

Doctor of Physical Therapy

Program Handbook

2025-2026

Welcome!

Welcome to Quincy University (QU)! And, welcome to the Doctor of Physical Therapy (DPT) degree program!

QU is a learning community rooted in Franciscan traditions and academic excellence. University life consists of many factors that contribute to a positive experience. From the first day on campus, QU supports and encourages students to succeed, both in and out of the classroom. The DPT Program Handbook, that is, this Handbook, is designed to guide admitted students to program-specific policies and resources for success. Please refer to the companion program Clinic Handbook for matters pertaining to clinic education. Both handbooks are adjunctive to QU official documents, e.g., QU Student Handbook and QU Catalog.

DPT Program Accreditation

The Doctor of Physical Therapy program at Quincy University is in the developing program status by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, Virginia 22314; telephone: 703-706-3245; email: accreditation@apta.org; website: <http://www.capteonline.org>.

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Section I. About the DPT Program

The Doctor of Physical Therapy (DPT) program at Quincy University (QU) prepares graduates to examine, diagnose and treat people with movement dysfunction impacted by disease, injury and disability; and prevent moment loss promoting wellness and general health of the individual and community toward a more well society.

The DPT program employs case-based learning (CBL) as a common curricular strategy in a scaffolded manner throughout the program in both didactic and clinical teaching. Further, the curriculum is delivered using contemporary hybrid methodologies for maximum efficiencies for both the learners and faculty. Strategically, the hybrid curriculum engages faculty excellence from across the country to the resource scarce, and rural locale. Equally, the hybrid design invites students of diverse backgrounds and geography.

DPT Program Location and Facilities

The program is located at the North Campus in a newly renovated facility. Facilities include state-of-the art laboratories and equipment, including a cadaver laboratory for teaching, learning and research.

Section II. Mission and Vision; Values and Goals

DPT Program Mission

The QU Doctor of Physical Therapy program prepares students to enter professional practice as ethical and compassionate practitioners who advance individual and community health outcomes via practice excellence. Further, students advance patient centered care via a true understanding of team; students positively transform healthcare delivery by knowing when to lead and when to follow with a positive voice for themselves, their patients and the profession.

DPT Program Vision

The vision of the QU DPT program is to prepare servant leaders with the knowledge, skills, values, and experiences necessary to lead positive change in health care with integrity, empathy, and a commitment to the common good.

DPT Program Values Statements

Mirroring the university's organization, underpinning the proposed DPT program mission are the following values statements.

- Excellence: QU students, graduates and faculty will uphold the highest standards of academic and clinical excellence in the delivery of physical therapy services toward optimal individual and community health outcomes.

- QU students, graduates and faculty engage in scholarship and lifelong learning seeking specialization and innovative physical therapy practices that support advancement of physical therapy practice.
- Compassion: Students, graduates, academic and clinical faculty display compassion by recognizing and attending to patient distress via listening and taking deliberate actions to help.
- Service: Students, graduates, staff, and faculty advance their respective and collective communities via purposeful service.
- Students, graduates, staff, and faculty participate in intercultural development by first recognizing and analyzing individual biases.
- Students, graduates, staff, and faculty seek to work in groups that represent individuals who are different from themselves.
- Students, graduates, staff, and faculty uphold the values of the Franciscan friars, the APTA Code of Ethics and the APTA standards of practice.

DPT Program Student Goals

1. Apply comprehensive knowledge and critical thinking skills essential for effective entry-level clinical practice. (Excellence; scholarship)
2. Interact with fellow students, patients and families as individuals with unique needs and compassion for their circumstances. (Compassion; inclusivity)
3. Engage in critical inquiry to support clinical decision-making across cases and clinical interactions throughout the entry-level program.
4. Demonstrate behavior consistent with the APTA Code of Ethics and Standards of Practice. (Ethics; accountability)
5. Participate in service growing into servant leadership that benefits local, regional, national and/or international communities. (Intercultural development; servant leadership)
6. Embody the Franciscan tradition values of compassion, humility, and servant leadership in interactions with patients, colleagues and communities. (Compassion; service; leadership)

DPT Program Goals for Graduates

1. Demonstrate competence in the differential processes required for effective physical therapy practice across practice settings and patient experiences. (Excellence)
2. Prioritize the individual patient experience implementing best practices that are grounded in contemporary research. (Compassion; Excellence)

3. Collaborate with other practitioners toward optimal patient outcomes at the level of the patient, the profession and society. (Team; leadership)
4. Engage in ethical practice. (Ethics; accountability)
5. Serve the community with compassion, humility, and servant leadership in interactions with patients, colleagues and communities. (Compassion; service; leadership)

Section III. DPT Program Curriculum Plan

Curriculum Outline

	Course Number	Course Title	Credits
Year 1 Semester 1	DPT 700	Anatomy 1: Spine, Limbs, Thorax	4
	DPT 705	PT Foundations	5
	DPT 710	Kinesiology and Biomechanics	4
	DPT 715	Professional Expectations	2
	DPT 720	Human Pathophysiology	3
		Total Semester Credits	18
Year 1 Semester 2	DPT 725	Upper Quarter Musculoskeletal	8
	DPT 730	Evidence-Based Practice	3
	DPT 735	Therapeutic Intervention	5
	DPT 740	Nutrition and Pharmacology	2
	DPT 745	Patient-Centered	1
		Total Semester Credits	19
Year 1 Semester 3	DPT 750	Lower Quarter Musculoskeletal	8
	DPT 755	Neuroanatomy and Neurosciences	2
	DPT 760	Diagnostic Imaging	1
	DPT 765	Cardiopulmonary Care in PT Practice	5
	DPT 770	Aging and Adulthood	2
	DPT 775	Integrated Clinical Experience (Experiential Learning: Basic Skills)	1
		Total Semester Credits	19

Table continues . . .

