# Course Change Proposal

## Form A

<table>
<thead>
<tr>
<th>Academic Group (College):</th>
<th>Academic Organization (Department):</th>
<th>Date: 02/08/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health &amp; Human Services</td>
<td>Physical Therapy</td>
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</tbody>
</table>

**Type of Course Proposal:**
- New ____ Change __x__ Deletion __

**Department Chair:** Susan McGinty, PT, EdD

**Submitted by:** Bryan Coleman Salgado

**For Catalog Copy:** Yes __x__ No __

**CCE (Extension):** Yes __x__ No __

**Semester Effective:** Fall, 2012

This course replaces experimental course Subject Area (prefix) and Catalog Nbr (course number):

<table>
<thead>
<tr>
<th>Change from:</th>
<th>Change to:</th>
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</thead>
<tbody>
<tr>
<td><strong>Subject Area (prefix) &amp; Catalog Nbr (course no.):</strong> PT266</td>
<td><strong>Subject Area (prefix) &amp; Catalog Nbr (course no.):</strong> PT 663</td>
</tr>
<tr>
<td><strong>Title:</strong> Special Topics in Physical Therapy II</td>
<td><strong>Title:</strong> Integumentary Patient Management</td>
</tr>
<tr>
<td><strong>Units:</strong> 2</td>
<td><strong>Units:</strong> 2</td>
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</tbody>
</table>

## JUSTIFICATION:

This course is changed as part of the process of renaming courses to reflect current terminology consistent with the *Guide to Physical Therapist Practice*, and the American Physical Therapy Association's Patient Management Model in the new DPT curriculum. The changed course content reflects the newer terminology and evidence-based practice concepts that will enable students to be better prepared to achieve competency at the doctoral level. The degree change is required for continued program accreditation.

## NEW COURSE DESCRIPTION:

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

This course focuses on the management of patients with Integumentary impairments and their related sequelae. Topics include post-surgical management of patients with amputations, prosthetics, and management of the patient with a wound or burn injury. Lecture, case presentation, video demonstrations and laboratory activities will be used to develop patient management skills. Open to Physical Therapy Majors Only.

**Note:**

Prerequisite: BIO 633, PT 600, PT 608, PT 630, PT 602, PT 604, PT 606, PT 614, PT 618, PT 620, PT 622, PT 632, PT 634, PT 636, PT 638, PT 624, PT 625, PT 626, PT 640, PT 646, PT 627, PT 644, PT 645, PT 648, PT 662, PT 669, PT 695A. Enforced at Registration: Yes __x__ No __

Corequisite:
- PT 665 Musculoskeletal Patient Management III
- PT 664 Neuropediatric Patient Management
- PT 668 Health Care Delivery in Physical Therapy II
- PT 680 Graduate Physical Therapy Seminar
- PT 690 Doctoral Project/Culminating Experience

Enforced at Registration: Yes __x__ No __

**CAN (California Articulation Number):** N/A

<table>
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<tr>
<th>Graded:</th>
<th>Letter <strong>x</strong> Credit/No Credit</th>
<th>Instructor Approval Required?</th>
<th>Yes <strong>x</strong> No __</th>
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<tr>
<td>Course Classification (e.g., lecture, lab, seminar, discussion):</td>
<td>Title for CMS (not more than 30 characters)</td>
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<tr>
<td>Lecture/Laboratory</td>
<td>Integumentary Pt Management</td>
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<tr>
<th>Cross Listed?</th>
<th>If yes, do they meet together and fulfill the same requirement, and what is the other course.</th>
</tr>
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<tbody>
<tr>
<td>Yes ____ No <strong>x</strong></td>
<td>If yes, do they meet together and fulfill the same requirement, and what is the other course.</td>
</tr>
</tbody>
</table>

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 reference the overall educational goals and outcomes of the Department of Physical Therapy.

At the completion of this course, the student is expected to 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 Understand and describe the anatomy and physiology of the integumentary system

1.1.1.1 Discuss the etiology and clinical features of major disorders.

1.1.1.a Describe the physiology of wound healing and incorporate those principals into chronic wound assessment.

1.1.1.b Understand and describe factors affecting wound healing, including effects of pharmacology and activity and exercise.

1.1.1.c Identify normal skin characteristics changes with age

1.1.1.d Understand and describe the basics of normal wound healing physiology, wound closure, and the phases of the healing cascade.

