

**Louisiana State University Health Sciences Center
School of Allied Health Professions (NEW ORLEANS)**

Office of Student Affairs, 1900 Gravier Street, New Orleans, LA 70112

**PROSPECTIVE 2010 DOCTOR OF PHYSICAL THERAPY STUDENT
APPLICATION INSTRUCTIONS**

Thank you for your interest in our program!

YOUR APPLICATION PACKET CONTAINS:

Instructions	Demographic Data Sheet
DPT Application (6 pages)	Documentation of Experience Form
Summary of Academic Record	Transcript Request Form
Technical Standards Policy	

APPLICATION RETURN POSTMARK DATE: NO LATER THAN NOVEMBER 15, 2009

(We encourage all applicants to return required materials as soon as possible)

Non-Refundable \$50.00 fee payable to LSUHSC must accompany application.

ELIGIBILITY

To be ELIGIBLE for consideration by the Committee on Admissions, LSUHSC Department of Physical Therapy, the applicant must:

- Satisfactorily complete (grade of C or better) all prerequisite course work by May, 2010 (prerequisites are listed on page 3 of these instructions).
- Hold a baccalaureate degree from a fully regionally or nationally accredited college or university by May, 2010.
- By November 15, 2009, have documented at least 60 clock hours of practical experience in physical therapy under the direct supervision of a licensed physical therapist; a minimum of 30 clock hours must be at each site.
- Have a grade point average (GPA) of 3.0 or above in all undergraduate science courses by the time of application.
- Have a minimum score of 900 on the verbal and quantitative portions of the Graduate Record Examination (GRE), and submit these scores with scores from the Analytical Writing Assessment portion.

INSTRUCTIONS FOR COMPLETING THE APPLICATION PACKET

DEMOGRAPHIC DATA SHEET:

Please note this form is submitted with your application but is not shared with the Department of Physical Therapy.

APPLICATION

Please complete the six (6) page application. Be sure to sign and date the fourth and sixth pages. **Applications returned without the following will not be considered:** 1) \$50.00 fee, 2) signature (page 4 and page 6), 3) Transcripts in Sealed, Signed Envelopes, and 4) academic record form. Return all materials to the Office of Student Affairs, LSUHSC School of Allied Health Professions, 1900 Gravier St., New Orleans, LA 70112.

PLEASE NOTE: Documentation of experience forms are to be mailed by the physical therapist in a sealed, signed envelope DIRECTLY to the Physical Therapy Admissions Committee, LSUHSC Department of Physical Therapy, 1900 Gravier Street, New Orleans, LA 70112-2262.

Admission to the LSUHSC Doctor of Physical Therapy degree program is on a competitive basis.

TRANSCRIPTS

Two (2) official transcripts from each college/university attended must be received in the Office of Student Affairs in accordance with the application "postmark" deadline. You are responsible for the distribution of the Transcript Request Form and collection of the official transcripts.

- Complete the "TO THE APPLICATION" portion of the form.
- Send a self-addressed, stamped **envelope** and the completed transcript request form to the Registrar of **each** college or university attended. Be sure to include the required fee for each transcript.
- When the **TRANSCRIPT** is returned to you by the Registrar - **DO NOT OPEN**. Forward the unopened envelope(s) to the Office of Student Affairs with your application.

DOCUMENTATION OF EXPERIENCE FORMS

You are responsible for distributing the **DOCUMENTATION OF EXPERIENCE FORM(S)**. Each Documentation of Experience Form is to be completed only by a licensed physical therapist with whom you have had a minimum of 30 hours of clinical experience, either paid or volunteer.

- Complete the "TO THE APPLICANT" portion of the Documentation of Experience Form.
- Address an envelope (to Physical Therapy Admissions Committee, LSUHSC Department of Physical Therapy, 1900 Gravier St., New Orleans, LA 70112) and stamp the envelope. Send a *FORM* and *ENVELOPE* to each physical therapist that will provide the documentation. *NOTE: ONLY ONE (1) PHYSICAL THERAPIST PER FACILITY MAY COMPLETE A FORM.*
- The therapist(s) will complete the Documentation of Experience Form, place it in the pre-addressed and stamped envelope, sign across the seal, and submit it **DIRECTLY** to the LSUHSC Department of Physical Therapy.

GRADUATE RECORD EXAM SCORES (GRE)

Please request your official GRE scores from www.gre.org. **Scores need to be received by LSUHSC School of Allied Health Professions on or before November 15th.** Please indicate the correct school code. Our school institution code is **R6352**, department code for Physical Therapy is **0601**. If you took the General GRE prior to October 1, 2002, and did not take the Writing Assessment portion, you will need to re-take the examination. No GRE score older than five years will be accepted. **Scores from one sitting of the exam are accepted, i.e., the verbal score from one exam cannot be added to the quantitative score from another exam to achieve the minimum required total score of 900.**

ADDITIONAL NOTES

- A) Make sure **YOUR FIRST AND LAST NAMES ARE AT THE TOP OF EACH APPLICATION PAGE.**
- B) Please make the necessary arrangements to have all application documents (transcripts, Documentation of Experience forms, etc.) bear the same surname.
- C) Notify the Department of Physical Therapy and the Office of Student Affairs, New Orleans campus, promptly of changes in your address/phone number.
- D) If you are currently enrolled during the FALL 2009 semester, please have (2) official transcripts indicating your final grades sent to the Office of Student Affairs at the completion of the fall semester.
- E) Should the transcripts/records be in a language other than English, an official English translation **MUST BE INCLUDED**. Contact the Office of Student Affairs for a list of names/addresses of transcript evaluation agencies in the United States. Evaluations need to be in the Office of Student Affairs by November 1st.

- F) **PREVIOUS APPLICANTS:** Applicants who applied to the LSUHSC Department of Physical Therapy after May 2007 may reactivate their files. Re-applicants **MUST** submit a completed application form and application fee. You are **not** required to resend transcripts, official GRE scores, or Documentation of Experience Forms which were submitted with the previous application. Previous experience must be listed as instructed on page 5. Record the total hours of experience obtained, not just the number of hours obtained since the last application. Re-applicants **MUST** submit official transcripts for course work and Documentation of Experience forms for physical therapy experience gained since the time of the previous application and other credentials which were not received by the Department.
- G) If you wish to list any extracurricular activities which are not requested in the application, you may do so on a separate 8 ½ x 11" sheet of paper.
- H) You will receive written notification of your admission status by the Department of Physical Therapy Committee on Admissions no later than March 30th.

PREREQUISITE COURSES

Entering Class of 2010

SEMESTER HOUR CREDITS

ENGLISH COMPOSITION	6
ADVANCED ENGLISH Composition, Technical Writing or Exposition	3
PSYCHOLOGY (Recommended: Abnormal Psychology and Growth and Development)	6
PUBLIC SPEAKING	3
BIOLOGY/ZOOLOGY (Laboratory based, for science majors)	8
CHEMISTRY (Laboratory based, for science majors)	8
PHYSICS (Laboratory based, for science majors)	8
ADVANCED BIOLOGY (Recommended: Histology, Cell Biology)	3
ANATOMY (Recommended: Human Anatomy)	3
PHYSIOLOGY (Recommended: Human Physiology)	3
MATHEMATICS (Algebra level or above)	6
STATISTICS (Behavioral or Experimental)*	3

* Credits in Statistics may be used to meet Math requirements (if taught in the Math Department) or Psychology (if taught in the Psychology Department).

If you have any questions regarding the completion of your application, please contact the LSUHSC Department of Physical Therapy, 1900 Gravier Street, New Orleans, LA 70112; phone: 504-568-4288 FAX: 504-568-6552.

**LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER (NEW ORLEANS)
SCHOOL OF ALLIED HEALTH PROFESSIONS**

Office of Student Affairs, 1900 Gravier Street, New Orleans, LA 70112
Phone: 504-568-4254 FAX: 504-568-3185 www.alliedhealth.lsuhscc.edu/PhysicalTherapy

ADMISSION APPLICATION - YEAR 2010

DOCTOR OF PHYSICAL THERAPY

Please use ballpoint pen or typewriter. Illegible or incomplete applications will be returned.

Full Legal Name: _____
Last First Middle (Full Name)

Social Security Number: _____

Please indicate previous names that have been used (maiden, marriage, etc.) _____

LEGAL ADDRESS: How long have you been at this residence? ____ Years ____ Months

Number & Street City Parish/County

State Zip Code Country Phone No. () _____

MAILING ADDRESS [FOR ADMISSIONS CORRESPONDENCE] - How long at residence? ____ Years ____ Months

Number & Street City Parish/County

State Zip Code Country Phone No. () _____

How long will the **Admissions Correspondence Address** be valid? _____

Place of Birth: _____
City State Country

E-Mail Address: _____

EMPLOYMENT INFORMATION

Please list all employers for the past five years. Please list current employer first. Append additional sheet if necessary:

Name of Firm City/State Mo & Yr Position

Name of Firm City/State Mo & Yr Position

Name of Firm City/State Mo & Yr Position

RESIDENCY INFORMATION

I am now and have been since _____ a resident of _____
Date Name of State

Father's Name (if living) _____ Mother's Name (if living) _____

Address _____ Address: _____

Number Years in residence: _____

Number Years in residence: _____

Telephone: () _____ () _____
Home Business

Telephone: () _____ () _____
Home Business

Employer _____ Employer _____

Address _____ Address: _____

For tax purposes, which person claims you as a deduction? Self Father Mother Guardian *(check one)*

For emergency purposes, please provide the name, address, phone number, and relationship of contact:

RESIDENT ALIEN - PLEASE COMPLETE

Country of Citizenship: _____

Alien registration number: _____ (enclose photocopy of both sides of card)

Date and Score of TOEFL (an overall score of 61 must be met): _____
Month Year Score

EDUCATIONAL INFORMATION

List all **HIGH SCHOOLS, TRADE or VOCATIONAL SCHOOLS** (use separate sheet if necessary)

NAME OF SCHOOL	CITY/STATE	DATE ENTERED	DATE GRADUATED
_____	_____	_____	_____
_____	_____	_____	_____

List all **COLLEGES and UNIVERSITIES** you have attended. Please list in the same order attended (i.e. first attended is Number 1)

NAME	LOCATION	MAJOR	DATES ATTENDED	DEGREE CONFERRED
_____	_____	_____	FROM: _____ TO: _____ Mo/Yr Mo/Yr	_____
_____	_____	_____	FROM: _____ TO: _____ Mo/Yr Mo/Yr	_____
_____	_____	_____	FROM: _____ TO: _____ Mo/Yr Mo/Yr	_____

Has your education to date been continuous other than for vacations? Yes No (if no, or if not currently attending college, please explain) _____

Have you previously applied to LSUHSC? ____ Yes ____ No

If yes, _____
 Discipline semester(s) year(s)

Have you previously been enrolled at the LSUHSC? ____ Yes ____ No

If yes, _____
 Discipline semester(s) year(s)

<p>A. Have you applied to Graduate School, including physical therapy programs, elsewhere? ____ Yes ____ No If yes, were you accepted? ____ Yes ____ No</p> <p>When and where did you apply? _____</p> <p>B. Have you taken the Graduate Record Exam (GRE) General Test? ____ Yes ____ No</p> <p>Date Taken: _____</p> <p>Test Results (from date above): _____ Verbal _____ Quantitative _____ Analytical Writing</p> <p>C. If no baccalaureate degree at time of application, will you have your degree by May 2010? ____ Yes ____ No</p>

SCHEDULED COURSES

____ I am ____ I am not currently enrolled during the **FALL** semester. If enrolled, please complete.

Example: ABC UNIV ENGL 1001 Composition 3

COLLEGE/ UNIVERSITY	DEPARTMENT CODE	COURSE NUMBER	TITLE	CREDIT HOURS

____ I will be ____ I will not be enrolled during the **SPRING** semester. If to be enrolled, please complete.

COLLEGE/ UNIVERSITY	DEPARTMENT CODE	COURSE NUMBER	TITLE	CREDIT HOURS

Please use this area if explanation is needed for any of the courses listed above: _____

EXPERIENCE AND AUTOBIOGRAPHICAL INFORMATION

The Admissions Committee is interested in your reasons for entering this field and in your ability to express the motivation behind your decision. Please print or type the reason you are choosing this as your profession.

ALL APPLICANTS - PLEASE READ AND SIGN THE FOLLOWING
Applications without signature will be rejected

I certify that to the best of my knowledge, the information provided on this application is correct and complete. I understand that if it is later found to be otherwise, my application will be rejected, or in the event that I am enrolled, I will be subject to dismissal from the University.

