

STUDENT HANDBOOK

CLASS OF 2009

**PHYSICAL THERAPY PROGRAM
COLLEGE OF HEALTH PROFESSIONS
GRAND VALLEY STATE UNIVERSITY
(616) 331-3356**

**PHYSICAL THERAPY PROGRAM
STUDENT HANDBOOK***

TABLE OF CONTENTS

Introduction	
Professional and Graduation Education	3
Program Directory	4
Academics	
Vision and Mission Statement	6
General Philosophy and Principles	9
Educational Philosophy	10
DPT Curriculum Strands	13
Student Outcome Goals and Objectives	14
Professional Abilities	16
Preprofessional Program Course Requirements	23
Professional Curriculum Outline	24
Grading	27
Advising	29
Felony or Misdemeanor Conviction	
Academic Standing	
Graduate Academic Policies and Regulations	30
Physical Therapy Program Academic Policies	31
Probation	31
Dismissal	31
Leave of Absence	33
Clinical Education	34
Program Policies and Procedures	
Laboratory	36
Mail	37
Complaint Procedures	37
Confidentiality	38
Outside Activities and Work Schedules	38
The Role of the Physical Therapy Student as Extern	39
Facilities and Resources	
Facilities	40
Resources	41
Scholarship Information	41
Financial Aid	42
Accommodations	42
Affirmative Action	42
Accreditation	42
Appendices	
Faculty Biographies	43
Permission to Release Non-Public Information Form	49
Additional References	51
Clinical Education Sites	53

**This Student Handbook has advisory status and does not supercede the GVSU Undergraduate or Graduate catalogs.*

PROFESSIONAL AND GRADUATE EDUCATION

Welcome to a new venture in your life. Our curriculum provides a unique opportunity for you to engage in a most rewarding educational experience – one which combines aspects of a health care profession with the individual personal and intellectual growth associated with graduate study.

The goal of a professional curriculum is to facilitate the passage of students from pre-professional coursework to active participation in a professional group. Being accepted into this program is the first step on this journey. Along with the status and privilege you have accepted, you also will be expected to fulfill the responsibilities of being a professional. As a student, the privileges include membership in the professional organization and the right to work with patient populations in clinical settings (under supervision). Your added responsibilities include demonstration of professional abilities (see pg. 10) in all interactions on campus and in the clinic. Additional time commitments in academic work and professional activities are also part of your new responsibilities.

The PT faculty members make a commitment to you to present educational content which will enable you to become a licensed physical therapy professional. We commit ourselves to working with you throughout the curriculum to attain this goal. You will have much to learn and probably will be surprised at the time commitment and flexibility required. Behavioral patterns will be expected of you which are not all attained in the classroom, but which grow from an innate belief that every person is worthy of our respect.

Throughout the program, please keep in mind that requirements and responsibilities will be different than what you have experienced in your pre-professional curriculum. Much emphasis is placed on self-directed learning, which in turn requires assumption or engagement in collaboration, and responsibility for individual choices and actions.

In your interactions with peers, faculty, staff, patients and public audiences, we expect you to demonstrate consistent, professional and courteous behavior. Your involvement in your education from this point forward is most similar to an employment situation. Any problems that occur require immediate and responsible attention by you to insure a successful and positive journey through the physical therapy program.

ADVICE TO STUDENTS ENTERING THE PROFESSION

When you are a student, be a student. Be as fully a student as you can be. Soak up new information, whether it matches your prior ideas or not. Be open to differences as an expansion of your knowledge, rather than a threat to your beliefs. Learn from teachers, clinicians, books, journals, fellow students, patients, and no less from your own experience. Being an excellent student is different than being an excellent clinician, educator, consultant, or researcher. As a student your excellence is in your dedication and commitment to learning, and your acceptance of what you have not yet learned or cannot yet do. Be mindful of your long-term development as a practitioner, and assume that every step of the way is preparation for the next step.

Amended by John Stevenson, PT, Ph.D. from Burt Giges, MD

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AMERICAN PHYSICAL THERAPY ASSOCIATION (APTA) VISION STATEMENT

Physical therapy, by 2020, will be provided by physical therapists who are doctors of physical therapy and who may be board-certified specialists. Consumers will have direct access to physical therapists in all environments for patient/client management, prevention, and wellness services. Physical therapists will be practitioners of choice in clients' health networks and will hold all privileges of autonomous practice. Physical therapists may be assisted by physical therapist assistants who are educated and licensed to provide physical therapist-directed and -supervised components of interventions.

Guided by integrity, life-long learning, and a commitment to comprehensive and accessible health programs for all people, physical therapists and physical therapist assistants will render evidence-based service throughout the continuum of care and improve quality of life for society. They will provide culturally sensitive care distinguished by trust, respect, and an appreciation for individual differences.

While fully availing themselves of new technologies, as well as basic and clinical research, physical therapists will continue to provide direct patient/client care. They will maintain active responsibility for the growth of the physical therapy profession and the health of the people it serves.

COLLEGE OF HEALTH PROFESSIONS

MISSION

We prepare exceptional professionals who will impact the health and well-being of the larger community.

CORE VALUES

Professional and ethical behavior.
Respect and appreciation of differences.
Life-long learning.
Excellence in teaching, scholarship, practice.
Appreciation of personal well-being.
Collegiality and collaboration.
Social responsibility.

VISION

To create an environment that is recognized and respected for excellence in teaching, scholarship and service to the community, our professions, and the constituents we serve.

We will be recognized for our collegiality, collaboration, evidence based practice and development of life-long learners.

PHYSICAL THERAPY PROGRAM

MISSION

To advance the profession of physical therapy through excellence in education, scholarship and service.

CORE VALUES

Professional and ethical behavior
Respect and appreciation of differences
Life-long learning
Excellence in teaching, scholarship, practice
Appreciation of personal well-being
Collegiality and collaboration
Social responsibility
Evidence-based practice
Reflective practice
Advocacy
Leadership

VISION

Our vision is to produce reflective physical therapy practitioners who demonstrate excellence in clinical practice, education, consultation and research to meet the physical therapy needs of society. We strive to transform students personally and professionally. We challenge our students to achieve distinction in examination, evaluation, intervention and prevention of movement dysfunction. In addition, we nurture the development of leadership, for both faculty and students, to address societal healthcare needs, link evidence to practice and make ethical decisions.

PHYSICAL THERAPY PROGRAM

GENERAL PHILOSOPHY and PRINCIPLES

A primary goal of the Physical Therapy Program is to prepare graduates to perform all aspects of the role of an entry-level physical therapist. Physical therapists:

- Diagnose and manage movement dysfunction and enhance physical and functional abilities.
- Restore, maintain, and promote not only optimal physical function but optimal wellness and fitness and optimal quality of life as it relates to movement and health.
- Prevent the onset, symptoms, and progression of impairments, functional limitations, and disabilities that may result from diseases, disorders, conditions, or injuries.

(Guide to Physical Therapist Practice, 2nd ed., Phys Ther. 2001; 81:21.)

Understanding all aspects of human function including physical, psychological, sociocultural, spiritual and developmental aspects is important for effective practice of physical therapy. In light of this need, faculty use a holistic perspective which embraces an interdisciplinary approach in education, practice and research. We strive to develop professionals who can manage patient care and integrate other professionals into a plan of care.

Physical therapy is a dynamic field in a changing health care environment. Physical therapists must possess fundamental skills of examination and intervention, be well educated health scientists who are able to contribute to the knowledge of the field, and be problem solvers who can adjust to modified roles and new situations. We are preparing students for a specific role as physical therapists, but we also equip them for the ever-changing world of health care.

We believe that we can best prepare our students for changing practice and environments by emphasizing the development of essential skills. These skills include: effective communication, problem-solving and critical thinking, ethical decision-making, participation in and application of research, reflective practice, evidence-based practice, self-assessment, self-directed learning, the ability to work within groups, the ability to seek and provide feedback, and teaching skills. With these skills, our graduates will be able to recognize their need for information, seek and access this information through effective utilization of resources, and critically analyze information.

A wide variety of teaching/learning activities are used throughout the curriculum to foster cognitive, behavioral and physical skill development. We use a mixture of traditional, system-based, case-based, and problem-based educational experiences. We strive to involve students actively in the learning process as adult learners. Student input is sought and utilized in teaching/learning activities, students are encouraged to set their own educational goals, and students are held accountable for learning and goal attainment. Group learning activities and inquiry are incorporated throughout the curriculum. Reflective activities are used to facilitate assessment of self, others and experiences. A collegial approach is emphasized with faculty-student interaction contributing to mutual development. Through this interaction, faculty model and strive to impart a value system to guide professional development and decision-making.

**EDUCATIONAL PHILOSOPHY OF THE DOCTORATE
PHYSICAL THERAPY PROGRAM
at
GRAND VALLEY STATE UNIVERSITY**

INTRODUCTION

The foundational teaching and learning principles for the Doctorate in Physical Therapy come from blending several theories: 1) Behavioral or objectivist; 2) Dewey's experiential; 3) Piaget's cognitive psychology; 4) Knowles theory of adult learning; and 5) Social Cognitive Theory. The synthesis of these models provides the foundation for the use of Situated Learning and Constructive-Developmental theories as the basis for the design of the physical therapy curriculum. The faculty believes that this blend of educational philosophies is consistent with the University's commitment to providing students a strong liberal education. The goal of the physical therapy faculty is to facilitate the personal and professional development of individuals so they will effectively participate in, and contribute to, their chosen profession and society. What follows is a brief summary of these educational philosophies and how they are integrated into the Physical Therapy curriculum.

BEHAVIORISM

The use of behaviorist theory, in the form of structured, hierarchical-ordered didactics (as used in the traditional "medical model") is evident in the curriculum, e.g., taking anatomy before the clinical medicine series. This model is more teacher-centered where faculty presents a finite body of knowledge (content) that can be broken into component parts, i.e., knowledge and skills. Generally, knowledge and skills are then taught in sequence, from simple to complex. The faculty realizes the major limitations to basing the entire curriculum on this model are twofold: students assume the role of "passive" learners and the fallacy of the assumption that "the whole is a sum of its parts.". Thus, the faculty has minimized the influence of the tenets of behaviorism in the curriculum.