1.1.1.e Understand and compare the etiology of Pressure Ulcers, Vascular Ulcers, and Neuropathic Ulcers

1.1.1.f Understand and describe the effects of pharmaceuticals, activity and exercise on the integumentary system

1.1.1.g Understand and describe etiology of, and assessment of Necrotic tissue

1.1.1.h Understand and describe etiology and assessment of wound exudate

1.1.1.i Understand and describe etiology and assessment of the various types of edema

1.1.1.j Discuss the causes of burn injuries.

1.1.1.k Discuss the common etiologies for limb amputation, the general principals of post-operative amputation management.

1.1.2 Describe how pathological processes affect normal function.

1.1.2.a Understand and describe the pathological processes involved in chronic wound healing, and differentiate from acute normal wound healing

1.1.2.b Understand and describe the pathological processes that occurs in burn wound healing

1.1.2.c Discuss the long-term complications of burn injury

1.1.2.d Discuss the common complications of improper patient positioning in burn and wound recovery

1.1.2.e Discuss and describe the pathological processes involved in conditions requiring amputation.

1.1.3 Discuss common medical/surgical treatments for major disorders.

1.1.3.a Discuss how the amputation surgery processes effect residual limb characteristics, function, and post-surgical phantom pain

1.1.3.b Discuss the long-term adjustments required for living with a prosthesis.

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.

1.2.2.a Classify congenital amputations according to standard terminology

1.2.2.b Differentiate between congenital and acquired amputations

1.2.3 Carry out appropriate and comprehensive patient examinations including tests and measures in a safe and client-centered manner.

1.2.3.a Demonstrate ability to do a full examination of wounds, including history taking, appropriate types of tests and measures, and movement analysis as it affects the integumentary system

1.2.3.b Select the correct test to identify and differentiate between the following types of wounds: Pressure Ulcers, Vascular ulcers, Neuropathic ulcers and trauma.

1.2.3.c Perform a mock evaluation of a patient with a lower extremity amputation (transfibial or transfemoral)

1.2.3.d Develop an evaluation plan for a child with a unilateral amputation

1.2.5 Perform a physical therapy patient examination using evidenced-based tests and measures.

1.2.5.a Understand and describe the evidence-based principles of Wound Management as applied to each major wound type

1.2.5.b Choose the appropriate testing procedures for completing the evaluation of a patient with a burn

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.

1.2.7.a Identify the clinical features of necrotic tissue, exudate, infected wound tissue, scar contractures and edema.

1.2.7.b Apply the "Rule of 9s" in burn injury rehabilitation

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.

1.2.11.a Understand and describe Management of Tissue Loads, and recognize general equipment to be recommended or referred for

1.2.11.b Correctly identify the type and stage of a wound

1.2.11.c Differentiate between burn degrees and depths

1.2.11.d Correctly identify the degree and type of burn

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.

1.2.13.a Recognize common body image problems experienced by a patient with a burn

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.

1.3.1.a Demonstrate ability to evaluate wound pathologies of the integumentary system, and establish an intervention plan of care and prognosis for wound healing

1.3.1.b Develop an evaluation plan for a client following lower extremity amputation

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.

1.3.3.a Discuss the implications of the evaluation data of a patient with burn injuries

1.3.3.b Discuss the implications of the evaluation data of a patient with a lower extremity amputation

1.3.3.c Describe factors that make fitting a patient with a prosthesis ineffective

1.3.3.d Establish short and long-term goals for a simulated patient with a wound(s).

1.3.3.e Establish short and long-term goals for a simulated patient with a burn injuries.

1.3.3.f Establish short and long-term goals for a simulated patient with a lower extremity amputation (transfemoral or transtibial)

1.3.3.g Establish short and long-term goals for a simulated child with unilateral amputation

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.

1.3.5.a Understand and accurately select the most commonly used physical therapy Modalities in Wound Management, with awareness of secondary effects or complications from modality interventions

1.3.5.b Explain the rationale of physical therapy modalities in wound healing

1.3.5.c Discuss the major methods of postoperative residual limb management and advantages and disadvantages of each

1.3.5.d Compare and contrast the training program for clients with one or two transtibial prostheses

1.3.5.e Design a prosthetic training program for an individual with a transfemoral or transtibial prosthesis

1.3.7 Articulate a specific rationale for referrals made to other providers.

1.3.7.a Explain the methods of suspension for transfemoral and transtibial prosthetic replacements

1.3.7.b Discuss the characteristics of the major types of feet, knee joint prostheses, and prosthetic socket designs

1.3.7.c Discuss the major components used in lower extremity disarticulation prostheses.

