imposed to the university may be assessed to the student. Since CORI information is maintained by the agency and not the university, an additional CORI may be required for each affiliation. Processing of the CORI may take up to six weeks. Therefore, it is imperative that the paperwork be completed well prior to the actual clinical assignment. Several state licensing boards for physical therapy also require a CORI prior to granting licensure.

C. Emergency Policy

1. In the event of a medical emergency involving a UMass Lowell student, please follow this procedure:
   a. Take necessary steps to deal with the immediate emergency at your facility.
   b. Notify the student’s emergency contact, as denoted on their student data form.
   c. At your earliest opportunity please contact the program, specifically contact Keith W. Hallbourg, 978-934-4402

   Please have the following information available:

   • Student name
   • Hospital name
   • Hospital phone number
   • Nature of the emergency
   • Contact person at the facility
   • Name and phone number of the person to notify in case of emergency

2. Exposure to Bloodborne Pathogens while on Practicum, Bloodborne Pathogen Exposure Control and Policies can be found in Appendix M.

   a. All students are expected to follow Universal Precautions. In the event of exposure to bloodborne pathogens, the student will follow these procedures.
   b. Follow the specific agency policies for reporting, testing, treatment AND then report to:
      • UML Student Health Services, 978-934-4492 for reporting and referral for testing and treatment.
      • The Health Services will provide a confidential medical evaluation and follow-up. Students need not share the details of the incident with anyone except the Director of Student Health Services. It is the exposed student’s option to participate in the testing and treatment.

3. Responsibility for the cost of emergency services in off-campus educational experiences is that of the individual student.
4. Should arrangements need to be made to withdraw the student from the affiliation and/or conclude the affiliation at a later date; each case will be handled on an individual basis. The University will make a written record of communication between parties and of any decisions made available to all parties.

D. Clinical Education Attendance Policy

All clinical education experiences are considered a **full-time** educational commitment. Students are expected to be in attendance during hours specified by the clinical education facility. Students are expected to comply with the facility's work schedule, not the University calendar.

Make up of 1-2 days missed due to illness will be at the discretion of the student's clinical supervisor. If necessary, missed days can be made up at the end of the affiliation, on weekends, or as extra hours during a regular workday. This should not be interpreted to mean that students are given, or allowed, 1-2 days off per affiliation. The University does not allow students who are participating in full-time clinical experiences to request time off for interviews, university holidays, or to attend to personal business (excluding emergencies).

Religious holidays: students who are observing religious holidays shall be excused from clinical that day and be given the opportunity to make up those missed hours.

Campus Closures: irrespective of any weather related university campus closure(s) and/or observed on-campus holiday closure(s), the DPT student remains compelled to report to their clinical site as scheduled unless otherwise notified by their clinical supervisor.

Regardless of circumstances, in the event of an extended absence (3 or more days) the DPT student, SCCE, Clinical Instructor, and DCE will negotiate a remedial plan. Each case will be addressed on an individual basis. A written record of decisions will be distributed to all parties.

E. Health Status Requirements

The University of Massachusetts Lowell, Department of Physical is contractually obligated to provide each of our clinical partners with evidence that you are physically capable of full participation in the clinical education experience. In recent years, as a result of infection control requirements, this has come to include proof of your immunization. In 2011 new state immunization requirements for health professions students with patient contact were released. A summary of these requirements is listed in the table below.

**NOTE TO STUDENTS:**

The following immunization requirements took effect with the beginning of the Fall 2011 semester. UML’s University Health Services are able to provide MMR, Hepatitis B, and Tdap vaccines at Student Health Services by appointment for a small fee. However, varicella or
**Summary of Changes to 105 CMR 220.000 Immunizations Required Before Admission to School**

<table>
<thead>
<tr>
<th>Type of Change</th>
<th>Revised Content, effective in the Fall of 2011</th>
<th>Groups Impacted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definitions</td>
<td>Revisions to “Certificate of Immunization” –see below</td>
<td>All students</td>
</tr>
<tr>
<td></td>
<td>Revision to “Preschool” (indicating new name of regulating agency) –see below</td>
<td></td>
</tr>
<tr>
<td>Immunization</td>
<td>2 doses MMR vaccine required</td>
<td>• kindergarten</td>
</tr>
<tr>
<td>Requirements</td>
<td>2 doses varicella vaccine required</td>
<td>• 7th Grade</td>
</tr>
<tr>
<td></td>
<td>1 dose Tdap vaccine required</td>
<td>• full-time college freshman</td>
</tr>
<tr>
<td></td>
<td>Birth in the US before 1957 sufficient proof of immunity to measles, mumps and rubella</td>
<td>All college students (except health science students)</td>
</tr>
<tr>
<td></td>
<td>(does not apply to health science students)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Birth in the US before 1980 is sufficient proof of immunity to chickenpox (does not apply to health science students)</td>
<td>All college students (except health science students)</td>
</tr>
</tbody>
</table>

a) **MMR**: 2 doses of live measles, mumps and rubella vaccine are required for all postsecondary students. (these doses must be given at least four weeks apart beginning at or after 12 months of age).

