George Fox University
School of Physical Therapy

COURSE SYLLABUS: Fall

COURSE: PDPT 781 Clinical Internship IV

CREDIT HOURS: 9

CLOCK HOURS: 360 clinic hours.

PREREQUISITES: PDPT 780 Clinical Internship III
Successful completion of didactic coursework to date
Recommendation by academic faculty

INSTRUCTOR: Paul Shew PT, DPT, Director of Clinical Education

OFFICE HOURS: Dr. Shew is available by appointment.

SCHEDULE: Schedule determined by clinic.

CLASSROOM: In clinic

COURSE DESCRIPTION:
This course is a 9-week full time clinical experience. Students will be under supervision of a clinical instructor at an assigned physical therapy facility. Clinical sites vary in their location and it is the student’s responsibility for travel and living expenses if they occur.

COURSE REQUIREMENTS:

1. Specific to APTA Clinical Performance Instrument (CPI): **Student is expected to be rated at least “Advanced Intermediate Level” on The APTA Clinical Performance Instrument upon completion of this clinical internship.**
2. A student who requires clinical supervision less than 25% of the time managing new patients or patients with complex conditions and is independent managing patients with simple conditions.
3. At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning.
4. The student is capable of maintaining 75% of a full-time physical therapist’s caseload.
METHODS OF INSTRUCTION:
These courses emphasize application and integration of academic coursework in the clinical setting. Students are supervised by licensed physical therapists.

REQUIRED TEXTS/OTHER MATERIAL:
Prior to Clinical Internship:
• GFU Clinical Education Handbook
• Review CPI
• Review Medicare rules related to use of student Physical Therapists in the clinic
  o Supervision of Students Under Medicare Chart
  o Implementing MDS 3.0: Use of Therapy Students
  o Use of Students Under Medicare Part B
During Internship:
• Reading as assigned by Clinical Instructor

RECOMMENDED TEXTS:
None

COURSE MATERIAL ON FOXTALE:
Links to the goal-setting form and the CPI assessment will be available on the GFU DPT website.

METHODS OF EVALUATION AND GRADING:

1. The intern and CI are required to complete a midterm evaluation using the Clinical Performance Instrument (CPI). After completing the self-evaluation, the intern may write two or more goals for herself/himself to be achieved by the end of the internship.
2. At the end of each internship, the intern and Clinical Instructor will again evaluate student performance using the CPI.
3. The CPI’s and the Evaluation of Clinical Experience and Clinical Instruction form are due immediately following the last day of the internship. A link to the Clinical Experience and Clinical Instruction form will be e-mailed to the student the last week of the internship.
4. Grades will be assigned based on the completion of the following, along with verbal input from the CI and intern. Ultimately the academic faculty determines the final grade based upon:
   • Student CPI
   • CI CPI
   • Evaluation of Clinical Experience and Clinical Instruction form

Refer to the George Fox University Student Handbook, Clinical Education Handbook, and the program specific Student Handbook regarding policies on attendance, preparedness, academic honesty, grading, remediation and appeals.
OUTLINE OF CONTENT AND COURSE OBJECTIVES:

Upon completion of this course, the students will be able to:

1. Professional Practice – Safety – Practices in a safe manner that minimizes the risk to the patient.
2. Professional Practice – Professional Behavior - Demonstrates professional behavior in all situations.
3. Professional Practice – Accountability – Adheres to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management. (7D1)
4. Professional Practice – Accountability – As necessary report to appropriate authorities suspected cases of abuse of vulnerable populations. (7D2)
5. Professional Practice – Accountability – As necessary, report to appropriate authorities suspected cases of fraud and abuse related to the utilization of and payment for physical therapy and other health care services. (7D3)
6. Professional Practice – Accountability - Practice in a manner consistent with the APTA Code of Ethic. (7D4)
7. Professional Practice – Professional Development - Practice in a manner consistent with the APTA Core Values. (7D5)
8. Professional Practice – Accountability - As necessary implement, in response to an ethical situation, a plan of action that demonstrates sound moral reasoning congruent with core professional ethics and values. (7D6)
9. Professional Practice – Communication - Communicate effectively with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers, and policymakers. (7D7)
10. Professional Practice – Cultural Competence - Identify, respect, and act with consideration for patients’/clients’ differences, values, preferences, and expressed needs in all professional activities. (7D8)
11. Patient Management – Clinical Reasoning - Access and critically analyze scientific literature. (7D9)
12. Patient Management – Clinical Reasoning - Apply current knowledge, theory, and professional judgment while considering the patient/client perspective, the environment, and available resources. (7D10)
13. Patient Management – Clinical Reasoning - Identify, evaluate and integrate the best evidence for practice with clinical judgment and patient/client values, needs, and preferences to determine the best care for a patient/client. (7D11)
14. Patient Management – Educational Interventions - Effectively educate others using teaching methods that are commensurate with the needs of the learner, including participation in the clinical education of students. (7D12)
15. Professional Practice – Professional Behavior – As appropriate to the clinic participate in professional and community organizations that provide opportunities for volunteerism, advocacy and leadership. (7D13)
16. Professional Practice – Professional Behavior – Advocate for the profession and the healthcare needs of society through legislative and political processes. (7D14)
17. Professional Practice – Professional Development - Identify career development and lifelong learning opportunities, including the role of the physical therapist in the clinical education of physical therapist students. (7D15)
18. Patient Management – Screening - Determine when patients/clients need further examination or consultation by a physical therapist or referral to another health care
19. Patient Management – Examination - Obtain a history and relevant information from the patient/client and from other sources as needed. (7D17)

20. Patient Management – Examination - Perform systems review. (7D18)

21. Patient Management – Examination - Select, and competently administer tests and measures[1] appropriate to the patient’s age, diagnosis and health status including, but not limited to, those that assess:
   a. Aerobic Capacity/Endurance
   b. Anthropometric Characteristics
   c. Assistive Technology
   d. Balance
   e. Circulation (Arterial, Venous, Lymphatic)
   f. Self-Care and Civic, Community, Domestic, Education, Social and Work Life
   g. Cranial and Peripheral Nerve Integrity
   h. Environmental Factors
   i. Gait
   j. Integumentary Integrity
   k. Joint Integrity and Mobility
   l. Mental Functions
   m. Mobility (including Locomotion)
   n. Motor Function
   o. Muscle Performance (including Strength, Power, Endurance, and Length)
   p. Neuromotor Development and Sensory Processing
   q. Pain
   r. Posture
   s. Range of Motion
   t. Reflex Integrity
   u. Sensory Integrity
   v. Skeletal Integrity
   w. Ventilation and Respiration or Gas Exchange. (7D19)

22. Patient Management – Evaluation - Evaluate data from the examination (history, health record, systems review, and tests and measures) to make clinical judgments. (7D20)

23. Patient Management – Evaluation - Use the International Classification of Function (ICF) to describe a patient's/client’s impairments, activity and participation limitations. (7D21)

24. Patient Management – Diagnosis and Prognosis - Determine a diagnosis that guides future patient/client management. (7D22)

25. Patient Management – Diagnosis and Prognosis - Determine patient/client goals and expected outcomes within available resources (including applicable payment sources) and specify expected length of time to achieve the goals and outcomes. (7D23)

26. Patient Management – Plan of Care - Determine patient/client goals and expected outcomes within available resources (including applicable payment sources) and specify expected length of time to achieve the goals and outcomes. (7D24)

27. Patient Management – Direction and Supervision of Personnel - Determine those components of the plan of care that may, or may not, be directed to the physical
therapist assistant (PTA) based on (a) the needs of the patient/client, (b) the role, education, and training of the PTA, (c) competence of the individual PTA, (d) jurisdictional law, (e) practice guidelines policies, and (f) facility policies. (7D25)