1.3.7.d Progress the plan of care by making ongoing adjustments to interventions.

1.3.7.e Identify through observation common gait deviations exhibited by individuals walking with a transtibial and transfemoral prosthesis, and determine if the deviation is due to a problem with the prosthesis or the patient

1.3.7.f 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.

1.3.7.g Differentiate between endoskeletal and exoskeletal prostheses
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.
1.4.1.a Demonstrate rudimentary knowledge and ability to perform appropriate wound care interventions, including patient/caregiver education, and appropriate referrals
1.4.1.b Demonstrate ability to perform management of necrotic tissue via selective debridement
1.4.1.c Demonstrate ability to perform management of wound exudates, non-selective debridement, and appropriate selection and application of dressings and topical agents
1.4.1.d Demonstrating universal precautions while completing the evaluation or performing interventions on a patient with a wound
1.4.1.e Implement a treatment plan for a simulated patient with burn injuries, including creating the appropriate burn site environment, an exercise program, ambulation program and a positioning program
1.4.1.f Implement a physical therapy treatment program for a child with a unilateral amputation

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
1.4.3.a Discuss the phases of treatment of a burn patient and the major interventions within each phase.
1.4.3.b Develop an appropriate client education program for a patient with a lower extremity amputation.
1.4.3.c Discuss the methods of teaching activities of daily living (ADLs) and instrumental activities of daily living (IADLS) to individuals with lower extremity prostheses.
1.4.3.d Develop a program to instruct a client how to care for the prosthesis and residual limb on a long-term basis.
1.4.3.e Design a program for scar management for a client recovering from a burn
1.4.3.f Implement a preprosthetic treatment program for a client following lower extremity amputation by:
   Teaching proper positioning, describing and demonstrating proper residual limb bandaging and care and implementing an appropriate program of exercise
1.4.3.g Discuss the role of family in working with children with amputations.

1.4.4 Assess patient/client progress towards goals/projected outcomes.
1.4.4.a Discuss the critical components of a prosthetic training program.

1.4.5 Coordinate patient/client care with other health care providers
1.4.5.a Make recommendations for prosthetic components for a hypothetical client.

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.

1.5.3 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.
1.5.3.a Prepare a written initial evaluation of a mock wound patient documenting: PT examination (including evidence for tests and measures used), PT evaluation, PT diagnosis, prognosis and plan of care (Long- and Short-term goals) and intervention.

**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.

GRADING PROCEDURES: Letter grades based on percent of total possible points

<table>
<thead>
<tr>
<th>Type of evaluation (points)</th>
<th>Content</th>
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<tbody>
<tr>
<td>Quiz 1 (20)</td>
<td>Wound Management</td>
</tr>
<tr>
<td>Quiz 2 (20)</td>
<td>Burns (10); Amputation Surgery; Post surgical care; (10)</td>
</tr>
<tr>
<td>Quiz 3 (20)</td>
<td>Prosthetic components, checkout;</td>
</tr>
<tr>
<td>Assignment 1 (20)</td>
<td>Wound evaluation</td>
</tr>
<tr>
<td>Assignment 2 (20)</td>
<td>Evidence-based Practice</td>
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</tbody>
</table>
Comprehensive Final Exam (75)  
Amputations & Prosthetics (45)  
Wound care (20)  
Burns (10)

Practical Exam: “Check offs”  
(Pass/Fail)  
Residual limb wrapping

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): Doctor of Physical Therapy (DPT) program

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.

Signatures:  

Department Chair:  
College Dean or Associate Dean:  
CPSP (for school personnel courses ONLY)  
Associate Vice President  
and Dean for Academic Programs

Date:  
1-27-11  
2-22-11

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 663 Integumentary Patient Management

Fall semester

COURSE CREDIT: 2 units: 1 hour Lecture & 3 hours of lab per week

INSTRUCTORS: TBA

LOCATION: TBA

TIME: TBA

COURSE DESCRIPTION:
This course focuses on the management of patients with Integumentary impairments and their related sequelae. Topics include post-surgical management of patients with amputations, prosthetics, and management of the patient with a wound or burn injury. Lecture, case presentation, video demonstrations and laboratory activities will be used to develop patient management skills. 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
PT 624 Adult Neuromuscular Patient Management I
PT 625 Musculoskeletal Patient Management I
PT 626 Clinical Agents
PT 640 Physical Therapy Interventions II
PT 646 Acute Care and Cardiopulmonary Physical Therapy
PT 627 Physical Therapy Educator
PT 644 Adult Neuromuscular Patient Management II
PT 645 Musculoskeletal Patient Management II
PT 648  Health Care Delivery in Physical Therapy I
PT 669  Psychosocial Issues in Physical Therapy
PT 662  Differential Diagnosis in Physical Therapy
PT 695  Clinical Practicum/Internship I