Signature

Date

The LSU System assures equal opportunity for all qualified persons without regard to race, color, religion, sex, sexual orientation, national origin, age, handicap, marital status or veteran's status in the admission to participate in or employment in programs and activities which the LSU System operates.

**LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER
School of Allied Health Professions - Department of Physical Therapy**

1. Indicate the physical therapist(s) who will be completing your Documentation of Experience Form(s). Forms are to be completed only by licensed physical therapists with whom you have more than thirty hours of clinical experience (paid or volunteer). Each therapist listed below should complete a Documentation of Experience form. If you have spent less than 30 hours with that therapist you should include this experience in the Experience and Autobiographical section of the application. NOTE: Only one (1) therapist at each facility may complete a form. If you have applied to the LSUHSC, Department of P.T. in the past, list only NEW experience gained SINCE the last application.

A. _____

Facility	Name of Supervisor	Street Address				
_____	_____	_____	_____	_____	_____	_____
City	State	Zip	from _____ Mo/Yr	to _____ Mo/Yr	Hrs/week	Total Hours at facility

B. _____

Facility	Name of Supervisor	Street Address				
_____	_____	_____	_____	_____	_____	_____
City	State	Zip	from _____ Mo/Yr	to _____ Mo/Yr	Hrs/week	Total Hours at facility

C. _____

Facility	Name of Supervisor	Street Address				
_____	_____	_____	_____	_____	_____	_____
City	State	Zip	from _____ Mo/Yr	to _____ Mo/Yr	Hrs/week	Total Hours at facility

2. IF you previously applied to the Department of P.T. after 2001, list experience which was documented previously (and do not include in total hours above):

A. _____

Facility	Name of Supervisor	Total Hours at facility (exclude those listed above)
_____	_____	_____

B. _____

Facility	Name of Supervisor	Total Hours at facility (exclude those listed above)
_____	_____	_____

C. _____

Facility	Name of Supervisor	Total Hours at facility (exclude those listed above)
_____	_____	_____

3. On a separate page (8 1/2 x 11"), indicate any other specific experiences you believe are relevant but which are not included above (e.g. less than thirty hours of P.T. experience, observation in another hospital department, work in a camp, etc.).

4. Have you been employed during a semester in which you were enrolled in college (other than during vacations)?
 Yes No
If yes, indicate the semester(s), place(s) of employment, and approximate number of hours per week.

5. Have you ever been suspended or dismissed from any college or university for scholastic or disciplinary reasons?
 Yes No If yes, give the name of the institution, date, and reason for this action:

6. Baccalaureate Degree: Granted: _____ (mo/yr) or Expected: _____ mo/yr

7. Have you been a student at any time during the last twelve months? _____ Yes _____ No

If yes, list school, college or university: _____

Did you pay in-state tuition or out-of-state tuition at this institution? _____ In-state _____ Out-of-state

8. If you have ever been granted amnesty at any college or university, give the date and the institution which granted amnesty.

Date	Institution
------	-------------

9. Telephone numbers: Current day (_____) _____

Evening (_____) _____

10. E-mail Address: _____

FAX: (_____) _____

Signature

Date

**LSUHSC SCHOOL OF ALLIED HEALTH PROFESSIONS
DOCTOR OF PHYSICAL THERAPY
DEMOGRAPHIC DATA SHEET
2010 ADMISSION APPLICATION**

This information is required for State and Federal statistical reporting and is not used for selection purposes.

NAME:

LAST FIRST MIDDLE NAME

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: ____/____/____ SEX: ____ Male ____ Female

MARITAL STATUS: Single Married Separated Divorced Widow(er) (Check One)

NUMBER OF DEPENDENTS (INCLUDE YOURSELF) _____

ETHNIC ORIGIN: ___ American Indian or Alaska Native
 ___ Asian
 ___ Black or African American
 ___ Hispanic or Latino
 ___ Native Hawaiian or Other Pacific Islander
 ___ Caucasian
 ___ Other (please specify) _____
 ___ I do not wish to indicate

Veteran Status: ____ Veteran ____ Non-Veteran

If you are a veteran of the U.S. Military Service are you eligible for and certified by the Veterans Administration for education benefits? ____ Yes ____ No

For Louisiana licensure purposes, have you ever been convicted, pled guilty, or are you presently charged with a crime (felony) which might be punishable by imprisonment in a penitentiary? ____ Yes ____ No

STUDENTS WITH DISABILITIES

If you have any questions/concerns about the Americans with Disabilities Act or specific questions about students with disabilities you may contact:

John Dolan, Rh.D., Associate Dean for Academic Affairs
LSUHSC School of Allied Health Professions
1900 Gravier Street, New Orleans, LA 70112
Phone: 504-568-4243 FAX: 504-568-4249
E-mail: jdolan@lsuhsc.edu

LSUHSC School of Allied Health Professions - Department of Physical Therapy

SUMMARY OF ACADEMIC RECORD

NAME _____

Please calculate your undergraduate science grade-point average (GPA) from column totals on page 3.

