



# Physical Therapy

## **ULM DPT Student Program Handbook 2025-2026**

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## I. Introduction to the University

Physical Therapy is an essential part of the health care delivery system in the United States and physical therapists assume leadership roles in rehabilitation services, prevention, and health maintenance programs as well as professional and community organizations. They also play important roles in developing healthcare policy and appropriate standards to ensure availability, accessibility, and excellence in the delivery of physical therapy services. The positive impact of physical therapy on rehabilitation, prevention, health promotion and health-related quality of life is well supported in the research literature. Physical Therapy includes not only the services provided by physical therapists but those rendered under physical therapist direction and supervision. Physical therapy is a dynamic profession with an established theoretical base and widespread clinical application in the preservation, development, and restoration of optimal physical function. Physical therapists help patients/clients to:

- Restore, maintain, and promote movement, functional capabilities, overall fitness, health, and optimal quality of life.
- Prevent the onset and progression of impairment, functional limitation, disability, or changes in physical function and health status resulting from injury, disease, or other causes.

### University Mission Statement:

The University of Louisiana at Monroe seeks students who find value in our programs and prepare them to compete, succeed, and contribute in an ever-changing global society through a transformative education.

### School of Allied Health Mission Statement:

The mission of the School of Health Professions is to educate practitioners to meet the diverse health care needs of the citizens of Louisiana and beyond.

### DPT Program Mission, Vision, and Core Values:

For the ULM DPT program, our mission drives our teaching, research, service, and assessment. Our mission describes who we are, our vision describes who we aspire to become, and our guiding principles identify the behaviors needed to achieve our vision.

**Mission:** The ULM Doctor of Physical Therapy program strives to develop diverse, high-functioning practitioners and leaders who will partner with community members to produce meaningful and sustainable change with an emphasis on rural and underserved communities.

**Vision:** The ULM DPT program will be a model of excellence for workforce development and research addressing movement-related health disparities.

**Core Values:** Accountability, adaptability, collaboration, cultural humility, inquisitiveness, integrity, and purposefulness.

**Guiding Principles:** 1) Be compassionate; 2) Be a movement expert; 3) Be people-focused; 4) Be resilient; 5) Educate and educated; 6) Lead yourself and others; and 7) Serve as the catalytic ignition for patient advocacy.

## **II. Program Requirements**

### **DPT Admissions Policies and Procedures**

The admissions process used to craft a cohort of DPT students each fall involves the coordinated work of the ULM Office of Admissions and the DPT Program staff and faculty. The Office of Admissions utilizes various promotional marketing communication channels when engaging with prospective students. These channels of communication include digital and print collateral, program fact sheets, graduate program matrices, and in person meetings both on and off campus. Designated admission counselors in the Office of Admissions are responsible for providing clear and accurate information to prospective students regarding ULM DPT Program, admission and graduation requirements, cost of attendance, student services, and student outcomes. Admissions counselors participate in both new hire and ongoing training regarding the details of the DPT Program.

The Office of Admissions conducts outreach and promotion of the Doctor of Physical Therapy program through attendance at various graduate college fairs and presentations to pre-health student groups at other institutions. Prospective students are provided the opportunity to attend one of our scheduled campus visit dates offered in the spring and summer, as well as speak with a designated admissions counselor via phone or through a virtual webinar. Prospective students requesting to meet with faculty are provided with this opportunity based on scheduling and faculty availability.

Criteria for admission are as follows:

- Completion of a baccalaureate degree prior to matriculation with a major in a field other than Physical Therapy from a regionally accredited institution of higher education. No academic major is given priority consideration during the selection process.
- Completion of prerequisite course work\*\* with a minimum grade of “B-” or above in each prerequisite course preferred and a minimum cumulative grade point average of 3.0. Prerequisite course work must be completed prior to matriculation; however, course work may be in progress or planned at the time of application.
- Demonstration of an undergraduate cumulative grade point average of 3.00 on a 4.00 scale preferred.
- Demonstration of familiarity with the profession of physical therapy.
- Evidence of potential for success in graduate education.
- Evidence of potential for success as a professional in the field of physical therapy.

Additional consideration is given to applicants who complete any major or minor at ULM, have earned a graduate level degree, or have earned an undergraduate degree from the university.

\*\* Prerequisite coursework must be completed prior to matriculation into the Physical Therapy Program. However, coursework may be in progress or planned at the time of application without it negatively impacting your application.

#### Prerequisite Courses

Human Anatomy with Lab	4 CR
Human Physiology with Lab	4 CR
Biology with Lab	8 CR
Advanced Biology with Lab	3 CR
Chemistry with Lab	8 CR
Physics with Lab	8 CR
Mathematics (college algebra or higher)	6 CR
Statistics	3 CR
English Composition	6 CR
Advanced English Composition or Technical Writing	3CR
Psychology	6 CR
Public Speaking	3 CR

\*The statistics course can be either behavioral or experimental courses.

\*Poetry or literature courses will not satisfy the Advanced English composition or technical writing course requirement.

\*Human anatomy and physiology courses must be completed within five years of the application.

The ULM DPT program offers an in-person admissions anatomy and physiology assessment three times per year for \$50, intended for applicants whose coursework is over five years old. The assessment consists of 100 questions, and a passing score of 80% satisfies the program's admission requirement for anatomy and physiology. Applicants may attempt the assessment up to three times total, but only twice within a single application cycle.

The pass-fail option is not accepted in required courses. In addition, grades of D or F are not accepted toward required courses. We recommend that prerequisites be taken within the last five years; however, we will consider all courses regardless of the amount of time since completion.

All applicants to the Doctor of Physical Therapy (DPT) program at ULM must apply through the Physical Therapist Centralized Application Service (PTCAS) at [www.ptcas.org](http://www.ptcas.org). Required application materials include official transcripts from all postsecondary institutions and two letters of recommendation—one from a licensed physical therapist and one from a college-level faculty member or other approved evaluator listed on the PTCAS website. The DPT Admissions Committee reviews all applications, and qualified candidates are invited for interviews between January and March, either on-site or in person, based on their initial applicant rank.



The ULM DPT program uses a holistic admissions process that considers prerequisite and cumulative GPAs, personal statements, healthcare and community service experience, recommendation letters, and interview performance. With a class size capped at 48 students, admission is competitive, and selection from the interviewed pool is based on a combination of qualifications rather than rank alone. Historical admissions trends guide how many interview invitations and initial admission offers are extended. A designated alternate list is maintained in case additional offers are required to meet enrollment goals.

Transfer credit requests from other DPT or health professions education programs are evaluated individually. Only graduate-level, ground-based courses completed within the past three years with a minimum grade of B- from accredited institutions will be considered. The program's faculty or a designated dean reviews course syllabi to assess content and rigor for equivalency. While up to 12 semester hours of transfer credit may be accepted, only credit hours (not quality points) transfer, and GPA calculations are based solely on coursework completed at ULM.

### Background Checks & Drug Screen

ULM DPT Program follows the College of Health Sciences' student background check and drug screen testing policy which can be found [here](#).

### Registration

#### Add/Drop

Adding and dropping classes are functions which should be completed via Self Service Banner ([banner.ulm.edu](https://banner.ulm.edu)) unless prerequisite issues require a signature by an academic unit. In these cases, a student is required to process an add/drop form and turn it into the Registrar's Office. Students using Banner are strongly encouraged to print a copy of the screen displayed when they drop a course and to verify that they have been removed from the course by reviewing their course schedule. A grade of "F" will be assigned to any student who does not drop the course from his/her schedule.

#### Name/Address Change

To request a name change, students must present an original Social Security card showing the new name, along with a completed "Name Change" form, to the Registrar's Office—photocopies are not accepted. The student's ULM record will reflect the name exactly as it appears on the Social Security card, and no other forms of identification will be accepted for this purpose.

Students are also required to provide both a local and permanent address upon admission and must update any address changes through the Banner Self Service website at <https://banner.ulm.edu>. It is the student's responsibility to ensure that their address is current, as ULM is not responsible for any missed communications resulting from outdated address information.

### Technology Requirements/Resources

Students in the ULM DPT program are expected to have basic proficiency with a variety of technologies to successfully complete coursework. This includes using the eLearning platform, sending emails with attachments, and creating and submitting assignments using Microsoft Word, Excel, and PowerPoint. Students should organize their files by course and week, save work regularly, and maintain multiple versions of assignments for backup.

Students must ensure their internet browser is up-to-date and properly configured for online learning. Additional tasks may include uploading various file types (Word, PowerPoint, Excel, PDFs), recording and submitting videos or audio files, using social media for collaboration, and conducting research through the university library's databases with proper citations to avoid plagiarism.

Basic computer functions such as copying and pasting, as well as downloading and installing software, are also required. In some cases, students may need access to a webcam or other multimedia tools to meet course requirements.

### Cardiopulmonary Resuscitation (CPR)

Students must acquire and maintain certification in AHA Basic Life Support (BLS) for Healthcare Providers training. Evidence of current (dates inclusive of entire clinical duration) CPR certification, which must include adult, infant, and obstructed airway. The American Heart Association (AHA) BLS level C provider is preferred.

### Disability Services

#### Students with Disabilities

Students with documented physical or learning disabilities who require accommodations for equal access should contact the Self-Development, Counseling, and Special Accommodations Center at the start of the course and inform their instructor accordingly. Appointments can be made by calling (318) 342-5220, and the center is open Monday through Thursday from 7:30 a.m. to 5:00 p.m., and Friday from 7:30 a.m. to 11:30 a.m. Additional information is available on the Counseling Center website at [www.ulm.edu/counselingcenter/special.html](http://www.ulm.edu/counselingcenter/special.html).

The center also offers direct crisis intervention services to ULM students, which may include ongoing counseling, referrals to appropriate university or community resources, or consultation for faculty and staff managing crisis situations.

### Health Insurance

Evidence of current health insurance coverage with policy name, number, and effective date to include the duration of the program.

