### Course Change Proposal

**Form A**

<table>
<thead>
<tr>
<th>Academic Group (College):</th>
<th>Academic Organization (Department):</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Human Services</td>
<td>Physical Therapy</td>
<td>02-08-11</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Type of Course Proposal:</th>
<th>Department Chair:</th>
<th>Submitted by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>New _ Change _ Deletion _</td>
<td>Susan M. McGinty, PT, EdD</td>
<td>Clare Lewis, PT, PsyD</td>
</tr>
</tbody>
</table>

- Does this course fulfill a requirement for single-subject or multiple subject credential students? Yes _ No _
- For Catalog Copy: Yes _ No _
- CCE (Extension): Yes _ No _

<table>
<thead>
<tr>
<th>Prefix &amp; No.</th>
<th>Title</th>
<th>Units:</th>
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This course replaces experimental course Subject Area (prefix) and Catalog Nbr (course number):

### Change from:

<table>
<thead>
<tr>
<th>Subject Area (prefix) &amp; Catalog Nbr (course no.):</th>
<th>Title:</th>
<th>Units:</th>
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<tbody>
<tr>
<td>PT 225</td>
<td>Musculoskeletal Evaluation and Treatment I</td>
<td>4</td>
</tr>
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</table>

### Change to:

<table>
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<tr>
<td>PT 625</td>
<td>Musculoskeletal Patient Management I</td>
<td>4</td>
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### JUSTIFICATION:

This course is changed from the Master’s level course for the new Doctor of Physical Therapy degree course. The course content is changed to reflect more in-depth study and reflection on the core concepts especially developing patient management skills for the patient with musculoskeletal dysfunction.

### NEW COURSE DESCRIPTION:

(Not to exceed 80 words, and language should conform to catalog copy. See http://www.csus.edu/acad/univmanual/crspsl.htm - Guidelines for Catalog Course Description)

This course, the first of three, focuses on the acquisition, integration, knowledge and skills involved in developing and implementing a patient management plan for the patient with musculoskeletal dysfunction based on sound evaluative findings. Lectures address etiology, signs and symptoms, medical, surgical, and physical therapy management of musculoskeletal dysfunction. Labs address skill development for performing evaluation and interventions safely and effectively. The course addresses the management of lower extremity dysfunction, low back and SI joint. Open to Physical Therapy majors only.

### Note:

**Prerequisite:**

- BIO 633 Human Gross Anatomy for Physical Therapists
- PT 600 Pathokinesiology
- PT 608 PT/Patient/Professional Interactions
- PT 630 Pathophysiology
- PT 602 Evidence Informed Practice I
- PT 604 Principles of Human Movement
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<td>Therapeutic Measurements and Techniques</td>
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<td>PT 638</td>
<td>Health, Wellness and Ergonomics in Physical Therapy</td>
</tr>
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**Enforced at Registration:** Yes x No

**Corequisite:**
- PT 624 Adult Neuromuscular Patient Management I
- PT 626 Clinical Agents
- PT 640 Physical Therapy Interventions II
- PT 646 Acute Care and Cardiopulmonary Physical Therapy

**Enforced at Registration:** Yes No x

**CAN (California Articulation Number):**

<table>
<thead>
<tr>
<th>Graded:</th>
<th>Letter</th>
<th>Credit/No Credit</th>
<th>Instructor Approval Required?</th>
<th>Yes</th>
<th>No x</th>
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</table>

**Course Classification (e.g., lecture, lab, seminar, discussion):**
- Lecture/laboratory C-02; C16
- Title for CMS (not more than 30 characters)
  - Musculoskeletal Pt Management I

**Cross Listed?**
- Yes x No

If yes, do they meet together and fulfill the same requirement, and what is the other course.

**How Many Times Can This Course be Taken for Credit?**
- once

**Can the course be taken for Credit more than once during the same term?**
- Yes No x
FOR NEW COURSE PROPOSALS OR SUBSTANTIVE CHANGES ONLY:

**Description of the Expected Learning Outcomes**: Describe outcomes using the following format: “Students will be able to: 1), 2), etc.” See the example at http://www.csus.edu/acaf/example.htm

All course objectives are referenced to program educational goals and related objectives. At the conclusion of the course, the student is expected to be able to demonstrate an understanding of the basis, execution, and effectiveness of the physical therapy evaluation, prevention and treatment / intervention procedures that are commonly used with the patient with musculoskeletal dysfunction. Specifically, the student should be able to:

### Goal 1.0: Demonstrate Professional Physical Therapist Effectiveness

1.1 Compare and contrast normal biological, physiological, and psychological mechanisms of the human body with pathophysiological factors that lead to impaired body functions and structure.
   1.1.1 Discuss the etiology and clinical features of major disorders.
   1.1.2 Describe how pathological processes affect normal function.
   1.1.3 Discuss common medical/surgical treatments for major disorders.
   1.1.4 Analyze the effects of pharmacological agents on human function.