CO-REQUISITES:
PT 665  Musculoskeletal Patient Management III
PT 664  Neuropediatric Patient Management
PT 668  Health Care Delivery in Physical Therapy II
PT 680  Graduate Physical Therapy Seminar
PT 690  Doctoral Project/Culminating Experience

REQUIRED TEXTS:
APTA, Guidelines for Clinical Practice. 1999

COURSE OBJECTIVES:
All course objectives reference the overall educational goals and outcomes of the Department of Physical Therapy.

At the completion of this course, the student is expected to 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. Understand and describe the anatomy and physiology of the integumentary system.
1.1.1  Discuss the etiology and clinical features of major disorders.
1.1.1.a  Describe the physiology of wound healing and incorporate those principals into chronic wound assessment.
1.1.1.b  Understand and describe factors affecting wound healing, including effects of pharmacology and activity and exercise.
1.1.1.c  Identify normal skin characteristics changes with age
1.1.1.d  Understand and describe the basics of normal wound healing physiology, wound closure, and the phases of the healing cascade.
1.1.1.e  Understand and compare the etiology of Pressure Ulcers, Vascular Ulcers, and Neuropathic Ulcers
1.1.1.f  Understand and describe the effects of pharmaceuticals, activity and exercise on the integumentary system
1.1.1.g  Understand and describe etiology of, and assessment of Necrotic tissue
1.1.1.h  Understand and describe etiology and assessment of wound exudate
1.1.1.i  Understand and describe etiology and assessment of the various types of edema
1.1.1.j  Discuss the causes of burn injuries.
1.1.1.k  Discuss the common etiologies for limb amputation, the general principals of post-operative amputation management.

1.1.2  Describe how pathological processes affect normal function.
1.1.2.a Understand and describe the pathological processes involved in chronic wound healing, and differentiate from acute normal wound healing
1.1.2.b Understand and describe the pathological processes that occurs in burn wound healing
1.1.2.c Discuss the long-term complications of burn injury
1.1.2.d Discuss the common complications of improper patient positioning in burn and wound recovery
1.1.2.e Understand and describe the pathological processes involved in conditions requiring amputation.

1.1.3 Discuss common medical/surgical treatments for major disorders.
1.1.3.a Discuss how the amputation surgery processes effect residual limb characteristics, function, and post-surgical phantom pain
1.1.3.b Discuss the long-term adjustments required for living with a prosthesis.

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.
1.2.2.a Classify congenital amputations according to standard terminology
1.2.2.b Differentiate between congenital and acquired amputations

1.2.3 Carry out appropriate and comprehensive patient examinations including tests and measures in a safe and client-centered manner.
1.2.3.a Demonstrate ability to do a full examination of wounds, including history taking, appropriate types of tests and measures, and movement analysis as it affects the integumentary system
1.2.3.b Select the correct test to identify and differentiate between the following types of wounds: Pressure Ulcers, Vascular ulcers, Neuropathic ulcers and trauma.
1.2.3.c Perform a mock evaluation of a patient with a lower extremity amputation (transfibial or transfemoral)
1.2.3.d Develop an evaluation plan for a child with a unilateral amputation

1.2.5 Perform a physical therapy patient examination using evidenced-based tests and measures.
1.2.5.a Understand and describe the evidence-based principles of Wound Management as applied to each major wound type
1.2.5.b Choose the appropriate testing procedures for completing the evaluation of a patient with a burn

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.
1.2.7.a Identify the clinical features of necrotic tissue, exudate, infected wound tissue, scar contractures and edema.
1.2.7.b Apply the “Rule of 9s” in burn injury rehabilitation

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.
1.2.11.a Understand and describe Management of Tissue Loads, and recognize general equipment to be recommended or referred for
1.2.11.b Correctly identify the type and stage of a wound
1.2.11.c Differentiate between burn degrees and depths
1.2.11.d Correctly identify the degree and type of burn

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.

1.2.13.a Recognize common body image problems experienced by a patient with a burn

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.