28. Patient Management – Plan of Care - Create a discontinuation of episode of care plan that optimizes success for the patient in moving along the continuum of care. (7D26)

29. Patient Management – Procedural Interventions - Competently perform physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:
   a. Airway Clearance Techniques
   b. Assistive Technology: Prescription, Application, and, as appropriate, Fabrication or Modification
   c. Biophysical Agents
   d. Functional Training in Self-Care and in Domestic, Education, Work, Community, Social, and Civic Life
   e. Integumentary Repair and Protection
   f. Motor Therapy Techniques (including mobilization/manipulation thrust and non-thrust techniques)
   g. Motor Function Training (balance, gait, etc.)
   h. Patient/Client education
   i. Therapeutic Exercise. (7D27)

30. Patient Management – Procedural Interventions - Manage the delivery of the plan of care that is consistent with professional obligations, interprofessional collaborations, and administrative policies and procedures of the practice environment. (7D28)

31. Patient Management – Direction and Supervision of Personnel - Delineate, communicate and supervise those areas of the plan of care that will be directed to the PTA. (7D29)

32. Patient Management – Plan of Care - Monitor and adjust the plan of care in response to patient/client status. (7D30)

33. Patient Management – Outcomes assessment - Assess patient outcomes, including the use of appropriate standardized tests and measures that address impairments, functional status and participation. (7D31)

34. Patient Management – Documentation - Complete accurate that follows guidelines and specific documentation formats required by state practice acts, the practice setting, and other regulatory agencies. (7D32)

35. Professional Practice – Safety - Respond effectively to patient/client and environmental emergencies in one’s practice setting. (7D33)

36. Patient Management – Procedural Interventions - Provide physical therapy services that address primary, secondary and tertiary prevention, health promotion, and wellness to individuals, groups, and communities. (7D34)

37. Patient Management – Screening - Provide care through direct access. (7D35)

38. Patient Management – Financial Resources - Participate in the case management process. (7D36)

39. Patient Management – Financial resources - Assess and document safety risks of patients and the healthcare provider and design and implement strategies to improve safety in the healthcare setting as an individual and as a member of the interprofessional healthcare team. (7D37)

40. Patient Management – Examination - Participate in activities for ongoing assessment and improvement of quality services. (7D38)
41. Professional Practice – Communication - Participate in patient-centered interprofessional collaborative practice. (7D39)
42. Patient Management – Documentation - Use health informatics in the health care environment. (7D40)
43. Professional Practice – Professional Development - Assess health care policies and their potential impact on the healthcare environment and practice. (7D41)
44. Patient Management – Financial Resources - Participate in the financial management of the practice setting, including accurate billing and payment for services rendered. (4D42)
45. Patient Management – Financial Resources – As appropriate participate in practice management, including marketing, public relations, regulatory and legal requirements, risk management, staffing and continuous quality improvement. (7D43)
46. Specific to APTA Clinical Performance Instrument (CPI): Student is expected to be rated at least at “Entry Level”
   a. A student who requires no clinical supervision managing patients with simple conditions, and occasional mentorship time managing patients with complex conditions.
   b. The student can maintain a beginning full-time physical therapist’s caseload.
47. Student should demonstrate progress on all items.

PROGRAM AND UNIVERSITY POLICIES:
Please refer to the George Fox University Student Handbook, the Clinical Education Handbook, and the Graduate School of Physical Therapy Student Handbook regarding policies on attendance, preparedness, academic honesty, grading, remediation, and appeals.

Disability Services Information
George Fox University is committed to providing equality of opportunity and meaningful access for qualified students with physical, psychological, attentional or learning-based disabilities in compliance with the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973. A qualified student with a disability at George Fox University is someone who, with reasonable or no academic adjustments or modification, is capable of meeting George Fox's academic standards.