1.2 Determine the physical therapy needs of any individual seeking services.
   1.2.1 Perform an effective and efficient systems review screen.
   1.2.2 Review pertinent medical records and conduct a comprehensive patient interview.
   1.2.3 Carry out appropriate and comprehensive patient examinations including tests and measures in a safe and client-centered manner.
   1.2.4 Determine, with each patient encounter, the patient’s need for further examination or consultation.
   1.2.5 Perform a physical therapy patient examination using evidenced-based tests and measures.
   1.2.6 Utilize available evidence in interpreting examination findings to inform the patient evaluation.
   1.2.7 Evaluate data from the patient examination (history, systems review, tests and measures) to make clinical judgments.
   1.2.8 Synthesize available data on a patient using the concepts and terminology of the most recent disability/enablement theoretical construct (currently the International Classification of Functioning, Disability, and Health (ICF) Model of Functioning and Disability).  
   1.2.9 Cite the evidence (patient history, diagnostic test results, tests, measures, and scientific literature) to support clinical decisions.
   1.2.10 Evaluate and interpret the results of examination findings to classify the patient problem using the most recently adopted diagnostic taxonomy (currently the Guide to Physical Therapist Practice’s labels and practice patterns).
   1.2.11 Integrate and evaluate data that are obtained during the examination to describe the patient condition in terms that will guide the prognosis, the plan of care and intervention strategies.
   1.2.12 Identify and prioritize body function and structure impairments to determine specific activity limitations towards which interventions will be directed.
   1.2.13 Make a referral to another physical therapist, other health care practitioner or agency when physical therapy is not indicated or the patient/client’s needs are beyond the skills, expertise and/or scope of practice of the physical therapist practitioner.
   1.2.14 Determine the need for additional information and utilize technological search mechanisms to find that information.
   1.2.15 Adapt delivery of physical therapy services with consideration for patients’ differences, values, preferences and needs.
   1.2.16 Apply current knowledge, theory, clinical judgment, and the patient’s values and perspective in patient.

1.3 Develop a plan of care based on the best available evidence and that considers the patient’s personal and environmental factors.
   1.3.1 Prioritize patient/client problems taking into consideration the patient/client’s needs and goals, health condition, physiological and biological mechanisms within the constraints of the environment and resources.
   1.3.2 Write measurable, functional goals that are time referenced with expected outcomes.
   1.3.3 Determine a patient prognosis by predicting the level of optimal improvement in function and the amount of time required to achieve that level.
   1.3.4 Recognize barriers that may impact the achievement of optimal improvement within a predicted time frame.
   1.3.5 Select and prioritize the essential interventions that are safe, meet the specified functional goals and outcomes and are patient-centered.
   1.3.6 Identify and collaborate with others needed in implementing the plan of care.
   1.3.7 Articulate a specific rationale for referrals made to other providers.
   1.3.8 Progress the plan of care by making ongoing adjustments to interventions.
   1.3.9 Include in the plan of care indirect interventions, such as coordination of care, patient/family education, modifications to physical and social environments, and referral to other providers.
   1.3.10 Seek and find information using contemporary technology that addresses the specific needs of the patient care
1.3.11 Identify patient needs in terms of discharge planning, discontinuation of care, and transfer of care.

1.4 Implement the physical therapy plan of care designed to restore and/or maintain optimal function applying selected procedural interventions that demonstrate safe and effective psychomotor and clinical reasoning skills.

1.4.1 Perform efficient and effective procedural interventions utilizing evidence-informed physical therapy procedures in a competent manner.

1.4.2 Modify or redirect selected procedural interventions in light of reexaminations and/or patient/client’s response to interventions.

1.4.3 Instruct the patient/client or caregiver in exercises, postures, handling techniques, home exercises consistent with patient/client diagnosis, prognosis, and expected outcomes, to facilitate patient/client progress, to maintain patient/client status, or to slow deterioration.

1.4.4 Assess patient/client progress towards goals/projected outcomes.

1.4.5 Coordinate patient/client care with other health care providers.

1.5 Demonstrate effective verbal and written communication skills with patients, families, other health care professionals, and the public, to facilitate interventions and interdisciplinary interactions and cooperation.

1.5.1 Determine appropriate documentation for the recording of patient/client information consistent with professional standards, the fiscal intermediary, and the treatment setting.

1.5.2 Produce quality documentation in a timely manner to support the delivery of physical therapy services.

1.5.3 Demonstrate thorough, concise documentation consistent with current language from the Patient Management Model contained in the most recent edition of the Guide to Physical Therapist Practice.

1.5.4 Communicate efficiently and effectively with other health care providers involved in the patient/client’s management.

1.6 Utilize data from selected outcome measures to document intervention effectiveness.

1.6.1 Select relevant outcome measures for levels of body functions and structural impairments, activities and participation with respect for their psychometric properties.