Omit courses for which you received the grade of "Pass".

GPA = Quality points ÷ Credit hours.

To convert quarter hours into semester hours multiply quarter hours by 2/3.

(Example 3 quarter hours X 2/3 equals 2 semester hours).

Undergraduate School cumulative science GPA (from total semester hour credits on page 3)

STUDENT USE			OFFICE USE		
Science	Credit hours	Quality points	Science	Credit hours	Quality points
(A) 4 x		=	(A) 4 x		=
(B) 3 x		=	(B) 3 x		=
(C) 2 x		=	(C) 2 x		=
(D) 1 x		=	(D) 1 x		=
(F) 0 x		=	(F) 0 x		=
Totals	(a) _____	(b) _____	Totals	(a) _____	(b) _____

Calculation of Science GPA (Use data from corresponding column totals above)

STUDENT USE			OFFICE USE (PREREQ ONLY)			
Quality points	Credit hours	GPA	Quality points	Credit hours	Science GPA	
(b) _____ ÷	(a) _____ =	_____	(b) _____ ÷	(a) _____ =	_____	
Through _____ semester, 20 _____			through _____ semester, 20 _____			

OFFICE USE (ALL SCIENCES)

Quality points	Credit hours	Science GPA
(b) _____ ÷	(a) _____ =	_____
through _____ semester, 20 _____		

I certify that the information submitted in this application is complete and correct to the best of my knowledge and belief.

Date

Signature

SUMMARY OF ACADEMIC RECORD

NAME _____

Colleges or Universities attended: _____
 (Give abbreviation for each in parentheses following full name of institution.)

Information on this page **WILL** be transferred to the summary section on page two for calculation of the science GPA.

Sciences		Enter number of SEMESTER HOUR CREDITS in Appropriate Grade Column						Year Taken (1, 2, 3, 4)	No. Hrs IP or TT	College where taken
		A	B	C	D	F	Pass			
Dept. & No.	Course Title									
Biological Sciences										
Adv. Biology										
Anatomy/Physiology										
Chemistry										
Math										
Physics										
Statistics										
Other Sciences										

Louisiana State University Health Sciences Center
DEPARTMENT OF PHYSICAL THERAPY
1900 Gravier Street, New Orleans, LA 70112



INSTRUCTIONS: Documentation of Experience Form

To the **APPLICANT**:

1. Print your name in the space provided at the top of both pages of the *Documentation of Experience Form* that you are submitting.
2. Sign the waiver, if you wish to waive your right to see the completed form.
3. Send the *Form(s)* with a **STAMPED ENVELOPE (s)** to the physical therapist(s) who will be providing your documentation of experience.

The therapist will mail the form **DIRECTLY to the LSUHSC DEPARTMENT OF PHYSICAL THERAPY in NEW ORLEANS, LA**

Give the therapist:

1. A copy of this instruction page,
2. A *Documentation of Experience* form, and
3. An envelope pre-stamped and pre-addressed to:
PHYSICAL THERAPY ADMISSIONS COMMITTEE
LSUHSC DEPARTMENT of PHYSICAL THERAPY
1900 GRAVIER STREET
NEW ORLEANS, LOUISIANA 70112 - 2262

To the PHYSICAL THERAPIST:

The Department of Physical Therapy has made significant changes in our admission processes.

The individual named on the attached form is applying for admission to the LSU Health Sciences Center, Department of Physical Therapy, New Orleans campus and stated on his/her application that experience in physical therapy was gained under your supervision.

The proper selection of applicants for our school is of significance, not only to this University but to the public as well. In this sense, the persons asked to write on behalf of the applicant act as members of our Committee on Admissions. In order to be fair to all applicants, we need to have as much information as possible.