	Course Number	Course Title	Credits
Year 2 Semester 4	DPT 800	Neurologic Rehabilitation 1	8
	DPT 805	Anatomy 2: Head, Neck, Abdomen, Pelvis	3
	DPT 810	Pediatric Physical Therapy	6
	DPT 815	Technologies to Manage Movement	2
		Total Semester Credits	19
Year 2 Semester 5	DPT 820	Neurologic Rehabilitation II	8
	DPT 825	Journal Club	1
	DPT 830	Clinical Internship 1 (8 weeks)	4
		Total Semester Credits	13
Year 2 Semester 6	DPT 835	Differential Diagnosis in PT	3
	DPT 840	Leadership and PT Business Management	1
	DPT 845	Professional Responsibilities	1
	DPT 850	Clinical Internship II (8 weeks)	4
		Electives (2 credits required)	2
	DPT 855	Independent Research (2credits)	
	DPT 860	Manual Therapy Interventions (2 credits)	
	DPT 865	Advanced Topics in Pelvic Health (2 credits)	
	DPT 870	Advanced Topics in Orthopedics (1 credit)	
	DPT 875	Advanced Topics in Pediatrics(1 credit)	
	DPT 880	Advanced Topics in Neurology (1 credit)	
	DPT 885	Gender health Issues (1 credit)	
		Total Semester Credits	11
Year 3 Semester 7	DPT 890	Complex-patients; Problem-based learning in PT	1
	DPT 895	Clinical Internship III (16 weeks)	8
		Total Semester Credits	9
		Total Program Credits	108



Calendar/Schedule

Section IV: Policies and Procedures

Accommodations: Personal and Religious

Policy Statement

Students requiring personal or religious accommodation during immersive on-campus lab sessions must submit their requests by the beginning of the third week of classes. Requests received after this deadline may not be accommodated except in cases of unforeseen circumstances, subject to review by the participating lab faculty.

Procedures

Submission Deadline

- All requests must be submitted no later than the beginning of the third week of classes, after which requests will only be considered in cases of emergency or unforeseen circumstances.

Request Submission

- Requests must be submitted in writing to the class instructor(s) in charge of the immersive lab experience.
- Requests should include:
 - Student's name and student ID
 - Description of the requested accommodation
 - Explanation of the personal or religious need for the accommodation
 - Any supporting documentation (if applicable)

Review and Approval

- The instructor will review requests and may consult with faculty advisors and/or administrative staff.
- Decisions will be communicated to students within ten business days of receiving the request.
- Approved accommodations will be implemented in coordination with lab instructors and administrators.

Limitations and Considerations

Accommodation must be reasonable and not compromise essential lab learning objectives or safety regulations.

While the institution strives to honor all reasonable requests, accommodation will be provided in accordance with institutional policies and applicable laws.

Questions and Support

Please direct questions to the course faculty and/or the program director.

APTA Membership

Students are **required** to maintain current membership in the American Physical Therapy Association (APTA) while in the program. Student membership is \$80.00 per year. At no additional dues fee, students are required to join the respective state chapter. Evidence-based resources available via APTA are rich and fully accessible to students; these are adjunctive to what QU may provide.

APTA offers many services, opportunities and professional development events just for students – explore and enjoy!

Attendance

Regular and prompt attendance is expected of all students for all curricular activities, clinicals, laboratory courses and orientations. Faculty have the right to create attendance policies specific to each course. Policies are detailed in each course syllabus. Absences will be reviewed on an individual basis. Students are responsible for all course materials. Attendance records are maintained for the purpose of work references and financial aid programs. Attendance at all College orientation/informational activities is mandatory. Those who are not able to attend must contact the appropriate program personnel prior to the activity. Nonattendance may result in a professional behavior warning.

Tardiness/Late Assignments

On-time attendance is expected of all students. Faculty are required to alert academic advisors of student attendance and/or tardiness concerns. Students are required to notify the course instructor prior to the start of class time, or due date of an assignment if they are unable to attend, will be late, or cannot complete an assignment as expected.

Absences and/or tardiness forgiveness is the discretion of the faculty leading the course. Examples of excused absences likely include (but are not limited to) viral illness; hospitalization; death of an immediate family member. In cases of illness, faculty may request medical documentation. Examples of unexcused absences generally include, though not limited to: traffic and over-sleeping.

Audio/Video Recording of Lectures/Conferences

All individuals wishing to record faculty lectures and/or conferences presented as part of the curriculum must obtain verbal approval prior to the lecture and/or conference from the

specific faculty member. Faculty has the right to refuse permission unless an accommodation for disability is approved.

In the event the faculty member approves the audio/video recording, the recording is the student's responsibility. It is further understood that the recording is to be used for current educational purposes only.

In accordance with the above policy, all students should be aware that any classes and discussions held therein, are subject to recording.

Advising

QU employs a mixed advising model where every student is assigned a success coach and an academic (faculty) advisor. In the professional DPT program, the faculty advisor serves in both roles. On admission to the program, students are assigned an academic advisor. The academic advisor serves in both a formal and informal capacity as advisor and mentor. The scheduling of advising appointments is the shared responsibility of the student and advisor. A minimum of one (1) advising session per semester is required.

Role of the Academic Advisor:

1. Orient students to their rights and responsibilities in the advising relationship.
2. Explain academic policies and procedures, as well as curriculum requirements, to students.
3. Informally assess advisees' ongoing psychosocial adjustment so as to make appropriate referrals to support services as needed.
4. Monitor students' academic progression.
5. Refer students to counseling, tutoring and/or review of study skills.

After Hours Access to Building

During the on-campus intensive sessions, students have access to building, spaces for group and individual study, laboratories and equipment for practice. The following statements guide students' access to the facilities "after hours".