1.6.2 Collect relevant evidenced-based outcome measures that relate to patient/client goals and/or prior level of function.

1.6.3 Describe how aggregate data is analyzed to assess the effectiveness of clinical performance (interventions).

1.7 Determine an appropriate discharge, discontinuation of service, or transfer of care plan for patients/clients.

1.7.1 Re-examine patients/clients to determine if continued physical therapy services are indicated.

1.7.2 When a patient/client has reached optimal goals with physical therapy interventions and, when other related services are still needed, seek resources and/or consult with others to identify alternative resources.

1.7.3 Determine needed resources for patients/clients to ensure timely discharge, including follow-up care.

1.7.4 Discontinue care when physical therapy services are no longer indicated.

1.8 Provide consultative services applying the unique knowledge and skills of a physical therapist to identify problems, recommend solutions, or produce an outcome or product.

1.9 Engage in education activities consistent with imparting information and knowledge unique to the expertise of physical therapists to individuals or groups using relevant and effective teaching methods.

1.9.1 Promote health behaviors through educational interventions and modeling.

1.9.2 Apply basic educational concepts of teaching to the practice of physical therapy.

1.9.3 Educate colleagues and other health care professionals about the roles, responsibilities and academic preparation of the physical therapist and scope of physical therapy practice.

1.9.4 Present topics/issues using current evidence and sound teaching principles (i.e. case studies, in-service, journal article review, etc).

1.10 Demonstrate the ability to plan, organize, administer, direct, and supervise human and fiscal resources for physical therapy practice management, including:

1.10.1 Billing and reimbursement.

1.10.2 Electronic medical records documentation.

1.10.3 Contemporary electronic communication.

1.10.4 Direction and supervision of support personnel, including Physical Therapist Assistants (PTAs) and aides.

1.10.5 Patient rights, consent, confidentiality and the Health Information Portability and Privacy Act (HIPPA).

Goal 2.0: Demonstrate Professional Behaviors

2.1 Recognize cultural, ethnic, age, economic, and psychosocial differences and apply a humanistic and holistic approach to the delivery of a clinical service.

2.1.1 Practice physical therapy demonstrating cultural competence with all individuals and groups.

2.1.2 Work effectively with challenging patients.

2.1.3 Respect personal space of patients/clients and others.

2.1.4 Demonstrate behaviors that are non-judgmental with regards to patients/clients’ lifestyles.

2.1.5 Respect roles of support staff and delegate appropriately.
Communicate effectively for varied audiences and purposes. 
Demonstrate effective interpersonal (verbal, nonverbal, electronic) communication skills considering the diversity of populations and environments. Facilitate therapeutic communication and interpersonal skills.

Discuss difficult issues with sensitivity and objectivity.

Appropriately utilize communication technology efficiently, professionally, and effectively.

Respect roles of support staff and communicate appropriately.

Participate in professional activities that serve the community and advance the profession of physical therapy.

Participate in community service activities.

Recognize the importance of participation in professional association activities.

Recognize one's role as a member and leader of the health care team.

Promote participation in clinical education.

Recognize the need for personal and professional development.

Participate in self-assessment to improve clinical and professional performance.

Welcome and seek new learning opportunities.

Assume responsibility for professional lifelong learning.

Accept responsibility and demonstrate accountability for professional decisions.

Recognize own biases and suspend judgments based on biases.

Demonstrate entry level generic abilities, including:

Professional accountability and commitment to learning.

Recognition of one's own limitations.

Effective use of constructive feedback.

Effective use of time and resources.

Demonstrate integrity, compassion, and courage in all interactions.

Goal 3.0: Practice in an Ethical and Legal Manner

Practice physical therapy in a manner consistent with established legal and professional standards.

Demonstrate awareness of and adherence to state licensure regulations.

Practice within all applicable regulatory and legal requirements.

Demonstrate the ability to search and find information about laws and regulations pertaining to physical therapy practice from state and federal electronic sources.

Demonstrate accountability by adhering to laws and regulations governing physical therapy fiscal management.

Practice in a manner consistent with the professional code of ethics.

Demonstrate knowledge and application of ethical decision-making.

Treat patients/clients within scope of practice, expertise and experience.

Seek informed consent from patients/clients.

Goal 4.0: Demonstrate Scholarship

Apply basic principles of statistics and research methodologies within the practice of physical therapy.

Formulate and reevaluate positions based on the best available evidence.

Evaluate the efficacy and efficiency of physical therapy procedural interventions.

Critically evaluate and interpret professional literature as it pertains to practice, research, and education.

Utilize contemporary technology consistently to access evidence.

**Attach a list of the required/recommended course readings and activities [Note: it is understood that these are updated and modified as needed by the instructor(s).] This attachment should be forwarded only to your Dean's office, not Academic Affairs.