In order to assure confidentiality, the Form **MUST** be sent by the **physical therapist DIRECTLY to:**
PHYSICAL THERAPY ADMISSIONS COMMITTEE
LSUHSC DEPARTMENT of PHYSICAL THERAPY
1900 GRAVIER STREET, NEW ORLEANS, LA 70112 - 2262

Please seal the envelope and **sign across the seal** to ensure confidentiality.

We greatly appreciate your support. Please note that our deadline is November 15th.

If you have additional comments or suggestions, please feel free to contact Penny Kroll, Ph.D., P.T., Department Head, (504) 568-4288 or pkroll@lsuhsc.edu.

**DOCUMENTATION OF EXPERIENCE FORM
DEPARTMENT OF PHYSICAL THERAPY
LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER
School of Allied Health Professions
1900 Gravier Street, New Orleans, LA 70112**

This form must be completed by a LICENSED PHYSICAL THERAPIST with whom the applicant has had at least 30 hours of clinical experience.

APPLICANT'S FULL NAME (PRINTED) _____

Only one (1) therapist per facility should complete a form for this applicant.

By my signature below, I hereby waive my right to review this Documentation Form and agree that it shall be held confidential from me.

Signature of applicant
Date

TO THE THERAPIST:

1) Please summarize your evaluation of this applicant by checking your estimate on the following items in the space provided.

	Outstanding	Satisfactory	Needs Improvement	Unsatisfactory	Not Observed
Ability to express self orally					
Emotional stability and maturity					
Motivation/Initiative					
Responsibility in work assignments					
Interpersonal skills					
Seriousness about physical therapy					
Judgment/Acts appropriately in clinic					
Dependability/Reliability/Promptness					
Flexibility/Adaptability					
Honesty and integrity					
Relates well to persons in authority					
Ability to follow directions					
Ability to handle stressful situations					

**DEPARTMENT OF PHYSICAL THERAPY
School of Allied Health Professions
LSU Health Sciences Center**

TECHNICAL STANDARDS POLICY (*)

The American with Disabilities Act (ADA) ensures the qualified applicant with a disability the opportunity to pursue program admission at public institutions. To determine whether an individual is a qualified applicant for programs or services, the ADA states that applicants must meet essential eligibility requirements.

The following performance standards are set forth so that the student will understand the essential eligibility requirements for participation and progression in the physical therapy curriculum. Standards cover interpersonal skills, communication, psychomotor skills, and cognitive skills. The ability to observe, evaluate, and treat a patient independently, while ensuring patient safety at all times is an expectation of the Department of Physical Therapy.

The purpose of this policy is to ensure that all physical therapy students are able to provide swift, safe, and competent evaluation and treatment to patients. All students will be held to the same standards and must be able to perform the technical standards of their positions with or without reasonable accommodation.

Upon request of persons with disabilities, Louisiana State University Health Sciences Center will provide reasonable accommodations. However, the Department of Physical Therapy of LSU Health Sciences Center is unable to make accommodations that impose an undue burden, present a threat to the health or safety of the individual or others, or fundamentally alter the nature of the curriculum including didactic components, laboratory sessions, and clinical affiliations.

Each accepted applicant must complete an affidavit that attests to their ability to fulfill the technical standards of the Physical Therapy Department. Enclosed are the procedures for submitting a request for an accommodation. Questions about the accommodation process may be directed to the Department Head at (504) 568-4288.

(*) Adapted with permission from Howard University

TECHNICAL STANDARDS:

The following list of examples is not inclusive but merely provides examples:

OBSERVATION:

Independently, the student must be able to observe a patient accurately.

Assess gait deviation of patient 10 feet away.
Observe patient's response, diagnosis, pallor, grimacing.
Determine pressure ulcer stage and depth.
Read degrees of motion on a goniometer.

COMMUNICATION:

Utilize verbal and nonverbal communication with patients and care

Elicit information from patients/caregivers for written history.
Explain treatment procedures.
Demonstrate exercise programs.
Document client responses in the medical record.
Establish rapport with the patient, caregivers, and colleagues.
Apply teaching/learning theories and methods in healthcare and community environments.

SENSORIMOTOR:

Safely, reliably, and efficiently perform physical therapy assessments and treatments.

Practice in an ethical and legal manner.

Move from place to place and position to position.

Perform physical therapy procedures with speed, strength, and endurance for handling self, classmates, and patients.