- Students are allowed access Sunday through Saturday to the classroom, study spaces and laboratories outside of scheduled class and examination times.
- Employee and student photo identifications carry key card coding that permits access to the physical therapy spaces; therefore, students are expected to have the university-issued ID on their person at all times.
- Students in any lab or classroom after hours are responsible for insuring that the room is locked when leaving. In the unlikely event that the automatic locks do not deploy, the

students using the space are responsible for notifying security and waiting until they come to secure the lab or classroom. At no time should a student leave a lab open and unattended.

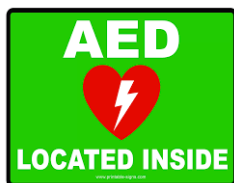
- No models, spines, or any other equipment may be removed from any classroom or laboratory space, without proper “sign-out” for borrowing equipment.
- Students may not be in the building alone at any time.

Authorized Use of Images

Use of any individual other than oneself in a presentation or video requires a signed photo release from the individual. No images of individuals should be placed on the web (including YouTube) or in social media without the individual’s explicit written consent. Patients should not be photographed or videoed using personal electronic devices such as a phone where others might gain access. Any videos/photos taken should be immediately downloaded and stored on a password protected computer. Any unauthorized photographs or videos of patients or other classmates in the clinical, classroom, or laboratory experience are strictly prohibited.

From time to time, University personnel will photograph or videotape campus events for the instructional documentary, promotional, public relations and/or advertising purposes of Quincy University. Quincy University students included in such photographs or video agree that the photographs or video may be used for these purposes by Quincy University. If a student objects to this provision, he or she should provide written notice of this objection to: Office of Community Relations, and copy to the DPT program.

Automated External Defibrillator



An automated external defibrillator or AED is a portable electronic device that automatically diagnoses potentially life-threatening cardiac arrhythmias. The text image is standard for locating AED equipment.

CAPTE and Student Complaints

The Commission on Accreditation in Physical Therapy Education (CAPTE) is a nationally recognized accrediting agency. As part of CAPTE's recognition by the US Department of Education, the agency is encouraged to develop a method for allowing written testimony to be provided about physical therapy education programs prior to review by CAPTE.

A student, or member of the public may provide testimony or file a complaint with CAPTE, the agency responsible for accrediting physical therapy programs. The Doctor of Physical Therapy Quincy University is seeking accreditation by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, Virginia 22314; telephone: 703-706-3245; email: accreditation@apta.org; website: <http://www.capteonline.org>.

Code of Conduct

Professional decorum is expected of all students at all times. The following are excerpts from the APTA Code of Ethics for guiding behavior while engaged in activities of the program and the profession.

1. Respect the dignity and rights of all individuals.
2. Make sound and trustworthy decisions.
3. Demonstrate integrity.
4. Attend all DPT program classes for which they are registered in a prepared, positive, respectful and timely manner.
5. Inform the instructor of any potential limitations prior to classroom or lab activities.
6. Inform the program director of any potential limitations before starting the program and seek reasonable accommodation as required by QU policy.
7. Demonstrate the ability to be an adult learner by seeking knowledge, understanding personal limitations, and engaging in self-directed learning.
8. Follow strict confidentiality in the classroom and clinic. This confidentiality and professionalism extend beyond the classroom and clinic and includes any activities which are a part of QU and all social media considering the same.
9. No social media, texting, or connected devices/watches, etc. during class or lab that are not solely for learning.
10. Present to lab with acceptable, comfortable, and professional attire. Follow all QU policies for attendance and behavior and refrain from eating or drinking in lab.

Adapted from: American Physical Therapy Association Code of Ethics

Counseling

Clinical counseling services are available to students through the QU Student Health and Wellbeing Center walk-in clinic in partnership with Quincy Medical Group. The center is located in Friars' Hall room 113. For more information and appointments call 217-222-6550 ext. #3418.

Dress Code

The dress code provides direction for appropriate appearance/professional image in the classroom and laboratory sessions. It is generally understood that students demonstrate daily hygiene practices and wear clothing that is not provocative in nature. Students are not allowed to wear hats during exams.

Casual attire in the classroom is acceptable, except when requested otherwise. Casual dress code refers to clothing that is informal and comfortable, yet clean and professional.

Women

- Long or short skirt
- Khakis or nice jeans
- Shorts (depending on occasion and climate)
- Plain T-shirt (no slogans), polo shirt, turtleneck
- Casual button-down blouse
- Leggings
- Khakis or good jeans (clean, no holes)
- Cargo or Bermuda shorts—depending on occasion and climate
- Plain T-shirt (no slogans), polo shirt, turtleneck
- Casual button-down shirt and/or sweater
- Loafers, sneakers (with or without socks), sandals

Men

When guest speakers are planned and/or the student is scheduled to present to the class on a formal assignment, dress casual attire is expected. Dress casual is between formal and casual.

Women

1. Dress
2. Skirt and dressy top
3. Dressy pants outfit
4. Nice jeans and dressy top

Men

- Slacks
- Dress shirt, casual button-down shirt, open-collar or polo shirt

Laboratory Dress Code

During lab sessions, students are asked to wear clothing that allows access to the topical anatomic area while still assuring modesty. Examples include shorts, T-shirts, tank tops. If access is required to spinal landmarks, wearing a gown or sports bra is appropriate.

Standard medical scrubs are required for the cadaver anatomy lab.

Clinical Education

Students must comply with the dress code at the clinical site. (Refer to the Clinical Education Handbook for further details.)

Electronic Devices

Electronic devices include, but are not limited to, cellphones, laptop computers, watches, or tablet devices. Electronic devices within the classroom and lab may be utilized by the students for appropriate learning purposes as determined by the faculty member. Device ring tones shall be put on “vibrate/silent” during entire course/clinical. If not otherwise directed by course faculty, all electronic devices should be stored with personal belongings during exam time.