## **III. Curriculum**

<b>Fall 1st Semester First Year</b>	Credit Hours
PHYT 6100 Functional Anatomy I: Musculoskeletal System	4
PHYT 6110 Assessment and Management of the Musculoskeletal System I	6
PHYT 6120 Clinical Inquiry I	2
PHYT 6130 Professional Development I	1
PHYT 6140 Cultural and Rural Health I	1
PHYT 6150 Integrated Clinical Experience I	1
Subtotal	15
<b>Spring 2nd Semester First Year</b>	
PHYT 6200 Functional Anatomy II: Neurological System	4
PHYT 6250 Integrated Clinical Experience II	1
PHYT 6260 Neurophysiology and Motor Control	3
PHYT 6270 Clinical Skills Development	4
PHYT 6280 Clinical and Applied Exercise Physiology I	3
Subtotal	15
<b>Summer 3rd Semester First Year</b>	
PHYT 6330 Professional Development II	2
PHYT 6350 Integrated Clinical Experience III	1
PHYT 6360 Assessment and Management of the Neurological System I	3
PHYT 6370 Therapeutic and Innovative Modalities	2
PHYT 6380 Clinical and Applied Exercise Physiology II	2
PHYT 6390 Applied Pharmacology and Diagnostic Imaging	2
Subtotal	12
<b>Fall 4th Semester Second Year</b>	
PHYT 6410 Assessment and Management of the Musculoskeletal System II	3
PHYT 6420 Clinical Inquiry II	2
PHYT 6450 Professional Education I	4
PHYT 6460 Assessment and Management of the Neurological System II	3
PHYT 6470 Patient Management Across the Lifespan I	3
Subtotal	15
<b>Spring 5th Semester Second Year</b>	
PHYT 6500 Functional Anatomy III: Cardiopulmonary System	4
PHYT 6510 Assessment and Management of the Musculoskeletal System III	3
PHYT 6550 Integrated Clinical Experience IV	1
PHYT 6570 Patient Management Across the Lifespan II	3
Subtotal	11
<b>Summer 6th Semester Second Year</b>	
PHYT 6580 Assessment and Management of the Cardiopulmonary System	3
PHYT 6600 Functional Anatomy IV: Gastrointestinal System	2
PHYT 6640 Cultural and Rural Health II	1
PHYT 6650 Professional Education II	4
PHYT 6670 Practice Management	2
PHYT 6690 Assessment and Management of Other Systems	1
Subtotal	13

**Fall 7- Semester Third Year**

PHYT 6700 Functional Anatomy V: Genitourinary System	3
PHYT 6720 Clinical Inquiry III	1
PHYT 6750 Professional Education III	4
PHYT 6790 Assessment and Management of the Genitourinary System	2
Subtotal	10

**Spring 8- Semester Third Year**

PHYT 6850 Professional Education IV	4
PHYT 6870 Independent Study (elective; optional)	1-3
Subtotal	4-7

Total	95-98
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**Course Descriptions:****First Year Course Descriptions****Fall Semester (First Year) Subtotal 15 credit hours****PHYT 6100 Functional Anatomy I: Musculoskeletal System (4 credit hours)**

The course identifies the anatomy of the musculoskeletal system relevant to physical therapy practice emphasized through lectures with student-performed dissection human cadavers.

**PHYT 6110 Assessment and Management of the Musculoskeletal System I (6 credit hours)**

The course introduces kinematic and kinetic concepts, body structures of movement, and a comprehensive review of pathophysiology of the musculoskeletal system.

**PHYT 6120 Clinical Inquiry I (2 credit hours)**

This course provides a comprehensive review of research design and the impact of each design on evidence-based or evidence-informed physical therapy practice.

**PHYT 6130 Professional Development I (1 credit hour)**

The course introduces health care systems, the American Physical Therapy Association, World Physiotherapy, and professional behaviors and activities.

**PHYT 6140 Cultural and Rural Issues (1 credit hour)**

This course will develop the knowledge and skills to identify and address cultural and social facilitators and barriers of rehabilitation potential.

**PHYT 6150 Integrated Clinical Experience I (1 credit hour)**

This course applies the knowledge and skills learned during the first professional training semester in various clinical settings.

**Spring Semester (First Year) Subtotal 15 credit hours****PHYT 6200 Functional Anatomy II: Neurological System (4 credit hours)**

The course identifies the anatomical features of the neurological system relevant to physical therapy practice through lectures and dissection of human cadavers.

**PHYT 6250 Integrated Clinical Experience II (1 credit hour)**

This course applies the knowledge and skills learned during the second professional training semester in various clinical settings.

PHYT 6260 Neurophysiology and Motor Control (3 credit hours)

This course provides a comprehensive review of the central nervous system's influence on movement from motor neuron levels to cerebral cortex.

PHYT 6270 Clinical Skills Development (4 credit hours)

This course emphasizes patient management skills including body system screens and assessments including range of motion and muscle strength.

PHYT 6280 Clinical and Applied Exercise Physiology I (3 credit hours)

This course provides a comprehensive review of normal and abnormal responses of various physiological organ systems to exercise.

**Summer Semester (First Year) Subtotal 12 credit hours**

PHYT 6330 Professional Development II (2 credit hours)

This course provides a continued introduction and development of knowledge, skills, and attitudes associated with the physical therapist identity.

PHYT 6350 Integrated Clinical Experience III (1 credit hour)

This course applies the knowledge and skills learned during the third professional training semester in various clinical settings.

PHYT 6360 Assessment and Management of the Neurological System I (3 credit hours)

This course provides a comprehensive review of normal and abnormal physiology of the neurological system and the relevance to PT practice.

PHYT 6370 Therapeutic and Innovative Modalities (2 credit hours)

This course aids understanding the alignment and use of therapeutic modalities, also referred to as biophysical agents, within the treatment plan.

PHYT 6380 Clinical and Applied Exercise Physiology II (2 credit hours)

This course develops skills and safety in the prescription and modification of exercise based on physiological and psychological responses.

PHYT 6390 Applied Pharmacology and Diagnostic Imaging (2 credit hours)

The course helps the learner understand the role of pharmacology in the administration and management of physical therapy interventions.

**Second Year Course Description**

**Fall Semester (Second Year) Subtotal 15 credit hours**

PHYT 6410 Assessment and Management of the Musculoskeletal System II (3 credit hours)

The course continues the development of skills and safety in the treatment of the patient/client with a musculoskeletal dysfunction involving the extremities.

PHYT 6420 Clinical Inquiry II (2 credit hours)

This course provides instruction in descriptive and interference analyses and the impact of each analysis on evidence-based or evidence-informed physical therapy practice.

PHYT 6450 Professional Education I (4 credit hours)

This course serves as the first full-time supervised clinical education experience for ~~beginning~~ students of clinical and professional skills.

PHYT 6460 Assessment and Management of the Neurological System II (3 credit hours) This course develops skills and safety in the treatment of the patient/client with neurological dysfunction.

PHYT 6470 Patient Management across the Lifespan (3 credit hours)

The course includes the assessment and management of the patient/client throughout the lifespan with an emphasis on pediatric and geriatric needs.

**Spring Semester (Second Year) Subtotal 11 credit hours**

PHYT 6500 Functional Anatomy III: Cardiopulmonary System (4 credit hours)

The course identifies the anatomy of the cardiopulmonary system relevant to physical therapy practice emphasized through lectures with dissection of human cadavers.

PHYT 6510 Assessment and Management of the Musculoskeletal System III (3 credit hours) The course develops skills and safety in the treatment of the patient/client with musculoskeletal dysfunction involving the spine or jaw.

PHYT 6550 Integrated Clinical Experience IV (1 credit hour)

This course applies the knowledge and skills learned during the fifth professional training semester in various clinical settings.

PHYT 6570 Patient Management across the Lifespan II (3 credit hours)

This course provides continued training in the assessment and management of the patient/client throughout the lifespan with an emphasis on pediatric and geriatric needs.

**Summer Semester (Second Year) Subtotal 13 credit hours**

PHYT 6580 Assessment and Management of the Cardiopulmonary System (3 credit hours)

This course provides a comprehensive review of normal and abnormal physiology of the cardiopulmonary system and the relevance to physical therapy practice.

PHYT 6600 Functional Anatomy IV: Gastrointestinal System (2 credit hours)

This course identifies the anatomy of the gastrointestinal system relevant to physical therapy practice emphasized through lectures and dissection of human cadavers.

PHYT 6640 Cultural and Rural Health II (1 credit hour)

This course will instruct the learner in how to develop and present a community informed, health disparity program or research project.

PHYT 6650 Professional Education II (4 credit hours)

This course serves as the second full-time supervised clinical education experience for the development of clinical and professional skills.

PHYT 6670 Practice Management (2 credit hours)

The course provides a comprehensive review of administration and management principles and practice within the physical therapy profession and healthcare systems.

PHYT 6690 Assessment and Management of Other Systems (1 credit hour)

The course provides a comprehensive review of pathophysiology of the integumentary and endocrine system and the relevance to physical therapy practice.

**Third Year Course Description**

**Fall Semester (Third Year) Subtotal 10 credit hours**

PHYT 6700 Functional Anatomy V: Genitourinary System (3 credit hours)

This course identifies the anatomy of the reproductive system relevant to physical therapy practice emphasized through lectures and dissection of human cadavers.

PHYT 6720 Clinical Inquiry III (1 credit hours)

The course provides a comprehensive review of the institutional regulations of data collection, management, and dissemination.

PHYT 6750 Professional Education III (4 credit hours)

This course serves as the third full-time supervised clinical education experience for the development of clinical and professional skills.

PHYT 6790 Assessment and Management of the Genitourinary System (2 credit hours)

This course discusses sex or gender specific rehabilitation needs, including pelvic health, pregnancy and postpartum, cancer, sex reassignment surgeries, and hormone therapies.

**Spring Semester (Third Year) Subtotal 4-7 credit**

~~PHYT 6850~~ PHYT 6850 Professional Education IV (4 credit hours)

This course serves as the fourth full-time supervised clinical education experience for the development of clinical and professional skills.

Physical Therapy Laboratory Sessions

Skills labs will require students to perform examinations, palpation, apply treatment modalities, and practice therapeutic exercises. Appropriate attire is required: men must wear shorts and T-shirts, and women must wear shorts and sports bras. Clothing must be free of profane, discriminatory, or offensive language. Additionally, fingernails must be trimmed so they do not extend beyond the fingertips.

Rights and Responsibilities: The Student

The Following are rights and responsibilities afforded to the student:

1. The student should expect a supportive learning environment, and it is the right of the student to address this when appropriate.
2. The student is responsible for one's own learning experience. This includes discussing mutual objectives for the clinical experience with the Clinical Instructor, assessing one's own performance, and demonstrating initiative by seeking out and utilizing opportunities for learning.
3. The students will make a commitment to continuous learning through education and practical engagement with faculty and classmates to consistently progress towards one's professional formation as high functioning experts of movement through the program.
4. Throughout the program, the students will participate in collaborative relationships with clinical community and educational healthcare partners to gain knowledge, experience, and leadership skills to become competent clinicians within the profession.
5. The students will serve as reflective learners within the profession to improve health and wellness for communities through:
  - a. Engagement and collaboration with faculty clinical and educational research
  - b. Utilization of reflective practice journal to assess self-performance and perception for opportunities to improve
  - c. Collaboration and participation in community health activities
  - d. Participation in the State's legislative process to improve community advocacy skills
6. The student is responsible for one's transportation and living expenses incurred during the clinical education experience.
7. The student is required to present a continuing education project (in- service, deliver a case study, or perform a service project) during each professional education course.
8. The student must have a current certification in Basic Life Support for Healthcare Providers (CPR and AED). The American Heart Association (AHA) BLS level C provider is preferred. Proof of BLS certification is required to be uploaded to data management system.
9. The student must provide evidence of current immunizations and health insurance coverage.
10. The student must maintain copies of all records submitted to any member of the Clinical Education Team.
11. The student must comply with all requirements outlined on the syllabus from University of Louisiana at Monroe for the respective professional education course.
12. The student is responsible for assessing the DCE/ADCE performance through the Trajecsyst system at the end of each clinical experience using the Student Assessment of DCE/ADCE performance Survey.