JOHN DEWEY AND JEAN PIAGET

Dewey believed that learning must be active and that is best be achieved by student participation in "genuine experiences" (learning by doing) and subsequent reflection. According to Dewey, "education must be conceived as a continuing reconstruction of experience." What this means is that experiences must necessarily provide continuity (experiences are stored and carried on into the future) and interaction (one's present experience is a function of the interaction among one's past experiences and the present situation). Similarly, Piaget's concept of equilibration prompts learners to assimilate new experience, accommodate existing cognition to that experience, and to remake meaning of their experiences. The DPT curriculum is designed to provide students with opportunities for many practical experiences, e.g., part- and full-time clinical rotations. Furthermore, in didactics that precede and follow these genuine experiences, faculty call on students to draw from past learning experiences as students encounter and solve, new, unique, ambiguous and ill-structured problems, e.g., clinical seminar course series.

ADULT LEARNING THEORY (ALT)

Knowle's theory of Adult Learning (ALT) assumes that the learner is self-motivated, which extends the philosophies of Dewey and Piaget, emphasizing skill development in problem-solving, self-directed learning, and comprehension of process (metacognition) as much as content. In ALT, faculty shift roles from authority (teacher-centered) to learning facilitator (student-centered) and collaborator. The clinical seminar series that uses a problem-based teaching method and the research sequence are examples of how the faculty applies ALT.

SOCIAL COGNITIVE THEORY (SCT)

In SCT, human learning behavior is believed to be a triadic, dynamic and reciprocal interaction of personal factors, behavior, and the environment. A key tenet of SCT is that humans can learn by observing others (a cognitive apprenticeship model that includes modeling, coaching, articulation, reflection and exploration), especially those peers and faculty with whom they can identify. Social learning happens throughout the curriculum in didactic and laboratory situations as students collaborate with faculty, as well as during clinical rotations where students are mentored by clinical faculty.

SITUATED LEARNING THEORY (SLT)

Similarly, SLT theory contends that learning occurs as a function of activities, context, and social and historical culture. Learning involves a community of learners that requires social interaction and collaboration, i.e., students with students and students with faculty, where students use their own experience, lives, and current knowledge as a starting point for learning. However, SLT extends SCT in the sense that students are periodically placed in context-rich learning environments that go beyond the traditional classroom. Students' early, and ongoing, exposure to clinical observations/experiences is one example of situated learning. Additionally, the use of a PBL format in the clinical seminar series will better create contexts to construct clinical knowledge.

CONSTRUCTIVE-DEVELOPMENT PEDAGOGY

According to Constructivist theory, knowledge is not "objective," nor set in stone, but is relational and emerging, based on evolving scientific theory and self-discovery. Learning is an active process in which learners construct new ideas or concepts based upon their current/past knowledge or reconstruct previously held concepts; and these constructions or reconstructions occur within social settings. Also, learning relies on building a cognitive structure to select and transform information, construct hypotheses, and make decisions; students develop these mental models or schemas to provide meaning and organization to their learning experiences. According to constructive theory, learning does not occur through a progressive hierarchy, rather, learning is developmental in the sense that learners acquire knowledge and skills as they are needed.

Both Constructive and Situated Learning theories are derived from Dewey and Piaget and suggest that curricula be organized in a spiral manner so that learners can build upon what they have experienced previously ('intellectual scaffolding'). Students are thus challenged to acquire, construct, and reflect upon "real life" problems that are ambiguous and increasingly complex. The faculty believes that use of intellectual scaffolding will promote learners' development of cognitive structures that assist in retention and transfer of learning.

Summary

Throughout the doctorate curriculum a traditional model of teaching/learning (behaviorism) is used in foundational courses, e.g. anatomy. However, the faculty believes that student personal and professional development can best be achieved when "genuine" experiences can be created. Therefore, real experiences and the "remaking" of those experiences, which inherently requires active learning (ALT), mutual construction of knowledge in social and real settings (constructivism, SCT, and SL), and critical and reflective thinking (as espoused by John Dewey and Jean Piaget) serve as the primary foundation for the doctorate curriculum. The faculty believes that a curriculum based on these principles will result in graduates that are caring, competent, accountable, and life-long learners who will contribute to their communities and profession.

PHYSICAL THERAPY PROGRAM

DPT CURRICULUM STRANDS

Five strands are interwoven throughout the DPT curriculum to assure that the DPT graduate possesses the exit skills necessary to be a successful and valued practitioner of physical therapy in tomorrow's health care environment.

Curricular Strand #1: Development of a *reflective practitioner* capable of *evidence-based practice* in tomorrow's health care environment, including *direct access*.

Reflective practitioners recognize the interrelatedness of various forms of knowledge as essential to competent practice and the development of professional expertise, thus they constantly examine their practice effectiveness and make appropriate revisions to the intervention, setting, and circumstances. *Evidence-based practice* incorporates the above and is the ability to find, evaluate, create, and utilize the literature to support clinical decisions congruent with patient values. *Direct access* allows patients to seek Physical Therapy services without a physician's referral.

Curricular Strand #2: Development of a practitioner committed to *systems-based practice*.

Systems-based education refers to the integration of all biological mechanisms involved in movement dysfunction

A *systems-based practitioner* recognizes the interdependent relationship of all health care practitioners in meeting the needs of the client.

Systems-based also includes interactions with families, specific populations, communities, health care facilities, private organizations, and government agencies.

Curricular Strand #3: Development of a practitioner who has an appreciation for *diversity* and its impact on health care delivery.

Diversity includes the richness of differences related to culture, gender, age, socioeconomics, spirit, religion, ethnicity, and sexual orientation. These examples are a descriptive, but not all-encompassing, list.

Curricular Strand #4: Development of a practitioner who is capable of systematic reflection on and analysis of ethics, whether in clinical practice, research endeavor, or the community.

The graduate is expected to utilize general principles of ethics and face each new situation from a systematic, ethical stance.

Curricular Strand #5: Development of a practitioner who demonstrates *leadership skills* and *advocacy* within the profession and the community.

Leadership is the ability and commitment to serve, guide, and direct the delivery of quality health care. In addition, the graduate would have the ability to contribute such skills to the physical therapy profession at the local, state, and national level.

Advocacy is the ability to speak or write in support of clients, the community, and the profession. This includes shaping public policy and working within the breadth of health care institutions.

PHYSICAL THERAPY PROGRAM

STUDENT OUTCOME GOALS AND OBJECTIVES

Physical therapy graduates will show evidence of competence in the following:

1. Effective communication and interpersonal skills, which are adapted to meet the needs of individuals and various audiences.

- a. Demonstrate effective communication skills (receptive, expressive, verbal, non-verbal, written) which are adapted to meet the needs of individuals and various audiences.
- b. Demonstrate effective interpersonal skills which are adapted to meet the needs of individuals and various audiences.

2. Adherence to safe, ethical and legal standards of current practice (as identified by professional organizations, federal and state law and accrediting bodies).

- a. Demonstrate adherence to safe practice standards as identified by professional, state and federal bodies.
- b. Demonstrate adherence to ethical and legal standards of current practice as identified by professional, state and federal bodies.

3. As a responsible health care provider and interprofessional team member prepared for autonomous practice, determination of physical therapy diagnosis and development of an individualized plan of care for the management and prevention of movement dysfunction across the lifespan.

- a. Demonstrate physical therapy screening of the following systems for keep-refer decisions: Musculoskeletal; Neuromuscular; Cardiovascular and pulmonary; Integumentary
- b. Demonstrate history taking, examination, evaluation, physical therapy diagnosis, prognosis, and reevaluation of the following systems: Musculoskeletal; Neuromuscular; Cardiovascular and pulmonary; Integumentary
- c. Demonstrate development of plan of care and intervention for the following systems: Musculoskeletal; Neuromuscular; Cardiovascular and pulmonary; Integumentary
- d. Demonstrate team skills.

4. Practice management for physical therapy delivery relevant to individuals and communities in diverse environments.

- a. Identifies and is accountable for services that may be directed to others.
- b. Evaluates the quality of services delivered by a physical therapy provider by participating in quality improvement activities
- c. Recognizes the relationship of reimbursement, documentation and billing coding to the delivery of physical therapy services.

5. Application of principles of education to teaching and learning experiences in varied practice settings, the community and classroom.

- a. Designs and conducts educational programs for patients, caregivers, community groups, colleagues, students and other health care professionals, adapting teaching style to the needs of the learners.
- b. Evaluates and modifies educational programs and delivery based on audience needs.

6. Application of principles of critical thinking to evaluate professional literature and practice concepts for integration of best evidence into clinical practice.

- a. Prepares and presents a scholarly project of clinical or applied research.
- b. Defends clinical decision-making with pertinent research evidence using an evidence based practice approach to patient case management

7. Professional responsibility and commitment through active involvement in professional activities beyond job responsibilities, and self-directed professional development.

- a. Values membership and participation in professional organizations
- b. Utilizes self-assessment to form plans for professional development
- c. Values and participates in service-based activities (e.g. Wheel Run Together, pro bono clinics, disability group activities, etc.)
- d. Shows evidence of involvement in professional activities beyond job responsibilities at one year post-graduation.

PROFESSIONAL ABILITIES

Professional abilities are attributes, characteristics or behaviors that are required for success in the profession. Ten abilities were identified through a study conducted at UW-Madison in 1991-1992. *Before completion of the Physical Therapy Program, students are expected to demonstrate entry-level skills in these abilities.* The ten abilities and definitions developed are:

Professional Abilities	Definition
1. Commitment to Learning	The ability to self-assess, self-correct and self-direct; to identify needs and sources of learning; and to continually seek new knowledge and understanding.
2. Interpersonal Skills	The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community and to deal effectively with cultural and ethnic diversity issues.
3. Communication Skills	The ability to communicate effectively (i.e., speaking, body language, reading, writing, listening) for varied audiences and purposes.
4. Effective Use of Time and Resources	The ability to obtain the maximum benefit from a minimum investment of time and resources.
5. Use of Constructive Feedback	The ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction.
6. Problem-Solving	The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.
7. Professionalism	The ability to exhibit appropriate professional conduct and to represent the profession effectively.
8. Responsibility	The ability to fulfill commitments and to be accountable for actions and outcomes.
9. Critical Thinking	The ability to questions logically; to identify, generate, and evaluate elements of logical argument; to recognize and differentiate facts, illusions, assumptions, and hidden assumptions; and to distinguish the relevant from the irrelevant.
10. Stress Management	The ability to identify sources of stress and to develop effective coping behaviors.

Developed as Generic Abilities by the Physical Therapy Program, University of Wisconsin-Madison May et al. Journal of Physical Therapy Education 9:1, Spring 1995.

1. Commitment to Learning

Behavioral Criteria

Beginning Level

- Identifies priorities
- Formulates appropriate questions
- Identifies and locates appropriate resources
- Demonstrates a positive attitude (motivation) toward learning
- Offers own thoughts and ideas
- Identifies need for further information

Developing Level (builds on preceding level)

- Prioritizes information needs
- Analyzes and subdivides large questions into components
- Seeks out professional literature
- Sets personal and professional goals
- Identifies own learning needs based on previous experiences
- Plans and presents an in-service, or research or case studies
- Welcomes and/or seeks new learning opportunities

Entry Level (builds on preceding levels)

- Applies new information and re-evaluates performance
- Accepts that there may be more than one answer to a problem
- Recognizes the need and is able to provide rationale for potential solutions to problems
- Reads articles critically and understands limits of application to professional practice
- Researches and studies areas where knowledge base is lacking

2. Interpersonal Skills

Behavioral Criteria

Beginning Level

- Maintains professional demeanor in all classroom and clinical interactions
- Demonstrates interest in patients as individuals
- Respects cultural and personal differences of others; is non-judgmental about patients' lifestyles
- Communicates with others in a respectful, confident manner
- Respects personal space of patients and others
- Maintains confidentiality in all clinical interactions
- Demonstrates acceptance of limited knowledge and experience

Developing Level (builds on preceding level)

- Recognizes impact of non-verbal communication and modifies accordingly
- Assumes responsibility for own actions
- Motivates others to achieve
- Establishes trust
- Seeks to gain knowledge and input from others
- Respects role of support staff

Entry Level (builds on preceding levels)

- Listens to patient but reflects back to original concern
- Works effectively with challenging patients
- Responds effectively to unexpected experiences
- Talks about difficult issues with sensitivity and objectivity
- Delegates to others as needed
- Approaches others to discuss differences in opinion
- Accommodates differences in learning styles

3. Communication Skills

Behavioral Criteria

Beginning Level

Demonstrates understanding of basic English (verbal and written): uses correct grammar, accurate spelling and expression

Writes legibly

Recognizes impact of non-verbal communication: maintains appropriate eye contact, listens actively

Developing Level (builds on preceding levels)

Utilizes non-verbal communication to augment verbal message

Restates, reflects and clarifies message

Collects necessary information from the patient interview

Given feedback, produces organized written messages

Entry Level (builds on preceding level)

Modifies communication (verbal and written) to meet the needs of different audiences

Presents verbal or written message with logical organization and sequencing

Maintains open and constructive communication

Utilizes communication technology effectively

Dictates clearly and concisely

4. Effective Use of Time and Resources

Behavioral Criteria

Beginning Level

Focuses on tasks at hand without dwelling on past mistakes

Recognizes own resource limitations

Uses existing resources effectively

Uses unscheduled time efficiently

Completes assignments in timely fashion

Developing Level (builds on preceding level)

Sets up own schedule

Coordinates schedule with others

Demonstrates flexibility

Plans ahead

Entry Level (builds on preceding level)

Sets priorities, reorganizes as needed and has ability to say "No"

Considers patient's goals in context of patient, clinic, and third party resources

Performs multiple tasks simultaneously and delegates when appropriate

Uses scheduled time with each patient efficiently

5. Use of Constructive Feedback

Behavioral Criteria

Beginning Level

- Demonstrates active listening skills
- Demonstrates a positive attitude (openness) toward feedback
- Critiques own performance
- Maintains two-way communication

Developing level (builds on preceding level)

- Assesses own performance accurately
- Utilizes feedback when establishing goals
- Provides constructive and timely feedback
- Develops plan of action in response to feedback

Entry Level (builds on preceding levels)

- Seeks feedback from others
- Modifies feedback given to others according to their learning styles
- Manages differences of opinions with sensitivity
- Considers multiple approaches when responding to feedback
- Utilizes self-assessment for development and learning

6. Problem-Solving

Behavioral Criteria

Beginning Level

- Recognizes problems
- States problems clearly
- Describes known solutions to problem
- Identifies resources needed to develop solutions
- Begins to examine multiple solutions to problems

Developing Level (builds on preceding level)

- Prioritizes problems
- Identifies contributors to problems
- Considers consequences of possible solutions
- Consults with others to clarify problem

Entry Level (builds on preceding levels)

- Implements actions leading to solutions
- Reassesses action plans
- Evaluates outcomes
- Updates problem-solving strategies with current research
- Recognizes need for continuous quality improvement

7. Professionalism

Behavioral Criteria

Beginning Level

- Knows APTA Code of Ethics
- Demonstrates awareness of state licensure regulations
- Abides by facility policies and procedures
- Projects professional image
- Attends professional meetings
- Demonstrates honesty, compassion, courage and continuous regard for all

Developing Level (builds on preceding level)

- Abides by APTA Code of Ethics
- Abides by state licensure regulations
- Identifies positive professional role models
- Discusses societal expectations of the profession
- Acts on moral commitment
- Involves other health care professionals in decision-making
- Seeks informed consent from patients

Entry Level (builds on preceding levels)

- Demonstrates accountability for professional decisions
- Treats patients within scope of expertise
- Discusses role of physical therapy in health care
- Keeps patient as priority

8. Responsibility

Behavioral Criteria

Beginning Level

- Demonstrates dependability
- Demonstrates punctuality
- Follows through on commitments
- Recognizes own limits

Developing Level (builds on preceding level)

- Accepts responsibility for actions and outcomes
- Provides safe and secure environment for patients
- Offers and accepts help
- Completes projects without prompting
- Budgets time wisely

Entry Level (builds on preceding levels)

- Directs patients to other health care professionals when needed
- Delegates as needed
- Encourages patient accountability

9. Critical Thinking

Behavioral Criteria

Beginning Level

- Raises relevant questions
- Considers all available information
- States the results of scientific literature
- Recognizes “holes” in knowledge base
- Articulates ideas

Developing Level (builds on preceding level)

- Feels challenged to examine ideas
- Understands scientific method
- Formulates new ideas
- Seeks alternative ideas
- Formulates alternative hypotheses
- Critiques hypotheses and ideas

Entry Level (builds on preceding levels)

- Exhibits openness to contradictory ideas
- Assesses issues raised by contradictory ideas
- Justifies methods selected
- Determines effectiveness of theoretical and applied methods
- Recognizes own biases and suspends personal judgment
- Encourages others to think critically

10. Stress Management

Behavioral Criteria

Beginning Level

- Recognizes own stressors or problems
- Recognizes distress or problems in others
- Seeks assistance as needed
- Maintains professional demeanor in all situations

Developing Level (builds on preceding level)

- Maintains balance between professional and personal life
- Demonstrates effective affective responses in all situations
- Manages feedback (+/-) appropriately
- Establishes outlets to manage stressors

Entry Level (builds on preceding levels)

- Prioritizes multiple commitments
- Responds calmly to urgent situations
- Recognizes and tolerates ambiguities in health-care environment

Developed as Generic Abilities by the Physical Therapy Program, University of Wisconsin-Madison May et al. Journal of Physical Therapy Education 9:1, Spring 1995.

PHYSICAL THERAPY PREPROFESSIONAL PROGRAM COURSE REQUIREMENTS

One course that includes cellular structure and function, with lab (BIO 120)

Chemistry that is prerequisite to physiology (CHM 109, 231, 232)

One course in anatomy with lab (HS 208, 309)

One course in physiology with lab (HS 290, 291)

One course in exercise physiology (MOV 304)

One course in college algebra, college trigonometry or calculus

(MTH 122, 123 or any calculus)

Two sequential courses in general physics with labs (PHY 220, 221)

One course in statistics (STA 215)

One course in introductory psychology (PSY 101)

One course in life-span developmental psychology (PSY 364)

One course in introductory sociology, social problems or introduction to cultural anthropology (SOC 201 or 280 or ANT 204)

Students must complete their baccalaureate degree prior to beginning the Physical Therapy Program.

PHYSICAL THERAPY PROGRAM
PROFESSIONAL CURRICULUM OUTLINE

FIRST YEAR

FALL

Credits

1	HS 427 Neuroanatomy
4	HS 461 Prosected Regional Anatomy
3	PT 510 Motor Learning and Development
3	PT 511 Foundations in Physical Therapy Examination
2	PT 513 Clinical Science I
1	PT 515 Professional Topics I
<u>3</u>	PT 517 Clinical Kinesiology
17	

WINTER

Credits

4	PT 521 Musculoskeletal Examination
4	PT 522 Musculoskeletal Intervention
3	PT 523 Clinical Science II
2	PT 526 Clinical Seminar I
<u>3</u>	PT 528 Clinical Biomechanics
16	

SPRING/SUMMER

First 5 weeks

Credits

3	PT 636 Clinical Education I
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Last 9 weeks

Credits

3	HS 428 Neurosciences
2	PT 631 Cardiopulmonary Physical Therapy I
2	PT 632 Integumentary Practice Management
1	PT 634 Clinical Seminar II
1	PT 636 Clinical Education I (Post-clinical Discussion)
1	HPR 510 Introduction to Health Professions Research
<u>3</u>	STA 610 Applied Statistics for Health Professions
16	

SECOND YEAR

FALL

Credits

4	PT 641 Neuromuscular Examination
4	PT 642 Interventions in Neuromuscular Physical Therapy
3	PT 643 Clinical Science III
2	PT 644 Clinical Seminar III
2	PT 647 Cardiopulmonary Physical Therapy II
<u>2</u>	HPR 610 Research in the Health Professions
17	

WINTER

First 6 weeks

Credits

4	PT 656 Clinical Education II
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Last 10 weeks

4	PT 651 Spinal Exam and Intervention
2	PT 652 Geriatric Practice Management
1	PT 655 Professional Topics II
1	PT 656 Clinical Education II (Post-clinical Discussion)
2	HPR 657 Role of Education in Health Professions
<u>1</u>	HPR 688 Health Professions Research I
15	

SPRING/SUMMER

Credits

4	PT 661 Exam and Intervention for Rehabilitation
3	PT 662 Pediatric Practice Management
2	PT 665 Professional Topics III
1	HPR 688 Health Professions Research I
<u>3</u>	PSY 668 Disability Psychology for Health Professionals
13	

THIRD YEAR

FALL

Credits

6 PT 675 Clinical Education III
6 PT 677 Clinical Education IV
12

WINTER

Credits

2 PT 681 Advanced Clinical Decision-Making
3 PT 682 Health and Wellness
2 PT 685 Professional Topics IV
2 HPR 689 Health Professions Research II
9 required

(3) PT 684 Advanced Topics: Sports Physical Therapy (elective)
(3) PT 687 Advanced Topics: Spinal Manual Therapy (elective)
(3) PT 688 Advanced Topics: Neurologic Physical Therapy (elective)

SPRING/SUMMER

Credits

6 PT 696 Clinical Education V

Summary

121 Required credits
40 Weeks in part- and full-time clinical placement

PHYSICAL THERAPY PROGRAM GRADING

GRADING SCALE

A	94-100
A-	90-93.9
B+	88-89.9
B	84-87.9
B-	80-83.9
C+	78-79.9
C	74-77.9
C-	70-73.9
D+	68-69.9
D	60-67.9
Failure	< 60

GRADEPOINT CALCULATION

Coursework is evaluated as follows:

Grade	Quality Points	Grade	Quality Points
A	4.0	C+	2.3
A-	3.7	C	2.0
B+	3.3	C-	1.7
B	3.0	D+	1.3
B-	2.7	D	1.0
		F	0.0

ADVISING

Assignment of Advisor

Each student who is admitted to the physical therapy program will be assigned an advisor from the Physical Therapy Faculty. Notification of this is typically distributed at orientation.

Advising Appointments

1. All students are encouraged to set up an appointment to see their advisor each semester.
2. Faculty members will post times for advising.

Felony or Misdemeanor Conviction

The application for licensure as a physical therapist asks questions about: felony conviction, misdemeanor conviction punishable by imprisonment for a maximum term of two years, misdemeanor conviction involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations), and treatment for substance abuse in the past 2 years. If any of the before are true, the Michigan Board of Physical Therapy will review the application for licensure and will decide about moral fitness. The Michigan Board of Physical Therapy may refuse to grant a physical therapy license to the applicant. Before beginning the PT program at GVSU, the student who has a concern about licensure may contact the Michigan Board to ask for clarification of the policy and pre-certification of moral fitness.

ACADEMIC STANDING

(This text has advisory status and does not supercede the GVSU Undergraduate and Graduate Catalog.)

Graduate Academic Policies and Regulations (Excerpted from the University Catalog)

Full-time graduate students register for nine or more credits per semester. A cumulative grade point average of 3.0 or higher must be earned in the entire degree program in order to be graduated. A graduate student whose cumulative GPA falls below 3.0 after completion of nine hours of graduate level course work is placed on academic probation. Students on probation must achieve at least a 3.0 cumulative GPA after the next nine hours of course work to remain in the program. A cumulative GPA of 2.0 or below after nine hours of graduate level course work means automatic dismissal from the University. Students who are academically dismissed from the University may apply for readmission after one year.

The institutional minimums for a graduate degree are:

1. A minimum of 33 semester hours of graduate level course work.
2. A cumulative graduate GPA of at least a 3.0.
3. Requirements for the degree must be fulfilled within a period of eight consecutive years.
4. Only coursework completed in the five years prior to acceptance to a graduate status is considered for transfer credit, transfer credits must apply directly to the student's program as determined by the director of the graduate program, only courses with grades of B (3.0) or above will be considered for transfer and correspondence courses will not transfer into graduate programs at GVSU.
5. All graduate students must complete a minimum of 24 hours in residency at GVSU.
6. When programs include courses that are dual numbered at the undergraduate and graduate level, students registering for graduate credit will be required to perform at the graduate level.
7. Candidates for advanced degrees must:
 - a. demonstrate not only their mastery of the subject matter but also their ability to integrate and synthesize it.
 - b. demonstrate their ability to generate new knowledge and/or apply existing knowledge to specific practical situations (thesis, comprehensive examination or an appropriate project)

Physical Therapy Program Academic Policies

Probation *

Grounds for Probation:

- i. A cumulative graduate GPA below 3.0 in the physical therapy curriculum will result in a student being placed on physical therapy probation.
- ii. Any final course grade below a 2.7 (B-) in a 500 or 600 level graduate course will result in a student being placed on physical therapy probation. If a final grade below 2.0 occurs in a graduate course the student must retake the course to receive graduate credit.
- iii. Any final course grade below a 2.0 (C) in a 400 level undergraduate course will result in a student being placed on physical therapy probation. If a final grade below 2.0 occurs in undergraduate courses, the student may be required to do remedial work or retake the course.
- iv. A grade of “no credit” in a clinical education course also will result in a student being placed on physical therapy probation.

Procedure:

- i. Students who are placed on probation due to inadequate performance in one or more courses will be required to do specific remedial work or retake those courses. The opportunity to perform remedial work will be decided upon by the instructor of the course. The instructor has the option not to allow remedial work in which case the student will be required to retake the course. After the student satisfactorily completes remedial work or a retake of the course, the student will be returned to good standing. Remedial work does not change the original grade in the course.
- ii. If a student is placed on probation, the physical therapy faculty will monitor the student’s progress. In consultation with the course instructor, the faculty or their designated committee, may draw up a contract which outlines the steps to be followed to be taken off probation. If a committee is formed, the committee will consist of: 1) PT Program Director, 2) PT faculty member 3) any other appropriate faculty member, clinician or the student’s academic advisor. The contract will be signed by the student and program director. After the student satisfactorily completes procedures outlined in the contract, the student will be returned to good standing.

The above policy does not constitute grounds for university probation, but only applies to the Physical Therapy Program. Program probationary documents will not become part of a student’s university record.

Dismissal from the Program

Grounds for Dismissal: Any one of the following items may constitute grounds for dismissal from the program:

- i. Two consecutive semesters of physical therapy probation.
- ii. Failure to complete remedial work required to be taken off physical therapy probation or specified in the remediation contract.
- iii. A cumulative GPA below 3.0 (graduate) in the physical therapy curriculum.
- iv. Evidence of unethical or illegal behavior while a student in the PT program.

Procedure:

- i. A committee will be set up for any student in danger of dismissal from the program.

This committee will consist of:

1. Physical Therapy Program Director.
 2. A Physical Therapy Academic Faculty Member.
 3. Any other appropriate faculty member or the student's academic advisor.
 4. A Clinician
- ii. The committee will review all of the information available on the student and determine if the student meets the criteria for dismissal.
 - iii. If the student is in jeopardy of dismissal from the program, the committee will determine if the student should be immediately dismissed from the program or if a special arrangement should be made for the student.
 - iv. If a special arrangement is made with a student in jeopardy of dismissal, then a contract will be drawn up and signed by the student and the committee members which outlines the specific procedures the student must follow to regain good standing.
 - v. Failure to follow the outlined procedures in the contract will result in dismissal from the program.
 - vi. When the contract's procedures have been satisfactorily completed, the student will be returned to good standing.

Appeal Process:

Should a student decide to appeal a decision for dismissal, the student must submit a written defense to the PT committee within 30 days after receiving the letter of dismissal. The defense should contain any new information which the student may have and a clarification of old information. The defense will be considered by the PT committee within 15 days of receipt and a decision given to the student. The student then may elect to appeal their dismissal to the Dean of the College of Health Professions.

Academic Honesty

The GVSU Student Code states "The principles of truth and honesty are recognized as fundamental to a community of teachers and scholars. The University expects that both faculty and students will honor these principles. . . . Any ideas or material taken from another source for either written or oral presentation must be fully acknowledged. Offering the work of someone else as one's own is plagiarism. Any student who fails to give credit in written or oral work for the ideas or materials that have been taken from another is guilty of plagiarism." Details of GVSU policies and rules regarding academic honesty are described in the GVSU Catalog General Academic Policies and Regulations, and Student Code. Information about types of plagiarism and avoidance of plagiarism can be found at <http://en.wikipedia.org/wiki/Plagiarism>. Physical Therapy Faculty consider violation of rules regarding academic honesty to be a serious offense, which may result in lowering a grade on an assignment or test, failure of an assignment or test, failure of the course or dismissal from the physical therapy program.

Dismissal from the University

The Physical Therapy Program is under no obligation to assist students who have been dismissed from the University, whatever the reason for their dismissal. However, the Program may initiate a process to decide whether or not to support the student's application for readmission to the University. During this process, the Program may decide not to support the student's appeal for readmission to the University. The student then may appeal for reinstatement without the Program's support.

Leave of Absence

If a student must take a leave of absence due to reasons of illness or family responsibilities, etc. the student should submit a letter to the director indicating the request and providing reason for such a request. The director will review with faculty and will notify the student of the decision in writing. If the request is granted, steps to be taken by the student to become reactivated in the program will be indicated. Students may be asked to demonstrate competence in coursework previously completed prior to reentry.

The student also must follow university rules, such as withdrawing from enrolled classes.

CLINICAL EDUCATION

Clinical Education is an important part of any Physical Therapy professional curriculum. At GVSU the academic and clinical components of the curriculum are intertwined and build toward attainment of professional competence. To this end, clinical experiences are interspersed throughout the professional curriculum and are sequenced. All students must satisfactorily complete Clinical Education I, II, III, IV and V to complete the program requirements. Clinical education sites are available throughout Michigan and out-of-state. Students should expect to complete some of their clinical experiences at sites outside of the Grand Rapids metropolitan area.

During some clinical experiences students may be at risk of exposure to communicable diseases. Students are required to obtain and provide documentation of physical examinations, immunizations, CPR training and health insurance prior to clinical education experiences. In addition, some clinical sites require submission of criminal background checks and drug screens prior to the start of an experience. **Any cost involved in fulfilling requirements of the university or clinical sites is the responsibility of the student.** If a criminal background check or drug screen is required by a clinical site, the student has the responsibility of arranging for the background check or drug screen. The specific procedures to be followed vary among clinical sites.

Students will not be allowed to participate in clinical experiences if there is a reason to believe that they are unprepared for this type of experience. Sufficient reasons include:

1. Questions about the student's ability to safely manage patients.
2. Academic probation gives reason to believe that a student is unprepared to participate in clinical experiences. The clinical faculty assume a specific level of knowledge and ability in a student who is to treat their patients. Academic probation puts the level of understanding and performance of the student into question. A student who is on probation for an isolated course deficiency may be allowed to participate in a clinical experience if the faculty determines that other areas of knowledge are appropriate and that the deficiency can be remediated and is not critical to the student's performance in that particular clinical experience. Remedial work in the deficient area will be required and must be completed within one semester.
3. Evidence of unethical or illegal behavior.
4. Medical or psychological conditions which could endanger the safety of the student or the patients entrusted to them, or that prevent the student from fully participating in the clinical experience.
5. Problems identified with professional abilities may result in a student being regarded by faculty as unprepared for clinical assignment. With the assistance of faculty, the student must resolve the problem area prior to the clinical assignment.
6. Clinical Education courses are sequenced (I, II, III, IV, V). If a student does not satisfactorily complete one course, he/she may not progress to the next course without completion of remedial work.

See Appendix D for a list of clinical sites with which the Physical Therapy Program has agreements for clinical education as of August 2006. All sites are not available for all clinical education courses. Students will receive a list of clinical sites available for each clinical education course about four months before that experience begins. Further details of clinical education policies and procedures will be provided to students in a Clinical Education Handbook.

PROGRAM POLICIES AND PROCEDURES

LABORATORY PROCEDURES AND INSTRUCTIONS

A. Equipment

1. Equipment is stored in specific storage spaces and should be returned to these areas after use.
2. Be sure all equipment controls are turned off after use. Line cords should be coiled and stored off the floor. Equipment should be returned to appropriate storage area.
3. All equipment must be left clean at the end of class.
4. Report any equipment problems to the course instructor immediately.
5. Water or other spilled materials should be cleaned immediately.
6. Linens will be stored on shelves in the CHS laboratories. Clean linens should be folded and replaced at the end of the lab session. Dirty linens should be placed in dirty linen hamper.
7. Hazardous and non-hazardous materials such as ultrasound gel, oils, etc. will be stored in specific cabinets. These should be returned to their original positions after use. Please inform the instructor if you notice stock is getting low.
8. Equipment/Supplies such as blood pressure cuffs, gait belts, etc. may be checked out for use outside of your laboratory time. Contact your course instructor for the procedure.
9. Equipment/Laboratories are not to be used for self-evaluation or treatment.

B. Locker usage

Hallway lockers are available for student use at the CHS facility. In addition, CHS 239 includes a locker room for changing clothes in preparation for lab and lockers for storing clothes and books that are not needed during lab.

C. Student/Patient Preparation

1. Within labs, PT students will be required to practice the role of therapist and to act as model patients.
2. As model patients, students will need to have areas of the body (arms, legs, hips, abdomen, back, etc.) exposed to classmates for examination and intervention which may include therapeutic touch.
3. Students are expected to demonstrate respect for each other and to use principles of draping, privacy, and positioning for comfort while working with each other.

D. Laboratory Clothing

1. Students are expected to be prepared with appropriate lab clothing as specified by the course instructor. This clothing could include shorts, bathing suits and sports bras.

E. General Rules for the Laboratory

1. NO FOOD OR DRINK IS ALLOWED IN THE LABORATORIES OR FUNCTIONAL ASSESSMENT SUITES AT ANY TIME.
2. At the conclusion of each lab session students are expected to prepare the lab for the next class - see that all tables, linens, chairs and equipment are returned to original positions and dispose of all trash.

F. Laboratory Access

1. Student may access the labs for skill practice outside of scheduled class time with instructor permission and a security pass.

MAIL

Please check your mail folder, located on the second floor of CHS at least once each day. Also check your campus e-mail daily. If your preferred e-mail address changes, please inform the CHP staff.

COMPLAINT PROCEDURES

The ability to give and receive feedback is a professional behavior physical therapy students are expected to develop. Physical Therapy faculty members strive to continuously develop in their role as educators. We encourage students to communicate concerns regarding the Program to the appropriate individual(s) in a discrete and constructive manner. If a student has concerns about an instructor or class, the student should communicate directly to the person involved. If the instructor involved is not the primary course instructor, the student can also communicate with the primary instructor. If a student is unable to communicate with the involved person, he or she may communicate with the Program Director or may use their assigned Physical Therapy advisor as a resource to discuss the issue. If concerns are not addressed to the satisfaction of the student, or for concerns that are not course or instructor specific, the student should communicate with the Program Director. The Program Director will document and keep on file complaints received and actions taken. Information about University academic grievance procedures can be found in the University catalog and Student Code.

After institutional grievance and review mechanisms have been exhausted, a complaint may be submitted to the Commission on Accreditation in Physical Therapy Education (CAPTE). Procedures for handling complaints about an accredited physical therapy education program can be found by accessing the website of the APTA, www.apta.org. From the home page, click on the Education link, and then on the Accreditation (CAPTE) link. On the CAPTE page, click on Accreditation Handbook, and then on Part 11 of CAPTE Rules of Practice and Procedures. Read and follow the directions found in this document.

CONFIDENTIALITY

The Physical Therapy Program abides by the laws ensuring confidentiality of information regarding students. Accordingly, we do not release lists of names, social security numbers, grades, or status in program to any individual other than the involved students. We also release NO information over the phone, since specific identification is not possible.

Should you want information released or letters written to specific audiences such as future employers, you must complete a release of information form. A copy is attached at the end of this handbook.

OUTSIDE ACTIVITIES AND WORK SCHEDULES

The physical therapy curriculum has been designed to be a full time activity for the student. The courses are demanding and a great deal of time is spent in the labs. There are also many special seminars, films and guest lecturers which may be available to the students on short notice.

We realize that expenses for school are high and many students need to have a part time job to support themselves. We believe that the rigors of the curriculum will demand that you keep these outside hours at a minimum. We encourage you to seek outside sources of support and devote as much time as possible to your physical therapy graduate education. Your primary attention at this point in your life should be devoted to the educational process. Extra time spent on learning new material will give you great benefits later in your professional career.

There will be times during the program when we will need to combine labs or utilize previously unscheduled time slots. These may occur on short notice in some instances. The reasons for these adjustments are many but are generally due to the fact that we need to accommodate adjunct faculty schedules or consider other health professions' programs utilizing shared spaces. Student are expected to demonstrate flexibility in adapting their schedules for these occasions.

THE ROLE OF THE PHYSICAL THERAPY STUDENT AS AN EXTERN IN A PHYSICAL THERAPY PRACTICE SETTING

A Position Statement by the Faculty of the Physical Therapy Program
Grand Valley State University

The faculty know that some students, prior to their admittance into a physical therapy program and during their progression through a program, work as physical therapy aides/technicians. In that role they are trained on-the-job by physical therapists and/or physical therapist assistants to perform tasks, under the direction of a PT or PTA, which are appropriate to their level of skill and understanding, and ethical from a medical-legal perspective. As students progress through a physical therapy curriculum and acquire new levels of understanding and skill, understandably, these students believe that they should be able to practice these new skills in a work setting. In fact, it is likely that students may be given more autonomy and responsibility by their supervisors. In situations where institutions have high regard for their student employees (perhaps because of a long-standing relationship that has been mutually beneficial), there is pressure to demonstrate high productivity, and if staff shortages are apparent, there is a temptation to give students more autonomy with regard to direct patient care. Of course, students are eager to “do more than just be a technician or assistant.”

The faculty have learned of PT students, who practice as externs in various institutions, and perform patient assessments and evaluation **independently**. The position of this faculty is that this practice is unethical and not in the spirit of the law. Physical Therapy students are not licensed physical therapists and should not be practicing as such. Although faculty understand the desire of physical therapy students to expand their responsibilities and the pressures that institutions might feel, we emphatically denounce this practice. Only a licensed PT is allowed to perform initial examinations/evaluations. Cosigning the initial examination/evaluation note of an extern does not make this practice legal.

According to the position of the APTA House of Delegates (HOD 06-95-11-06), students who are enrolled in physical therapist professional education programs and who are employed in a physical therapy clinical setting where such employment is not a part of the formal education curriculum, will be classified as physical therapy aides. Where their employment is part of the formal educational curriculum, this policy will not apply. The physical therapist student who is a graduate of an approved physical therapist assistant program is exempt from this restriction and may be classified as a physical therapist assistant.

The job description of a physical therapy student employed as an aide should state that physical therapy care duties delegated to them are the responsibility of a licensed physical therapist who supervises their work. Refer to utilization of the physical therapy aide as described by the APTA, HOD 06-95-11-06 for more details.

FACILITIES

- CHS 200 - The College of Health Professions office suite houses the Dean of CHP and office staff.
- CHS 205 - This storage room houses equipment for the Therapeutics laboratory
- CHS 207 - Therapeutic Exercise Laboratory. This laboratory simulates a therapy gym. Mat tables and exercise equipment are used by students as they learn exercise interventions and functional training for various diagnoses and stages across the life-span.
- CHS 215 - Renucci Biomechanics and Motor Performance Lab – This lab houses research instrumentation for analysis of motion, torque, bioelectrical signals and balance.
- CHS 239 - This is a preparatory room for adjacent and nearby laboratories. This area includes locker rooms for students to change clothing in preparation for labs.
- CHS 253 - Assessment Laboratory 1 – used for instruction in musculoskeletal, cardiopulmonary and integumentary examination through intervention.
- CHS 255 - Assessment Laboratory 2 – used for instruction in musculoskeletal, cardiopulmonary and integumentary examination through intervention.
- CHS 257 - This storage room houses equipment for both assessment labs.
- CHS 290 - The Frey Foundation Learning Center houses reference materials for health sciences, and audiovisual resources. Equipment is available in this Learning Center for viewing assigned or elective audiovisual resources. A copy machine and free printer is available for student use.
- CHS 490 - Pfeiffer Student Study – This area is intended to provide group and individual study space for students. A copy machine and free printer are available for student use. Bound journal copies and CHP reference materials are available in this area. Equipment is available for viewing assigned or elective audiovisual resources.

RESOURCES

Campus Health Services. This Center, operated by Spectrum Health, is located just off the Allendale campus at 10383A 42nd Ave., and is open to all students, faculty and staff. Services include routine health maintenance, urgent care medical services, laboratory services, allergy shots, and emergency care (first aid, stabilization, and transportation). The hours for the Health Center are Monday through Friday from 9:00 a.m. to 4:30 p.m. and the phone is 331-2435. After hours services are available at Spectrum Health's Alpine and Grandville Centers or Butterworth Emergency. The GVSU Family Health Center is located at 72 Sheldon Blvd. and the phone is 988-8774.

Department of Public Safety – Allendale campus. This Department can be reached at 331-3255. On campus escort services are provided by Public Safety from 6 p.m. until 3 a.m. Pew Campus Security can be reached at 331-6677.

Career Services are provided at CHS. An appointment can be made with Ginger Lange at 331-5944.

SCHOLARSHIP INFORMATION

Scholarships are available which are specifically designed for physical therapy students enrolled in the professional curricula. These scholarships are offered by service organizations, hospitals, private practice groups, health related industries, and foundations. Contact the Physical Therapy office staff to have copies of scholarship information made for you. Originals are to be kept in the office folder.

The Michigan Physical Therapy Association Institute for Education and Research, Inc. on behalf of the Wright Filippis Company annually sponsors the Filippis Scholarship Grant program. A \$1,000.00 grant is awarded to one person from each physical therapy program in the State of Michigan. This information will be posted in early March of each year.

The David Daniels Memorial Scholarship will be awarded to at least one student who is entering their final year of the professional program. Nominations will be entertained from second year students and faculty at the end of the winter semester. A standing selection committee comprised of faculty, GVSU PT graduates and a current PT student will screen the nominees and make the award by June 1 of each year. The award will be in the amount of at least \$1,000.00.

Graduate assistantships are available to second year students during the fall semester and third year students during the winter semester. During the fall, four positions involving 10 hours per week are available. Remuneration is \$2000 plus 6 credit hours of tuition remission. During the winter, two positions involving 20 hours per week are available. Remuneration is \$4000 plus 12 credit hours of tuition remission. Advertisements for these positions are posted during the summer semester.

Third year physical therapy students may apply for The David Paul Lulenski & Jason Myers Smith Fellowship in Neurological Physical Therapy and the Mary Free Bed Guild Fellowship in Pediatric Physical Therapy. These post-graduation fellowships provide full-time status as a Mary Free Bed employee along with a planned program of post-professional clinical training at Mary Free Bed and research training under the direction and supervision of GVSU physical therapy faculty. One student is selected for each fellowship, with the application and selection process occurring during the winter semester.

FINANCIAL AID

Types of financial aid, eligibility, and application procedures can be found in the Graduate Bulletin. Contact the Financial Aid office if you have questions.

ACCOMMODATIONS

Any student who has special needs and/or accommodations must contact Disability Support Services at 331-2490 to ensure those needs are met. The student also has the responsibility of informing each instructor, in writing, of any special needs and/or necessary accommodations at the beginning of each semester. If a student's need for accommodation changes during the semester, the student must immediately notify the instructor in writing, specifying their needs and any necessary accommodations. A written statement from a physician or other appropriate professional should accompany the student's request for accommodations.

AFFIRMATIVE ACTION

Grand Valley State University is committed to equal opportunity, affirmative action, and non-discrimination on the basis of race, creed, age, sex, national origin, handicap, or other prohibited matters in all educational programs, activities, and conditions of employment.

ACCREDITATION

The Grand Valley State University Physical Therapy Program is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE).

APPENDIX A

Faculty Biographies

PHYSICAL THERAPY FACULTY BIOGRAPHIES

Gordon Alderink, PT, Ph.D.

Dr. Alderink has been at GVSU as physical therapy faculty since 1984. He came to GVSU after having practiced for six years at The University of Michigan Hospitals and St. Joseph's Mercy Hospital (Ypsilanti, MI). He matriculated at Hope College from 1972-76, where he received his BA in Biology and attended the Mayo School of Health-Related Sciences certificate program (Rochester, MN), completing his PT training in 1978. While practicing in Ann Arbor, Dr. Alderink completed his Master's of Science degree in Kinesiology in 1983 from the UM, where his study emphasis was muscle physiology and regeneration. In 2003 he completed his Doctor of Philosophy in Engineering Mechanics at Michigan State University. Dr. Alderink is a member of the American and Michigan Physical Therapy Associations, American Society of Biomechanics, Gait and Clinical Movement Analysis Society, American Society of Mechanical Engineers, and American Baseball Coaches Association. As PT faculty Dr. Alderink has taught kinesiology, biomechanics, research methods, orthopaedic PT, spinal manual therapy, and acute care PT. In addition to his faculty appointment, Dr. Alderink serves as the Director of Academic Research at the Motion Analysis Center at Mary Free Bed Rehabilitation Center, where he collaborates on clinical gait analysis and research involving gait abnormalities. In his spare time he serves as pitching coach for the GVSU baseball team, listens to Mozart, reads, plays golf, and bikes. Dr. Alderink is married to Sally who teaches English as a second language to migrant Hispanic children. Gordy and Sally have two daughters, Jenny and Liz, and two Golden Retrievers, Buddy and Daisy.

Susan Allaben, PT, MS

Professor Allaben came to GVSU in 1994 as Academic Coordinator of Clinical Education. Her background prior to that was as a PT generalist and rehab coordinator in rural, acute care, and rehab settings. Her B.S. with a Certificate in Physical Therapy was obtained at the University of Wisconsin in Madison in 1964 and an M.S. in Administration at Central Michigan University in 1988. She is an active and participating member of the APTA, MPTA, and local district, currently serving as MPTA Director for Professional Development and Continuing Education and New Member Recruitment Committee. In addition to teaching responsibilities, Susan serves as the PT Program's Admissions Chair. One of her most rewarding projects is working with students to continue development of the Community Outreach (Pro-bono services) project. Besides professional responsibilities, her time is spent with family – husband Larry, adult children and grandchildren. She enjoys time at her “camp” in the UP, biking, skiing, kayaking or bird watching.

Barb Baker, PT, MPT, NCS

Professor Baker graduated from Furman University with a BS in Biology. In 1984 she completed her Masters in Physical Therapy from Emory University. After graduating she worked at both Saint Mary's Hospital and Mary Free Bed Rehabilitation Center in Grand Rapids. While at Mary Free Bed Rehabilitation Center, Barb was PT department team leader for both the stroke and head injury teams. In 1990, Professor Baker accepted a position at GVSU in the Physical Therapy Program. Her teaching assignments include several neurological classes, pediatric development and geriatric development. Professor Baker is also a NDT (neurodevelopmental training) therapist and received her NCS (neuroclinical specialist) certification from the APTA in 1992. Current clinical practice includes home treatment for clients with head injuries. She also currently teaches a continuing education course on balance and vestibular rehabilitation across the US. Barb is married (Phil) and has two children (Anna and John).

Mary Green, PT, JD, NCS

Professor Green received her BA in Biology in 1984 from LeMoyne College in Syracuse, New York. She spent two years teaching tennis before starting her Physical Therapy education at Beaver College in Glenside, Pennsylvania where she graduated with a Masters of Science degree in Physical Therapy in 1989. She has been employed as an inpatient therapist at Moss Rehabilitation Hospital in Philadelphia and at Mary Free Bed Hospital in Grand Rapids. Mary began teaching in the physical therapy program at GVSU in 1996 and has been very active in the Federal and State Legislative Committee for the Michigan Physical Therapy Association. She received her Juris Doctorate with a concentration in Health Care Law in 2004 from Michigan State University-Detroit College of Law. Professor Green loves playing tennis, running and spending time with husband Brent, and their four children, Emma, Evan, Ben and Ellen. Mary is also a board certified Neurologic Clinical specialist.

Cathy C. Harro, PT, MS, NCS

Professor Harro has been teaching entry level and advanced courses in the neurological curriculum since 1990. Professor Harro received her B.S. in Physical Therapy from the University of Illinois, and her advanced M.S. from University of North Carolina-Chapel Hill with a graduate study focus on motor control and neuromuscular physical therapy. She has more than 20 years of clinical experience in neurologic physical therapy in a wide range of practice settings. Professor Harro is a Board certified Neurologic Clinical Specialist and currently serves on Neurology Specialty Council for the American Board of Physical Therapy Specialties, as item writer coordinator for the Specialization Exam in Neurology. She has published several papers, conducted clinical research, and presented nationally in the area of stroke rehabilitation, particularly on exercise and strength training concerns, and in the area of balance and gait evaluation and intervention in the elderly and individuals with traumatic brain injury. She serves as the clinical research liaison for the Pediatric and Neurologic Fellowships at Mary Free Bed Hospital and Grand Valley State University. She is married (Dan) and has four children (Janell, Kelly, Danielle, and Cailin). She likes to spend her free time road biking, running and swimming, as well as with her family.

Barbara Hoogenboom, PT, Ed.D, SCS, ATC

Dr. Hoogenboom received her Bachelor of Science degree in Biology from Calvin College in 1983. She went on to earn Certification in Physical Therapy from Cleveland State University and a Masters degree in Health Science from Grand Valley State University. Dr. Hoogenboom was certified in 1993 by ABPTS as a Sports-certified specialist, and was re-certified in 2003. She received a doctorate in Educational Leadership from Eastern Michigan University in 2006. She also is certified as an Athletic Trainer. She has worked at Mary Free Bed Hospital and keeps her clinical skills honed working through Rehabilitation Professionals of West Michigan and doing pro-bono community outreach. Dr. Hoogenboom has been active in the APTA since 1985 and recently completed her second term as the secretary of the Sports Physical Therapy Section. She teaches Sports Physical Therapy and various musculoskeletal classes within the PT curriculum. Her spare time is spent with her family (husband Dave, daughter Lindsay and son Matthew). Together they enjoy family recreational sports including skiing, backpacking and other outdoor activities. Dr. Hoogenboom spends a lot of time being a wrestling and soccer mom!

Karen Ozga, PT, M.M.Sc.

Professor Ozga is from Detroit and received a B.S. in Physical Therapy from Wayne State University in 1980. She practiced in acute care, outpatient and neurorehabilitation at Providence Hospital in Southfield until 1985 when she relocated to Atlanta to attend Emory University. She completed a Master of Medical Science (M.M.Sc.) with an emphasis in clinical neuroscience at Emory University in 1988 and practiced in a day rehabilitation program for individuals with brain injury. In 1990, Professor Ozga assumed the positions of Academic Coordinator of Clinical Education and Assistant Professor for the PT Program at GVSU. Her clinical practice interests are in neurological and geriatric rehabilitation. She is serving her second term as a member of the MPTA Nominating Committee, and is credentialed by the APTA as a trainer for the Clinical Instructor Education and Credentialing Program. She is married (Jose) and has two sons (Joseph and Michael).

John Peck, PT, Ph.D., Program Director

Dr. Peck joined GVSU in 1997 as Director of Physical Therapy, after working for 15 years at the University of Central Arkansas. His academic background started with a Bachelor of Arts at Johns Hopkins University. He also earned a BS in Physical Therapy at the University of Central Arkansas, and a MS and PhD in Physiology at the University of Maryland. He was a post-doctoral trainee at Emory University and a postdoctoral fellow at the University of Alabama Medical School in Birmingham. He later served as the Physical Therapy Disciplinary Coordinator for the University Affiliated Programs of the University of Arkansas Medical School. In addition to administration, he teaches in the areas of his interest, introduction to the profession, pediatrics, and research. He is married (Nelle) and has three children (Lindsay, Andy and Mary Ellen).

Michael Shoemaker, PT, DPT, GCS

Professor Shoemaker received a B.S. in Physical Education with Exercise Science Specialization from Calvin College in 1996. In 1999 he received his DPT from Slippery Rock University. He is recognized by the APTA as a Geriatric Clinical Specialist. His clinical practice has been focused in cardiopulmonary and geriatric rehabilitation in multiple types of settings including acute care, subacute rehab, long term care and out-patient. His research interests include evaluation of outcomes measures, and predicting response to rehabilitation in patients with hip fracture, stroke and pulmonary disease. Professor Shoemaker joined the faculty at GVSU in 2006, but previously taught in the program as an adjunct instructor. He currently serves as Chair of the MPTA State and Federal Legislative Committee, and has served as a delegate to the APTA House of Delegates. Mike enjoys watersports and volunteers as a pilot for the Civil Air Patrol. He is married (Holly) and has two preschool-aged sons (Clay and Cameron).

John R. Stevenson, PT, Ph.D., CEA

Dr. Stevenson joined the GVSU PT faculty as Associate Professor in 2000 after holding previous faculty positions in physical therapy and exercise science programs at Oakland University, East Carolina University, and Central Michigan University. His degrees include an undergraduate degree in English history & literature from Vassar College, a M.S. degree in sport science from The Pennsylvania State University, a Ph.D. in human performance (biomechanics) from Indiana University, and his M.S. in physical therapy from CMU. Dr. Stevenson also holds specialty certification as a Certified Ergonomics Associate from the Board of Certification in Professional Ergonomics (BCPE). His specialty practice is in occupational health as a researcher & consultant in ergonomics & work injury prevention programs. His research interests are in biomechanics, motor control, work injury prevention & ergonomics; he has published his work in a variety of journals such as *Journal of Manual & Manipulative Therapy*, *WORK*, *Medicine & Science in Sports and Exercise* and *The Sport Psychologist*. His teaching areas range across clinical medicine (orthopaedics), clinical kinesiology and biomechanics, research methods, and ergonomics & work injury prevention. Before becoming a physical therapist, Dr. Stevenson was a sport scientist who specialized in biomechanics and sport psychology. In 1989 he became founding director of the Biomechanics Laboratory at East Carolina University. From 1990-94 he also served as a sport scientist for United States Track & Field (USATF) providing scientific services & analyses to elite throwers and national coaching staff. This work led to participation in the IOC Medical Commission project in sports medicine & science during the XXV Olympic Summer Games in Barcelona, Spain.

Jane Toot, PT, Ph.D.

Dr. Toot came to GVSU in July, 1991 as the Director of Physical Therapy, with past experience in academic education at Northwestern in Chicago and Northeastern in Boston. Her current position as Dean of the College of Health Professions gives her the best of all worlds. She can work closely with physical therapy while being involved with other professions. This position enables her to pursue interdisciplinary opportunities for all of the programs. Her interest in interdisciplinary education has taken on an international flavor. Each year she travels to China with students and practitioners. This work has resulted in a multi-year agreement with a hospital in Beijing, the Wege Institute at Saint Mary's Health Care in Grand Rapids and the College of Health Professions. She earned her Baccalaureate degree in PT at University of Michigan, Masters degree in Early Childhood Special Education at George Washington University in Washington, DC and her Doctorate at Wayne State University.

Daniel Vaughn, PT, Ph.D., F.A.A.O.M.P.T.

Dr. Vaughn is a 1977 graduate of East Carolina University Physical Therapy Program. He was a full time clinician for twenty years following graduation. His practice areas were primarily outpatient orthopedic and sports settings, as well as centers for management of chronic spinal pain. He completed three years of advanced manual therapy residency training through the Ola Grimsby Institute in 1991. He has certifications in levels I and II of manual and manipulative therapy through the Norwegian School of Manual Therapy and is a Fellow in the American Academy of Manual and Manipulative Therapists. Dr. Vaughn began his teaching career at GVSU in 1996. He graduated in 2005 from Michigan State University with a Ph.D. in Kinesiology (specialty area of exercise physiology). He maintains one-quarter time in clinical practice through a number of local therapy providers. He is married (Pam) and has three children (Maddie, Wes and Sam).

APPENDIX B

Permission to Release Non-Public Information Form

APPENDIX C

Additional References

ADDITIONAL REFERENCES

2005-2006 University Catalog

For additional information, the following sections of the University Catalog may be useful to students.

Calendar.....	4
Campus Services.....	17
Student Life.....	22
Student Services.....	31
Women’s Center.....	39
Admission to Grand Valley.....	40
Costs and Financial Aid.....	48
General Academic Policies and Regulations.....	92
Advising Resources and Special Programs.....	124
Office of Graduate Studies.....	133
Health Professions.....	433
Physical Therapy.....	572
Campus Maps.....	769

Student Code

Students can refer to this University document for information on the following topics:

- Student Rights and Responsibilities
- Student Conduct
- Rules and Regulations
- Judicial Process
- Student Grievance Procedures

APPENDIX D

Clinical Education Sites

ALPHABETICAL LIST OF CLINICAL SITES (August 2006)

All sites are *not* available for all clinical education courses. Students receive a list of clinical sites available for each clinical education course about 4 months before that experience begins.

Site	City	State
Advanced Physical Therapy, P.C.	Indianapolis	IN
Advocate Christ Hospital & Medical Center	Oaklawn	IL
Allegan General Hospital	Allegan	MI
Alpena Regional Medical Center	Alpena	MI
American Fork Hospital	American Fork	UT
Bay Area Medical Center	Marinette	WI
Bay Regional Medical Center	Bay City	MI
Beaufort Naval Hospital	Beaufort	SC
Beekman Center	Lansing	MI
Bellin Sportsmedicine	Green Bay	WI
Berkley Center – Beaumont Health Center	Royal Oak	MI
Bon Secours Cottage Health Services	St. Clair Shores	MI
Borgess Medical Center	Portage	MI
Botsford General Hospital – Inpatient	Farmington Hills	MI
Botsford General Hospital – Outpatient	Farmington Hills	MI
Bronson Methodist Hospital	Kalamazoo	MI
Bronson-Vicksburg Hospital	Vicksburg	MI
Building Blocks Physical Therapy	Fairbanks	AK
C. Weaver Physical Therapy	East Lansing	MI
Cardinal Hill Rehabilitation Hospital	Lexington	KY
Carson City Hospital	Carson City	MI
Center for Physical Rehabilitation	Grand Rapids	MI
Charlevoix Area Hospital	Charlevoix	MI
Chelsea Community Hospital	Chelsea	MI
Children's Hospital of Alabama	Birmingham	AL
Children's Hospital of Michigan	Novi	MI
Children's Memorial Hospital	Chicago	IL
Clinton County RESA	St. Johns	MI
Columbia St. Mary's	Milwaukee	WI
Community Hospital	Coloma	MI
Comprehensive Physical Therapy Center	Grand Rapids	MI
Concentra Medical Center	Livonia	MI
Cottage Hospital Athletic Medicine & Physical Therapy	Grosse Pointe Farms	MI
Covenant Healthcare	Saginaw	MI
Creative Therapy Inc.	Canton	GA
Crittenton Outpatient Physical Therapy Center	Washington	MI

Site	City	State
DC Fitness & Therapy Center	Duluth	MN
Dery Physical Therapy	Lowell	MI
Detroit Institute for Children	Detroit	MI
Detroit Receiving Hospital & University Health Center	Detroit	MI
Dickinson County Healthcare System	Iron Mountain	MI
Dixie Regional Medical Center	St. George	UT
Duluth Clinic Therapy Center	Duluth	MN
Dynamic Physical Therapy	Cadillac	MI
Evanston Hospital/Evanston Northwestern Healthcare	Evanston	IL
Fitness Center Physical Therapy, Inc.	Traverse City	MI
Foote Health System	Jackson	MI
Fruitport Community Schools	Muskegon	MI
Gary Gray Physical Therapy Clinic	Adrian	MI
Generation Care	Muskegon	MI
Genesys Regional Medical Center	Grand Blanc	MI
Good Samaritan Hospital	Puyallup	WA
Grand Haven Area Public Schools	Grand Haven	MI
Grand River Physical Therapy Specialists, PC	Ionia	MI
Grant Medical Center	Columbus	OH
Gratiot Community Rehab Center	Alma	MI
Gratiot Medical Center	Alma	MI
Great Lakes Naval Hospital	Great Lakes	IL
Great Northern Rehab	Ironwood	MI
Gunderson Lutheran Sports Medicine Center	Onalaska	WI
Hackley Hospital	Muskegon	MI
Hamilton Public Schools	Holland	MI
HealthSouth Rehab & Sports Medicine Center of Coldwater	Coldwater	MI
HealthSouth Rehabilitation	Baton Rouge	LA
HealthSouth Rehabilitation	Baton Rouge	LA
HealthSouth Rehabilitation Center	Chicago	IL
Healthsouth Rehabilitation Center of Palatine, LLC	Palatine	IL
HealthSouth Rehabilitation of Chicago	Naperville	IL
HealthSouth Sports & Ortho Rehab	Tampa	FL
HealthSouth Sports Medicine Rehab Center	Sturgis	MI
Henry Ford Hospital	Detroit	MI
Henry Ford West Bloomfield CAM	West Bloomfield	MI
Holland Community Hospital	Holland	MI
Holland Public Schools	Holland	MI
Home Care of Holland Home	Grand Rapids	MI
Home Rehabilitation Specialists	Petoskey	MI

Site	City	State
Hope Network Rehabilitation Services	Grand Rapids	MI
Howard Head Sports Medicine Center	Vail	CO
Ingham Intermediate School District	Mason	MI
Ingham Regional Medical Center	Lansing	MI
Jackson County ISD	Jackson	MI
Ken-O-Sha Elementary	Grand Rapids	MI
Kent Intermediate School District	Grand Rapids	MI
Kimberlee J. O'Donald, P.T., P.C.	Greenville	MI
Kindred Hospital	Lincoln Park	MI
Lakeland Medical Center	St. Joseph	MI
Lakeland Rehab Center	St. Joseph	MI
Lakeland Sports & Orthopedics	St. Joseph	MI
Lakeshore Rehabilitation Center	Grand Haven	MI
Lakeview Rehabilitation Center	Waterford	WI
Lancaster General Hospital	Lancaster	PA
Lincoln Developmental Center	Grand Rapids	MI
Lincoln School	Grand Rapids	MI
Marlette Community Hospital	Marlette	MI
Marquette General Hospital	Marquette	MI
Mary Free Bed Coverage Services	Grand Rapids	MI
Mary Free Bed Rehabilitation Hospital	Grand Rapids	MI
Mary Free Bed Rehabilitation Hospital	Grand Rapids	MI
Mayo Foundation - St. Mary's Hospital	Rochester	MN
McLaren Regional Medical Center	Flint	MI
Mecosta County Medical Center	Big Rapids	MI
MedSport at the Ann Arbor Ice Cube	Ann Arbor	MI
Memorial Health Care Center	Owosso	MI
Memorial Medical Center of West MI	Ludington	MI
Memorial Regional Rehab Center	South Bend	IN
Mercy General Health Partners	Muskegon	MI
Mercy Port Huron (Fitrac)	Marysville	MI
Mercy Rehabilitation Services	Cadillac	MI
Metro Health Hospital	Wyoming	MI
Midland ISD/MCESA	Midland	MI
Mid-Michigan Medical Center	Midland	MI
Miller Dwan Rehabilitation Center	Duluth	MN
Mobley Physical Therapy	Rigby	ID
Monroe County Intermediate School District	Monroe	MI
Montcalm Area ISD	Greenville	MI
Mountain Land Rehab	Salt Lake City	UT

Site	City	State
Munson Medical Center	Traverse City	MI
Muskegon Public Schools	Muskegon	MI
North Ottawa Community Hospital	Grand Haven	MI
Northern Michigan Hospital	Petoskey	MI
Northern Michigan Sports Medicine Center	Petoskey	MI
Northern Physical Therapy Services	Cedar Springs	MI
Northwest Community Hospital	Arlington heights	IL
Northwestern Healthsouth	Chicago	IL
NovaCare Outpatient Rehabilitation	Wyoming	MI
Oakland Physical Therapy, P.C.	Novi	MI
Oakwood Hospital & Medical Center	Dearborn	MI
Ohio Health Grant/Riverside	Columbus	OH
Orthopaedic Rehab Specialists, P.C.	Jackson	MI
Otsego Memorial Hospital	Gaylord	MI
Ottawa Area Center	Zeeland	MI
Parkview Memorial Hospital	Ft. Wayne	IN
Pennock Health Services	Hastings	MI
Physiotherapy Associates	East Lansing	MI
Physiotherapy Associates	Warren	MI
Physiotherapy Associates – Allendale	Allendale	MI
Physiotherapy Associates/Prescription Fitness, Inc.	Rochester Hills	MI
Physiotherapy Associates/Prescription Fitness, Inc.	Lake Orion	MI
Physiotherapy Associates/Prescription Fitness, Inc.	Waterford	MI
Polestar Pilates Center	Coral Gables	FL
Portage Rehabilitation & Sports Medicine	Houghton	MI
Porter Hills Rehabilitation Center	Grand Rapids	MI
Providence Hospital	Southfield	MI
Rehab and Education	Honolulu	HI
Rehab Hospital of the Pacific	Honolulu	HI
Rehab Institute of Chicago	Chicago	IL
Rehab Institute of Michigan	Detroit	MI
Rehab Institute of Michigan - Novi	Novi	MI
Rehab Institute of Michigan Warren Center	Warren	MI
Rehab Institute of Michigan Westland Center	Westland	MI
Rehabilitation Professionals	Grand Rapids	MI
Rehabilitation Works	Kalamazoo	MI
Riverside Methodist Hospital	Columbus	OH
Rogers City Rehab Hospital	Rogers City	MI
Saginaw Valley Sport & Spine	Saginaw	MI
Saline Community Hospital	Saline	MI

Site	City	State
Schwab Rehabilitation Hospital	Chicago	IL
Shoreline Sport & Physical Therapy	Spring Lake	MI
Shriners Hospitals for Children	St. Louis	MO
Sierra Vista Regional Health Center	Sierra Vista	AZ
Sinai-Grace Hospital	Detroit	MI
Sonora Farms	Canton	GA
South Haven Community Hospital	South Haven	MI
Southwest Regional Rehab Hospital	Battle Creek	MI
Sparrow Hospital	Lansing	MI
Sparrow Hospital Pediatric Rehab	Lansing	MI
Spectrum Health – Inpatient	Grand Rapids	MI
Spectrum Health – Outpatient	Comstock Park	MI
Spectrum Health Continuing Care Center	Grand Rapids	MI
Spectrum Health Kent Community Campus	Grand Rapids	MI
Spectrum Health Reed City Campus	Reed City	MI
Spectrum Health United Memorial	Greenville	MI
Spectrum Health United Memorial Kelsey Memorial Hospital	Lakeview	MI
SportsMed Physical Therapy	Los Angeles	CA
SSM Rehab Hazelwood	Hazelwood	MO
St. Francis Hospital	Escanaba	MI
St. Francis Memorial Hospital	San Francisco	CA
St. John Hospital & Medical Center	Detroit	MI
St. John Macomb Hospital – Warren Site	Warren	MI
St. John North Shores Hospital	Harrison Township	MI
St. Joseph Mercy Hospital	Ann Arbor	MI
St. Joseph Regional Medical Center	South Bend	IN
St. Mary's Medical Center	Saginaw	MI
St. Mary's/Duluth – Polinsky Clinic	Duluth	MN
St. Mary's/Duluth Neighborhood Centers	Duluth	MN
St. Vincent Mercy Health Partners	Toledo	OH
Straith Hospital	Southfield	MI
Swedish Covenant Hospital	Chicago	IL
Tim Bondy Physical Therapy	Petoskey	MI
TIRR Rehabilitation Centers	Houston	TX
Toledo Hospital – Center for Health Services	Toledo	OH
TRACC	Novi	MI
UAB Sports Medicine	Birmingham	AL
University of Colorado Hospital at Boulder	Boulder	CO
University of Michigan Medical Center	Ann Arbor	MI
University of North Carolina Hospitals	Chapel Hill	NC

Site	City	State
Veteran's Administration Medical Center	Ann Arbor	MI
Virginia Commonwealth University Health System	Richmond	VA
Visiting Nurse Services	Grand Rapids	MI
Wellerwood Early Childhood Center	Grand Rapids	MI
West Michigan Rehab	Allegan	MI
Western Michigan University	Kalamazoo	MI
William Beaumont Hospital	Troy	MI
William Beaumont Hospital	Royal Oak	MI