Students using the electronic devices during the course/clinical for non-class activities, may be requested to turn off the electronic device. Students with repeated violations and/or course disruptions due to inappropriate use of electronic devices will receive a professional behavior warning.

Clinical agency policies will dictate use of student electronic devices in the clinical areas. Clinical sites may have additional policies regarding the use of electronic devices. Ensure that you are familiar with these policies before using your device at a remote location. Violations or disruptions due to inappropriate use of electronic devices may result in dismissal from the clinical site and will be referred to the appropriate Program Director for disciplinary action.

Equipment

The QU DPT program is resourced with state-of-the-art equipment typical of contemporary practice in physical therapy. The program is responsible for ongoing maintenance and safety calibration of all equipment.

Equipment Check-Out

Equipment check-out is permitted to support student learning. Procedure for equipment checkout:

1. Request equipment from faculty overseeing the laboratory course.
2. Faculty perform a review inspection and safety check of the equipment.
3. Students must “sign” for the equipment.
4. The check-out period is limited to overnight. Equipment must be returned before the first class period the following day.

Equipment Failure

Students who encounter equipment that is not functioning are required to report remove the equipment (if possible) to a program faculty member, or program office.

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Examinations

Examinations of all kinds are scheduled and detailed in the course syllabus. Students are expected to be on-time and prepared for each exam, per the exam instructions. Under the most extreme of conditions may a student miss a scheduled exam. Students **MUST** inform the course faculty in advance of the exam start time if they cannot meet the exam. If excused, the faculty member and the student will make alternative arrangements to complete the exam.

ExamSoft – Summative Examinations

Summative course examinations are available to students online, per the course syllabus. Written examinations are available to students via ExamSoft. Students must have access to computers with [Minimum System Requirements](#) throughout the program in order to access the written examinations.

Extra Credit

QU DPT does not offer extra credit assignments.

Faculty Office Hours

Faculty office hours are made available to students in the course syllabus. “Open” hours do not require appointments. “Appointment” hours require advance scheduling. Links for scheduling office hours are notated in the signature line for each faculty member.

Grading/Evaluation

The following is the system of grading used at QU for graduate programs: The minimum standard for acceptable academic progress in any graduate program is cumulative grade point average of 3.0 on a 4.0 scale. Individual programs may establish higher grade requirements for the successful completion of that program.

Graduate programs at Quincy University use a uniform system of grading as follows:

Grade/Grade Points	Explanation
A 4.00	Indicates excellent academic performance at the graduate level.
A- 3.70	
B+ 3.30	Indicates above average academic performance at the graduate level.
B 3.00	Indicates average academic performance at the graduate level.
B- 2.70	
C+ 2.30	
C 2.00	Indicates below average, but passing academic performance at the graduate level. This is the minimum grade for which graduate credit is earned and each graduate program may limit the number of “C” grades that are allowed.
F 0.00	Indicates academic performance of poor quality which will not be accepted for degree credit for any Quincy University graduate degree program.

IN Incomplete	A grade of “IN” (Incomplete) may be assigned only for exceptional cases by the course instructor. A grade of “IN” must be removed by the due date set by the instructor. This is not to exceed one full semester after the one in which it was granted unless approved as stated in the Incompletes section; otherwise, it will be converted to an “F”.
P Passing	This grade is given only in clinical arrangements, practica, or internships that have been designated by the program director. A grade of “P” adds credit but does not affect the grade point average.
W Withdrawn	This means the student was allowed to withdraw without penalty from a course in compliance with the policy stated in the Withdrawal from Courses section. Instructors cannot issue grades of “W”.
AU Audit	Indicates that the student has registered for the course on a non-credit basis. No grade or credit is given.
DE Deferred	Indicates the grade has been deferred. A “DE” grade may be given for a project, internship, thesis, or clinical experience that is incomplete at the end of the semester.

All courses in the DPT program require a final grade of C, or better. Cumulative grade point average (GPA) must equal 3.0, or better on a 4.0 scale, per QU graduate grading policies.

“C” Grades and Repeated Courses

Students are permitted a maximum of two (2) “C” grades. More than two “C” grades likely result in a GPA of less than 3.0 on a 4.0 scale.

DPT students may repeat a program course if they do not earn the required “C” grade. This requires the student to fall back one (1) year to the next cohort in order to meet the standard course sequence.

Professional Behavior – Grading

A minimum of a 3.5-point deduction will be applied to the final course grade for students repeatedly showing poor professionalism in class and/or lab.

Laboratory Practical Exam Performance and Grading

Successful performance on laboratory practical exams requires students to:

- Pass each laboratory practical exam;
- Pass all safety criteria in each exam;
- Achieve an overall 80.0%, or better.

Performance criteria are defined for each practical exam in the grading rubric, which is distributed prior to the exam.

The program uses practical examinations to assure student safety competencies and readiness to enter clinic experiences, therefore, if a student fails any single safety element, an “F” grade is assigned. If the student earns less than 80.0% on the technical skill performance, the student will likewise receive an “F” grade for the practical examination. In either case, the student must retake the practical examination. The student must meet both safety (100%) and technical skill performance competencies (80%) to pass the practical retake.

Only one (1) re-examination is permitted.

Students may not repeat the failure/re-take process on a second exam in the same course.

Academic Probation

A graduate student may be placed on probation, or dismissed by the University or by the graduate program.

1. University-level action occurs when a graduate student’s term or cumulative grade point average (GPA) drops below 3.0. The Graduate Academic Review Committee will review the student’s status.
2. Program-level action occurs when a graduate student fails to meet specific criteria established by the graduate program. A committee of program faculty will review the student’s status.

Students must have a 3.0 GPA and cleared of academic probation prior to starting any full-time clinical experience, i.e., Year 2 Semester 4; Year 3 Semesters 6 and 7.