1.3.1.a Demonstrate ability to evaluate wound pathologies of the integumentary system, and establish an intervention plan of care and prognosis for wound healing

1.3.1.b Develop an evaluation plan for a client following lower extremity amputation

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.

1.3.3.a Discuss the implications of the evaluation data of a patient with burn injuries

1.3.3.b Discuss the implications of the evaluation data of a patient with a lower extremity amputation

1.3.3.c Describe factors that make fitting a patient with a prosthesis ineffectual

1.3.3.d Establish short and long-term goals for a simulated patient with a wound(s).

1.3.3.e Establish short and long-term goals for a simulated patient with a burn injuries.

1.3.3.f Establish short and long-term goals for a simulated patient with a lower extremity amputation (transfemoral or transfibial)

1.3.3.g Establish short and long-term goals for a simulated child with unilateral amputation

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.

1.3.5.a Understand and accurately select the most commonly used physical therapy Modalities in Wound Management, with awareness of secondary effects or complications from modality interventions

1.3.5.b Explain the rationale of physical therapy modalities in wound healing

1.3.5.c Discuss the major methods of postoperative residual limb management and advantages and disadvantages of each

1.3.5.d Compare and contrast the training program for clients with one or two transfibial prostheses

1.3.5.e Design a prosthetic training program for an individual with a transfemoral or transfibial prosthesis

1.3.7 Articulate a specific rationale for referrals made to other providers.

1.3.7.a Explain the methods of suspension for transfemoral and transfibial prosthetic replacements

1.3.7.b Discuss the characteristics of the major types of feet, knee joint prostheses, and prosthetic socket designs

1.3.7.c Discuss the major components used in lower extremity disarticulation prostheses.

1.3.7.d Progress the plan of care by making ongoing adjustments to interventions.

1.3.7.e Identify through observation common gait deviations exhibited by individuals walking with a transfibial and transfemoral prosthesis, and determine if the gait deviation is due to a problem with the prosthesis or the patient
1.3.7.f 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.

1.3.7.g Differentiate between endoskeletal and exoskeletal prostheses

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.

1.4.1.a Demonstrate rudimentary knowledge and ability to perform appropriate wound care interventions, including patient/caregiver education, and appropriate referrals

1.4.1.b Demonstrate ability to perform management of necrotic tissue via selective debridement

1.4.1.c Demonstrate ability to perform management of wound exudates, non-selective debridement, and appropriate selection and application of dressings and topical agents

1.4.1.d Demonstrating universal precautions while completing the evaluation or performing interventions on a patient with a wound

1.4.1.e Implement a treatment plan for a simulated patient with burn injuries, including creating the appropriate burn site environment, an exercise program, ambulation program and a positioning program

1.4.1.f Implement a physical therapy treatment program for a child with a unilateral amputation

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

1.4.3.a Discuss the phases of treatment of a burn patient and the major interventions within each phase.

1.4.3.b Develop an appropriate client education program for a patient with a lower extremity amputation.

1.4.3.c Discuss the methods of teaching activities of daily living (ADLs) and instrumental activities of daily living (IADLs) to individuals with lower extremity prostheses.

1.4.3.d Develop a program to instruct a client how to care for the prosthesis and residual limb on a long-term basis.

1.4.3.e Design a program for scar management for a client recovering from a burn

1.4.3.f Implement a preprosthetic treatment program for a client following lower extremity amputation by: Teaching proper positioning, describing and demonstrating proper residual limb bandaging and care and implementing an appropriate program of exercise

1.4.3.g Discuss the role of family in working with children with amputations.

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

1.4.4.a Discuss the critical components of a prosthetic training program.

1.4.5 Coordinate patient/client care with other health care providers

1.4.5.a Make recommendations for prosthetic components for a hypothetical client.

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.

1.5.3 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.
1.5.3.a Prepare a written initial evaluation of a mock wound patient documenting: PT examination (including evidence for tests and measures used), PT evaluation, PT diagnosis, prognosis and plan of care (Long- and Short-term goals) and intervention.

TEACHING STRATEGIES AND LEARNING ACTIVITIES:

1. Combination of classroom lectures and discussions
2. Laboratory demonstrations and practice
3. Assigned readings
4. Video presentations
5. Problem solving group discussions
6. Case studies
7. Clinic observation
8. Patient Evaluation

GRADING PROCEDURES:

Letter grades are based on percent of total possible points:

A : 93-100
A-: 90-92.xx
B+: 87-89.xx
B: 83-86.xx
B-: 80-82.xx
C+: 77-79.xx
C: 73-76.xx
C-: 70-72.xx
F: 70% and below

Where x = any integer

RETEST GRADING POLICY:
All written exams and quizzes will be done on SacCT computers. If the student fails to correctly submit an exam on the computer testing system, the student may, at the instructor's discretion, take a re-test. In such cases, the student will be given a maximum grade at the minimum passing grade (73%) regardless of scoring higher than 73%. If the student scores less than 73%, the grade will be issued at the score attained.