Respond to a timer, emergency alarms.

Discern breath sounds.

Perform tests of vital signs, pain, strength, coordination, cranial peripheral nerves, balance, movement patterns, posture, sensation, endurance, skin integrity, joint motion, wound status, coordination, cognitive/mental status, soft tissue, assistive devices fit/use, reflexes, developmental stages, exertion of torque for manual muscle test, grading, push/pull forces.

Simultaneously, physically support activities and observe a patient with a disability.

Coordinate verbal, manual and gross motor activities.
Perform gait assessment on level surfaces, outdoor terrain, curbs, steps.
Assist with bed mobility and transfers from supine to sit, and sit to stand.
Administer balance training, cardiopulmonary resuscitation, exercise techniques, activities of daily living, coordination training, prosthetic and orthotic training, joint mobilization, wound debridement and dressing, electrotherapy, soft tissue mobilization, thermal agents, neurosensory techniques, cardiopulmonary rehabilitation, developmental activities, hydrotherapy, tilt table, massage, relaxation techniques, traction, taping and draping techniques, and dependent patient transfers.

INTELLECTUAL/CONCEPTUAL:

The student must be able to problem solve rapidly and have the ability to learn and reason, and to integrate, analyze, and synthesize data concurrently in a multitask setting.

The student must be able to comprehend three-dimensional relationships and understand the spatial relationship of structures.

The student must be able to participate in scientific inquiry process.

The following list of examples is not inclusive but merely provides examples:

1. Determine the physical therapy needs of any patient with a dysfunction.
2. Demonstrate ability to apply universal precautions.
3. Identify cause and effect relationships.
4. Perform physical therapy differential diagnosis.
5. Interpret patient responses.
6. Make appropriate modifications to evaluations and treatment. Determine realistic short and long term goals for the patient.
7. Recognize the psychological impact of dysfunction and disability.
8. Integrate the needs of the patient and caregiver into the plan of care.
9. Develop hypotheses; perform literature search and clinical research; perform statistical analyses; develop discussion and conclusions.

JUDGMENT:

- Students must be able to practice in a safe, ethical, and legal manner.
- Students must be able to respond to emergencies.
- Students must demonstrate management skills including planning, organizing, supervising, and delegating.

The following list of examples is not inclusive but merely provides examples:

1. Complies with the American Physical Therapy Association Code of Ethics
2. Abides by LSU Health Sciences Center School of Allied Health Profession Policy & Procedures on Student Conduct.
3. Complies with Louisiana State Board of Physical Therapy Examiner Rules and Regulations.
4. Modifies procedures in a manner that is appropriate to the patient's status and desired goals.

BEHAVIORAL/SOCIAL:

- Students must possess the emotional health required for full use of their intellectual abilities, exercise good judgment, and the prompt

- and safe completion of all responsibilities.
- Students must be able to adapt to change, to display flexibility, and to learn to function in the face of uncertainty and stress.
- Students must possess empathy, integrity, and concern for others.

The following list of examples is not inclusive but merely provides examples:

1. Assess learners ability to perform tasks. Identify cognitive and emotional needs of self and others.
2. Establish rapport.
3. Interact with individuals, families, groups from a variety of social, emotional, cultural, and intellectual backgrounds.
4. Demonstrate responsibility for lifelong professional growth and development.

OVERRIDING BEHAVIORS POLICY:

Students must demonstrate professional behaviors, interpersonal skills, and safety concerns.

The following list of examples is not inclusive but merely provides examples:

Professional Behavior:

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Abides by APTA Code of Ethics and Standards of Practice. 2. Follows state practice act. 3. Abides by institutional policies and procedures. 4. Projects professional image. 5. Attends professional meetings. 6. Accepts responsibility for actions and outcomes. 7. Asks pertinent questions. 8. Seeks assistance of instructor and/or peers to gain a better understanding of concepts learned. 9. Identifies and utilizes resources for learning. 10. Puts new information into practice. 11. Accepts that there may be more than one answer to a problem. 12. Offers own thoughts and ideas. 13. Sets personal and professional goals. | <ol style="list-style-type: none"> 14. Self-evaluates/critiques own performance. 15. Utilizes own resources before asking for help. 16. Seeks constructive criticism for self improvement. 17. Utilizes feedback to modify behavior and for self-improvement. 18. Able to focus on tasks at hand without dwelling on past mistakes. 19. Sets up own schedule, sets priorities, and meets external deadlines. 20. Collaborates with others. 21. Coordinates schedule with others. 22. Sets realistic goals. 23. Keeps commitments. 24. Is honest and has the highest integrity. |
|---|---|