If you have specific physical, psychiatric, or learning disabilities and require accommodations, please contact the Disability Services Office as early as possible so that your learning needs can be appropriately met. For more information, go to ds.georgefox.edu or contact Rick Muthiah, Director of Learning Support Services (503-554-2314 or rmuthiah@georgefox.edu).

Clinical Policies:
1. Working hours are those established by the facility. The intern is not expected to work a longer day than the supervising PT (clinical Instructor).
2. If applicable, the intern may work on the weekend with a day off during the week according to the facility departmental policies.
3. Students can expect to spend 8-10 hours per week studying, preparing, and
reviewing relevant material. This is in addition to the 40 hours/week that the students spend in the clinic.
4. The facility dress code is to be the guide for the intern.
5. Student/Intern must have current appropriate CPR certification and complete immunization records. This includes, MMR, HBV, DPT, TDAP and TB. The student/intern is responsible for keeping copies of their own records so that they can be presented to their clinical instructors on the first day. Student must provide proof of current health insurance.
6. Interns must be supervised by at least one licensed PT (not a Physical Therapist Assistant). A supervising PT must also be located in the same premises as the intern at all times. In some cases, the PT should be in the same treatment area/room.
7. If any problems or questions occur during the affiliation, consult the Director of Clinical Education (DCE). DO NOT wait until a clinic visit, return to school, and assume things will improve. Problem areas can often be easily handled early on without wasting valuable clinic time.
8. Each facility has the authority to require extra reading, homework, or reports in order to enhance the clinical experience.

Absences:
1. Absences must be due to illness or emergency only and must be made up at the discretion of the DCE.
2. The facility must be notified each day of an absence by 8:00 a.m. or upon opening.
3. The DCE must be notified each day of an absence.
4. Students may have the opportunity to participate in School-approved or School-sponsored activities during an internship, including state, national, or international professional meetings and service-learning experiences. Students may participate in these activities under the following conditions:
   a. The absence is approved by the clinical instructor
   b. The absence is approved by the DCE
   c. The time missed is made up
5. Absences for personal reasons (weddings, family reunions etc.) are not professional behavior and are not supported.
6. Tardiness during your clinical rotation is not professional behavior and is not supported.

CLASS SCHEDULE:

Week 1-2: Overview:

This week the student should:
1. Meet with SCCE and/or CI.
   a. Review student and clinic expectations as well as other information.
   b. Facility orientation.
   c. Review policies, work hours, dress code, safety procedures etc.
d. Introductions to other staff members.
e. Review facility documentation.
2. Shadow CI to become familiar with the patients and procedures and discuss treatment and assessment rationale.
3. The Student may assist in treatment of non-complicated patients with close supervision.
4. The Student may discuss, identify or contrast pros and cons of tests or procedures.
5. Demonstrate safety for patient and self with guidance from CI.
6. Demonstrate professional communications and demeanor with department staff and other multi-disciplinary team members in a tertiary care environment.
7. Attempt daily notes on select, non-complicated patients and compare with CI.
8. During the second week, complete an initial examination/evaluation on non-complicated patients with close supervision and cueing as needed from the CI.
   a. Take accurate patient history including medication profile as appropriate.
   b. Discuss and perform examination procedures under the guidance of the CI.
   c. Synthesize available data to include impairments, functional limitations, and participation restrictions.
   d. Integrate the examination findings to diagnostically classify the patient’s condition and discuss with CI.
   e. Analyze impairments to determine a specific dysfunction towards which the intervention will be directed.
   f. Contrast indications, contraindications, precautions and limitations with CI.
   g. Synthesize plan of care, including prognosis, interventions and goals with assistance from CI.

By the end of 2nd week the student should be able to:
1. Require direct clinical guidance less than 75% of the time managing patients with simple conditions, and less than 100% of the time managing patients with complex conditions.
2. Demonstrate consistency in developing proficiency with basic tasks (i.e., medical record review, goniometry, muscle testing, and basic interventions).
2. Review your performance for the week and exchange feedback with CI regarding level of supervision, teaching methods, plan for next week, etc. (This is on-going for the entire duration of the internship).
3. Demonstrate collaboration with all members of health care team for a patient during all phases of care in the patient management model.