Assessment Strategies: A description of the assessment strategies (e.g., portfolios, examinations, performances, pre-and post-tests, conferences with students, student papers) which will be used by the instructor to determine the extent to which students have achieved the learning outcomes noted above:

4 written exams @ 50 points each = 200 points total (50% total grade)
2 practical exams @ 50 points each = 100 points total (25% total grade)
1 pathology paper/project = 60 points (15% total grade)
professional behavior = 40 points (10% total grade)
For whom is this course being developed?  
Majors in the Dept. X  Majors of other Depts  Minors in the Dept.  General Education  Other. 
Is this course required in a degree program (major, minor, graduate degree, certificate)? Yes X  No. 
If yes, identify program(s): DPT.

Does the proposed change or addition cause a significant increase in the use of College or University resources (lab room, computer facilities, faculty, etc.)? Yes  No X. 
If yes, attach a description of resources needed and verify that resources are available.

Indicate which department or programs will be affected by the proposed course (if any). Physical Therapy.

The Department Chair's signature below indicates that affected programs have been sent a copy of this proposal form.

Approvals: If proposed change, new course or deletion is approved, sign and date below. If not approved, forward without signing to the next reviewing authority, and attach an explanatory memorandum to the original copy.

<table>
<thead>
<tr>
<th>Signatures:</th>
<th>Date</th>
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<tbody>
<tr>
<td>Department Chair:</td>
<td>2-16-11</td>
</tr>
<tr>
<td>College Dean or Associate Dean:</td>
<td>2-16-11</td>
</tr>
<tr>
<td>CPSP (for school personnel courses ONLY)</td>
<td></td>
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<tr>
<td>Associate Vice President and Dean for Academic Programs</td>
<td></td>
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</tbody>
</table>

Distribution: Academic Affairs (original), Department Chair and College Dean. Dean's office to send original after approval to Academic Affairs, at mail zip 6016. An electronic copy must also be sent.
CALIFORNIA STATE UNIVERSITY, SACRAMENTO  
College of Health and Human Services  
Department of Physical Therapy

PT 625 - Musculoskeletal Patient Management I

Fall

COURSE CREDIT: 4 units: 2 hours lecture and 6 hours laboratory per week

INSTRUCTOR: TBA

LOCATION: Lectures : TBA  
Labs: TBA

TIME: Lectures*: TBA  
Labs: Group A: TBA  
Group B: TBA

* Note some lectures are scheduled in the evenings

COURSE DESCRIPTION:

This course, the first of three, focuses on acquisition and integration of knowledge and skills involved in developing and implementing a management plan for the patient with musculoskeletal dysfunction based on sound evaluative findings. Lectures address etiology, signs and symptoms, medical, surgical, and physical therapy management of musculoskeletal dysfunction. Labs address skill development for performing evaluation and interventions safely and effectively. The course addresses the management of lower extremity dysfunction, low back and SIJ. Open to Physical Therapy majors only.

PREREQUISITES
BIO 633  Human Gross Anatomy for Physical Therapists
PT 600  Pathokinesiology
PT 608  PT/Patient/Professional Interactions
PT 630  Pathophysiology
PT 602  Evidence Informed Practice I
PT 604  Principles of Human Movement
PT 606  Therapeutic Measurements and Techniques
PT 614  Neuroscience for Physical Therapists
PT 618  Foundations for Patient Management
PT 620  Physical Therapy Interventions I
PT 622  Evidence Informed Practice II
PT 632  Pharmacology for Physical Therapists
PT 634  Diagnostic Imaging for Physical Therapists
PT 636  Geriatrics/Gerontology for Physical Therapists
PT 638  Health, Wellness and Ergonomics in Physical Therapy

CO-REQUISITES
PT 624  Adult Neuromuscular Patient Management I
PT 626  Clinical Agents
REQUIRED TEXTS:

Magee DJ, Orthopedic Physical Assessment (5th edition), W.B. Saunders Co., 2008


Lewis C, Coursepack for PT 225 (in CSUS bookstore)

RECOMMENDED TEXTS:

Hislop HJ and Montgomery J, Daniels and Worthingham's Muscle Testing (most recent edition), W.B. Saunders Company.

Norkin CC and White DJ, Measurement of Joint Motion (most recent edition), F.A. Davis Co.

Hall C and Brody L, Therapeutic Exercise Moving Toward Function (most recent edition), Lippincott Williams and Wilkins.


READINGS ON RESERVE:


LECTURE NOTES & POWER POINTS
Posted on SacCt

INSTRUCTIONAL AIDS AVAILABLE IN STUDENT COMPUTER LAB AND FOR CHECK OUT:
Joint Mobilization, Lower and Upper Extremity Injury Evaluation CD’s

COURSE OBJECTIVES:

All course objectives are referenced to program educational goals and related objectives. At the conclusion of the course, the student is expected to be able to demonstrate an understanding of the basis, execution, and effectiveness of the physical therapy evaluation, prevention and treatment / intervention procedures that are commonly used with the patient with musculoskeletal dysfunction. Specifically, the student should be able to:
Goal 1.0: Demonstrate Professional Physical Therapist Effectiveness

1.1 Compare and contrast normal biological, physiological, and psychological mechanisms of the human body with pathophysiological factors that lead to impaired body functions and structure.