Safety:

1. Identifies and addresses potential and actual safety hazards.
2. Reports unsafe conditions to appropriate personnel.
3. Is able to assess physical and cognitive limitations of self and others and request assistance as necessary.
4. Determines safety and operational status of equipment.
5. Selects treatment interventions considering safety of patient at all times. Does not select treatment interventions in which:
 - a. patient's safety is compromised
 - b. other's safety is compromised
 - c. own safety is compromised.
6. Modifies evaluation and treatment based on patients' signs, symptoms, and response to treatment. Modifies when:
 - a. safety of patients, others, or self is compromised
 - b. patient's discomfort exceeds levels necessary for procedure
 - c. patient's assistance is necessary and he/she is no longer able to assist
 - d. equipment becomes faulty
 - e. procedure is not yielding results necessary for evaluating patient's physiologic, neuromuscular, skeletal problems.

Communication and Interpersonal Skills

1. Demonstrates understanding of basic English (verbal and written) and writes legibly; uses correct grammar, accurate spelling, and expression.
2. Recognizes voice quality and avoids vocal distractors; (e.g., song-singing, sighing, uh).
3. Maintains eye contact.
4. Summarizes verbal or written message clearly and concisely.
5. Presents verbal or written message with logical organization and sequencing, using accurate professional and/or lay terminology.
6. Gives feedback constructively.
7. Respects personal space of patients and others.
8. Takes responsibility for mistakes, apologizes.
9. Recognizes worth and dignity of each person as demonstrated in the following manner:
 - a. exhibits caring.
 - b. maintains confidentiality.
 - c. modifies response when appropriate.
 - d. exhibits courtesy by using polite language, listening without interrupting, tone of voice, body language, and verbal expression.
10. Demonstrates flexibility by being cooperative in changing plans to meet the needs of peers, faculty, patients, the institution.
11. Evidences loyalty by supporting the institution in a positive way to peers, staff, others.

Students are expected to demonstrate overriding behaviors in all courses and clinical experiences. Overriding behaviors will be assessed as part of all didactic courses, lab sessions, lab practical, and clinical science experiences. As students participate in the education program, academic and clinical faculty and the student's adviser will document problems that arise in overriding behaviors. The student will be given opportunities to demonstrate modifications of his/her behavior and faculty will assist where possible to facilitate strategies for this development.

When behaviors do not meet acceptable standards, depending on the nature and severity of the infraction, one or more of the following actions may be taken at the discretion of the Physical Therapy Department faculty:

- Notify the student about inappropriate behaviors first orally, and then with a written warning. Problem behaviors will be discussed with the student's faculty adviser. If inappropriate behaviors are cited on subsequent occasions, faculty will discuss the incident at faculty meetings for action.
- Clinical or academic faculty may require remedial action on the part of the student as a contingency to continuing in the program or passing the course.
- The faculty may terminate a student from the program because of failure to meet the standards of the overriding behaviors in the academic or clinical settings.

**AFFIDAVIT
TECHNICAL STANDARDS FOR
THE DEPARTMENT OF PHYSICAL THERAPY
LSU HEALTH SCIENCES CENTER
ADMISSION, PROMOTION, and GRADUATION**

Overriding Behaviors: Students must demonstrate professional behaviors, interpersonal skills, and safety concerns.

1. Observation: Independently the student must be able to observe a patient accurately.
2. Communication: The student must be able to utilize verbal, non-verbal, and written communication.
3. Sensorimotor: The student must be able to safely, reliably, and efficiently perform physical therapy assessment and treatments and possess speed, strength, coordination, and endurance for safely handling self, classmates, and patients.
4. Intellectual/Conceptual: The student must be able to problem-solve rapidly. Demonstrate the ability to learn and reason, and to integrate analyze and synthesize data concurrently in a multi-task setting. Students must be able to comprehend three-dimensional relationships and understand spatial relationships of structures.
5. Judgment: The student must be able to practice in a safe, ethical, and legal manner. The student must be able to respond to emergencies, demonstrate management skills, including planning, organizing, supervising, and delegating.