**Week 3-4:** Overview:
Increased Student Participation
Student should be familiar with facility, routine, policies and procedures
Student should be increasing their own clinical reasoning into the discussions with the CI
Increased participation with non-complicated patient care
Student may be introduced to more complex patient situations
This week the student should:

1. Schedule CPI mid-term review with DCE and CI.
2. Continue to conduct initial examinations/evaluations on non-complicated patients with supervision from the CI. 50% or less cueing needed for accuracy, and completeness plus efficiency is improving.
3. Increase participation in the examination and evaluation of more complicated patients.
4. Assess effectiveness and make adjustments with interventions concerning ongoing, non-complicated patients with 50% or less assistance from CI.
5. Document initial evaluations and progress notes on patients with simple diagnoses in a suitable time frame for a student and with 25% or less assistance from CI.
6. Actively seek feedback with and demonstrate safety (patient and self).
7. Actively seek feedback with professional communications and demeanor from CI.
8. Write measurable functional goals that are time referenced with less than 25% assistance from CI.
9. Prepare for patient conferencing and or/progress report writing with less than 50% assistance from CI.
10. With 1-2 patients weekly, apply evidence from the most current literature that supports the clinical decision making for each case.
11. Direct and supervise patientscheduling, human resource needs, and other administrative responsibilities with 75% assistance from CI.
12. If appropriate, work with CI to meet other stated goals such as planning meetings/observations of other disciplines, surgery, specialty areas, etc.
13. Complete CPI mid-term review at end of 4th week.
   a. Re-adjust clinical internship goals based on mid-term review, paying particular attention to any performance criteria that the student had no learning/assessment opportunities.
   b. Complete appropriate sections of the student assessment of clinical instruction and discuss with CI.

By the end of 4th week the student should be able to:

1. Require direct clinical guidance 50% of the time managing patients with simple conditions, and 75% of the time managing patients and tasks with complex conditions.
2. Demonstrate more consistency with proficiency of basic tasks (ie, medical record review, goniometry, muscle testing, and basic interventions) and is demonstrating capacity to manage more complex patient and administrative responsibilities.
3. Be capable of managing 50% of a new graduate full-time PT case load.
4. Student will participate in the supervision of PT Aides, PTA students, and other DPT students with appropriate knowledge base.

**Week 5-6:** Overview:
- Increased confidence
- Increased participation in patient care
- Increased participation in their own learning process

**The student should:**

1. Continue to complete evaluations on non-complicated patients with less than 25%
assistance from CI.
2. Select, administer and evaluate valid and reliable examination procedures to assess patient function.
3. Consistently cite the evidence to support clinical decisions.
4. Implement and assess effectiveness of treatment interventions addressing impairments, activity limitations and specific patient goals in consideration of cultural background with less feedback from CI.
5. Consistently demonstrate safe behaviors requiring no cueing from CI.
6. Consistently demonstrate professional communications, integrity and demeanor with patients/clients requiring no cueing from CI.
7. Document progress notes and initial evaluations with increasing efficiency needing less than 25% assistance from CI.
8. Instruct patients on their condition and intervention ensure understanding and effectiveness of their ongoing program and tailor interventions with consideration of patient’s situation 25% or less assistance from CI.
9. Student to collaborate with CI regarding patient’s suitability for discharge and may begin to differentiate between discharge and discontinuation of service and transfer of care.
10. Present patient during care conference or writes up progress reports with less than 25% assistance needed from CI.
11. Direct and supervise patient scheduling, human resource needs and other administrative responsibilities with less than 25% assistance from CI.