1.1.1 Discuss the etiology and clinical features of major disorders.
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1.2.10 Evaluate and interpret the results of examination findings to classify the patient problem using the most recently adopted diagnostic taxonomy (currently the Guide to Physical Therapist Practice's labels and practice patterns).
1.2.11 Integrate and evaluate data that are obtained during the examination to describe the patient condition in terms that will guide the prognosis, the plan of care and intervention strategies.
1.2.12 Identify and prioritize body function and structure impairments to determine specific activity limitations towards which interventions will be directed.
1.2.13 Make a referral to another physical therapist, other health care practitioner or agency when physical therapy is not indicated or the patient/client's needs are beyond the skills, expertise and/or scope of practice of the physical therapist practitioner.
1.2.14 Determine the need for additional information and utilize technological search mechanisms to find that information.
1.2.15 Adapt delivery of physical therapy services with consideration for patients’ differences, values, preferences and needs. Apply current knowledge, theory, clinical judgment, and the patient’s values and perspective in patient

1.3 Develop a plan of care based on the best available evidence and that considers the patient’s personal and environmental factors

1.3.1 Prioritize patient/client problems taking into consideration the patient/client’s needs and goals, health condition, physiological and biological mechanisms within the constraints of the environment and resources.

1.3.2 Write measurable, functional goals that are time referenced with expected outcomes.

1.3.3 Determine a patient prognosis by predicting the level of optimal improvement in function and the amount of time required to achieve that level.

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1.3.10 Seek and find information using contemporary technology that addresses the specific needs of the patient care plan.

1.3.11 Identify patient needs in terms of discharge planning, discontinuation of care, and transfer of care.

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1.5.1 Determine appropriate documentation for the recording of patient/client information consistent with professional standards, the fiscal intermediary, and the treatment setting.

1.5.2 Produce quality documentation in a timely manner to support the delivery of physical therapy services.

1.5.3 Demonstrate thorough, concise documentation consistent with current language from the Patient Management Model contained in the most recent edition of the Guide to Physical Therapist Practice.

1.5.4 Communicate efficiently and effectively with other health care providers involved in the patient/client’s management.

1.6 Utilize data from selected outcome measures to document intervention effectiveness.

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1.6.2 Collect relevant evidenced-based outcome measures that relate to patient/client goals and/or prior level of function.

1.6.3 Describe how aggregate data is analyzed to assess the effectiveness of clinical performance (interventions).

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1.9.4 Present topics/issues using current evidence and sound teaching principles (i.e. case studies, in-service, journal article review, etc).

1.10 Demonstrate the ability to plan, organize, administer, direct, and supervise human and fiscal resources for physical therapy practice management, including:

1.10.1 Billing and reimbursement.

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1.10.4 Direction and supervision of support personnel, including Physical Therapist Assistants (PTAs) and aides.
1.10.5 Patient rights, consent, confidentiality and the Health Information Portability and Privacy Act (HIPPA).

**Goal 2.0:**

**Demonstrate Professional Behaviors**

2.1 Recognize cultural, ethnic, age, economic, and psychosocial differences and apply a humanistic and holistic approach to the delivery of a clinical service.
   2.1.1 Practice physical therapy demonstrating cultural competence with all individuals and groups.
   2.1.2 Work effectively with challenging patients.
   2.1.3 Respect personal space of patients/clients and others.
   2.1.4 Demonstrate behaviors that are non-judgmental with regards to patients/clients’ lifestyles.
   2.1.5 Respect roles of support staff and delegate appropriately.

2.2 Communicate effectively for varied audiences and purposes.
   2.2.1 Demonstrate effective interpersonal (verbal, nonverbal, electronic) communication skills considering the diversity of populations and environments.
   2.2.2 Facilitate therapeutic communication and interpersonal skills.
   2.2.3 Discuss difficult issues with sensitivity and objectivity.
   2.2.4 Appropriately utilize communication technology efficiently, professionally, and effectively.
   2.2.5 Respect roles of support staff and communicate appropriately.

2.3 Participate in professional activities that serve the community and advance the profession of physical therapy.
   2.3.1 Participate in community service activities.
   2.3.2 Recognize the importance of participation in professional association activities.
   2.3.3 Recognize one’s role as a member and leader of the health care team.
   2.3.4 Promote participation in clinical education.

2.4 Recognize the need for personal and professional development.
   2.4.1 Participate in self-assessment to improve clinical and professional performance.
   2.4.2 Welcome and seek new learning opportunities.
   2.4.3 Assume responsibility for professional lifelong learning.
   2.4.4 Accept responsibility and demonstrate accountability for professional decisions.
   2.4.5 Recognize own biases and suspend judgments based on biases.