Dismissal

A student is dismissed from the program if the GPA is not raised to 3.0 in the requisite time period.

A student who earns an “F” grade in any course is dismissed from the program

Appeal of Grade/Dismissal

A student who has been dismissed by the University may appeal for academic reinstatement for the following term by submitting a letter as soon as possible to the Academic Appeals

Committee through the Office of Academic Affairs, explaining any extenuating circumstances and proposing a plan for the improvement of academic performance.

If the appeal is approved, the student will be reinstated on academic probation.

A student who has been dismissed by the graduate program may appeal for reinstatement according to the procedure established by the graduate program. The DPT program requires that grade appeals and/or appeals of dismissal actions begin with a written statement of appeal to the lead faculty and program course director within five (5) days of the beginning of the next semester.

Additional information is detailed in the *Catalog*.

Insurance

Health Insurance

Health insurance is a requirement of admission for all DPT students. Students must demonstrate proof of insurance prior to new student orientation. Further, students must maintain health insurance coverage throughout the program.

Professional Liability Insurance

QU purchases and maintains professional liability insurance for all students and faculty participating in official teaching and learning associated with program and coursework activities. Professional liability coverage does not extend to students engaged in non-curricular activities.

Laboratory Experiences

Participation in Laboratory Experiences

Student participation in laboratories is expected. Students participate in examinations and interventions as both examiner and patient. Participation in the role of the patient carries inherent risks as the examiner, like the student patient, is a student learner.

Students are required to know indications and contraindications for all laboratory activities and to inform the lab faculty if they are not able to participate in the patient role. An assumption of risk statement is included in each laboratory course syllabus.

Laboratory Rules

Students are expected to know and comply with the laboratory rules. Laboratory rules are posted outside the laboratory spaces.

Lab Rules

1. Behave professionally.

2. Conduct yourself in a safe and respectful manner.
3. Use standard precautions and proper personal hygiene.
4. No food on the mats and tables. No meals in the laboratory. Snacks must be in covered containers.
5. No shoes or sharp objects are permitted on the treatment tables/mats.
6. Clean surfaces, per protocol, after each use.
7. Comply with safe handling and storage of equipment, supplies and chemicals.
8. Ensure personal safety at all times.
9. Place used linens in designated area.
10. Leave the lab in neat and orderly condition.
11. Lock the door on your departure.
12. After normal business hours, only DPT students and personnel are permitted in the lab.
No guests. No children under 18 years old.

Laboratory Chemicals and Storage

Chemicals used in physical therapy are categorized as hazardous, thus fall into OSHA hazardous chemicals storage requirements. Chemicals are stored in locked, MSDS labeled non-flammable storage cabinets.

Records of chemicals are maintained in the program office at the QU North Campus.

Pregnancy

Students who become pregnant while in the program are required to inform their faculty advisor. The faculty advisor will direct the student, or seek her permission to inform the DCE and program director of the pregnancy. The faculty advisor will work with the student to modify the curriculum plan as needed. Any change in curriculum plan requires approval by the program director.

Professional Behaviors

Per: May WW, Morgan B, Lemke JC, et al. Model for ability-based assessment in physical therapy. *Journal of Physical Therapy Education*. 1995;9(1):3-6.

Professional behaviors are those from the affective domain deemed necessary for effective interactions with fellow students, patients, families, colleagues, supervisors, etc. Professional behaviors are the foundation for student conduct while in the program. Students are expected to comply with the professional behaviors in all aspects of the program. Professional behaviors are expected of all professionals. Students are not graded on professionalism; however, grade reductions are considered given unprofessional behavior. That is, a minimum of 3.5 points is deducted from a course grade for unprofessional behavior.

1. Critical Thinking. The ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information. The ability to appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision-making process.
2. Communication. The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.
3. Problem Solving. The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.
4. Interpersonal Skills. The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.
5. Responsibility. The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community and social responsibilities.
6. Professionalism. The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.
7. Use of Constructive Feedback. The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.
8. Effective Use of Time and Resources. The ability to manage time and resources effectively to obtain the maximum possible benefit.
9. Stress Management. The ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions for: self, patient/clients and their families, members of the health care team and in work/life scenarios.
10. Commitment to Learning. The ability to self-direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.

(See Appendix B.)

Professionalism Warnings

Student behavior deemed unprofessional warrants a professionalism warning. Two (2) professionalism warnings warrant academic probation. See Appendix Professional Behaviors Assessment.

Student Employment

Fulltime graduate studies equate, at a minimum, to a 40-hour work week. It is recommended that students budget three times (3X) the time of in-classroom/ credit hour instruction on studying. That is, a DPT course load of 15 credits equates to 45 hours of study time per week. Given this assumption, fulltime student employment is discouraged. Students should discuss

employment and employment needs/options/opportunities with their faculty advisor.

Schedules

Students are expected to meet all program curriculum and professional requirements. Professional requirements included, but are not limited to: grand round/guest presentations; local professional, i.e., chapter association meetings, etc. Professional meetings are announced as soon as they are scheduled. Postings in Moodle and email provide event details.

Technical Standards and Essential Functions

Technical standards and essential functions refer to those abilities, attitudes, skills and behaviors that cannot be taught yet are required for competent physical therapy practice.

Technical standards and essential functions are stated to ensure that all students are aware of the expectations of the program. Students affirm their compliance, with or without reasonable accommodation, as a condition of admission. Continued compliance is a condition of continued enrollment.

Definitions

- *Technical standards* are the knowledge, skills, and attitudes a student applicant must possess at admission, indicating their preparation for entry into the program. Technical standards are crucial for continued participation in the program.
- *Essential functions* are the knowledge, skills, and attitudes that all students must be able to execute, with or without a reasonable accommodation, in order to graduate from the program. Essential functions are crucial for occupational therapists in practice.
- *Reasonable accommodations* will be provided for qualified students with disabilities so they can meet essential functions. Reasonable accommodations will be established on an individual basis in consultation with the J. Kenneth Nesbit Student Success Center.