By the end of 6th week the student should be able to:
1. Require direct clinical guidance less than 10% of the time managing patients with simple conditions, and 25% of the time managing patients and tasks with complex conditions.
2. Demonstrate more consistency with proficiency of basic tasks (eg, medical record review, goniometry, muscle testing, and basic interventions) and is demonstrating capacity to manage more complex patient and administrative responsibilities.
3. Be capable of managing 65% of a new graduate full-time PT case load.
4. Select an outcome measurement tool to assess patient outcomes taking into consideration therapy setting, cultural background and reimbursement when selecting the measurement tool.
5. Demonstrate ability to maximize patient care through interprofessional collaboration.

Week 6-9: Overview:
Demonstrates skill in patient care requiring only occasional assistance from Clinical Instructor.
Demonstrates commitment to lifelong learning and evidence-based care

This week the student should:
1. Complete examinations on non-complicated patients with less than 25% assistance from CI for complex cases and is independent with simple cases.
2. Select, administer and analyze valid and reliable examination procedures to assess patient function.
3. Construct an appropriate Plan of Care by consistently interpreting the examination and citing the evidence and plausible rationales to support clinical decisions.
4. Implement and assess effectiveness of treatment interventions addressing impairments, activity limitations and specific patient goals with occasional feedback from Cl.
5. Consistently demonstrate safe behaviors with occasional from Cl.
6. Consistently demonstrate professional communications and demeanor with occasional cueing from Cl.
7. Document progress notes and initial evaluations with good efficiency and minimal feedback from Cl.
8. Instruct patients on their condition and intervention ensure understanding and effectiveness of their ongoing program.
9. Design interventions with consideration of patients’ situation with little guidance from Cl.
10. Student to take the lead with patient discharge responsibilities.
11. Take initiative with patient scheduling and other administrative responsibilities with infrequent errors or needed cueing from Cl.

By the end of 9th week, with only occasional assistance from Clinical Instructor the student should:
1. Demonstrate the use of outcome measures that are selected to be generalizable to the clinic education site’s patient population.
2. Demonstrate ability to perform an appropriate medical screening and examination for a patient seen through direct access, determine need for intervention and provide appropriate care.
3. Complete CPI and Student Assessment of Clinical Site and Experience form and review with Cl.
4. Student should demonstrate progress on all items.
5. Student should manage 75% of a caseload expected for new graduate hires.
COURSEWORK

EXPECTATIONS: Allow the student to have hands on experience within the limits of their knowledge and current skill set. A Midpoint and Final CPI is required. By the end of this clinical experience, the student should be at “Advanced Intermediate” level.

CURRICULUM COMPLETED

<table>
<thead>
<tr>
<th>Professional Practices in Physical Therapy</th>
<th>Neurorehabilitation Pediatric</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Patient Care Skills</td>
<td>Physical Therapy Orthopedic</td>
</tr>
<tr>
<td>Human Anatomy with labs</td>
<td>Rehabilitation Professional</td>
</tr>
<tr>
<td>Neuroscience/Motor Control</td>
<td>Research Project Differential</td>
</tr>
<tr>
<td>Evidence Based Practice</td>
<td>Diagnosis</td>
</tr>
<tr>
<td>Applied Physiology</td>
<td>Medical Surgical &amp; Integumentary Management</td>
</tr>
<tr>
<td>Therapeutic Exercise</td>
<td>Health and Wellness in Physical Therapy</td>
</tr>
<tr>
<td>Biomechanics and Kinesiology</td>
<td>Prosthetics and Orthotics</td>
</tr>
<tr>
<td>Therapeutic Modalities</td>
<td>Diagnostic Imaging for Physical Therapists</td>
</tr>
<tr>
<td>Essentials of Research and Statistics</td>
<td>Psychosocial Aspects of Patient Care and Disability</td>
</tr>
<tr>
<td>Pathophysiology</td>
<td>Professional Duty &amp; Social responsibility</td>
</tr>
<tr>
<td>Cardiopulmonary Therapy</td>
<td>Administration in Physical Therapy</td>
</tr>
<tr>
<td>Pharmacology for PT</td>
<td>Professional Seminar/Special Topics</td>
</tr>
<tr>
<td>Geriatric Physical Therapy</td>
<td>Clinical Education (26wks)</td>
</tr>
</tbody>
</table>