NOTE: Passing grades
Students must achieve a minimum C grade (> or = 73%) for each section of the course (i.e. 44/60 points for Wound Management; 70/95 for amputations and 15/20 for burns). Failure to achieve this level in any one section will result in an overall F for the course.
ATTENDANCE:
Attendance at class is a professional responsibility. Much of the course work will be done with lab partners and failure to attend affects you, and your partner and discussion group. Students who are unable to attend are expected to phone/e-mail prior to the start of class to notify the instructors of their absence.

PROFESSIONAL BEHAVIOR/ACADEMIC HONESTY

This is a professional preparation program and high standards of conduct are expected of all students in this course. The Faculty have embraced the Generic Abilities as the standard for professional behavior. Please be familiar with this document located in your student handbook. Successful completion of this professional course requires an acceptable level of academic, clinical, and professional performance. Inappropriate student behavior in the classroom or clinic may result in student discipline per University policies outlined in the CSUS catalog and, at the discretion of the instructor, may include the lowering of a grade or failure of a course.

Students have accepted the responsibility for honesty in the learning process. Incidents of academic dishonesty, plagiarism, or related problems will not be tolerated, and, if discovered, may lead to an assignment of an F grade by the Instructor. Incidents of dishonesty will, in addition, be reported to the Dean of Student Affairs office.

Students are expected to become familiar with the University’s Policies and Procedures Regarding Academic Honesty found on the University’s website: www.csus.edu/admbus/umanual/UMA00150.htm.

SPECIAL ACCOMMODATIONS:
In keeping with applicable federal and state laws regarding disabilities and with our program philosophy, we are committed to making reasonable accommodations for all individuals with disabilities to enable them to successfully complete their education and to perform the skills necessary to the role of an entry-level physical therapist. There is an expectation that every student will be able to perform the essential functions required in this course with or without reasonable accommodations, while practicing safely, ethically, and in a legal manner.

Students may have physical, mental or learning disabilities for which they are eligible for accommodations and such needs must be verified through the Office of Services to Students with Disabilities. In all cases, it is the student's responsibility to initiate the process of seeking accommodation with the Services to Students with Disabilities office. If you already have documentation of such disabilities on file with the Office of Services to Students with Disabilities (SSWD), please provide the course instructors with documentation of the need for accommodation at the beginning of the course. Students can expect confidentiality and cooperation regarding any circumstances.

MAJOR ASSIGNMENTS:

<table>
<thead>
<tr>
<th>Scheduled Date Due/Held</th>
<th>Type of evaluation</th>
<th>Content</th>
<th>Points</th>
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</table>
## Proposed Course Outline:

### Tentative Schedule:

<table>
<thead>
<tr>
<th>Wk</th>
<th>Topic</th>
<th>Activities</th>
<th>Preparation</th>
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<tbody>
<tr>
<td>1</td>
<td>Course &amp; Unit Introduction</td>
<td>ABI Lab.</td>
<td>Myers: Chaps 10 (218-226), 11. (249-57); focus on pp 226-8 for lab</td>
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<tr>
<td></td>
<td>Vascular Disease Intro</td>
<td>Capillary Refill, Venous fill time</td>
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<tr>
<td>2</td>
<td>Physiology of Wound Healing</td>
<td>Compression wrapping w/multi-layer systems</td>
<td>Myers: Chaps 1, 2, 3, &amp; pp 283-288; 324-335</td>
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<td></td>
<td>Etiology of Chronic Wounds</td>
<td>Monofilament testing</td>
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<td></td>
<td>Principles of Wound management</td>
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<td>For lab pp. 332, 267-274</td>
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<tr>
<td>3</td>
<td>Examination &amp; Evaluation.</td>
<td>Wound assessment on models; Case studies</td>
<td>Myers: Chap 4, For lab skim Myers’ chap. 13</td>
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<td>Wound &amp; Skin assessment</td>
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<td>Classification Systems</td>
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<td>Prognosis in wounds</td>
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<td>4</td>
<td>Wound Interventions</td>
<td>Sharp Debridement &amp; Aseptic Techniques</td>
<td>Myers: Chap 5 &amp; pp 95-118</td>
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<tr>
<td></td>
<td>Managing tissue loads</td>
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<td>Infection</td>
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<td></td>
<td>Managing necrotic tissue</td>
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<td>Debridement</td>
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<td>Time</td>
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<tr>
<td>5</td>
<td>Intervention (cont)</td>
<td>Wound Dressings &amp; VAC</td>
<td>Myers: Chaps 7, 8</td>
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<tr>
<td></td>
<td>Dressings</td>
<td>Guest Presenter: Mary Fox RN</td>
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<td>PT Modalities</td>
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<td>Advanced Therapies</td>
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<td>Wound Documentation POC</td>
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<td>6</td>
<td>1 p.m.: Quiz 1- Wound Management</td>
<td>Lab:</td>
<td>Myers ch 14</td>
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<tr>
<td></td>
<td>Burn Wound Healing:</td>
<td>Management of pt in acute phase post burn.</td>
<td>Handout</td>
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<td></td>
<td>Burn Injury</td>
<td>Positioning, splinting and ROM</td>
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<td></td>
<td>Local and Systemic effects</td>
<td>Scar management</td>
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<td>Medical management</td>
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<td></td>
<td>Acute PT management</td>
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<td>7</td>
<td>Wound Eval Assignment Due</td>
<td>Lab:</td>
<td>Myers ch 14</td>
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<td>Contracture Management: PT management post grafting</td>
<td>Post graft management</td>
<td>Handout</td>
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<td>Long term management</td>
<td>Scar management</td>
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<td>Hypertrophic scarring</td>
<td>Ambulation</td>
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<tr>
<td>8</td>
<td>2:00 pm: Introduction to Amputations Surgery &amp; Post Surgical Management</td>
<td>Post Surgical Lab</td>
<td>May &amp; Lockard Chs</td>
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<td>9</td>
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<td>10</td>
<td>Post Surgical Management; Fitting Decisions</td>
<td>Post Surgical Lab</td>
<td>May &amp; Lockard Ch 5</td>
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<td></td>
<td>See lab guide Residual Limb bandaging</td>
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<tr>
<td>10</td>
<td><strong>Quiz 2 – Burns &amp; Amp</strong></td>
<td>TT Components (cont) TT checkout</td>
<td>May &amp; Lockard Ch 6</td>
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<tr>
<td></td>
<td>Surg &amp; Mgmt</td>
<td></td>
<td>pp81-93</td>
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<td></td>
<td>Trans Tibial Components</td>
<td></td>
<td>Ch 7 pp105-126</td>
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<tr>
<td>11</td>
<td><strong>TF components</strong></td>
<td>Trans Femoral Components &amp; checkout</td>
<td>May &amp; Lockard Ch 6</td>
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<td></td>
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<td>pp93-104</td>
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<td>Ch 7 pp126-131</td>
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<tr>
<td>12</td>
<td>Gait Deviations</td>
<td>Gait Deviations</td>
<td>May &amp; Lockard Ch 6</td>
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<td>EBP assignment due</td>
<td>Balance &amp; Gait Training</td>
<td>As above</td>
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<tr>
<td>13</td>
<td><strong>Quiz 3 –</strong></td>
<td>Gait training lab</td>
<td>May &amp; Lockard Ch 7</td>
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<tr>
<td></td>
<td>Balance &amp; Gait training</td>
<td></td>
<td>pp131-151</td>
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<tr>
<td>14</td>
<td>Long Term Care</td>
<td>Course wrap up</td>
<td>May &amp; Lockard Ch 8</td>
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<td>Other levels</td>
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<td>Guests</td>
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<td>15</td>
<td><strong>Check offs</strong></td>
<td>Practical Exam: Check offs</td>
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<tr>
<td>16</td>
<td><strong>Finals week – Final Comprehensive Exam as scheduled by University</strong></td>
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**THE SCHEDULE AND CONTENT OF THE SYLLABUS ARE SUBJECT TO CHANGE AT THE DISCRETION OF THE INSTRUCTOR.**
PT 663: 2010 HOMEWORK ASSIGNMENT – WOUNDS