Observation Skills

Students should have the capacity to observe and interpret demonstrations and client/patient interactions during classroom, laboratory and clinical education experiences using visual, auditory, and tactile senses or their functional equivalents.

Communication

Students should be able to develop and demonstrate communication skills that are effective, empathetic and foster rapport with peers, faculty/staff, clients/patients and their families, and healthcare team members.

Motor Capabilities

Students should be able to demonstrate motor function and endurance (independently or with modified independence) to perform various examination and treatment techniques, with or without equipment or instruments, including those required during emergency situations to ensure safety. Students should be able to lift, lower, push, pull and carry to allow effective patient management. Direction of others to complete certain motor functions may be determined to be a reasonable accommodation.

Intellectual-Conceptual Abilities

Students should be able to demonstrate intellectual-conceptual skills including measurement, calculation, cognitive and spatial reasoning, synthesis, and retention leading to accomplish the following:

- a) Acquire fundamental knowledge
- b) Interpret data
- c) Integrate knowledge to establish clinical judgement
- d) Make effective and safe decisions

Behavioral and Social Attributes

Students should be able to develop and demonstrate the emotional health necessary for optimal use of their intellectual abilities, the exercise of good judgment, the prompt completion of all responsibility's attendant to the academic and clinical environments and the development of mature, sensitive and effective relationships with peers, faculty/staff, clients/patients and their families, and healthcare team members. Students should be able to develop and demonstrate proactivity, adaptability and flexibility. The program defines required professional behaviors and assesses students on their development in the following areas: commitment to learning, professional communication skills, effective use of time and resources, use of constructive feedback, responsibility, professional conduct, and stress management.

Attestation of the technical standards and essential functions is required on acceptance of an invitation for admission. (See Appendix)

Student Governance and Leadership

Students are encouraged to investigate and make recommendations for leadership – as the program develops.

Students are expected to participate in program assessment.

Section V. Additions, Deletions and Changes to this Handbook

This Handbook is dynamic. It is subject to change, that is, new policy additions, policy deletions and changes to current policies. Students are notified immediately of additions, deletions and policy changes. Changes go into effect immediately and effective on the announcement date, or as confirmed in the policy announcement.

APPENDIX

Appendix A: Forms

- Attestation – Review of Program Handbook
- Attestation – Technical Standards and Essential Functions
- Assumption of Risk and Release Agreement
- Photo/Video/Media Release Adult
- Photo/Video/Media Release Child

Attestation – Review of Program Handbook

I have read this Handbook in its entirety and understand my responsibilities herein. Further, I acknowledge the program prerogative to update this Handbook as needed.

Signature

Name (Printed)

Date

Attestation – Technical Standards and Essential Functions

Technical standards and essential functions refer to those abilities, attitudes, skills and behaviors that cannot be taught yet are required for competent physical therapy practice.

Technical standards and essential functions are stated to ensure that all students are aware of the expectations of the program. Students affirm their compliance, with or without reasonable accommodation, as a condition of admission. Continued compliance is a condition of continued enrollment.

Definitions

- *Technical standards* are the knowledge, skills, and attitudes a student applicant must possess at admission, indicating their preparation for entry into the program. Technical standards are crucial for continued participation in the program.
- *Essential functions* are the knowledge, skills, and attitudes that all students must be able to execute, with or without a reasonable accommodation, in order to graduate from the program. Essential functions are crucial for occupational therapists in practice.
- *Reasonable accommodations* will be provided for qualified students with disabilities so they can meet essential functions. Reasonable accommodations will be established on an individual basis in consultation with the J. Kenneth Nesbit Student Success Center.

Observation Skills

Students should have the capacity to observe and interpret demonstrations and client/patient interactions during classroom, laboratory and clinical education experiences using visual, auditory, and tactile senses or their functional equivalents.

Communication

Students should be able to develop and demonstrate communication skills that are effective, empathetic and foster rapport with peers, faculty/staff, clients/patients and their families, and healthcare team members.

Motor Capabilities

Students should be able to demonstrate motor function and endurance (independently or with modified independence) to perform various examination and treatment techniques, with or without equipment or instruments, including those required during emergency situations to ensure safety. Students should be able to lift, lower, push, pull and carry to allow effective patient management. Direction of others to complete certain motor functions may be determined to be a reasonable accommodation.

Intellectual-Conceptual Abilities

Students should be able to demonstrate intellectual-conceptual skills including measurement, calculation, cognitive and spatial reasoning, synthesis, and retention leading to accomplish the following:

- e) Acquire fundamental knowledge
- f) Interpret data
- g) Integrate knowledge to establish clinical judgement
- h) Make effective and safe decisions

Behavioral and Social Attributes

Students should be able to develop and demonstrate the emotional health necessary for optimal use of their intellectual abilities, the exercise of good judgment, the prompt completion of all responsibility's attendant to the academic and clinical environments and the development of mature, sensitive and effective relationships with peers, faculty/staff, clients/patients and their families, and healthcare team members. Students should be able to develop and demonstrate proactivity, adaptability and flexibility. The program defines required professional behaviors and assesses students on their development in the following areas: commitment to learning, professional communication skills, effective use of time and resources, use of constructive feedback, responsibility, professional conduct, and stress management.

Attestation

The program invites all applicants to carefully review these standards and consider how they align with their abilities and career goals. By signing below, students acknowledge that they have read and understand these standards.