b) **Varicella**: 2 doses of live varicella vaccine are required for all postsecondary students. (these 2 doses must be given at least four weeks apart beginning at or after 12 months of age).

c) **Tdap**: A single dose of Tdap within 10 years is required for all postsecondary students.

d) **Proof of Immunity Satisfies Requirement**: New alternative proofs of immunization have been added to clarify that the requirements of 105 CMR 220.600 shall not apply where:

i. in the case of measles, mumps and rubella, the student presents laboratory evidence of immunity. Those born in the United States before 1957 can be considered immune to measles, mumps and rubella, with the exception of all full- and part-time students in a health science program who may be in contact with patients.

ii. in the case of varicella, the student presents laboratory evidence of immunity; or a
statement signed by a physician, nurse practitioner, physician assistant, or designee that the student has a reliable history of chickenpox disease; a self-reported history of disease verified by a physician, nurse practitioner or physician assistant; or is born in the United States before 1980, with the exception of all full- and part-time students in a health science program who may be in contact with patients.

**Important Note:** Students may be required to obtain and submit additional medical/immunization requirements depending on the specific needs of individual clinical sites. For example, the Department of Physical Therapy & Kinesiology requires Physical examinations to be completed within 1 year. However, many clinical sites require more frequent updates, e.g. within 6 months. Furthermore, all health documentation must remain current (up-to-date) throughout the entirety of each/every clinical education experience.

1. **Physical examinations** are to be completed within 1 year of each clinical experience. A copy of the university’s standard health (physical) form is available for student download via the PT Department’s Clinical Education Resource page: [https://sites.uml.edu/cerp/](https://sites.uml.edu/cerp/) Or, you primary care physician’s office may elect to utilize their own form.

2. **Mantoux tests** are to be administered within the minimum of 1 year of each clinical experience. Additionally, many facilities now require one TB test within the past year and a second within 3 months of the clinical placement. In such cases, the prospective student will be notified individually. **Note:** The Tine Test is not acceptable. A PPD is acceptable, and for some hospitals, required.

3. **Current CPR certification.** Must cover adult and pediatric CPR and AED training.

4. **Students are required to obtain immunization for Hepatitis B.** This is a series of three injections followed by a titer to give proof of immunity. Students are responsible for the cost of immunization. Some insurance carriers have covered the cost in the past due to the nature of students' exposure in the clinic. All enrolled students may obtain the series free of charge at the Student Health Services on South Campus. You must call for an appointment (978) 934-4491. Time frame for injections: Injection 2 one month after first injection; Injection 3 six months after first injection; Titre for proof on immunity 6 months after 3rd injection.

5. **Some hospitals are now requiring proof of immunity to chicken pox (varicella).** Please consult the hospital file to see if your affiliation requires this additional information. Students are responsible for the cost of a titer, which can be administered at Health Services.

6. **Seasonal Influenza Vaccine – now required by most in-patient and many out-patient facilities.** The waiving of this requirement may result in a student’s inability to attend a particular facility for clinical education.

7. **Health Documentation:** Students are required to enroll in the UMass Lowell, Department of Physical Therapy & Kinesiology contracted health documentation verification services ([https://www.myrecordtracker.com/](https://www.myrecordtracker.com/)) in preparation for all clinical education experiences.
Following bulk cohort entry by the department, you will be contacted via email by the myRecordTracker system. The initial enrollment fee is $30.00 followed by $10.00 each of the two subsequent years while enrolled as a UMass Lowell DPT Student. Students are responsible for all fees associated with this medical record tracking/verification service. Failure to comply with the myRecordTracker service, and/or submission of any/all required health documents by their defined deadline(s) will result in indefinite suspension of, and/or participation in, clinical education.


A few of the documents contained in this Manual, specifically the Student Data Form and the Student’s Evaluation of a Clinical Experience are products of the New England Consortium. Since you will likely hear references to the New England Consortium, it would be beneficial for you to have some background information i.e., what is it and what does it do?