2.5 Demonstrate entry level generic abilities, including:
   2.5.1 Professional accountability and commitment to learning.
   2.5.1.1 Recognition of one’s own limitations.
   2.5.2 Effective use of constructive feedback.
   2.5.3 Effective use of time and resources.
   2.5.4 Demonstrate integrity, compassion, and courage in all interactions.
Goal 3.0: Practice in an Ethical and Legal Manner

3.1 Practice physical therapy in a manner consistent with established legal and professional standards.
3.1.1 Demonstrate awareness of and adherence to state licensure regulations.
3.1.2 Practice within all applicable regulatory and legal requirements.
3.1.3 Demonstrate the ability to search and find information about laws and regulations pertaining to physical therapy practice from state and federal electronic sources.
3.1.4 Demonstrate accountability by adhering to laws and regulations governing physical therapy fiscal management.

3.2 Practice in a manner consistent with the professional code of ethics
3.2.1 Demonstrate knowledge and application of ethical decision-making.
3.2.2 Treat patients/clients within scope of practice, expertise and experience.
3.2.3 Seek informed consent from patients/clients.

Goal 4.0: Demonstrate Scholarship

4.1 Apply basic principles of statistics and research methodologies within the practice of physical therapy.

4.1.1 Formulate and reevaluate positions based on the best available evidence.
4.1.2 Evaluate the efficacy and efficiency of physical therapy procedural interventions.
4.1.3 Critically evaluate and interpret professional literature as it pertains to practice, research, and education.
4.1.4 Utilize contemporary technology consistently to access evidence.

TEACHING STRATEGIES AND LEARNING ACTIVITIES:

A case-based approach will be utilized in this course. Course material will be presented and reinforced in the context of a case involving a patient with musculoskeletal dysfunction. Content will be presented via a combination of classroom lectures and discussions, guest speakers, laboratory demonstration and practice, instructional audio-visual, assigned readings, and assignments that must be completed outside of designated class and laboratory times.

GRADING PROCEDURES:

4 written exams @ 50 points each = 200 points total (50% total grade)
2 practical exams @ 50 points each = 100 points total (25% total grade)
1 pathology paper/project = 60 points (15% total grade)
professional behavior = 40 points (10% total grade)

Grading Scale
93-100%=A  73-76%=C
90-92%=A-  70-72%=C-
87-89% = B+  
83-86% = B   
80-82% = B-  
77-79% = C+  
67-69% = D+  
63-66% = D   
60-23% = D-  
59% & below = F

**Participation and Professional Behavior**  
Students are expected to demonstrate professional behavior during all activities related to this course, as determined by the Generic Abilities document provided in the Student Handbook. This includes active participation and attendance at all lectures and labs; as well as timely completion of all assignments which includes homework of practice cases. Five points will be deducted for each day these assignments are turned in late and 20 points will be deducted for failure to turn assignment in. Cell phones are to be turned off during lecture and lab. Participation includes attendance of lecture/lab with 2 absences/semester allowed without grade being affected. **If the student is absent for a third time their participation/professional grade will be reduced by 5% unless there is evidence of a medical or personal need for the absence. Failure to notify the instructor that you will be absent will result in your participation/professional grade being reduced by 5%**. Participation in lecture is evidenced by being prepared which includes keeping up with reading assignments (includes pop quizzes before the start of class based on reading assignments) and able to answer questions, ask questions or adding in a substantial way to discussion along with demonstrating respect for classmates and instructor. **Each week 2 students will be assigned to "lab clean-up" which will involve picking up the lab, doing the laundry and maintaining a clean laundry supply. Participation in lab is evidenced by being prepared and properly dressed for each lab and being responsible for self and weekly cleaning of the lab. Failure to participate in lab will result in your participation/professional grade being reduced by 5% per event. If a student fails to present for lab with proper laboratory clothes their professional grade will be reduced by 5%**. If the student fails to present for lab a second time without lab clothes their participation/professional grade will be reduced 5%, they will be dismissed from the lab and a letter describing the problem will be sent to their academic advisor and the PT Department Chair. The student may be required to meet with all parties to discuss the problem. **While active participation and professional behavior account for only 10% of your grade you must get at least 70% on this portion of your grade to receive a passing grade in the class.**

**Written examinations** will include short answers, multiple choice and true/false question formats, as well as case studies. The student will be tested in part on his/her ability to integrate course material and apply information presented in the course to new situations. **Students must pass each written examination with at least 70% of their answers as correct or they will be required to submit to remediation for the material.** The instructor will determine the type of remediation.