I have read and understand the above standards and believe I can meet them:

☐ Without accommodations

☐ With reasonable accommodations Applicant Name:

Signature

Date

Photo/Video/Media Release (Adult)

I hereby give Quincy University, its employees, licensees, and agents the absolute and irrevocable right and permission with respect to the photographs or video images taken of me or in which I may be included with others to:

1. copyright the photograph/video footage in the university's name or university photographer/videographer's name.
2. use, re-use, publish and republish the same in whole or in part, individually or in conjunction with other photographs/footage, in any medium, for the instructional, promotional, public relations and/or advertising efforts of Quincy University.
3. use my name in connection therewith if so desired.

I hereby release and discharge Quincy University, its trustees, officers, employees, licensees and agents from any and all claims and demands arising out of or in connection with the use of the photographs including all claims for invasion of privacy and appropriation.

This authorization and release shall also ensure to the benefit of the legal representatives, licensees, and assigns of Quincy University as well as the person(s) for whom the photographs or video is taken.

I am eighteen years of age or older, I have read the foregoing and fully understand its contents.

Signature

Name (Printed)

Date

Photo/Video/Media Release (Child)

I grant Quincy University (QU) its employees, licensees, assigns and agents including the absolute and irrevocable right and permission with respect to the photographs taken of me or my child or in which I or my child may be included with others to:

1. copyright the photograph/video footage in the university's name or university photographer/videographer's name.
2. use, re-use, publish and republish the same in whole or in part, individually or in conjunction with other photographs/footage, in any medium, for the instructional, promotional, public relations and/or advertising efforts of Quincy University.
3. use my name in connection therewith if so desired.

I on behalf of my child, myself, and my family agree to release and discharge QU, its trustees, officers, employees, licensees and agents from any and all liability for claims and demands arising out of or in connection with the use of the photographs including all claims for invasion of privacy and appropriation.

This authorization and release shall also inure to the benefit of the legal representatives, licensees, and assigns of Quincy University as well as the person(s) for whom the photographs or video is taken.

I am eighteen years of age or older, I have read the foregoing and fully understand its contents.

Child's Name

Child's Year of Birth

Signature of Parent or Guardian

Name (Printed)

Date

Appendix B: Professional Behaviors Assessment

PROFESSIONAL BEHAVIORS: DEFINITION AND CRITERIA

<p>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.</p>		
<p>Beginning Level:</p> <p>Raises relevant questions; Considers all available information; Articulates ideas; Understands the scientific method; States the results of scientific literature but has not developed the consistent ability to critically appraise findings (i.e. methodology and conclusion); Recognizes holes in knowledge base; Demonstrates acceptance of limited knowledge and experience</p>	<p>Intermediate Level:</p> <p>Feels challenged to examine ideas; Critically analyzes the literature and applies it to patient management; Utilizes didactic knowledge, research evidence, and clinical experience to formulate new ideas; Seeks alternative ideas; Formulates alternative hypotheses; Critiques hypotheses and ideas at a level consistent with knowledge base; Acknowledges presence of contradictions</p>	<p>Entry Level:</p> <p>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;</p> <p>Identifies appropriate measures and determines effectiveness of applied solutions efficiently; Justifies solutions selected</p>
<p>2. Communication: The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.</p>		

<p>Beginning Level:</p> <p>Demonstrates understanding of the English language (verbal and written): uses correct grammar, accurate spelling and expression, legible handwriting; Recognizes impact of non-verbal communication in self and others;</p> <p>Recognizes the verbal and non-verbal characteristics that portray confidence; Utilizes electronic communication appropriately</p>	<p>Intermediate Level:</p> <p>Utilizes and modifies communication (verbal, non-verbal, written and electronic) to meet the needs of different audiences; Restates, reflects and clarifies message(s); Communicates collaboratively with both individuals and groups; Collects necessary information from all pertinent individuals in the patient/client management process; Provides effective education (verbal, non-verbal, written and electronic)</p>	<p>Entry Level:</p> <p>Demonstrates the ability to maintain appropriate 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</p>
<p>3. <u>Problem Solving:</u> The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.</p>		
<p>Beginning Level:</p> <p>Recognizes problems; States problems clearly;</p> <p>Describes known solutions to problems; Identifies resources needed to develop solutions;</p> <p>Uses technology to search for and locate resources; Identifies possible solutions and probable outcomes</p>	<p>Intermediate Level:</p> <p>Prioritizes problems; Identifies contributors to problems; Consults with others to clarify problems; Appropriately seeks input or guidance;</p> <p>Prioritizes resources (analysis and critique of resources); Considers consequences of possible solutions</p>	<p>Entry Level:</p> <p>Independently locates, prioritizes and uses resources to solve problems; Accepts responsibility for implementing solutions;</p> <p>Implements solutions; Reassesses solutions;</p> <p>Evaluates outcomes; Modifies solutions based on the outcome and current evidence; Evaluates generalizability of current evidence to a particular problem</p>
<p>4. <u>Interpersonal Skills:</u> The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.</p>		
<p>Beginning Level:</p>	<p>Intermediate Level:</p>	<p>Entry Level:</p>

Maintains professional demeanor in all interactions; Demonstrates interest in patients as individuals; Communicates with others in a respectful and confident manner; Respects differences in personality, lifestyle and learning styles during interactions with all persons; Maintains confidentiality in all interactions; Recognizes the emotions and bias that one brings to all professional interactions	Recognizes the non-verbal communication and emotions that others bring to professional interactions; Establishes trust; Seeks to gain input from others; Respects role of others; Accommodates differences in learning styles as appropriate	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; Recognizes the impact of non-verbal communication and emotional responses during interactions and modifies own behaviors based on them
5. <u>Responsibility</u>: The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community and social responsibilities.		
<i>Beginning Level:</i> Demonstrates punctuality; Provides a safe and secure environment for patients; Assumes responsibility for actions; Follows through on commitments; Articulates limitations and readiness to learn; Abides by all policies of academic and clinical facility	<i>Intermediate Level:</i> Displays awareness of and sensitivity to diverse populations; Completes projects without prompting; Delegates tasks as needed; Collaborates with team members, patients and families; Provides evidence-based patient care	<i>Entry Level:</i> Educates patients as consumers of health care services; Encourages patient accountability; Directs patients to other health care professionals as needed; Acts as a 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. <u>Professionalism</u>: The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.		