A. Admission photograph 9/23/08

Background DATA:
Pt is admitted to your service from a tertiary trauma service hospital for initial eval on 9/23/08. Your review of records reveals that he is a 42 y.o. male s/p MVA on 7/4/08 w/multiple traumas, including pneumothorax, s/p chest tube on R side, radial head frx s/p ORIF, T2-4 spine fractures s/p posterior stabilization surgeries w/ rod placements, T3 ASIA class B incomplete paraplegia, MRSA pneumonia with prolonged acute hospitalization. Pt is on the following medications: Baclofen, Didronel, budesonide, oxycodone pm, phenytoin, and diazepam. Pt reports no pain at wound site with cleansing, but discomfort of 4/10 pain during prolonged sidelying. Pt’s ex-wife reports to you that pt has hx of ETOH abuse, and recent depression. He is on a bowel program. He has had minimal PT services at previous hospital. When you see him upon initial evaluation, you see a cachetic male resting on a static foam mattress. The only lab reports you can find are for WBCs, which are WNL and serum albumins at 2.9; no nutritionist documentation is noted. The pt appears anxious and asks you how soon the wound will heal up. Pt states that he wants to get up in chair and going. The wound dressing you removed to take the photograph above was dated 9/22/08 14:00 and showed yellow-tan, mildly purulent drainage soaking thoroughly through a 4 x 4 gauze pad that had been in the wound. The wound edges are attached at 6:00 – 7:00 o’clock. The deepest wound depth you found is 1.2 cm. No bone is palpable with your Q-tip. Wound base is not entirely visible. Undermining is present, but not measured due to patient intolerance in sidelying.

1. You have received a physicians order to “evaluate and treat wounds”. Please write a complete wound evaluation on this sacral wound, using the Format for Initial Encounter Note template [found under Wound Management icon in SacCT]. Be sure to cover all of the elements listed, as you would for any PT evaluation. For screening, you do not need to make up data, but please note what you would particularly want to do some screening testing on, and what test you would use. Address at least all of the prompts [in green below] by incorporating them into your note in the correct section. [15 points]

Examination
Reason for referral
All relevant history, including medications and their implications for PT or wound healing (remember that trade names are capitalized, and generic names are in lowercase)
Wound measurements using the cm. ruler in photograph A (the exact measurements are not so important – where and how you write it up is what I am looking for).
Describe the visible wound bed tissue (% granulation, % slough, % eschar, % other), the edges, and wound drainage
Describe characteristics of the periwound and associated skin

**Evaluation**
List the Guide Integumentary practice pattern for this wound (by name and number).
Describe the probable etiology of this wound, and the classification.
Describe if you feel there are signs/symptoms of infection, and why
List whether you think this is an acute or chronic wound and why (i.e.: what do you see on this wound that makes you suspect that it has been going on for some time?)
Describe anything about the periwound skin that has implications for your diagnosis or treatment plan.
Describe the predominant phase of wound healing for this wound.
Describe any considerations you will use in the dressings that you choose (the actual dressing Rx will come under “interventions”).
Describe some good and not-good prognostic indicators for this wound.
Describe an expected outcome for the wound itself. Terms such as “good”, “fair”, etc are not measurable and should be avoided.

**Plan of Care (POC)**
Describe your anticipated impairment goals (at least two) for the wound, including a time frame.
Describe at least one functional (activity) goal.
Describe any recommendations you would make to nursing regarding OOB activities, positioning and support surfaces. Include any referrals or tests you will ask for.
Describe any procedures you will use, and write a complete wound care prescription, exactly as it will be written in the medical chart under “orders”
Describe your follow-up, including frequency and duration of care
2. Use the photograph "B", above, as an indicator of the status of the same wound six weeks later, to write the requested note. Assume that no necrotic tissue is now seen in the undermined areas, and that there is about 2/3 of the amount of drainage that you saw upon admit. Wound edge attachment continues as before. Wound depth at deepest point is now 0.4 cm. Serum albumin is 3.3. Write the A, and P section ONLY of a daily SOAP note (not a whole eval note!!), incorporating each of the points emphasized below in the correct section of the note. (3 points total)

- At this point, what aspects (dressings, topicals, frequency) of the wound dressing orders might you change? [remember that YOU are the one writing the orders.

- What are the indicators of improvement with this wound? Describe any prognostic indicators evident in the wound now that have changed since your initial evaluation.

3. In the medical record you notice a physician order for nursing to get the patient "up OOB (out of bed) as tolerated". You have some concerns about the effect of this order on the wound healing, so you seek and get a verbal ok from the physician to set the parameters for the order. Please write the exact wording you will put in the orders section to elaborate, clarify, make more accurate & safe this general physician order. (2 points)