The New England Consortium of Clinical Educators (originally the New England Consortium of Academic Coordinators of Clinical Education) has been in existence since late 1984. It is comprised of the Academic Coordinators from all of the entry-level physical therapy programs in New England. Those programs are:

- American International College
- Boston University
- Franklin Pierce University
- Husson University
- Massachusetts College of Pharmacy & Health Sciences
- MGH Institute of Health Professions
- Northeastern University
- Quinnipiac University
- Sacred Heart University
- Simmons University
- Springfield College
- University of Connecticut
- University of Hartford
- University of Massachusetts Lowell
- University of New England
- University of Rhode Island
- University of Vermont
The primary goals of the Consortium are three-fold. First, it is interested in promoting clinical faculty development. This means training those clinicians who will be supervising you on your affiliations. Trained instructors from the New England Consortium instruct clinicians in workshops to credential them as certified clinical instructors. Once or twice a year the Consortium sponsors a free Clinical Faculty Institute to thank clinicians for their role in supervising students. Secondly, the Consortium is interested in promoting and conducting research efforts in clinical education. Third, we coordinate the use of common evaluation tools and uniform mailing dates for clinical education material. As a result, all schools in the Consortium now mail their requests for student slots on March 1 with a return date of April 15, for the following calendar year. In this way, the Site Coordinator can more easily plan how many students from which University they are able to accommodate. The Consortium also developed a common Student Data Form for Consortium schools to accompany the new APTA Clinical Performance Instrument.

G. Student Data Form (NECCE)

The Student Data Form, Appendix G, serves three main purposes. First, it is a means of notifying the Clinical Education Center about emergency and medical/ liability insurance information. Second, it provides you with the opportunity to describe the way you like to learn and to assess your exposure to, and competence in, a variety of content areas. Third, it provides your Clinical Instructor(s) with a detailed account of your perceived strengths and weaknesses, prior to your arrival.

H. Full Time Clinical Education Experiences

Three, full time (10-12 week) Clinical Education Experiences will occur as follows:

- Clinical Education Experience I: summer following the first academic year.
- Clinical Education Experience II: summer following the second academic year.
- Clinical Education Experience III: spring semester of third academic year

The specific dates of a given clinical experience may be altered, at the request of a prospective clinical site, in order to accommodate the experience. Students are required to complete an in-service/ case-study/ special project during each of their full-time (10-12 week) clinical education experiences.

Appendix H. Students may not attend a clinical site with which they have had any of the following relationships:

- Volunteered for extended periods of time.
- Currently or formerly employed.
• Have any type of financial/contractual/tuition reimbursement arrangement with facility or parent corporation. It is the student’s responsibility to make these situations known prior to clinical placement. Failure to do so will be considered an ethical violation.

I. Site Selection:

1. A list of available clinical sites for the full-time clinical experiences will be distributed to students. In addition to the name and location, the list will indicate the anticipated setting, number of student slots, and potential housing.
2. Information is available on most of our currently active clinical facilities. In general, this includes a clinical site information form as well as evaluations of the facility submitted by previous students. You are strongly encouraged to take advantage of this information prior to submitting your final list of site preferences. Any/all clinical site information is available via the Clinical Education Resource Page: https://sites.uml.edu/cerp/
3. A Site Selection Form will be distributed to all students. Students are required to list their top five (5) choices, in order of preference, as well as provide a brief rationale for each selection. The deadline for submission of the Site Selection Forms will be announced. **Students who submit forms after the deadline will be considered last in the placement process.**
4. Matching of students to clinical sites is the responsibility of the DCE. Whenever possible, as many students as possible will be assigned one of their 5 choices. However, given the finite number of clinical sites and the need for each student to complete a clinical experience in each of the primary practice areas clinical placements are not guaranteed.
5. Upon completion of the matching process, a comprehensive list of clinical placements will be distributed to all class members. Additionally, each prospective clinical facility is notified of the match and provided pertinent student information, e.g. name, address, phone, etc. **Students are required to contact their prospective clinical facility at least one month prior to the start date of your clinical.**
6. Under certain circumstances, clinical placements may be finalized utilizing a process of randomization
7. Students **must** be registered for their clinical affiliation **prior** to the first day of the clinical experience. Failure to register for a clinical experience will result in suspension of the experience.

J. Evaluation of Clinical Performance

As of January 1999, all New England Consortium schools have adopted the APTA Clinical Performance Instrument (CPI) for evaluation of all entry-level physical therapy students on affiliations. In the spring of 2009, the University of Massachusetts Lowell, Department of
Physical Therapy & Kinesiology adopted the revised (18-item) CPI. The revised CPI is designed to be completed electronically/on-line via the internet: [https://cpi2.amsapps.com](https://cpi2.amsapps.com).