<p>Beginning Level:</p> <p>Abides by all aspects of the academic program honor code and the APTA Code of Ethics;</p> <p>Demonstrates awareness of state licensure regulations; Projects professional image; Attends professional meetings; Demonstrates cultural/</p> <p>generational awareness, ethical values, respect, and continuous regard for all</p>	<p>Intermediate Level:</p> <p>Identifies positive professional role models within the academic and clinical settings; Acts on moral commitment during all academic and clinical activities; Identifies when the input of classmates, co-workers and other healthcare professionals will result in optimal outcome and acts accordingly to attain such input and share decision making; Discusses societal expectations of the profession</p>	<p>Entry Level:</p> <p>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</p>
<p>7. <u>Use of Constructive Feedback</u>: The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.</p>		
<p>Beginning Level:</p> <p>Demonstrates active listening skills; Assesses own performance; Actively seeks feedback from appropriate sources; Demonstrates receptive behavior and positive attitude toward feedback; Incorporates specific feedback into behaviors; Maintains two-way communication without defensiveness</p>	<p>Intermediate Level:</p> <p>Critiques own performance accurately; Responds effectively to constructive feedback; Utilizes feedback when establishing professional and patient related goals; Develops and implements a plan of action in response to feedback; Provides constructive and timely feedback</p>	<p>Entry Level:</p> <p>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</p>

		feedback given to patients/clients according to their learning styles
8. <u>Effective Use of Time and Resources:</u> The ability to manage time and resources effectively to obtain the maximum possible benefit.		
<i>Beginning Level:</i> Comes prepared for the day's activities& responsibilities; Identifies resource limitations (i.e. information, time, experience); Determines when and how much help/assistance is needed; Accesses current evidence in a timely manner; Verbalizes productivity standards and identifies barriers to meeting productivity standards; Self-identifies and initiates learning opportunities during unscheduled time	<i>Intermediate Level:</i> Utilizes effective methods of searching for evidence for practice decisions; Recognizes own resource contributions; Shares knowledge and collaborates with staff to utilize best current evidence; Discusses and implements strategies for meeting productivity standards; Identifies need for and seeks referrals to other disciplines	<i>Entry Level:</i> 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. <u>Stress Management:</u> 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.		
<i>Beginning Level:</i> Recognizes own stressors; Recognizes distress or problems in others; Seeks assistance as needed; Maintains professional demeanor in all situations	<i>Intermediate Level:</i> Actively employs stress management techniques; Reconciles inconsistencies in the educational process; Maintains balance between professional and personal life; Accepts constructive feedback	<i>Entry Level:</i> Demonstrates appropriate affective responses in all situations; Responds calmly to urgent situations with reflection and debriefing as needed; Prioritizes multiple commitments;

	and clarifies expectations; Establishes outlets to cope with stressors	Reconciles inconsistencies within professional, personal and work/life environments; Demonstrates ability to defuse potential stressors with self and others
10. <u>Commitment to Learning:</u> 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.		
<p><i>Beginning Level:</i></p> <p>Prioritizes information needs; Analyzes and subdivides large questions into components; Identifies own learning needs based on previous experiences; Welcomes and/or seeks new learning opportunities; Seeks out professional literature; Plans and presents an in-service, research or cases studies</p>	<p><i>Intermediate Level:</i></p> <p>Researches and studies areas where own knowledge base is lacking in order to augment learning and practice; Applies new information and re-evaluates performance; Accepts that there may be more than one answer to a problem; Recognizes the need to and is able to verify solutions to problems; Reads articles critically and understands limits of application to professional practice</p>	<p><i>Entry Level:</i></p> <p>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</p>

Appendix C – APTA [Code of Ethics](#)

Preamble

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

1. Define the ethical principles that form the foundation of physical therapist practice in patient/client management, consultation, education, research, and administration.
2. Provide standards of behavior and performance that form the basis of professional accountability to the public.
3. Provide guidance for physical therapists facing ethical challenges, regardless of their professional roles and responsibilities.
4. Educate physical therapists, students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the physical therapist.
5. Establish the standards by which the American Physical Therapy Association can determine if a physical therapist has engaged in unethical conduct.

No code of ethics is exhaustive, nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive.

This Code of Ethics is built upon the five roles of the physical therapist (management of patients/clients, consultation, education, research, and administration), the core values of the profession, and the multiple realms of ethical action (individual, organizational, and societal). Physical therapist practice is guided by a set of seven core values: accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility. Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist. Fundamental to the Code of Ethics is the special obligation of physical therapists to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.

Principles

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

(Core Values: Compassion, Integrity)

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

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

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

(Core Values: Altruism, Compassion, Professional Duty)

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

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

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

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

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

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

(Core Values: Excellence, Integrity)

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

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

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

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

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

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

(Core Value: Integrity)

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

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

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

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

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

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

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

(Core Values: Professional Duty, Accountability)

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

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

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

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

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

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

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

(Core Value: Excellence)

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

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

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

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

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

(Core Values: Integrity, Accountability)

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

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

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

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

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

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

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

(Core Value: Social Responsibility)

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

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

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

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

Appendix D: Helpful Links

[American Physical Therapy Association \(APTA\)](#)

[Commission on Accreditation in Physical Therapy Education \(CAPTE\)](#)

[Illinois Physical Therapy Practice Act](#)

[The Federation of State Boards of Physical Therapy \(FSBPT\)](#)