**Practical examinations** will test the student's ability to demonstrate examination and treatment techniques in a safe and effective manner as well as complying with generic abilities as described above and below. There will be a midterm and a final practical examination covering evaluation components, special tests, soft tissue mobilization, joint mobilization techniques and lower quarter screening. **Students who achieve less than 70 percent on the practical examination or who demonstrate any unsafe behaviors during the examination will fail that examination.** Students who fail the examination the second time will be required to go through a remediation process specific to their needs as defined by the course instructor, and will be required to retake the practical examination a third time. **Students failing the 3rd practical examination will receive an “F” grade in the course. The highest score that will be awarded if a practical is failed will be 80% (or a minimal passing grade).**
Pathology Paper: Details of this assignment are in your course pack. Failure to turn this assignment in on time will result in the deduction of 10 points from your overall grade.

Practice Log: One focus of the PT 225 course is the attainment of motor skills related to the performance of examination and treatment procedures. The attainment of motor skills requires practice of those skills. **You are required to practice these motor skills one hour each week on a weekly basis and keep a log of the activities.** The practice log documentation form is in your course pack. The form must be turned in during the mid-term and final practical examinations. Failure to complete the log will result in the student receiving a failing grade in the course.

**COURSE OUTLINE:**
Readings: Magee: Chapter 1, Kaltenborn Vol. I pp. 1-96

**Week 1**

**INTRODUCTION TO PT EVALUATION PROCESS & RX MANAGEMENT**

**COMBINED LECTURE/LAB**

**Lect. /lab 1**

Introduction

History Taking & Positioning

**Lect. 2**

Evaluation of the patient with musculoskeletal dysfunction

Inspection

Palpation

Range of Motion

**Lab 2**

Inspection, ROM, palpation

Readings: as above

**Week 2**

**INTRODUCTION TO EVALUATION AND MANAGEMENT**

**Lect. 1**

Evaluation continued: Joint Play Examination, Joint Mobilization

**Lect. 2**

Neurological examination, special tests, assessment and plan

**Lab 1**

Joint Play Examination

Joint Mobilization/Soft Tissue Mobilization

**Lab 2**

Neurological Examination, special tests, assessment and plan

Readings: Magee: Chapter 11, Donatelli: Chapter 30

**Week 3**

**EVALUATION AND MANAGEMENT OF THE HIP**

**Lect. 1**

Hip Evaluation

**Lect. 2**

Acute care, THR

**Lab 1**

Hip Evaluation

**Lab 2**

Hip Cases

Readings: Magee: Chapter 9, Donatelli: Chapter 20, Kaltenborn Vol I: chapter 20

**Week 4**

**HIP CONT.**

**Lect. 1**

Written Exam 1

**Lab 1**

Hip Treatment

**Lect. 2**

Pediatric Orthopedics & Hip Orthotics

**Lab 2**

Spine Consideration in Hip Treatment

Readings: Kaltenborn Vol II: chapter 1 and 10

**Week 5**

**EVALUATION OF THE LUMBAR SPINE**

**Lect. 1**

Lumbar Spine Evaluation

**Lect. 2**

**Dr. Green Surgical Procedures of the Hip**

**Lab 1**

Lumbar Spine Evaluation

**Lab 2**

Lumbar Spine Evaluation

Readings: as above

**Week 6**

**LUMBAR SPINE CONTINUED**

**Lect. 1**

Lumbar Spine Syndromes and Back School

**Lect. 2**

Work Hardening, Orthoses for the Spine

**Lab 1**

Lumbar Spine Case Studies

**Lab 2**

Lumbar Spine Rx: joint mobilization

Readings: Magee: chapter 10, Donatelli Chapter 19

**Week 7**

**EVALUATION AND MANAGEMENT OF THE SIJ**
Lect. 1  Surgical Management of Lumbar Spine
Lect. 2  SIJ Evaluation and Treatment
Lab 1   SIJ Evaluation & Treatment
Lab 2   Practical Exam 1

Readings: McKenzie Handouts from course pack
Week 8   Written Exam 2 (on line)
Lect/Lab1 McKenzie Evaluation and Treatment of Lumbar Spine
          Michael Crooks, PT (PT 220 will be combined for the AM)
Lect/Lab 2 Michael & Tim Folsom PT, symptom localization (PT 220 will be combined
in the afternoon)

Spring Break

* Guest lectures subject to change

**The final exam will not occur on the posted university schedule but is set by the department
during the final exam week to avoid multiple exams on one day. You will be notified by the
department as soon as the final exam schedule is set.

