*[Project Title Page]*

# [THE FIRST LINE OF YOUR TITLE GOES HERE]

# [THE SECOND LINE OF YOUR TITLE GOES HERE] *if needed*

*[Double space the title if multiple lines]**[Use 10-12 Point Font]
[Font Times New Roman]*

 A Doctoral Project *[upper and lower case]*

A Comprehensive Case Analysis

Presented to the faculty of the Department of Physical Therapy

California State University, Sacramento

Submitted in partial satisfaction of

 the requirements for the degree of

DOCTOR OF PHYSICAL THERAPY

by

Jonathon James Doe

 *[Semester of graduation – ALL CAPS]*

 SUMMER [submit at the end of Fall term]

2022  *Sample Copyright page
[optional]*

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Jonathon James Doe

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A Doctoral Project

by

Jonathon James Doe

Approved by:

                                                                    , Committee Chair
[Type Name Beneath Signature]

                                                                    , Second Reader

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Date

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Student: Jonathon James Doe

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[Type Name Beneath Signature] *or* Department Chair Date

 [list only one title]

Department of Physical Therapy *[Project Abstract Form]*

*[Every thesis or project must have an abstract. Abstracts for some creative works such as in art or creative writing may vary somewhat, check with your Dept. Advisor.]*

## Abstract

of

[THE FIRST LINE OF YOUR TITLE GOES HERE]

[THE SECOND LINE OF YOUR TITLE GOES HERE] *if needed*

by

Jonathon James Doe

***[Headings are optional or according to department style. Double space text]***

A patient with *[diagnosis]* was seen for student physical therapy treatment for *[number of sessions]* from *[time frame]* at *[name of clinical setting]* under the supervision of *[name of Clinical Instructor]*.

 The patient was evaluated at the initial encounter with *[name of major tests and measures]* and a plan of care was established. Main goals for the patient were *[name major goals, i.e. independent ambulation, ability to sit at bedside, etc.]*. Main interventions used were *[main intervention approaches, i.e. task-specific, manual therapy, etc.]*. The patient achieved the following goals *[name major goals]*.The patient was discharged to *[setting].*

                                              , Committee Chair

[Type Name Beneath Signature]

Date

## ACKNOWLEDGEMENTS

*[Optional]*

Insert your acknowledgements here.*[This Table of Contents covers many possible headings. Pages vi thru xii are optional.*

*Use only the headings that apply to your thesis/project.][Do not add Abstract to Table of Contents]*

## TABLE OF CONTENTS

##  Page

Preface #

Dedication [optional] #

Acknowledgements [optional] #

List of Tables #

Chapter

 1. GENERAL BACKGROUND [in all CAPS] ……………………………………………..#

 Sub-heading or Section [optional] #

 Sub-heading or Section [optional] #

 Sub-heading or Section [optional] #

 2. CASE BACKGROUND DATA #

 3. EXAMINATION – TEST AND MEASURES #

 4. EVALUATIONS #

5. PLAN OF CARE – GOALS AND INTERVENTIONS #

6. OUTCOMES #

7. DISCUSSION #

References [no chapter number; use upper and lower case] #

## LIST OF TABLES

Tables Page

1. [title]………………………………… .………………………………. #
2. [title]……………………………….… ……………………………. #
3. [title]…………………… ………….…………………………………. #
4. [title]……………………………….……… …………………………. #

## LIST OF FIGURES

Figures Page

1. [title]………………………………… .………………………………. #
2. [title]……………………………….… ……………………………. #
3. [title]…………………… ………….…………………………………. #
4. [title]……………………………….……… …………………………. #

## Guidelines for Chapter Pages

Please note margins specifications:

Left and Top 1.5” from edge of the paper
Right and Bottom 1” from edge of the paper
Arabic numbers 1” down from Top and 1” in from the Right edge.

Format specifications: chapters and appendices according to your departments writing style. (Exception: font, point size and no running heads)

* Use the Styles elements to assign content types, including headings (Chapters begin at heading level 2, sub-chapter sections assign heading level 3, 4 and so on). Select the **modify** option to update the font, size, etc.

Font: Times New Roman

Point Size: 10, 11 or 12; choose a point size and be consistent through entire manuscript (Exception: tables and figures)

Add alternate text to figures, tables, and formulas/equations.

Begin each chapter, appendices and references on a new page.

End Notes and Reference pages formatted according to Journal of the American Medical Association (JAMA).

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**Examination – Medications**

Table 1 *(Assign an appropriate heading level to both the table/figure # and title, if included in a list of tables/figures)*

Medications

|  |  |  |  |
| --- | --- | --- | --- |
| MEDICATION | DOSAGE | REASON | SIDE EFFECTS |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |