

# PTHA 2535 Rehabilitation Techniques

Course Syllabus: Spring 2017



“Northeast Texas Community College exists to provide responsible, exemplary learning opportunities.”

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Office Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Online
	1:00-4:00	9:00-11:00	1:00-4:00	9:00-11:00	TBD	TBD

*The information contained in this syllabus is subject to change without notice. Students are expected to be aware of any additional course policies presented by the instructor during the course.*

## **Catalog Course Description (include prerequisites):**

Advanced course integrating previously learned skills/techniques and new skills/techniques into the comprehensive rehabilitation of selected long-term pathologies. Specific techniques employed by physical therapist assistants in the rehabilitation of persons with long term disabilities such as amputations, diabetes, cardiac disease, arthritis, respiratory disease, and such specialty groups such as pediatrics and geriatrics, etc. are discussed. Laboratory emphasizes exercise programs for specific disabilities. Pre-requisites: Successful completion of PTHA courses up this point in the curriculum.

## **Required Textbook(s) and Publisher:**

1. Cameron, MH & Monroe, LG: Physical Rehabilitation For The Physical Therapist Assistant, St. Louise, MO, 2011, Elsevier Saunders.
2. Goodman, CG & O’Shea, RK: Pathology For The Physical Therapist Assistant, St. Louise, MO, 2012, Elsevier Saunders.
3. Martin, S & Kessler, M: Neurologic Interventions For Physical Therapy 2<sup>nd</sup> Edition, St. Louise, MO, 2007, Elsevier Saunders.
4. Shankman, GA & Manske RC: Fundamental Orthopedic Management For The Physical Therapist Assistant, 3<sup>rd</sup> ed, St. Louise, MO, 2011, Elsevier Mosby.

## **ISBN Number:**

1. 9781437708066
2. 9781437708943
3. 9781455740208
4. 9780323056694

## **Recommended Reading(s):**

None

## **Student Learning Outcomes:**

### GENERAL OBJECTIVES:

1. Attend all classes and arrive on time

2. Discuss the potential affects on co-workers and patients on in-attendance and tardiness in the clinical setting
3. Demonstrate acceptance and application of faculty feedback on written, oral and practical exams
4. Discuss ways to demonstrate empathy in dealing with a patient in pain or under stress
5. Seek opportunities to promote access to or awareness of Physical Therapy
6. Display empathy in dealing with a patient in pain or under stress during role play.
7. Demonstrate professional behaviors when representing the PT profession
8. Seek opportunities to promote access to or awareness of Physical Therapy
9. Meet discharge planning needs and follow-up care as outlined by the PT in the POC within the legal and ethical abilities of the PTA
10. Recognize when the directions to perform an intervention is beyond the scope of a PTA; and, report and discuss with the Physical Therapist
11. Adjust interventions within the POC established by the PT in response to the patient's signs and symptoms and report to supervising PT
12. Demonstrate appropriate verbal and non-verbal communication with the patient, caregivers, and physical therapist in an effective, appropriate, capable manner.
13. Identify and demonstrate communication techniques to use when speaking to people with language barriers
14. Recognize cultural, religious, and individual differences of the patient/family members that should be considered when providing PT intervention
15. Respond appropriately to cultural, religious, and individual differences of the patient/family members during role play

#### SPECIFIC OBJECTIVES:

On a written examination with 75% proficiency, the student will be able to:

#### **The Aging Patient, Geriatric Rehab (Coordination/Balance), Gait Analysis:**

1. Identify the abnormal changes associated with aging in the various body systems (e.g. Cardiovascular, Musculoskeletal, Neurological, etc.)
2. Discuss the physical changes of aging and their impacts on older persons' quality of life
3. Understand the diagnosis and management of geriatric syndromes including: dementia; malnutrition; falls; pain; dizziness, and polypharmacy
4. Describe the anatomical and physiological changes in the aging adult
5. Identify the effects of long-term bed rest
6. Differentiate the effect of normal vs. abnormal aging on functional competence
7. Explain the effects of medications on functional and exercise performance
8. Recognize the functional consequences of hearing and vision loss for the aging adult
9. Recognize the importance of sense of personal identity throughout the aging process
10. Define and contrast balance and coordination
11. Discuss the mechanoreceptor system and define four mechanoreceptors
12. List static and dynamic balance and coordination tests and activities
13. Define proprioception and kinesthetic awareness
14. Discuss several factors that contribute to balance dysfunction
15. Identify functional closed kinetic chain proprioceptive exercises
16. Identify the relationship between balance disorders and fall risk
17. Specify the central and peripheral components of postural control mechanisms
18. Compare and contrast the roles of the visual, vestibular, and somatosensory systems in postural control
19. Identify and differentiate between pathologies that can result in impaired balance

20. Relate common age-related changes in postural control mechanisms to fall risk in the elderly
21. Identify and describe typical examination findings used in the management of patients with balance disorders or who are at increased risk for falls
22. Describe the components of the normal gait cycle
23. Describe how pathological processes can affect the normal gait cycle
24. Identify and discuss the importance of the components of the gait examination
25. Describe common interventions for individuals with gait dysfunction
26. Define the terms used to describe normal gait
27. Compare the variables that are assessed in each of the following types of gait analysis: kinematics qualitative analysis, kinematics quantitative analysis, and kinetic analysis
28. Identify the joint positions and muscle actions of the lower extremity and trunk during normal gait
29. Describe and give examples of the common deviations found in gait
30. Using videotaped gait patterns, analyze normal and abnormal gait

### **Cardiac Rehab, Cardiopulmonary/COPD:**

1. List the components of a cardiac rehab program
2. Recognize the more common medications used in the treatment of cardiac problems
3. Describe appropriate activities for a patient in cardiac rehab in the various phases of recovery and conditioning
4. List the components of pulmonary rehab program and home exercise program
5. Be able to recognize various pathological breath sounds
6. Instruct a patient in positions of relaxation for regaining breath control in patients experiencing shortness of breath
7. Recognize the importance of breath control during ambulation or exercise routines; and, communicate any change in patient status to supervising PT
8. Recognize signs of respiratory concerns i.e. cyanosis, shortness of breath, labored breathing, etc.
9. Describe and instruct patient in cough technique
10. Define congestive heart failure and identify implications for rehabilitation interventions
11. Understand the etiology and pathology of heart failure
12. Describe classification systems for heart failure
13. Identify typical examination procedures used to diagnose heart failure
14. Provide effective rehabilitation interventions for patients with heart failure
15. Classify types of respiratory failure
16. Identify common diseases and diagnoses associated with respiratory failure
17. Identify potential complications of respiratory failure and discuss their impact on rehabilitation and functional capacity
18. Describe and apply rehabilitation interventions for individuals with respiratory failure and demonstrate understanding of their proposed mechanisms of action
19. Demonstrate the ability to document physical therapy interventions as they relate to cardiac and pulmonary patients
20. Identify the vital signs
21. Discuss the importance and physiological implications of each vital sign
22. Describe and perform appropriate procedures to measure the vital signs, including pulse, respiratory rate, blood pressure, pain level, and oxygen saturation
23. Identify normal ranges for the vital signs
24. Know when to monitor vital signs during rehabilitation
25. Identify/describe the normal components of an EKG strip and what physiological response corresponds with each component

26. Identify/recognize common cardiac arrhythmias
27. Discuss potential complications and rehabilitation concerns/precautions related to abnormal EKG findings.
28. Describe VO<sub>2</sub> max as it relates to exercise
29. List adaptive physiological changes related to aerobic exercise
30. Describe the age adjusted maximum heart rate
31. Discuss several guidelines for the development of aerobic fitness related to frequency, intensity, duration, and mode of activity
32. Outline methods of aerobic training
33. Identify orthopedic considerations during aerobic exercise
34. Compare endurance training alone with the effect of a combined program of aerobic training and strength training
35. Identify normal lab value ranges
36. Discuss potential affects that abnormal lab values might have on rehabilitation interventions and outcomes

### **Arthritis, Joint Replacement Interventions, Surgical Interventions:**

1. Describe the pathological processes of Rheumatoid Arthritis (RA) and Osteoarthritis (OA)
2. Differentiate the clinical signs between RA and OA
3. Identify three major stages of RA and for each stage, outline appropriate physical therapy treatments for a RA patient based on an established POC
4. Outline appropriate physical therapy treatment for an OA patient based on an established POC
5. Outline the pathological sequence of RA
6. Describe various principles of joint protection to be taught to a patient with RA and OA
7. In a given scenario, demonstrate and describe various principles of energy conservation to be taught to a patient with RA and OA
8. Describe the medical and pharmacological management of the individual with arthritis
9. In a given scenario, demonstrate effective listening skills and empathy to improve patient adherence to PT intervention
10. In a given scenario, demonstrate sensitivity and responsiveness with patients who are not adhering to the treatment plan
11. In a given scenario, communicate any change in patient status to the supervising PT
12. Demonstrate the ability to document physical therapy interventions as they relate to arthritic and osteoporotic patients
13. Understand brief surgical techniques/interventions for the arthritic joint
14. Understand the general healing principles after arthritic surgical interventions
15. Recognize factors which limit or slow healing after joint reconstructions
16. In a given scenario, be able to describe basic treatment techniques for the post-op total knee replacement patient
17. In a given scenario, be able to describe basic treatment techniques for the post-op total hip replacement patient
18. In a given scenario, be able to describe basic treatment techniques for the post-op total shoulder replacement patient

### **Scoliosis, Osteoporosis, Geriatric Posture:**

1. Be able to recognize scoliosis of the spine by utilizing the Cobb Angle guidelines and observation
2. Identify and discuss the different causes and types of scoliosis
3. Identify the symptoms of the each type of scoliosis

4. Identify various movements contraindicated with scoliosis
5. Instruct patient in appropriate stretching and exercises for the specific type of scoliosis
6. Recognize the surgical components in the treatment of scoliosis
7. Recognize the various physiological effects resulting from surgical and bracing interventions
8. Demonstrate the ability to document physical therapy interventions as they relate to scoliosis patients
9. Understand the importance of effective communication with patients and families in the management of osteoporosis
10. Identify the patient population at greatest risk of osteoporosis
11. Recognize the factors that increase the risk of osteoporosis
12. Discuss the etiology and clinical consequences of osteoporosis, low bone mass and related fractures
13. Describe the risks that osteoporosis patients face in terms of fractures and their Sequelae
14. Based on the POC, develop a treatment plan for the patient with osteoporosis in the context of the patient's life and environment
15. Understand the pathophysiology and risks of untreated osteoporosis
16. Understand the importance of effective communication with patients and families in the management of osteoporosis
17. Describe ideal posture in standing and sitting in anterior/posterior views
18. Describe ideal posture in standing and sitting in sagittal view
19. Understand pathophysiology behind geriatric postural faults
20. Be able to identify proper treatment techniques for abnormal posture
21. Identify muscular weaknesses leading to abnormal posture
22. Understand precautions when prescribing postural exercise to the geriatric patient

### **Spinal Disorders, Surgical Interventions, TOS:**

1. Understand phases of spinal degeneration
2. Be able to identify sensory, motor, and reflex nerve root innervations from C4- S2
3. Know the differences between annulus fibrosis and nucleus pulposus
4. Identify cervical spinal stenosis syndromes
5. Identify postures which decrease stenotic symptoms and those which aggravate
6. Be able to classify stages of spondylolisthesis
7. Understand structural faults with spondylolysis and spondylolisthesis
8. Understand McKenzie classification system for spinal disorders
9. Know RED FLAGS of serious spinal pathology
10. Know examination findings indicative of possible spinal pathology
11. Know special test to rule in/rule out spinal dysfunction
12. Know special test to rule in/rule out spinal radiculopathy
13. Understand indications for spinal joint mobilization
14. Identify precautions and contraindications to mobilization and manipulation
15. Describe basic mechanics of the three spinal regions
16. Identify various types of sprains and strains of the spinal regions
17. Understand physical therapy management techniques to treat spondylolysis and spondylolisthesis
18. Identify common spinal fractures
19. Have basic understanding of spinal fusion techniques and reasons for spinal fixation
20. Know the difference between spinal laminectomy and laminotomy
21. Understand precautions when treating a patient post spinal fusion

### **RSD/CRPS, Post-Polio Syndrome:**

1. Distinguish acute, sub-acute and chronic pain
2. Explain the physiology of pain and the peripheral mechanisms that contribute to chronic pain (inflammatory response, sensitization of nociceptors, peripheral nerve injury, etc.)
3. Classify pain based on signs, symptoms, function and subjective data
4. Describe common clinical presentations of the chronic pain
5. In a given case scenario, utilize various tools for pain measurement (e.g. Visual Analogue Scale, body diagrams, pain questionnaires, etc.)
6. Discuss advantages and disadvantage of pain measurement tools
7. Identify the common classes of medications used in the treatment/management of chronic pain
8. Based on the POC, implement a physical therapy intervention for the patient diagnosed with chronic pain
9. Understand the psychosocial components of chronic pain; it's potential impact on physical therapy intervention
10. Demonstrate the ability to document physical therapy interventions as they relate to chronic pain patients
11. Discuss and outline the rehab management of patients with various other long-term pathologies including: Post-polio, RSD
12. Given a case scenario, describe appropriate rehab activities for patients with various long-term pathologies and instruct patient in appropriate rehab exercises
13. Recognize the more common medications used in the treatment of various long-term pathologies
14. Demonstrate the ability to document physical therapy interventions as they relate to patients with long-term pathologies

### **Vestibular Rehab & Lab:**

1. Identify components contributing to impaired balance in the geriatric patient
2. Describe and implement balance training in static and dynamic states
3. Identify and differentiate vestibular symptoms from other manifestations of vertigo, dizziness, and disequilibrium
4. Explain the methods of identifying and treating vestibular dysfunction and perform the various techniques
5. Recognize the more common medications used in the treatment of vestibular conditions
6. Gain a sense of what it feels like to have vestibular dysfunction
7. Describe various commonly used assessments of balance and the vestibular system
8. Construct an appropriate treatment strategy for patients with balance of vestibular system deficits
9. Demonstrate the ability to document PT interventions as they relate to patients with balance and vestibular disorders
10. Explain and administer various balance measurement/grading tools (Berg, Tinetti, Get up and go, etc.)

### **PNF Patterns & Lab:**

1. Define PNF and list the component motions of the extremity unilateral and bilateral patterns
2. Understand and perform the basic PNF diagonals for upper and lower extremities (demonstrate using manual contacts, voice tone/verbal cues, timing for emphasis and appropriate PNF techniques for various conditions presented)
3. Given a patient case scenario and plan of care, select and perform the appropriate PNF treatment techniques
4. Demonstrate the ability to document physical therapy interventions when utilizing PNF patterns

### **Vascular & Lymphatic Disorders:**

1. Identify types of arterial, venous and lymph disorders and their clinical manifestations
2. Identify pharmacological management and/or exercise treatments of the various vascular disorders
3. Understand the anatomy and the physiology of the lymphatic system
4. Discuss the risk factors for pathologies associated with the consequences of lymphedema
5. Be familiar with common examination techniques for a patient with lymphedema
6. Identify the components of complete decongestive therapy
7. Describe treatment modifications that may need to be considered for patients with arterial/venous/& lymph disorders.

### **Amputations, Prosthetics and Orthotics:**

1. List the most frequent reasons for TT and TF amputation and identify levels and structures involved with TT and TF amputation.
2. Describe surgical procedures utilized in amputation (e.g. myodesis, beveling, etc.)
3. Describe phantom limb pain/sensation
4. Recognize the more common medications used in the treatment of these types of patients
5. Describe post-operative problems common to patient with amputation e.g. delayed healing, ulceration, and gangrene
6. Based on the POC, devise a post-operative strengthening/stretching treatment plan for the patient following amputation and instruct patient in appropriate exercises
7. List the common components of a TT and TF prosthesis and describe the function of the components
8. List the areas of weight-bearing and pressure relief for the TT and TF prosthesis
9. Instruct the patient in the sequential components of gait training with prosthesis donned
10. Choose appropriate assistive device for gait training with and without prosthesis donned.
11. Discuss common skin problems for the person wearing a prosthesis or orthotic
12. List the general components of a foot orthosis
13. List the general functions of any orthotic device
14. Describe the general elements in extremity orthotic training
15. Identify the basic types of spinal orthoses
16. Describe potential detrimental effects of orthotic devices
17. Discuss/instruct the patient in the care of assistive, adaptive, orthotic, protective, supportive and prosthetic devices
18. Gain a sense of what it might feel like to live with an amputated limb
19. Demonstrate the ability to document physical therapy interventions as they relate to patients with amputations.

### **Pregnancy:**

1. Identify anatomical and physiological changes that occur during pregnancy
2. Explain how prenatal and postnatal exercise can be of benefit to the patient
3. Instruct patient in pre and postnatal exercises
4. Based on the POC, identify treatment considerations for the pregnant patient related to condition
5. Discuss risks and benefits of exercise for both mother and baby
6. Describe physiologic adaptations to exercise during pregnancy
7. Review absolute and relative contraindications to exercise during pregnancy
8. Demonstrate the ability to document physical therapy interventions as they relate to pregnant patients
9. Identify the muscle layers and specific muscles of the pelvic floor. List the muscle functions

10. Identify specific pelvic pain conditions and common physical therapy interventions
11. Describe normal bladder function/events of continence
12. Identify the various types of urinary incontinence and behavioral treatment options

### **Environment examination and modification**

1. Gain a sense of the importance of environmental accessibility in optimizing patient function
2. In a given scenario, identify common home, work place, and community environmental barriers that would impact function
3. In a given case scenario, identify and implement strategies to improve patient function through environmental modifications
4. Based on the POC established by the PT, make modifications in treatment appropriate to changes in patient status (progression and/or regression)
5. Demonstrate and instruct patient in basic wheelchair mobility, management and maintenance
6. Demonstrate the ability to document physical therapy interventions as they relate to these types of patients

### **SCANS Skills:**

Scans addressed as follows: Resources (allocates time, allocates material & facility resources, allocates human resources); Information (acquires and evaluated information, organizes and maintains information, interprets and communicates information); Interpersonal (participates as a team member, teaches others, serves clients/customers, exercise leadership, negotiates to arrive at a decision, works with cultural diversity); Systems (understands systems); Basic Skills (reading, writing, arithmetic, listening, speaking); Thinking Skills (creative thinking, decision making, problem solving, knowing how to learn, reasoning); Personal Qualities (responsibility, self-esteem, sociability, self-management, integrity/honesty).

### **Lectures & Discussions:**

#### **METHODS OF PRESENTATION**

1. Lecture using PowerPoint presentations
2. Assigned Reading
3. Demonstrations/Role playing/Group activities
4. Multi Media
5. Laboratory Practice/Activities

#### **OUTLINE OF CONTENT**

1. Aging, Geriatric Rehab, Coordination, Balance
2. Cardiac Rehab, Cardiopulmonary/COPD
3. Arthritis & Surgical Interventions
4. Scoliosis, Osteoporosis, Geriatric Posture
5. Spinal Disorders & Surgical Interventions, TOS
6. Post-Polio, RSD/CRPS
7. Vestibular Rehab
8. Proprioceptive Neuromuscular Facilitation
9. Vascular & Lymphatic Disorders
10. Amputations/Prosthetics & Orthotics
11. Pregnancy and related conditions
12. Environmental Examination & Modification
13. Gait analysis

**Evaluation/Grading Policy:**

Exams (5).....	50%
Mid-Term Lab Practical Video Project.....	10%
Final Lab Practical Video Project.....	10%
Lab Check-offs/Assignments.....	10%
Comprehensive Final Exam.....	20%

**GRADING**

A = 92-100
B = 83-91
C = 75-82
D = 66-74
F = 65 and below

A grade below 75 constitutes unsatisfactory understanding of the course and/or unsatisfactory performance of skills.

**Tests/Exams:**

<b>DATE</b>	<b>LECTURE</b>	<b>READING</b>
January 17 A. Hutchings, CMA (AAMA), AAS 1:30 p.m.	Laboratory Values and Pharmacology	Handouts/powerpoint Shankman Appendix A
January 19	Cardiopulmonary Conditions & Interventions (part 1) Airway Clearance, Breathing Techniques, & Postural Drainage (part 2)	Cameron Chs. 22 & 23 Shankman pgs. 434-441
January 24	Congestive Heart Failure & Respiratory Failure (part 3)	Cameron Chs. 25 & 26
January 26	Labs for Cardiopulmonary, Airway Clearance, Breathing Techniques, Postural Drainage  <i>*Exam I available 1/27: covers 1/17, 1/19, 1/24-26; Due 1/31</i>	
January 31	Thoracic Outlet Syndrome Lecture & Lab  <b>*Exam I Due</b>	Shankman Ch 13, pgs. 341-344
February 2	Arthritis: Osteoarthritis and Rheumatoid arthritis Lecture and Lab	Cameron Ch. 6 Shankman pgs. 402-408 Goodman Ch. 17 pgs. 683-692 & pgs. 676-682

February 7	Reflex Sympathetic Dystrophy/ CRPS	Cameron 19 Shankman pgs. 394-396; 431-432 Martin pg. 310
February 9	Proprioceptive Neuromuscular Facilitation (PNF) Upper Extremity Patterns only Lecture and Lab  <i>*Exam II available 2/12: covers 1/31, 2/2, 2/7, 2/9; Due 2/16</i>	Cameron Ch. 16, pgs. 254-256 Martin Ch. 9 Shankman pgs. 46-49
February 14 Dr. Kate Farr, PT	Gender Healthcare	Powerpoint
February 16 Dr. Tricia Blalock, PT	Vascular and Lymphatic Disorders  <b>EXAM II DUE</b>	Cameron Ch. 27 & powerpoint
February 21	Environmental Examination and Modification Lecture and Activity	Powerpoint
February 23	Proprioceptive Neuromuscular Facilitation (PNF) Lower Extremities Review Upper extremities  <i>*Exam III available 2/24: covers 2/14, 2/16, 2/21, 2/23; Due 3/2</i>	Cameron Ch. 16, pgs. 254-256 Martin Ch. 9 Shankman pgs. 46-49
February 28	Balance and Coordination Lab  <i>Post-Polio Syndrome Lab</i>	Cameron Ch. 13 Martin pgs. 86-87 Shankman Ch. 6  <i>Martin pgs. 483-487 Goodman pgs. 894-896</i>
March 2	Vestibular Rehabilitation  <b>*EXAM III DUE</b>	Cameron Ch. 13, pgs. 201-202 Goodman Ch. E-11
March 7	Amputations & Prosthetics/Orthotics	Cameron Ch. 12, 34 Shankman Ch. 26
March 9 Rebecca Elrod, PTA	Amputation/Prosthetic Gait Lab	
March 13-17	<b>SPRING BREAK ☺</b>	
March 21 Bryan Lick, PT	TJR/Arthroplasty & Surgical Interventions <i>Protocol Assignment – groups assigned</i>	Cameron Ch. 10
March 23	Mid-Term Lab Practical Video Project Instruction <i>Mid-term lab practical video due 4/4</i>	

	<i>*Exam IV available: covers 2/28, 3/2, 3/7, 3/9, 3/21</i>	
March 28	Mid-Term Lab Practical Video Project – Independent	
March 30	Mid-Term Lab Practical Video Project – Independent  <b>*EXAM IV DUE</b>	
April 4	Gait Analysis (Normal Gait) Gait Deviations  <b><i>MID-TERM LAB PRACTICAL VIDEO DUE</i></b>	Cameron Ch. 32 Shankman Ch. 14 Martin pg. 341-342; 87-88
April 6	<i>Gait Lab</i>	
April 11	Geriatric Posture	Cameron Ch. 4 Martin pg. 86-87
April 13	Posture deviations with pregnancy	Cameron Ch. 4
April 18	Protocol Assignments Due <b><i>Final Lab Practical Video Project Instruction Video due 5/4</i></b>	
April 20	Scoliosis	Shankman Ch. 20, pgs. 337-339 Cameron Ch. 4
April 25	Osteoporosis	Cameron Ch. 3 Shankman pgs. 134-135 & 423-414 Goodman pgs. 559-560
April 27 Bryan Lick, PT	Spinal Disorders & Surgical Interventions & Lab  <i>Exam V available 4/28: covers 4/4,4/11, 4/13,4/18,4/20, 4/25, 4/27; Due 5/4</i>	Cameron Ch. 8 & Ch. 11
<b>May 1</b>	<b>Ther. ex., Data Collections &amp; Phys. Agents Combined Lab Practical Final (all day)</b>	
<b>May 2</b>	<b>Ther. ex., Data Collections &amp; Phys. Agents Combined Lab Practical Final (all day)</b>	
<b>May 3</b>	<b>Ther. ex., Data Collections &amp; Phys. Agents Combined Lab Practical Final (all day)</b>	

<b>*May 4</b>	<b>*EXAM V DUE</b>  <b>*FINAL LAB PRACTICAL VIDEO DUE</b>	
<b>May 11</b>	COMPREHENSIVE FINAL EXAMINATION	

**\*\*The instructor reserves the right to make modifications in content and schedule as necessary to provide the best education possible within prevailing conditions affecting this course.**

**Assignments:**

See Above

**Other Course Requirements:**

None

**Student Responsibilities/Expectations:**

ATTENDANCE AND ABSENTEEISM

**TARDIES AND ABSENCES ARE STRONGLY DISCOURAGED**

The PTA faculty believes that the habits and work patterns established in school will be carried over to the work setting. Therefore, every effort should be made to establish patterns of good attendance and promptness. This applies not only to your technical courses but also your general education and support courses. Student attendance is addressed under student responsibilities in the school catalog. In addition, student attendance and participation is also addressed utilizing the Professionalism Development Rubric. This document provides the student a means to identify and track any area(s) of deficiency regarding professional behaviors; and, to improve in the area(s). For the PTA Program, the following guidelines concerning attendance will be enforced:

1. For every class period missed, one (1) absence is accumulated.
2. A student more than five minutes late or leaving class early with or without instructor permission is considered tardy.
3. Three (3) tardies constitute one (1) absence.
4. After absences (excused or unexcused) in any 4 class periods per semester, the student will be placed on probation. Stipulations of probation will be developed based on the student's history and circumstances surrounding the absences and conditions for dismissal in the event of a future absence will be included in the probationary contract.
5. Make-up work is required for all absences in order to ensure that the student acquires information and skills presented during his/her absence (see Make-up work section). It is the student's responsibility to meet with instructor(s) on the first day back to schedule make-up work and/or lab check-off.
6. Students must notify (voicemail or e-mail) the PTA office in advance whenever excessive (>5 minutes) tardiness or absence is unavoidable. Notification of the student's absence by classmates is not acceptable.

\*Note: An absence will be excused by provision of a note written and signed by a medical professional and by uncontrollable or unavoidable extenuating circumstances as documented below. All other absences/tardies will be considered unexcused.

Further explanation of **excused absences** is as follows:

- “A student’s serious illness” shall mean a condition such as pneumonia, surgery, hospital confinement, or valid documented medical reason. A physician’s documentation verifying illness must be provided.
- “Death in the immediate family” shall be interpreted to mean mother, father, mother-in-law, father-in-law, spouse, child, brother, sister, grandparents, or significant other. Documentation must be provided.
- “Statutory government responsibilities” refer to such matters as jury duty or subpoena for court appearance. Documentation must be provided.
- Inclement weather – see policy below.

### **INCLEMENT WEATHER/DESIGNATED HOLIDAYS**

Students scheduled for class during inclement weather conditions in which NTCC designates travel hazardous and closes the campus, will not be expected to attend class that day. However, in the event that NTCC remains open for classes, but the local school district in which the student resides closes and the student deems travel as hazardous, the student will not be expected to attend class that day. All class and lab work missed in this situation must be made up. If NTCC is open and the local school district in which the student resides remains open, the student must attend class that day. If the student does not attend class in the event that NTCC remains open, both the course instructor and program director must be notified in advance as with any other absence. The absence will be unexcused.

### **MAKE-UP WORK**

#### **Due to Absence:**

Each student is responsible for all material and techniques presented in class and labs. If a class is missed, the student is responsible for obtaining from a classmate, notes, handouts and information covered during that absence. It is the student’s responsibility to schedule a time with the instructor to make up any missed lab check-offs. Lab check-offs must be made up within one week of the date absent. The student’s grade will be lowered 10 points on the corresponding lab practical for each lab session not made up within the timeframe scheduled. If a test or special assignment is missed (due to an excused absence), it is the student’s responsibility to consult the instructor the next time the student is on campus about making up a test or turning in an assignment. Assignments due on the date of absence must be turned in the next time the student is on campus; otherwise, the student will receive a “0” for the work missed. An unexcused absence will result in a “0” for assignments, check-offs, practicals, and exams missed; the student will not have the opportunity to make up the work missed work.

If a lecture test or lab practical is missed, the student must make-up that test within one week from the date missed providing appropriate notification of absence was made prior to the original test time. Lack of notification prior to exam time will result in a grade of “0” for the missed exam; notifying classmates to relay the student’s absence is not acceptable. One make-up test and/or lab practical due to excused absence, per class, per semester is allowable without penalty. **It is the student’s responsibility to set up a time with the instructor to make up the exam.**

### **Due to failure of lecture exam or practical:**

If a student fails to make at least a grade of 75 on a lecture exam or a lab practical, the student may take a make-up test or practical within one week. **The final exam in each course is excluded from this policy; i.e. the student cannot “re-do” the final exam to pass the class.** Only one re-do lecture exam or lab practical is allowed per class per semester and can only result in a maximum grade of 75; if the student fails the “re-do”, the second grade stands. **It is the student’s responsibility to set up a time with the instructor to make up any re-do practical. The re-do cannot be taken on the same day as the lab practical and must be scheduled during the instructor’s office hours the next week.**

### **Required Remediation:**

In the event a student scores less than a 75 on a lab practical exam and does not choose to re-do the failed lab practical, the student will be required to complete remediation of the previously failed practical components to proficiency (based on lab practical rubric) as assigned by course instructor. Failure to complete remediation satisfactorily will result in failure of the course.

### **Due to failure of safety criteria on lab practical exam:**

On lab practical exams several areas of the exam are considered to be patient safety issues; if a student fails a patient safety element/criteria he/she will be required to re-do the lab practical. The highest grade that a student can receive on a re-do is 75. If a student fails the safety criteria on the re-do practical exam, the student will be given a grade of “0” on the practical and automatically fails the course. Only one re-do lab practical is allowed per class per semester. It is the student’s responsibility to set up a time with the instructor to make up any redo practical. The re-do cannot be taken on the same day as the lab practical and must be scheduled during the instructor’s office hours the next week.

### **ACADEMIC HONESTY POLICY**

“Students are expected to complete course work in an honest manner, using their intellects and resources designated as allowable by the course instructor. Students are responsible for addressing questions about allowable resources with the course instructor. **NTCC upholds the highest standards of academic integrity. This course will follow the NTCC Academic Honesty policy stated in the Student Handbook.**”

In addition to upholding the NTCC Academic Honesty Policy, students in the PTA program are required to follow the honor code provided in the program policy and procedure manual. The program honor code states that you will neither give nor receive any unauthorized assistance from any person, paper, or object on any paper, examination, lab practical or project. This includes talking about lab practical exams, regular exam questions, looking at copies of old tests from previous students, copying or allowing anyone to copy off of your test or assignment, and discussing any aspect of an exam with a student who has not yet taken the test. When using another person’s words or ideas, credit should be given to the source.

Examples of plagiarism include:

- The inclusion of another person’s exact words in a paper or assignment without placing quotation marks around the words to indicate an exact quote, *even if the source is cited*;
- Using several consecutive sentences written by another person, changing the words somewhat to keep the passage from being an exact quote, *even if the source is cited*;
- Presenting someone else’s ideas without citing that person as the original thinker;
- Submitting a paper written in part or in whole by another person;

- Any other act intended to circumvent the process of performing and presenting original academic research in completion of a course assignment

Failure to abide by this policy may result in dismissal from the PTA Program.

Violations of this policy will be brought to the attention of the student by the instructor. If there is suspicion of wrongdoing without corroborating evidence, the matter will be discussed with the student and a written warning/contract will be issued if warranted. If there is clear evidence that a violation has taken place, the student will receive a grade of “0” for that test/assignment in question; and the instructor will impose a sanction ranging from a written warning to expulsion from the course with a failing grade.

If the student does not feel that the issue is satisfactorily resolved, the student should contact the PTA Program Director to discuss the matter. If the matter cannot be resolved at that level, the student may contact the Dean of Allied Health, followed by the Vice President for Instruction and Student Development. If the issue is not satisfactorily resolved at the end of this process, the student may initiate a formal grievance procedure outlined in the NTCC Student Handbook and in this manual.

### **CLASS PREPAREDNESS**

Students are expected to complete all reading assignments, as outlined in the course schedule or assigned by the instructor, prior to class time. It is the responsibility of the student to turn in assignments on time. Assignments are due at the beginning of the class period. Late assignments received by the next class period will result in a maximum grade of 75. If assignment is not turned in by the next class period the student will receive a grade of “0” for that assignment.

Students are expected to participate in and perform a variety of physical therapy procedures on each other in lab and the classroom for educational purposes; after practicing each laboratory skill, the student will be asked to present a return demonstration to the instructor at some point prior to the conclusion of the lab.

### **POLICY ON CIVILITY AND CELL PHONES IN THE CLASSROOM AND LABORATORY**

Students are expected to assist in maintaining a classroom environment that is conducive to learning. If a student brings a cell phone to class/ lab, make sure it is turned off or on silent mode. The student will not be allowed to answer his/her cell phone during class/lab. If the student is expecting a very important call, they are to notify the instructor prior to class regarding the nature of the situation. Cell phones must be put away, out of sight, during tests. Inappropriate or distracting classroom behavior is prohibited in order to assure that everyone has opportunity to gain from time spent in class. Should a disruptive classroom incident occur, the faculty member in charge may remove the student on either a temporary or permanent basis. Students have the right to appeal through appropriate channels.

### **NTCC Academic Honesty Statement:**

"Students are expected to complete course work in an honest manner, using their intellects and resources designated as allowable by the course instructor. Students are responsible for addressing questions about allowable resources with the course instructor. NTCC upholds the highest standards of academic integrity. This course will follow the NTCC Academic Honesty policy stated in the Student Handbook."

### **Academic Ethics**

The college expects all students to engage in academic pursuits in a manner that is beyond reproach. Students are expected to maintain complete honesty and integrity in their academic pursuit. Academic

dishonesty such as cheating, plagiarism, and collusion is unacceptable and may result in disciplinary action. Refer to the student handbook for more information on this subject.

**ADA Statement:**

It is the policy of NTCC to provide reasonable accommodations for qualified individuals who are students with disabilities. This College will adhere to all applicable federal, state, and local laws, regulations, and guidelines with respect to providing reasonable accommodations as required to afford equal educational opportunity. It is the student's responsibility to request accommodations. An appointment can be made with John Coleman, Academic Advisor/Coordinator of Special Populations located in the College Connection. He can be reached at 903-434-8104. For more information and to obtain a copy of the Request for Accommodations, please refer to the [NTCC website - Special Populations](#).

**Family Educational Rights And Privacy Act (FERPA):**

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. FERPA gives parents certain rights with respect to their children's educational records. These rights transfer to the student when he or she attends a school beyond the high school level. Students to whom the rights have transferred are considered "eligible students." In essence, a parent has no legal right to obtain information concerning the child's college records without the written consent of the student. In compliance with FERPA, information classified as "directory information" may be released to the general public without the written consent of the student unless the student makes a request in writing. Directory information is defined as: the student's name, permanent address and/or local address, telephone listing, dates of attendance, most recent previous education institution attended, other information including major, field of study, degrees, awards received, and participation in officially recognized activities/sports.

**Other Course Policies:**

See Above