The criteria contained within this document reflect *standards of entry level competence* in physical therapy. Your performance will be measured against these standards on each of your three full-time clinical education experiences. That is to say, this document will remain unchanged over your three clinical experiences. However, as you progress from Clinical Education I to Clinical Education III, and as your academic knowledge and clinical skill increase, so do our performance expectations. It may be helpful to view your clinical education experiences as being on a continuum, so that each clinical affiliation will demand a higher level of performance. Please note, that by grading performance against entry-level skill, it is not realistic to expect that a student will achieve scores of all **Entry-Level Performance** on their first clinical experience. Additionally, students who fail to achieve Entry-Level performance on any/all CPI criteria on their final clinical education experience may be subject to additional program assessment. The current Clinical Performance Instrument – Grading Rubric illustrates the performance criteria for each clinical education experience <Appendix I>.

Criteria 1-4 & 7 are considered “Red Flag” items. Given their foundational and fundamental nature to being a competent Physical Therapist, in particular, and a professional in general students are expected to achieve scores that are nearer **Entry-Level Performance** for these items.

**GRADING OF CLINICAL EDUCATION EXPERIENCES:**

The Clinical Performance Instrument grading rubric, Appendix I is similar to that used throughout the New England Consortium. The combination of all CPI performance indicators and qualitative comments are ultimately converted to either an "S" (Satisfactory) or "U" (Unsatisfactory) for grading purposes.

Determination of the "S" or "U" grade is made by the DCE and ADCE based on the recommendations of the Clinical Instructor, SCCE, and information gathered during the clinical site visit and contained in the objective scoring and subjective comments of the student’s final evaluation (CPI).

Any student receiving a "U" for DPTH6500 -Clinical Education I, DPTH6520-Clinical Education II, or DPTH6530 Clinical Education III, will be dismissed from the program and must appeal for re-entry.

**COMPLETION OF THE EVALUATION FORM (CPI Web):**

This electronic document should be completed by your Clinical Instructor twice during each of your clinical experiences; once at midterm and again at the completion of the experience. In general, these summative evaluations are intended to formally document feedback that you have
already received. Similarly, each student should also complete their self-assessment at the
aforementioned intervals. Any major discrepancies in how you perceive your performance and how
your supervisor (CI) perceives your performance should be discussed thoroughly.

HELPFUL HINTS FOR COMPLETING THIS DOCUMENT AS A SELF ASSESSMENT:

- Familiarize yourself with the Clinical Performance Instrument in general and specifically the
  Sample Behaviors.
- Base Performance Indicator on how you most frequently perform
- Each Performance Indicator should reflect your performance at that specific point in time i.e.
  midterm or final. In other words, avoid "averaging" how you have performed over the first
  half of the affiliation.

K. Resolving Problems in the Clinical Setting

Sometimes disputes occur in the clinical setting, frequently arising from miscommunication.
Two ways to resolve these issues are the Anecdotal Record, Appendix J, and the Critical Incident
Report, Appendix K. These are usually used when informal discussions have not resolved the issue.
Seeing the problem in writing often helps foster discussion and resolves the differences.

A Critical Incident Report may be submitted via the CPI Web and viewed by the DCE and may
or may not be a part of the permanent evaluation. They are not meant to be punitive, but rather serve
as a tool to help resolve differences.

In extreme cases, if the clinical instructor(s), SCCE and/or the DCE feel as though the student is
not making progress, particularly on the” Red Flag” items of the CPI, the student may be removed
from the clinical experience prior to completion. Students in danger of failing must take responsibility
to contact the DCE to discuss their performance on their clinical experience.

If a student’s clinical experience is terminated prematurely they will receive a grade of “U” for
the course and be subsequently dismissed from the DPT program. Any student who is dismissed must
petition the faculty in writing if they wish to continue in the program. After reviewing the petition, the
faculty will establish the guidelines by which the student may continue. The faculty reserves the right
to terminate the student’s status in the program if they believe the situation warrants such action.

L. Evaluation of the Clinical Experience

At the completion of each of your clinical affiliations you are required to submit a completed
copy of the APTA’s Physical Therapy Student Evaluation: Clinical Experience and Clinical
Instruction, Appendix L. A copy of this document is available for student download via the PT
Department’s Clinical Education Resource Page: https://sites.uml.edu/cerp/ It is expected that you will
provide honest and constructive feedback to your clinical instructor and to the SCCE regarding your
experience(s) within their facility.

Positive feedback is always nice to hear and your Clinical Instructor(s) deserve to know if they have done well designing the clinical affiliation for you. However, it is also important to provide the Clinical Instructors constructive feedback as well.

The completed document should be shared and discussed with your Clinical Instructor and/or SCCE and then returned to the DCE. It will be kept on file for subsequent students to use when selecting clinical sites.

Some of the information on the form is utilized by the physical therapy program for accreditation. Please be responsible in your duties to the profession and the program. A copy of this document is included in this manual.