COURSEWORK INCLUDED

Professional Practices in PT
- Subjective history evaluation
- Documentation
- Universal precautions
- Legal issues (state and federal)
- Ethics
- HIPPA
- Vital signs

Basic Patient Care Skills
- Range of motion
- Manual muscle testing
- Transfers
- Bed mobility
- Gait with assistive devices
- Body mechanics

Human Anatomy
- Muscle attachment/innervation
- Palpation including arteries

Neuroscience/Motor Control
- Dermatomes
- Postural control
- Reflex testing
- Sensory testing
- Cranial nerve testing
- Basic vestibular test/treatment

Therapeutic Exercise
- Design and modify basic exercise and stretching programs
- Posture
- Ergonomics
- Balance and proprioceptive training
- Limited joint mobilization
  - Grades 1-3

Therapeutic Modalities
- Massage
- Ultrasound
- Phonophoresis
- Electrical muscle stimulation (NMES)
- Iontophoresis
- TENS
- Laser
- Whirlpool
- Paraffin bath
- Mechanical traction
  - Cervical
  - Lumbar
- Biofeedback
Ortho Extremities
Patient interview
Tests and measures
  - Upper and lower extremities
General orthopedic conditions
  - Diagnosis
  - Prognosis
  - Plan of Care
  - Post-operative care
Hand mobilizations
  - Grade 1-3, limited grade 4

Ortho Spine
Red and yellow flags
Spinal mobilization
  - Grade I-V
HVLAT
  - Lumbar spine neutral gap
  - Lumbosacral
  - Thoracic flexion and Extension
  - Cervical/Thoracic
Neurodynamics
Manual therapy
  - Cervical spine NAG, SNAG
  - Trigger point: Compression
Spinal muscle strength assessment
  - Motor control theory
  - Global muscle training
TMJ
Movement analysis
Chronic pain assessment

Neuro Rehab
Use of a systematic clinical decision making frameworks
Patient interview
Neurologic tests and measures
  - Cognition
  - Perception
  - Motor control
  - Postural control
  - Sensory exam
  - Cranial nerves
Principles of neuroplasticity and neurotherapeutics
Interventions to enhance:
  - Bed mobility
  - Sitting function
  - Sit to stand
  - Gait
Wheelchair seating/positioning
Pathophysiology, examination, prognosis, and intervention for:
  - Stroke
  - Multiple sclerosis
  - Cerebellar dysfunction
  - Brain tumors
  - Traumatic brain injury
  - Vestibular dysfunction
  - Balance dysfunction
  - Parkinson’s disease
  - Spinal cord injury
  - Neuromuscular diseases: Guillain-Barre, ALS, etc.

Cardio Pulmonary Rehab
EKG
Cardiac Rehab
  - Phases I-IV
Spirometry
6-Minute Walk Test
Aerobic and anaerobic testing
Breathing exercises
Postural drainage and percussion
Exercise prescription

Differential Diagnosis
Patient interview
  - Special questions and follow-up questions related to pathologies in major systems of the body
Screening questions and exams
  - Upper extremity
  - Lower extremity
  - Spine
Abdominal auscultation, inspection, palpation, and percussion
Knowledge of flags and associated signs and symptoms

Other
Evidence Based Practice
Biomechanics and Kinesiology
Essentials of Research/Statistics
Pathophysiology
Pharmacology
Geriatric Physical Therapy
Pediatric Physical Therapy
  - Decision making
Professional Research Project
Med/Surg/Integument Management
Health and Wellness in PT
Prosthetics and Orthotics
  - Decision making Diagnostic Imaging for PT Psychosocial Aspects of Patient Care and Disability
Professional Duty & Social responsibility
Administration in Physical Therapy
Professional Seminar/Special Topics