* schedule and syllabus subject to change
Examination One

Name________________________

Dx: left hip pain

*(pain diagram as drawn by physical therapist)*

1. Worst: intermittent (1) dull achy to sharp with movement
2. 1, dull to sharp with prolonged walking
3. 1, tingling along the line of the arrow

*Note all other areas checked and cleared for symptoms:*

1 is felt independently without necessarily feeling pain “2”
2 is felt only if “1” is also causing pain
3 feels only when wakes up from sleeping

Question 1: *What is your initial hypothesis? (1 point)*

Question 2
On this sheet write all the components of the subjective exam. Include all information that you would normally gain from a patient. Write in the order you would ask the pt. (15 points - include all major headings and components of each)

Turn in this page when you are done to get the next part of exam
Aaron Harris
Pt profile: 28 year old right handed single male UPS driver
Walks daily on the job doing deliveries and body builds 4-5 times a week for exercise
Physical Demands at work include: loading truck (maximum individual load 50#), carrying packages, driving, walking, minimal paperwork
CC: left groin pain but also some anterior thigh with occasional tingling anterior/lateral thigh. Condition is impeding his ability to do normal work out which he has greatly modified. Pain is also annoying and tiring during the day making work drudgery.
Behavior:
Agg: walking immediate onset// rest 1 min eases (// means after he stops doing the agg:)
Leg extension machine (uses 250# for all LE workout) immediately//5min
Leg press immediately//1-2 min
Driving 25 min and causes him to limp for first few steps on exiting truck//5 minutes
Ease: rest and using Jacuzzi
24 hour:
Night: wakes 2-3 times, notices tingling but changing position able to go back to sleep quickly (can usually sleep on left side without direct discomfort)
AM: feels sore upon initially getting up, moves around and takes warm shower after which feels pain free
EOD/PM: pain gradually increases during day but eases in the evening (worse time of day is after work) when relaxing in recliner
Hx and PMH: groin pain came on 4 months ago after abruptly upping the weight he had been using to do the leg extension machine. Was quite sore for a couple days but eased with rest and ice. When he tried to do his usual routine pain returned. He avoided certain exercises that didn’t cause immediate pain for a couple months but was still unable to go back to his previous routine. Pain began to spread to the anterior thigh at which time patient decided to see his PCP. No other contributing musculoskeletal history.
General Health (GH): excellent
Meds: No meds except Motrin 600 mg PRN prescribed by PCP.
Special Questions: diabetes\ ✔ Weight\ ✔ Cord\ ✔ Cauda Equina (CE) ✔ Smoke\ ✔ CA/tumors ✔ heart/BP ✔
(one check means you asked, second check means response was negative)
Other: “My hip now clicks when I move my leg but I just want to get back to my lifting...I’m competing in Mr. Universe!”

3. What is your 1° hypothesis now? Has it changed? If so why? (1 point)

4. What is your 2° hypothesis-i.e. any other condition that might be going on? (1 point)

5. What are 2 subjective asterisk’s (*’s ) = subjective things pt mentioned that you will ask at f/u appointment to determine progress or lack there of. (2 points)

(# 6-19 worth 1 point each)

6. What is the severity?

7. What is the irritability?
8. Nature?
9. What is the stage?
10. What is the stability?
11. Is neurologic testing indicated? Yes No (circle one)
12. If yes when will you do ie. Day of eval or at f/u appt.?
13. Which neurologic tests?
14. Will you be gentle or vigorous?
15. What symptoms are you willing to reproduce?
16. How far are you prepared to examine the structures? Check one:
   P1 limit Add OP
   P1= 1st onset of pain, limit=only to end or range, willing to add overpressure
17. Any special tests to examine? If so list:
18. a. Any contraindications to doing physical exam? Yes No (circle one)
b. Name a potential contraindication for any hip eval (not necessarily Aaron)
19. What is the reason (purpose) we determine SINSS?
20. List your objective exam (O/E) schema briefly- i.e. what parts of the O/E will you include
   (5 points)

*Turn in this page when you are done to get the next part of the exam
Objective Examination *Significant Findings*:

Resting pain (RP) 2/10 left groin
Observation: rounded shoulders and arms internally rotated, decreased cervical lordosis, significantly increased lumbar lordosis, stands with a wide base of support

Hip A/PROM: hip extension 10 degrees with slight pain at end range, bilateral rotation 25 degrees internal, 30 degrees external, tissue stretch end feel for all. With AROM of hip noticed a click as pt moved leg from flexion back to extension.
Resisted Isometrics: + flexion: painful and strong over area “1” with audible click
Joint play assessment: decreased long axis distraction left 2/6
Lumbar spine and LE cleared with AROM and overpressure
Neuro exam: all WNL
Special Tests: +Thomas, both psoas and rectus femoris, + Obers bilaterally, + SLR bilaterally
Palpation: tender over left groin/femoral triangle area and anterior thigh

21. What is your hypothesis now? (1 point)

Write an assessment summary (5 points possible)

22. Which of the following would be an appropriate treatment plan for day one?
   a. HEP of rectus femoris stretch, quad stretch and ITB stretch
   b. Self traction technique for hip into long axis distraction
   c. Foam roller for self massage of anterior thigh
   d. A & B only
   e. All the above

*Extra Credit:
   1. Give any additional Rx’s in a follow up visit you would do? (3 points)

   2. Draw or describe specific exercise/stretch you would use (3 points)

*Use back of sheet as needed