## **IV. Academic Progression and Behavioral Conduct**

### Grading System Policy:

Students must earn a minimum score of 75% on both comprehensive written midterm and final exams during the fall semester to pass. If a student fails either exam, they will be given one opportunity to retake a single, comprehensive written exam within one week. Failure to pass the second attempt results in referral to the Professional Success Committee.

Even if the final course grade is 75% or higher, any individual exam score below 75% (midterm, final, or practical) must be remediated in order to pass the course. Written exams, tests, and quizzes must account for at least 50% of a course's total evaluation, unless an exception is approved by the Program Director. Students with exam-related questions should consult the appropriate instructor directly.

### Make-Up Policy

If an absence was excused or approved, the student will have up to one week from the original deadline or return to class date, based on the instructor or Program Director's discretion, and no later than the last day of instruction.

### Late Work Policy

Communication is required when an assignment deadline will be missed. The instructor will notify the student if the missed deadline will be excused or approved. The ULM Graduate School gives examples of excused or approved delays or absences due to illness or injury with a medical notice, the death of an immediate family member, natural disaster, exceptional traumatic event, or national defense with a copy of official military orders. An excused or approved delay will not result in a point deduction and the assignment must be turned in within 7 calendar days or a later date based on the instructor's discretion. Unexcused assignment submission delays will result in a point deduction. An assignment turned in within 3 days of the due date will receive a 25% deduction. An assignment turned in within 4-7 days of the due date will receive a 50% deduction. Assignments will not be accepted after 7 calendar days. If communication is not received before the assignment deadline or extenuating circumstances do not exist, late work will not be accepted.

### Academic Integrity

Academic honesty is a core value at the University of Louisiana Monroe, requiring all students to submit original work and properly cite any borrowed ideas or words. Plagiarism is strictly prohibited and includes using another person's work without acknowledgment, whether the material is published, verbal, visual, or from any identifiable source. Academic dishonesty can occur in both in-person and online settings and includes actions like having others complete assignments, excessive revision by a reviewer, copying another student's work, or using uncited information. Faculty and students are expected to uphold the university's official policy on academic dishonesty at all times.

### Academic progress

Academic progress in the ULM DPT program is closely monitored, and concerns are communicated by faculty to the appropriate parties: the Director of Clinical Education for

clinical issues and the Program Director for academic issues. Written and practical exams are aligned with the Clinical Performance Instrument (CPI) to assess clinical skills, and a performance report is submitted to the Administrative Analyst to track student progress. Students performing below expected levels are reported to their faculty advisor, Program Director, and Director of Clinical Education. To progress to full-time clinical experiences, students must pass all clinical competency exams, complete all coursework, and maintain a minimum 3.0 GPA, as outlined in the Student Handbook.

If a student fails to meet performance expectations, they must meet with their faculty advisor (Mentor-Coach) to create an Individualized Professional Development Plan (see Appendix B). This plan may include using additional study resources, extra time in integrated clinical experiences (ICE), extended clinical placements, or enrollment in PHYT 6879 Independent Study for tailored instruction. The plan is designed to address specific areas of concern and support academic improvement.

Students under a development plan must submit weekly progress updates to their faculty advisor. The plan remains in place until the student demonstrates improvement, typically shown through a follow-up written or practical exam. Final approval for the removal of the supervised plan is granted by both the academic advisor and Program Director.

#### Student retention:

Each student entering the ULM DPT program is assigned a faculty advisor, referred to as a Mentor-Coach (MC), who will meet with the student at least once per semester to review academic and professional progress. Student performance is regularly discussed during weekly faculty meetings, and if concerns arise, the MC will meet with the student to address the issues and create strategies for improvement.

Any academic plan developed by the MC will be presented at a subsequent faculty meeting for review and approval, where additional support strategies may be suggested. MCs will continue to meet with their students as needed to monitor progress and address concerns, including those related to professional and ethical behavior.

#### Student progression:

Academic progress is continuously monitored throughout the ULM DPT program. Faculty communicate any performance concerns to the Director of Clinical Education for clinical-related issues and to the Program Director for academic-related concerns. All written and practical exams are aligned with the Clinical Performance Instrument (CPI) to assess clinical skills.

A performance report is submitted to the Administrative Analyst, who tracks student progress across academic and clinical domains. Students falling below expected performance levels are reported to their assigned Mentor-Coach, the Program Director, and the Director of Clinical Education. To be eligible for full-time clinical experiences, students must successfully pass all clinical competency practicals and exams, complete all coursework, and maintain a minimum GPA of 3.0.

### Student remediation:

The remediation process in the ULM DPT program begins when a student receives a grade below 75% on a didactic exam, Comprehensive Exam, Competency Skills Check, or Practical Exam; fails a safety item on a Competency Skills Check or Physical Therapy Practical Exam (PTPE); or does not meet minimum performance expectations on a clinical assessment tool. In these cases, the student must meet with the instructor to address areas of weakness. A failed PTPE must be remediated during the designated testing period, and students are allowed one additional attempt. Regardless of performance on the make-up, the highest achievable grade is a B. Failure to successfully remediate results in a failing course grade and academic suspension.

The second level of remediation applies when a student earns a grade of C in a course. This process is initiated by the Program Director and Course Coordinator and must be completed no later than the end of the first week of the following semester. The student must sign an Acknowledgement of Course Remediation Process (Appendix C), and an Individualized Professional Development Plan (IPDP) will be created outlining the remediation format, content, evaluation method, and timeline (Appendix B).

If the initial remediation attempt is unsuccessful, a second attempt may be allowed at the discretion of the Program Director and the Professional Success Committee. Failure of the second remediation attempt will result in suspension from the program.

### Academic suspension:

Students placed on academic suspension may either appeal their grade through the ULM Appeal Process, as outlined in the ULM DPT Student Program Handbook, or apply for readmission the following academic year. To be considered for readmission, students must submit three positive letters of support from faculty and be in good standing. Readmission is not guaranteed and depends on seat availability, clinical placement capacity, and overall program resources. If accepted, an amended program of study will be collaboratively developed by the Program Director, Director of Clinical Education, core faculty, and the student. Only one readmission opportunity is allowed; students dismissed twice from the program are no longer eligible to reapply.

If a student fails a Competency Skills Check due to safety issues or earns below 75%, they are allowed one retake after seeking help from the course coordinator and practicing the required skills. Failure on the second attempt, either for safety concerns or scoring below 75%, results in a failing course grade and academic suspension. Similarly, students who fail a Physical Therapy Practical Examination for safety issues or score below 75% must complete a Practical Development Plan Agreement (Appendix C) before attempting a second exam. This second attempt must occur by the end of finals week, and failure to pass again results in course failure and academic suspension.

The second level of remediation is triggered when a student earns a grade of C in a course. This process, initiated by the Program Director and Course Coordinator, must be completed by the end of the first week of the following semester. The student is required to sign an Acknowledgement of Course Remediation Process (Appendix C), and an Individualized Professional Development Plan (IPDP) is created (Appendix B) outlining expectations and a

completion timeline. If remediation is unsuccessful, a second attempt may be granted at the discretion of the Program Director and Professional Success Committee. Failure of the second remediation attempt results in suspension from the program.

#### Program Dismissals:

Students in the ULM DPT program must maintain a cumulative GPA of 3.0 or higher. If a student's GPA falls below this threshold, they are granted one semester to raise it back to the required level; failure to do so may result in dismissal from the program. Additionally, students must earn no lower than a C in any professional coursework and are permitted a maximum of three grades of C throughout the program.

Falling below a 3.0 GPA in any semester may also jeopardize a student's eligibility for financial aid, requiring them to cover tuition costs independently. Supplying false information on any program-related documents is considered a serious violation and may result in disciplinary action, including immediate dismissal. More details about grading policies and appeals can be found on the ULM Graduate School website.

#### University Dismissals:

A student will be subject to dismissal from the program for substandard academic or professional performance as follows:

- A grade of "U" or "NCR" in two (2) different required courses (didactic or clinical experiences throughout the 3-year program).
- A second grade of "U" or "NCR" in the same required course (didactic or clinical experiences) whether earned by repeating the course or because of unsatisfactory performance upon attempted remediation via examination.
- Attainment of a semester and/or cumulative GPA less than 3.0 and two (2) or more grades of "U" within the same semester.
- Attainment of a semester and/or cumulative GPA less than 3.0 for two (2) or more consecutive didactic semesters.
- Failure to attain a cumulative GPA of 3.0 or higher at the end of the academic year.
- Failure to maintain the Code of Student Conduct set forth in the University Student Handbook and University Graduate Catalog.

The University Graduate Catalog can be accessed on the [ulm.edu](http://ulm.edu) website or directly at:

[Graduate Catalog. Physical Therapy, DPT](#)

The University Student Handbook can be accessed on the [ulm.edu](http://ulm.edu) website or directly at:

<https://www.ulm.edu/studenthandbook/>

#### Petition for Readmission of Academic Suspension/Dismissal:

In addition to the readmission policy, any decision for readmission to the program may include conditions of remediation or development, including but not limited to repeating all or part of the program the student has already completed, and which must be successfully completed for the student to re-enter or remain in the program.

Procedure – Committee Materials the Academic Standards Committee will be supplied with the following information prior to hearing an appeal for readmission:

- a. Copy of the Appeal Letter for Readmission
- b. Copy of the original dismissal letter and previous appeal decisions
- c. Copy of student transcripts
- d. Copy of any letters of recommendation
- e. Any other document the Committee deems necessary to make an informed decision.

**Review of Academic Disciplinary Action:** The Professional Success Committee will review and report agreement or disagreement of all disciplinary actions taken regarding dismissals, suspensions and probations of students made by the Vice President of Academic Affairs. If requested the Committee will review the progression status of all students who have earned non-progression grades, recommend remediation in accordance with the Remediation policy, or recommend further remediation after an initial failing remediation attempt.

### **Academic Withdrawal:**

#### **Resignation/Withdrawal Policy:**

Please be aware that if you drop all classes, your financial aid may be reviewed, and a portion of your financial aid may have to be returned. This would cause you to possibly owe a balance to ULM. It is your responsibility to attend and pass all classes for which you register.

Those students who fail to pass and/or attend all classes will also have their financial aid packages reviewed. All professors involved may be contacted to verify the last date of class attendance. Depending on the class type (modules or full term), the date the student intends to drop and how many hours the student is dropping, it may become necessary to return all or a portion of the financial aid awarded if it is deemed that the student did not fulfill class requirements. A Letter of Intent may be required depending on the type of class or classes dropped and the time of the drop.

If you must resign from a class or from school, PLEASE contact the Financial Aid office first and follow the proper withdrawal/resignation procedure through the Registrar's Office.

Merely discontinuing class attendance is not considered to be a formal resignation from The University. Students who discontinue class attendance and who fail to follow the established resignation procedure will be held responsible for all tuition and fees.

For more details, please contact the Registrar's Office or visit: <http://registrar.ulm.edu>

### **Appeal of a Course Grade**

#### **I. Policy Statement**

The University of Louisiana at Monroe (ULM) believes students have the right to receive a grade determined through a fair evaluation of their work using a method that is consistently applied and is not arbitrary. Students further have the right to be informed in writing of the grading methods and standards that will be applied to them. This notification should occur at the beginning of the semester, typically through the course syllabus, and at any time during the course in which the faculty member alters the grading standard/method. ULM further believes that the faculty member assigned to a course has the right to develop this method and standard

for determining a grade provided that they are professionally acceptable. ULM presumes that the course instructor's judgment of assignment grades is authoritative.

## II. Purpose of Policy

The purpose of this Policy is to:

- ensure that students are protected from receiving an unfair grade,
- preserve the academic responsibility and judgment of ULM's faculty members, and
- ensure that all individuals involved in the matter have an opportunity to present their side of the issue.

It is designed to provide a means for students to seek change when they feel their grade has been determined unfairly and for the professional judgment of faculty members to be protected. Thus,

1. **What may be appealed:** Only the final grade for the course may be appealed. Individual assignment grades are not subject to appeal since they are determined by the professional judgment of the faculty member.
2. **Basis for appeal:** Grade appeals must claim that the student was unfairly evaluated because (a) the course grading standards and/or methods were not followed as specified in the course syllabus, amended as announced by the faculty member, and/or (b) were not applied uniformly when compared to other students in the course. Appeals may not be expanded once they are initiated.
3. **Time frames:** Student appeals must be made to the course instructor within ten working days after the Registrar has posted grades for the course. Any subsequent appeals must be made within five working days from when the parties are notified of the decision. Under normal circumstances, if the party making the appeal fails to meet any deadline for appeal to the next level, the matter will be considered closed. Personnel hearing an appeal should strive to reach a decision within five working days of receiving all information related to the appeal.
4. **Materials to be submitted by the student when appealing beyond the faculty member:** Each grade appeal shall contain the following information:
  - a. **Dated letter of appeal** to include the student's name and identification number; semester in which the course was taught; course subject, number, and record number (CRN); faculty member's name; statement of the basis for appeal (see II.2); explanation to support the claim made in the appeal; and the grade believed deserved with an explanation of how the student determined the requested grade. The letter should be signed by the student.
  - b. **Supporting information** used by the student to corroborate the claim should be attached to the appeal letter and submitted along with it. The course syllabus must be included in this information.
5. **Materials to be submitted by the faculty member:** When an appeal proceeds beyond the faculty member, it shall contain the following information:
  - a. **Dated informational memorandum** to include the faculty member's name; semester in which the course was taught; course subject, number, record number (CRN), and syllabus; student's name and identification number; explanation of how the grade was determined; and any supplemental information that would be helpful in understanding the case. The memorandum should be initiated by the faculty member.

- b. **Supporting information** used by the faculty member to corroborate the explanation should be attached to the informational memorandum and submitted along with it.
6. **Letter of notification:** The student or faculty member choosing to continue a grade appeal to the next level should write a letter to the administrator hearing that appeal. The letter should be dated, signed by the person making the appeal, and express the desire to continue the appeal.

### III. Applicability

This Policy is applicable to all students enrolled in ULM courses and to all faculty members teaching those courses.

### IV. Definitions

1. **Fair evaluation**: Assignment of a course grade to a student using a method and standard known by the student and applied uniformly and without bias to all students in the course.
2. **Grading method**: The procedure by which the final course grade is determined for a student, including but not limited to the individual elements (i.e., assignments, examinations, papers, and other factors) whose value and relative weight are used to calculate a final course grade.
3. **Grading standard**: The set of expectations applied in determining the final course grade (i.e., grading scale).
4. **Professionally acceptable**: Adherence to the standards commonly used in higher education.

### V. Policy Procedure

**Step 1.** Within ten working days after the Registrar has posted grades for the course, students considering a grade appeal should discuss their concerns with the course's faculty member and seek to resolve the matter at that level. It is hoped that most issues will be settled in this manner.

**Step 2.** If the issue is not resolved at Step 1 and the basis of the appeal is an unfair evaluation, the student may appeal to the next level by submitting the materials specified in II.4 as follows.

- a. **College of Health Sciences**, Send the information to the Program Director of Physical Therapy. The program director will provide this information to the faculty member and request the information along with any comments that the faculty member wishes to make in response to the student's appeal. The information will be provided to the student and the student will be allowed to respond. Responses may be submitted in writing or provided verbally if the program director chooses to meet with the student and/or the faculty member. After reviewing all information, the program director will notify each party of the decision and appeal options available.
- b. If either party chooses to continue the appeal, a notification letter should be sent to the school of Allied Health director. The School of Allied Health director will then request information previously submitted and a summary of the matter from the program director. After reviewing all information, the School of Allied Health director will notify each party of the decision and appeal options available.

**Step 3.** If the issue is not resolved at Step 2 and the basis of the appeal is an unfair evaluation, the student or the faculty member may appeal to the faculty member's college dean for undergraduate and graduate courses by submitting a notification letter.

- a. Appeals are not sent to the Director of the Graduate School. The dean will then request all information previously submitted and a summary of the matter from the previous reviewing administrator.
- b. The dean will form an ad hoc Faculty Committee for Grade Appeals to review all submitted information and provide advice on a decision.
- c. The Committee will consist of three full-time faculty members selected from the college, excluding individuals teaching in the course subject area, and will be chaired by the college's associate dean, a non-voting member of the committee.
- d. After discussions are concluded, all submitted information, a summary of the case, and a recommendation will be given to the dean.
- e. The dean will review this information, make a final decision on the appeal, and notify each party of the decision.

No further appeals will be allowed, and the case will be closed.

Note: If the faculty member of the course is one of the administrators involved in the review process, then the appeal information after Step 1 will be given to that administrator's supervisor. Further appeals will proceed from that point. If the faculty member is a dean, appeals will be made to the Vice President for Academic Affairs.

The policy may be found [here](#).

### The Professional Success Committee

The Professional Success Committee (PSC), composed of ULM DPT core faculty, is responsible for setting and enforcing academic and professional behavior policies aligned with university standards. Under the program director's leadership and college administration's approval, core faculty can create, change, and interpret student policies. If a student does not meet performance expectations, they are referred to the PSC. The committee, along with clinical education staff, will develop an Individualized Professional Development Plan, which may include extended clinical experiences or additional coursework.

### Professional Behavior

Students are expected to demonstrate professional behavior at all times during classes, labs, and clinics by actively participating and remaining attentive. This includes appropriate interaction, asking relevant questions, and minimizing distractions such as talking, sleeping, or using cell phones. Phones and pagers should be turned off or set to vibrate if necessary due to personal responsibilities. Disruptive or unprofessional behavior may result in the student being asked to leave the setting, and in severe cases, may lead to dismissal from the course.

### Unprofessional Conduct/ Behavioral Misconduct

The Office of Student Services at ULM oversees student conduct to uphold ethical standards and promote integrity within the academic community. Its role is to enforce behavior expectations while protecting the rights, health, and safety of all campus members. Complaints involving students, faculty, or staff should be submitted promptly in writing or online and include key



details such as the incident date, individuals involved, and witness information. All disciplinary records are handled confidentially by the Office of Student Services.

#### Final Appeal Process for Discipline for Behavioral Misconduct

Students have the right to appeal decisions related to behavioral misconduct by submitting a written appeal to the School Dean within five business days of the Student Affairs Committee's decision. The Dean will review all case documentation and may request a personal interview with the student. After this review, the Dean will make a final decision. This decision is not subject to further appeal.

#### Behavioral Misconduct- Review of Violations

When a faculty member or clinical instructor identifies unsafe or unprofessional behavior, they must inform the student and notify the Program Director and Director of Clinical Education, if applicable. The student may be temporarily removed from the classroom or clinic while the issue is reviewed. The Program Director will then assess whether a written warning is sufficient or if the matter requires a formal hearing by the Student Affairs Committee. During the hearing, the student may have an advocate, present witnesses, and respond to testimony, and the Committee will make its decision based on a preponderance of evidence, issuing a final sanction accordingly.

#### Behavioral Misconduct –Disciplinary Management

After the hearing, the Student Affairs Committee will determine the facts of the case and recommend appropriate sanctions. Sanctions may include a Professional Behavior Warning, Course Failure (leading to suspension), Disciplinary Probation, Disciplinary Suspension, or Disciplinary Dismissal. Each sanction carries specific consequences and timelines, with more severe violations resulting in suspension or permanent dismissal. The Committee's decision is communicated in writing to the student's official address and to the School Dean.

## **V. Clinical Education Program**

#### Core Faculty Expectations for Students Prior to Clinical Experience

Progression to entry-level clinical performance is assessed each semester through Professional Experience (PE) and Integrated Clinical Experience (ICE) coursework. Learners will complete 1,260 practicum hours or 36 weeks (about 8 and a half months) of full-time clinical education before graduation to ensure independent clinical readiness prior to graduation. There are four Professional Experience courses located in the fourth, sixth, seventh, and eighth semesters of the curriculum.

To ensure that each student achieves entry-level clinical performance, the program has included ICE in the curriculum for the early identification of clinical strengths and weaknesses of the student. Our program believes that early application of clinical knowledge and skills in real-world scenarios will impact learning outcomes.

Therefore, ICE courses are in the semesters without full-time clinical experience to ensure continuous assessment of a student's progress toward independent clinical readiness. Each ICE

course is focused on the application of key knowledge and skills identified by the faculty and community clinicians. The student will have completed 90 contact hours of ICE before the first Professional Experience course in the fourth semester of the curriculum. The ICE course series includes 58 weeks (about 1 year and a half months) and 120 laboratory content hours, which will be completed before Professional Experiences II, III, and IV.

Each semester allows the faculty the opportunity to assess clinical readiness through ICE or full-time clinical experiences. The faculty utilizes the Physical Therapist Clinical Performance Instrument for Students (CPI) to determine progress toward entry-level performance with the incorporation of anchor definitions from the Physical Therapist Clinical Performance Instrument for Students (CPI).

### Clinical Education Integrated Experiences Curriculum

The ULM DPT clinical education program comprises four part-time Integrated Clinical Experiences (ICE) titled Integrated Clinical Experience I, II, III, and IV and four full time clinical education experiences titled Professional Education I, II, III, and IV, all of which are taught and coordinated by the Director of Clinical Education (DCE). Of the four professional education experiences, students are required to complete at minimum one In-patient, one Outpatient, and one rural clinical experience in order of availability. The ULM DPT program also allows for an optional Professional Education Experience to occur in the final half of the Spring of the Third year. This may be used as a make-up session or an opportunity to gain additional experience in an area of interest. The following clinical settings are of interest to the ULM DPT program: Acute Care/Inpatient Hospital Facility/Acute Rehabilitation, Home Health, SNF/Nursing Home/Sub-acute Rehabilitation, Outpatient Hospital, Occupational Health Facility, Outpatient Private Practice, Rehabilitation/Sub-acute Rehabilitation, and Pediatric.

### **The clinical education experience timeline is as follows:**

- Integrated Clinical Experience I occurs in the **Fall** of the **First** year:
  - Coordinates with Functional Anatomy I Course- Musculoskeletal System
  - Clinical Experience Focus: Musculoskeletal
  - Students are required to complete a reflective practice assignment to reflect on lab assignments and clinical experiences.
- Integrated Clinical Experience II occurs in the **Spring** of the **First** year:
  - Coordinates with Functional Anatomy II Course- Neurological System
  - Clinical Experience Focus: Neurological
  - Students are required to complete a reflective practice assignment to reflect lab assignments and clinical experiences.
- Integrated Clinical Experience III occurs in the **Summer** of the **First** year:
  - Coordinates with Clinical and applied Exercise Physiology II and Therapeutic and Innovative Modalities courses
  - Clinical Experience Focus: Exercise Prescription and Therapeutic Modalities
  - Students are required to complete a reflective practice assignment to reflect on lab assignments and clinical experiences.
- Professional Education I occurs in the **Fall** of the **Second** year: (Inpatient, Outpatient, or Rural setting)
  - 10-week full-time clinical education experience

- Students will work under the supervision of a licensed physical therapist (CI).
  - Students are expected to work with patients across a wide spectrum of pathologies, injuries, and functional deficits to integrate and apply knowledge obtained through didactic coursework and laboratory practice into the clinical environment
  - Students are required to submit goals and a reflective essay as well as present an in-service or training on a topic agreed upon by both the CI and the student.
- Integrated Clinical Experience IV occurs in the **Summer** of the **Second year**:
  - Coordinates with Functional Anatomy III Course- Cardiopulmonary Systems
  - Clinical Experience Focus: Cardiopulmonary
  - Students are required to complete a reflective practice assignment to reflect lab - assignments and clinical experience.
- Professional Education II occurs in the **Summer** of the **Second year**: (Inpatient Outpatient, or Rural setting)
  - 6-week full-time clinical education experience
  - Students will work under the supervision of a licensed physical therapist (CI).
  - Students are expected to work with patients across a wide spectrum of pathologies, injuries, and functional deficits to integrate and apply knowledge obtained through didactic coursework and laboratory practice into the clinical environment.
  - Students are required to submit goals and a reflective essay.
- Professional Education III occurs in the **Fall** of the **Third year**: (Inpatient, Outpatient, or Rural setting)
  - 10-week full-time clinical education experience
  - Students will work under the supervision of a licensed physical therapist (CI).
  - Students are expected to work with patients across a wide spectrum of pathologies, injuries, and functional deficits to integrate and apply knowledge obtained through didactic coursework and laboratory practice into the clinical environment.
  - Students are required to submit goals and a reflective essay as well as present an in-service or training on a topic agreed upon by both the CI and the student.
- Professional Education IV occurs in the **Spring** of the **Third year**: (Inpatient, Outpatient, or Rural setting)
  - 10-week full-time clinical education experience
  - Students will work under the supervision of a licensed physical therapist (CI).
  - Students are expected to work with patients across a wide spectrum of pathologies, injuries, and functional deficits to integrate and apply knowledge obtained through didactic coursework and laboratory practice into the clinical environment.
  - Students are required to submit goals and a reflective essay as well as present an in-service or training on a topic agreed upon by both the CI and the student.
- Optional Professional Education Experience occurs in the **final half** of the **Spring** of the **Third year**:
  - Student must locate and secure clinical site, if a new contracted site, student must follow the new contract process with DCE assistance.
  - Setting of choice unless a specific setting make-up session is needed.

- 6-week full-time clinical education experience
- Students will work under the supervision of a licensed physical therapist (CI).
- Students are expected to work with patients across a wide spectrum of pathologies, injuries, and functional deficits to integrate and apply knowledge obtained through didactic coursework and laboratory practice into the clinical environment.
- Students are required to submit goals and a reflective essay.

### Clinical Site Selection Process

The DCE and ADCE follow the APTA-recommended uniform mailing dates, requesting clinical sites each March 1st for the following calendar year, though site availability may vary annually. Final placement decisions rest with the DCE and ADCE, who consider student input but prioritize meeting graduation requirements for all students.

Students are encouraged to actively participate in the placement process by submitting a list of 10 preferred clinical sites via Exxat or a similar platform, with at least half meeting program criteria. While every effort is made to honor preferences, placements may not always align with top choices due to program needs and site availability.

Students may request out-of-state clinical experiences if certain conditions are met, including a minimum 3.0 GPA, good academic and professional standing, confirmed travel and housing arrangements, and faculty approval. Additionally, ULM must secure State Authorization through the Provost's Office before such placements can be considered.

### Traveling for a Clinical Education Experience

All DPT students may be assigned to a clinical site considered "out of the area," defined as more than 90 miles from the ULM campus. At least one clinical experience will likely require travel, and students will be notified in advance to allow for planning. Students are responsible for all travel and housing expenses related to clinical placements.

Please note that the University does not assume responsibility for student safety during travel to or from clinical sites.

### Clinical Site Policies

Clinical site policies may vary by location and will typically be accessible through Exxat or an alternative platform. If a site does not use the platform, the DCE/ADCE will distribute the policies directly to students via their ULM email.

If a clinical site requires verification of a criminal background check, the DCE/ADCE can confirm the date and outcome but will direct requests for detailed information to the background check provider. Students are responsible for sharing their background check results with the facility, and refusal to do so will make them ineligible for placement at that site. It is also recommended that students consult state licensing boards to ensure their background will not prevent future licensure.

Some clinical facilities may require additional screenings such as drug testing or fingerprinting prior to placement. Students are responsible for confirming these requirements with the facility once assigned and for covering all associated costs for background checks, drug testing, or other required screenings.

### New Site Requests

Students interested in completing a clinical experience at a facility not currently affiliated with ULM must first consult with their clinical advisor before making any contact with the site. They are also required to complete a New Site Request and Commitment Form. Following the initial discussion, the student may be encouraged to visit the site to explore potential interest; however, students are not permitted to discuss clinical affiliation details or contractual matters, nor should they attempt to arrange their own placements.

All new site requests must be reviewed and approved by the Clinical Education Team before any steps are taken to establish an agreement. For full guidelines and procedures, students should refer to the [ULM DPT Clinical Education Handbook](#)

### Students Requiring Accommodations due to Disabilities

If a student with disabilities requires significant accommodations as determined by ULM Office of Disability Services (ODS), the clinical advisor in collaboration with the student and ODS will place the student in a site that will provide necessary accommodations.

### Canceled Clinical Placement

In the event that a confirmed clinical site cancels a placement, the DCE and ADCE will meet with the student to discuss alternative options, which may be limited. Students are expected to be flexible and understand that maintaining the same setting or schedule may not be possible. Once a new placement is secured, the student will be notified in writing.

While the goal is to avoid any delays, there is a possibility that a cancellation could impact the student's graduation timeline. Every effort will be made to minimize disruption and keep students on track for completion.

### Clinical Education Performance Expectations

All clinical education experiences in the ULM DPT program are graded on a Pass/Fail basis. Performance expectations are outlined in each clinical education course syllabus and evaluated using the CEI Student Assessment Tool and the Clinical Performance Instrument (CPI) for Professional Education I–IV. Clinical advisors review student ratings to ensure performance meets the minimum acceptable standards.

The final Pass/Fail grade is determined by the course coordinator in collaboration with the Director of Clinical Education, based on the Clinical Instructor's final assessment. To receive a passing grade, students must meet all course objectives as specified in the syllabus.

### Consequences of Failure in Clinical Courses

Failure in clinical courses carries significant academic and professional consequences for students in the DPT program. If a student does not meet expectations during a clinical

experience, they will receive a grade of "NCR" (No Credit Received). If a Clinical Instructor (CI) or Site Coordinator of Clinical Education (SCCE/CCCE) requests the student's removal due to performance or professionalism concerns, the Director and Assistant Director of Clinical Education (DCE/ADCE) will promptly investigate the situation and determine an appropriate course of action.

Students who earn an "NCR" must repeat the entire clinical experience. Before they are allowed to restart, the DCE/ADCE will assess whether remediation is needed, possibly requiring enrollment in an Independent Study course or a Standardized Patient Experience. This process can delay graduation and extend the student's overall program timeline. Additional tuition and fees may apply for both remediation efforts and the repeated clinical experience, which must be completed in full, including all original syllabus requirements.

The DCE/ADCE, in consultation with faculty and the Program Chair, will determine the details of the replacement clinical experience, including location, type, and length, depending on site availability. Students repeating a clinical may be required to complete weekly check-ins. The situation is also referred to the Program Standards Committee (PSC), which evaluates the case and makes recommendations. These recommendations, sent to the Dean, may include remediation, restarting coursework, delaying progression to join a future cohort, or dismissal from the program.

While students are allowed to continue academic (didactic) work after an unsuccessful clinical, they must repeat the failed clinical at the next available opportunity. If the student successfully completes the repeated clinical, they may progress in sequence with their cohort. However, any student who fails two clinical experiences—receiving two "NCR" grades—faces possible suspension from the DPT program and must go through the due process outlined in the program and university guidelines.

### Clinical Education Course Policies

#### Compliance:

There is an expectation that by agreeing to a placement, the student also agrees with the clinical education facility rules and regulations. They must comply with additional requirements including, but not limited to, background checks and drug testing. Failure to comply with these regulations will not only remove the student from consideration for that placement but may substantially limit the availability of future clinical education experience options.

#### Clinical Attendance:

Clinical education experiences (CEEs) are essential for applying classroom knowledge to real-world physical therapy practice. Consistent attendance is critical, as both the quality and quantity of clinical hours contribute to successful learning and skill development. Failure to attend or excessive tardiness may lead to clinical failure. Any absence must be reported to both the Clinical Instructor (CI) and the Director of Clinical Education (DCE).

- A. Students are expected to attend every day of the professional education experience.
- B. Students must notify the clinical instructor and the DCE/ADCE immediately whenever absences are unavoidable (e.g., illness, injury, or emergency). Completion of the Clinical

Absence Request Form is required for any absence. The form may be accessed [here](#). Any absence from the facility may require the student to work additional hours at the end of their professional education experience or prior to the end of the concurrent semester.

- C. Students are allowed one day of excused absence for each full-time clinical. The student must notify the clinical instructor and the DCE/ADCE immediately whenever absences are unavoidable (e.g., illness, injury, or emergency). Extenuating circumstances will be determined on a case-by-case basis and decisions made per the discretion of the Clinical Education Team.
- D. Students are allowed up to three non-consecutive days for the death of an immediate family member (spouse, parent, sibling, child, grandparent, parent-in-law, son/daughter-in-law, or grandchild). Students with accommodations may receive extended leave.
- E. Students observe the holidays of the facility and not of the school, unless otherwise notified. Holiday site closures do not require the student to make up missed time. Facility holidays will not affect the 35-hour a week rule.
- F. Students may not request time off during clinicals for job interviews, vacation, or to work on other projects or presentations.
- G. Students must notify the DCE of any absence or schedule changes during the clinical.
- H. The student who is absent or tardy >1 time from a clinical will submit a statement in writing regarding the absence and include a plan for demonstration of achievement of the outcome during the remainder of the clinical. This plan must meet faculty approval.
- I. Students may request time off from Professional Education experience for extenuating circumstances (e.g., attendant in a wedding). Completion of the Clinical Absence Request Form is required prior to leaving campus for the clinical experience. The form may be accessed [here](#). The request will be reviewed by the clinical education team and communicated to students via email and/or phone call indicating if the time-off was approved. If the time-off is approved, the student must notify the CI via email AND phone call or in-person to discuss the request.
- J. A full time clinical is considered to be at least 32 hours of patient care per week. The student clinical hours are established by the clinical site. If a student is scheduled for >32 hours in their week, the hours above 32 are not considered optional and/or cannot be taken (or “comped”) for personal time. Students must complete the full duration of each professional education experience. Extenuating circumstances that prevent a student from completing the full duration of the professional education experience will be determined on a case-by-case basis and decisions made per the discretion of the Clinical Education Team.
- K. Students are expected to follow the schedule of their Clinical Instructor including weekends and/or holidays. Students are not expected to work > 40 hours per week.
- L. If a student would like to attend an American Physical Therapy Association sponsored meeting (e.g., Annual Meeting or Combined Sections Meeting), a State Chapter meeting, National Student Conclave, or any other type of conference or continuing education event, they must first receive permission from the DCE and upon approval, notify the Clinical Instructor.

### Communication with students for Clinical Education Program

Communication with students about the clinical education component of the ULM DPT program begins as soon as they enter the program. Students receive the [Clinical Education Handbook](#), which outlines all policies, procedures, and requirements, and must sign an agreement form confirming their understanding.

Students are encouraged to meet with the Director of Clinical Education (DCE) if they have questions or need assistance with their clinical site selections. Once Professional Development placements are finalized, students are notified by the DCE. Any additional requirements—such as drug testing or immunization records (including COVID vaccination status)—are communicated via Canvas, email, or phone.

The DCE is responsible for ensuring students meet all eligibility requirements for full-time clinical placements. To qualify, students must pass all clinical competency practicals and exams, successfully complete all prior coursework, and maintain a minimum 3.0 GPA. Faculty and students confirm academic readiness by signing the Clinical Education Experience Readiness Form before participating in the site selection process. Clinical faculty are kept informed of academic standards through course syllabi, Canvas, email, and the [Clinical Education Handbook](#).

### Evaluation by Students

#### Course / Faculty Evaluations

Students in the DPT program are expected to complete course and faculty evaluations at the end of each course and academic year. These evaluations are conducted anonymously online through the Trajecsyst system and play a vital role in course and curriculum development, faculty improvement, and promotion decisions. Results are shared with course coordinators and administrators after the evaluation period ends.

Participation in evaluations is considered a professional responsibility, reflecting a commitment to lifelong learning and critical assessment. Student feedback is a key component of the program's ongoing quality improvement efforts. The DPT program values and relies on this input to enhance both teaching and curriculum.

### Incident Reports

Students are required to report immediately any errors of omission or commission (incidents) involving a patient to the Clinical Instructor and the DCE/ADCE. A patient de-identified incident report must be completed within 24 hours using the designated form located in the **Trajecsyst System**.

If required, an incident report must be filled out according to clinical facility policy. Any student injury should be reported immediately to the CI and DCE/ADCE and addressed according to the ULM Workers Compensation policy. Students are required to complete the Employer's First Report of Injury and submit it to the DCE and the ULM Human Resource Department within 24 hours of the incident.

### HIPAA and CMIA

Students in the ULM DPT program receive comprehensive training on the Health Insurance Portability and Accountability Act (HIPAA) and the Confidentiality of Medical Information Act (CMIA) throughout the curriculum. This includes education on privacy and security rules, testing



of knowledge, and acknowledgment that patients have the right to refuse treatment from students. Before beginning clinical experiences, students must sign a Clinical Experience Code of Conduct and Confidentiality Agreement, which outlines expectations for professionalism and patient privacy.

HIPAA regulations, including the Privacy and Security Rules, protect confidential patient information such as names, addresses, birth dates, medical records, test results, and any other identifying data. Students must only access or share patient information if it is necessary for their role and must never disclose it to unauthorized individuals such as family or friends. Information may be shared with other healthcare providers involved in a patient's care unless the patient objects.

To protect patient information, students must follow basic security practices, such as safeguarding passwords, logging out of computers, locking physical records, and properly disposing of confidential documents. Violations of HIPAA policies can result in civil or criminal penalties under federal law.

## **V. Program Policies**

### Laboratory Access

Pictured badges are issued to all students and personnel. Buildings and rooms used by the DPT faculty, staff, and students have access card readers for exterior and interior doors to allow for 24-hour access. These buildings are Walker Hall and Brown Annex. General safety precautions and emergency procedures are posted in each room and building.

Students have unlimited access to the dedicated laboratory space outside of scheduled class time for the practice of clinical skills via card swipe access in Walker Hall. Students will have access to practice laboratory space in the Kitty Degree Nursing Building on Fridays and weekends. A DPT faculty will need to be present during practice time in the nursing facility.

### Appointments with Faculty

Faculty are eager to support students outside of scheduled class hours and establish office hours on a regular basis for this purpose. Office hours are outlined in each course syllabus. Additional office hours may be needed during registration, examination periods, and prior to beginning clinical experiences. If for some reason you would like to meet with a faculty member outside these hours, you must make an appointment.

The School's administrative coordinators and administrative assistants also have access to the Program Director's and School Dean's calendar to schedule meetings. Students should be aware that faculty are also involved in institutional committee work, clinical work, research, and other professional and community responsibilities during hours when they are not teaching. Therefore, students are encouraged to use office hours whenever possible.

### Assessments

As stated in the admission guidelines, adherence to the Code of Ethics for the Physical Therapist (Appendix F) and Standards of Practice for Physical Therapy (Appendix G) as described by the American Physical Therapy Association shall be a continuing part of assessment of all students in all courses and activities relating to or pertaining to the program.

## Attendance and Participation

Attendance is a core professional expectation for ULM DPT students, requiring full participation in all scheduled classes, labs, and activities from 8 AM to 5 PM, Monday through Friday, for the full three-year program, including finals week and occasional weekends. Missing class can severely impact a student's learning and future patient care due to the loss of hands-on, collaborative instruction that cannot be easily replicated. All exams, quizzes, and assignments must be completed as scheduled unless a documented emergency occurs; otherwise, students risk receiving a zero. Course coordinators determine consequences for missed work, and their decisions are final unless formally appealed.

Students must avoid scheduling personal commitments that interfere with academic obligations and are expected to plan around course syllabi. Excused absences are limited to specific circumstances such as illness, emergencies, religious observance, military or jury duty, and university-sanctioned events. Bereavement is also an excused absence, limited to immediate family members, (student's spouse, parents, siblings, children, grandparents, father/mother-in-law, son/daughter-in-law, or grandchild) with up to three non-consecutive days allowed for funeral-related leave. Students with time extension accommodations may also receive the same bereavement allowances. All excused absences typically require documentation, and the student must notify instructors professionally in advance or as soon as possible.

The Graduate School attendance policy is located [here](#). The program defines four types of absences: officially excused (beyond the student's control and communicated by the university), instructor excused (granted at the instructor's discretion), approved (pre-approved for university events), and unexcused (not approved). In the case of prolonged absences, students must coordinate with the Program Director to create a plan to make up missed work, though instructors are not obligated to accept make-up assignments for unexcused absences. Students are also expected to notify faculty directly in cases of illness and provide appropriate documentation for absences lasting more than three days.

## Mental Wellness on the ULM Campus

If you are having any emotional, behavioral, or social problems and would like to talk with a caring, concerned professional, please call one of the following numbers:

ULM Counseling Center; 1140 University Avenue; 318-342-5220

Marriage & Family Therapy and Counseling Clinic, Strauss Hall 112; 318-342-5678

Remember that all services are offered free to students, and all are strictly confidential.

## Classroom Conduct and Etiquette

Students are to put all electronic devices, other than tablets and computers being used for learning, in airplane mode, including Apple watches, when in class/labs, practical exams, and clinic, even when participating remotely. Failure to adhere to stated policies for conduct will be considered a violation of professional and University standards and can result in an academic integrity and/or professional behaviors violation.

All communications (verbal, email, discussion boards, etc) between students, and to faculty and staff are expected to be crafted and delivered in a professional and respectful manner.

The online environment is designed to help you expand your professional knowledge not only through the online coursework, but also through rich discussion in community with your virtual classmates and instructors. The discussion boards help you to share your insights and perspectives with others, and to learn from the posts from others. To optimize the learning environment and allow for a welcoming online culture, each online learner should keep these online communication guidelines, or “netiquette” guidelines, in mind.

- Treat others as we would want to be treated. Be kind to others. In the online world, never say online what you would not say directly to someone else in person.
- Treat instructors and classmates with respect, be open minded, and respond to faculty in a timely manner (within 48 hours is generally accepted).
- Use clear and concise language. Read assignment posts and emails aloud to yourself before submitting to ensure clarity.
- Always check for proper spelling and grammar, including the use of complete sentences before posting work on discussion boards, and in email communications to faculty, staff, and classmates. Avoid using all capitals because it can be interpreted as yelling. Remember these are not text messages, and are considered to be professional communications.
- Be very careful with the use of humor, especially sarcasm. The message can be interpreted literally or even offensively.
- Follow HIPAA guidelines for all posts and email communication.

### Dress Code

The appearance of all students must conform to the highest standards of cleanliness, safety, and good taste. The dress code for the classroom, guest speakers, clinical environment, and professional meetings is varied. Practiced daily, appropriate dress should become second nature. Failure to adhere to stated policies for dress code will be considered a violation of professional and University standards and can result in an academic integrity and/or professional behaviors violation. Students will be dismissed from class if attire is inappropriate, and an unexcused absence recorded. If you have any questions, see the course instructor. Students requiring medical or cultural allowances for certain policies must have the approval of the program director.

The dress code applies to all non-lab campus activities, professional conferences, service learning and clinical education experiences (unless otherwise dictated by academic course coordinators or clinical facility policy).

- Students are expected to wear a collared shirt, dress blouse or sweater and dress pants, dress shorts, or dress skirt of modest length.
- Jewelry should be kept to a minimum and must not interfere with the ability to effectively communicate with community members.
- Students should be mindful of the unintended impressions that may be created by facial body piercing (nose, lip, eyelash, tongue), tattoos, unnatural hair colors, or excessive makeup.

- Students must wear shoes at all times that coincide with professional attire and a safe environment. Open toe sandals or sandals without a back strap are not acceptable when performing patient gait assistance or transfers.
- Students should demonstrate good personal grooming and hygiene. Hair, including facial hair, should be clean and well groomed.
- ULM name tags should be worn for any off-campus activities, conferences, and clinical experiences.
- Business suits or jackets are encouraged at professional conferences.

The following items are not consistent with professional dress:

- Jeans and denim material
- Revealing shirts, pants, shorts, or skirts
- Caps, hats, or headwear unless for religious/cultural reasons
- Acrylic nails or nail length that interferes with physical therapy practice

Students should wear navy blue scrubs to Functional Anatomy labs for gross cadaver dissection.

### Clinical Dress Code

In a clinical setting you represent University of Louisiana Monroe, the Doctor of Physical Therapy program, the physical therapy profession, and yourself. Students are to dress appropriately for the clinical setting and must conform to the dress code of the program or that of the assigned clinic to convey an image of professionalism. Failure to comply with dress codes or instructions will result in removal from clinical experience until proper attire is obtained. All students are expected to present a neat, clean, and well-groomed, professional appearance consistent with the traditional dignity of the healthcare professions. At clinical sites students will:

- Dress appropriately for their role as a student DPT
- Wear only authorized insignia and professional pins
- Avoid excessive cologne or perfume
- Limit jewelry to appropriate style and amount
- Use cosmetics in a conservative manner
- Groom hair, as well as beards, mustaches, and sideburns, in a neat, clean, and conservative style; tie hair back and off face
- Groom nails to not be visible over the tips of fingers; if applied, neutral polish only
- Shirts MUST be of a length that can be tucked into and remain in the pants.
- The shirt must remain tucked when reaching as high as overhead and bending down to touch one's toes
- Clean, closed-toes shoe with socks/stockings are acceptable
- Wear an appropriate lab jacket if required
- Always wear a name tag identifying him/herself as a Physical Therapy student

Items listed below are always unacceptable in clinical facilities:

- T-shirts (unless provided by clinic/facility), shirts without collars, tank tops, sleeveless tops, low cut shirts, grunge look, pajamas, bib overalls, short skirts, or dresses
- Jeans (denim)
- Open-toed shoes, flip flops, and beach sandals

- Jewelry, visible body piercing (exception pierced ears, max 2/ear) or body art that is inflammatory, derogatory, or provocative
- Insignia/slogans which are crude, vulgar, profane, obscene, libelous, slanderous, or sexually suggestive
- Display of smoking, alcohol and/or tobacco products
- Under garments which are visible beneath uniforms, scrubs, or other clothing
- Bare midsection, gluteal fold, cleavage, or lower sternum
- Unnatural hair coloring (i.e., blue, purple, green, etc.)
- Dark glasses, sunglasses, hats, caps, visors, and other head coverings shall not be worn indoors
- Leggings and/or jeggings

When a student is in violation of the dress code policy, faculty members should discuss this with the student and the Program Director will be notified of the infraction. Students with inappropriate dress may be asked to leave a classroom or lab. Repeated infractions of the dress code policy will result in a discussion with the Program Director and may place the student in academic jeopardy regarding professional behavior.

### ULM's Emergency Response Plan

ULM's Emergency Response Plan (ERP) outlines the coordinated actions of the Crisis Response Team, Incident Commander, and university departments during a crisis. It works alongside the Business Continuity Plan and departmental Emergency Operations Plans to ensure effective response and minimize harm. The plan prioritizes protecting human life, supporting health and safety services, safeguarding university assets, maintaining services, assessing damage, and restoring campus operations. In emergencies, contact the University Police Department at 318-342-5350 or 318-342-1911; more details are available at [ulm.edu/police](http://ulm.edu/police).

For more information about ULM's Emergency Response Plan, please visit:

<https://webservices.ulm.edu/policies/download-policy/341>

### Campus Closure

In the event of campus closures or changes to ULM's hours of operation, students should monitor their Warhawk email for official updates. Additional information is available at [www.ulm.edu](http://www.ulm.edu), ULM Safe, or by calling 318-342-1000. Off-campus students needing emergency housing due to inclement weather should contact Residence Life at 318-342-5240.

If a major emergency (e.g., tornado, fire, pandemic) disrupts the DPT Professional Program, classes may shift to Temporary Remote Instruction (TRI). Instruction will continue virtually, either synchronously or asynchronously, to ensure continuity of education.

Students, faculty, and clinical partners will be promptly notified, and the Program Director will coordinate with the College of Health Sciences to determine the best course of action. During TRI, students are expected to have the necessary technology for participation, and classes may be relocated to an alternative approved site if needed.

### Class Cancellations/Schedule Changes

Students may only attend classes if properly registered, as confirmed by the instructor receiving a class roster or notice from the Registrar. Course changes after the official drop/add period require approval from the student's major professor, the directors of both the student's school and the course-offering school, and the Dean of the Graduate School. These changes must be processed using a Drop/Add Form and are not valid until fully approved and submitted to the Registrar.

Students may drop courses or resign from the university with a grade of "W" up to the deadline specified in the academic calendar, with no academic penalty. After that deadline, course drops or resignations are generally not allowed unless the student has extraordinary, documented circumstances—excluding dissatisfaction with grades or a change of major.

To be approved for a late withdrawal or resignation, students must submit a formal appeal to the Director of the Graduate School with supporting documentation. Approval is contingent on proof of hardship, active course participation prior to the issue, and timely submission of the appeal. If approved, the grade of "W" will be assigned, and both the instructor and Registrar will be notified.

### Degree Plan

The American Physical Therapy Association states that “physical therapists (PTs) are movement experts who optimize quality of life through prescribed exercise, hands-on care, and patient education.” Students who pursue a Doctor of Physical Therapy (DPT) degree can work in a variety of settings including:

- Outpatient clinics or private practices
- Sports, fitness, and wellness centers
- Occupational or workplace environments
- Home health care and Hospice
- Rehabilitation hospitals
- Sub-acute rehabilitation facilities
- Extended care centers, nursing homes and skilled nursing facilities
- Government facilities for civilians and military personnel
- Educational settings such as preschools and vocational schools
- Research facilities
- Primary care facilities

### Patients and Patient Simulators

Patients or patient simulators may participate during didactic or laboratory activities in the academic setting to enhance the student educational experience. Patients or patient simulators must sign a consent form agreeing to voluntarily participate in these activities. The PT Program students will abide by the Health Insurance Portability and Accountability Act (HIPAA) to safeguard the confidentiality of health information obtained from patients. All information obtained from the patient or patient simulator is confidential. Patient information should only be discussed with the program faculty in a private venue.

### Calibration and Safety of Laboratory Equipment

University of Louisiana Monroe Doctor of Physical Therapy Program space and equipment resources are critical to the teaching and research mission of the program, and should be cared for by all students, faculty, and staff. The Associate Program Director is responsible for scheduling annual preventive maintenance checks of equipment and calibration. Faculty should report damaged, broken, or malfunctioning equipment to the Associate Program Director promptly and then to the lab coordinator to prevent injury to another person using the equipment, and so that it can be promptly labeled and adequately repaired or replaced.

### Graduation and Commencement

All Candidates: Caps and gowns are available for purchase at the ULM Bookstore (318.342.1982). For more information about Graduation and Commencement please visit the website: <https://www.ulm.edu/commencement-info/>

### Transcripts

To request an official transcript from ULM, students must submit a written request using the form available on the Registrar's website [www.registrar.ulm.edu](http://www.registrar.ulm.edu) or in the Registrar's Office, along with valid photo ID. Transcripts will only be issued if the student has no outstanding debts to the university or related agencies, and provisionally admitted students must meet all admission requirements first. An official transcript is one sent directly between institutions, bearing the institution's seal, Registrar's signature, and date of issue. Unofficial transcripts can be accessed instantly by students through the university's online system, Banner [www.banner.ulm.edu](http://www.banner.ulm.edu).

### Email

Incidental personal use of a Warhawk email that inaccurately creates the appearance that the university is endorsing, supporting, or affiliated with any organization, product, service, statement, or position is prohibited. A user's communications that are threatening, discriminatory, or disruptive may result in disciplinary action because they are not speech protected by the first amendment. Use of the Warhawk email must be consistent with ULM's university policies and specifically the Technology Acceptable Use Policy, meet ethical conduct and safety standards and comply with applicable laws and proper business practice. Violations of these terms and conditions may result in disciplinary action

### Family Educational Rights and Privacy Act (FERPA)

The Family Educational Rights and Privacy Act (FERPA) affords eligible students certain rights with respect to their education records. FERPA rights begin at ULM when a student is accepted to the University and pays their first enrollment deposit (if applicable). Refer to the ULM Student Policy Manual & Organizational Handbook on the Registrar's website <https://www.ulm.edu/studenthandbook/>. Specifically, ULM CODE OF STUDENT CONDUCT. In that category look for section nine — "Student Records" and read about FERPA and any other sections of interest.

### Social Media

The University of Louisiana at Monroe (ULM) recognizes that social networking websites and applications, including but not limited to Facebook, Instagram, Twitter, LinkedIn, and blogs, are an important and timely means of communication. Official Facebook postings about

departmental activities can only be made by students with approval of the Program Director, DCE, or RSO Advisor. Students should have no expectation of privacy on social networking sites. The following actions are strictly forbidden:

- You may not present the personal health information of other individuals (clients/patients/classmates). Removal of an individual's name does not constitute proper de-identification of protected information. Inclusion of data such as age, gender, race, diagnosis, date of evaluation, or type of treatment or the use of photographs (such as client/patient activities) may still allow the reader to recognize the identity of a specific individual.
- You may not report private (protected) academic information of another student. Such information might include, but is not limited to course grades, performance evaluations, examination scores, or adverse academic actions.
- In posting information on social networking sites, you may not present yourself as an official representative or spokesperson of the ULM DPT Program.
- You may not represent yourself as another person, real or fictitious, or otherwise attempt to obscure your identity as a means to circumvent the prohibitions listed above and below.
- Individuals also should make every effort to present themselves in a mature, responsible, and professional manner. Discourse should always be civil and respectful.

## **VI. General Policies & Services**

### Compliance with Exposure Control, Hazardous Communication, and Fire Evacuation Hazard Communications Information

ULM complies with OSHA regulations by maintaining an Exposure Control Plan (ECP) to protect employees from bloodborne pathogens. This plan outlines required procedures and is explained during initial and annual refresher training for affected employees. Employees can access the plan through their department safety coordinator or the Environmental Health & Safety Officer, and a free copy is available upon request within fifteen days.

To promote safe chemical handling, ULM has implemented a Hazardous Communication Program in accordance with federal OSHA and state environmental guidelines. This program ensures that students, faculty, staff, and visitors are informed of chemical safety procedures, even though most hazardous materials on campus are below reportable thresholds.

The program communicates hazards through Safety Data Sheets (SDS), proper labeling, and employee training. Requirements for safe handling, storage, and disposal of chemicals are detailed in the Chemical Hygiene Plan found in the ULM Safety Manual. Guidelines for appropriate personal protective equipment (PPE) are also available online [https://www.ulm.edu/safety/documents/ppe\\_for\\_hazcom.pdf](https://www.ulm.edu/safety/documents/ppe_for_hazcom.pdf)

### Emergency Building Evacuation Procedures

In the event of a fire or other emergency please remember the following steps to safely evacuate the building:



1. Pull the fire alarm if it has not already sounded, so that everyone will be alerted of the need to evacuate the building. If the fire alarm has sounded, begin evacuation of the building.
2. All building occupants should exit the building at the nearest exit to the room that they are in. If the nearest exit is blocked due to fire or an emergency, the next safest exit should be used.
3. The last occupant of each room should shut the door to the room. This will help prevent fire and smoke damage to the room.
4. Once you have evacuated the building please go to the designated assembly area for your building, if it is safe to do so. Buildings may have more than one designated assembly area.
5. Department heads, directors, and supervisors must account for all of their employees after the evacuation. If a person is thought to be missing, tell emergency personnel (fire, police, safety, etc.) as soon as possible. Tell the emergency personnel the name of the missing person and the probable location in the building. Try to confirm that the person is actually missing. Make sure that they did not come out of a different exit. If possibly make sure that their car is still in the parking lot. If the person is located, tell emergency personnel immediately so that they do not risk their lives looking for this person.
6. No one is allowed to re-enter the building until the fire department, police, safety, or other qualified personnel confirm that the building is safe to re-enter.
7. Once the evacuation is completed, the Building Safety Coordinator needs to complete and submit the fire drill/building evacuation report.

**NOTE: Tests are performed on fire alarm systems periodically. In these cases, an announcement will be made in the building that if the alarm sounds do not evacuate the building because maintenance and testing are being completed on the fire alarm system.**

### Safety Inspection Policy

A quarterly building inspection including all equipment within the building is performed by the College of Health Sciences Business and Facilities Manager (CHSB FM). The DPT program administrative assistant assists the CHSB FM with the quarterly inspections. When issues and problems are found they must be reported to the Facilities Management and Environmental Health and Safety Department using the quarterly building inspection form required by the state's risk management program.

Specific items elsewhere: [https://www.ulm.edu/safety/building\\_inspection\\_instructions.html](https://www.ulm.edu/safety/building_inspection_instructions.html)

For more specific information on what each question in the form is about please see the following below:

[Fire Safety and Emergency Equipment](#)

[Building and Office Safety](#)

[Electrical Safety and Storage Methods](#)

[Other Building Safety Issues & Concerns](#)

### OSHA Training

The Occupational Safety and Health Administration (OSHA) has established guidelines regarding universal precautions and blood borne pathogens. Each student is expected to receive OSHA training each year prior to participating in clinical experiences. Training will be conducted within the School of Physical Therapy at the University of Louisiana at Monroe during an Independent Skills Lab time (see semester schedules for details). It is the responsibility of the student to attend the scheduled lecture and to follow the recommended guidelines. With this in mind, clinicians are advised to carefully review and follow the ULM Policy on Bloodborne Pathogens (<https://webservices.ulm.edu/policies/download-policy/331>).

### Financial Aid

Financial Aid is intended to assist students and their families with the costs of higher education. Financial aid programs offered through ULM are scholarships, grants, loans, and employment. For additional information or questions, visit <https://www.ulm.edu/financialaid/>. Students may visit, Sandel Hall, Room 115, email [finaid@ulm.edu](mailto:finaid@ulm.edu), or call their financial aid counselors, 318-342-5320 when questions or concerns arise.

### Standards of Academic Progress

Federal regulations require all schools participating in Title IV federal financial aid programs to have a Satisfactory Academic Progress (SAP) policy that meets the minimum federal requirements. This policy defines Satisfactory Academic Progress, the process by which financial aid is revoked for failure to make Satisfactory Academic Progress, and the process by which students may appeal Satisfactory Academic Progress decisions. This policy applies to all federal, state, and institutional aid, and applies to all students, regardless of status as a financial aid recipient.

### Nondiscrimination and Sexual Misconduct Policy

The University of Louisiana Monroe (ULM) upholds a strict nondiscrimination and sexual misconduct policy in accordance with Title IX of the Education Amendments of 1972, which prohibits sex discrimination—including sexual harassment, sexual violence, and retaliation—in any federally funded educational program or activity. Students who experience or witness sexual misconduct or gender-based discrimination are encouraged to report it.

All related policies, including those concerning equal opportunity, nondiscrimination, and due process, are detailed in Section 3 of the [DPT Policies and Procedures Manual.pdf](#) and align with CAPTE Standard 3, which emphasizes institutional integrity and consistent policy enforcement. Further information is also available in the ULM Code of Student Conduct.

Reports can be filed with the Title IX Coordinator at (318) 342-1004 or submitted online at any time via the ULM Title IX website : <https://www.ulm.edu/titleix/> or [Student Affairs](#) reporting form. If a student believes that institutional procedures have not resolved the issue, they may file a formal complaint with the Louisiana Board of Regents, Academic Affairs, P.O. Box 3677, Baton Rouge, LA 70821-3677.

### Immunization

New students seeking enrollment at ULM should receive a Proof of Immunization Compliance Form from the Admissions Office or on-line [here](#). Completed forms may be faxed to (318) 342-1915 or mailed to the Admissions Office.

### Support Services

The [ULM Student Handbook](#) provides an overview of all support services offered to ULM students.

### Bookstore

ULM Bookstore offers textbooks, Warhawk gear, electronics, gifts and much more!

<https://ulm.bncollege.com/shop/ulm/home>

**Location:** 4020 Northeast, Sandel Hall, Monroe, LA 71209

**Contact:** (318) 342-1982

### Campus Security Office

The ULM Police Department is available at all hours. For **Cell Phone users: 318-342-5350**.

Other information: crime prevention program, fire, Internet, and travel safety are available from the University Police website ( <http://ulm.edu/police/>).

### Career Connections and Experiential Education

The ULM Office of Career Connections & Experiential Education (CCEE) works with students on career preparation and job search. From helping students find the right career, to writing a resume, to assisting with the job search, the staff of Career Connections is available to assist ULM students and alumni in their career development.

The Career Connections office offers assistance related to part-time employment, internships, and full-time job search. Various workshops, career fairs, and on-campus interviews are held throughout each semester. Career Connections also works with employers to make them aware of the type and quality of graduates ULM produces and to be constantly aware of current workforce requirements.

It is the goal of Career Connections to assist ULM students and alumni with job-related skills and facilitate their career development efforts.

*For more information about Career Connections, please visit: [www.ulm.edu/careerconnections/](http://www.ulm.edu/careerconnections/)*

### Activity Center

#### **Intramurals - Wellness - Recreation**

ULM's 88,000 sq. ft. Activity Center is one of the finest multi-purpose recreational facilities in the region. The Activity Center houses the University's Intramurals, Wellness and Recreation Programs, which are open to students, faculty and staff and the community at large. Students pursuing four or more credit hours are automatic members and gain admittance by presenting their valid ULM ID. Part-time students, faculty and staff, and the community at large are invited to purchase an Activity Center membership.

For more information on ULM's Activity Center, please visit: [ulm.edu/recserv/](http://ulm.edu/recserv/) More information about ULM's Intramurals can be found at: <https://www.imleagues.com/spa/intramural/7e17658af31045a5897a8922fe5f12eb/home>

### Dining Services

ULM offers various dining opportunities for both campus and off campus students, including multiple restaurants in the Student Union Building and the cafeteria, Schultz. Take advantage of the dining services by signing up for a meal plan. More information can be found at <https://univlamonroe.campusdish.com/>.

### Hawk Health Clinic:

ULM has partnered with Ochsner LSU Health System to provide comprehensive services including, but not limited to:

- Annual physical exams
- Wellness check ups
- Immunizations
- Screenings for chronic conditions
- Screenings and management of sexually transmitted diseases
- Management of conditions such as diabetes and hypertension
- Monitoring and adjustment of medications
- Treatment of minor illnesses and injuries
- Laboratory services
- Coordination of care with Ochsner LSU Health Monroe specialists (e.g., cardiologists, neurologists, gastroenterologists)

### **Hours of Operation**

The Hawk Health Clinic is staffed by Board-Certified Nurse Practitioners. The clinic is located at 1140 University Avenue and is open Monday through Friday from 8:00 a.m. to 4:30 p.m. Walk-ins are welcome or by appointment, 318-342-1651. Most major insurances are accepted.

### Library Services

Students are expected to utilize the ULM library for assignments, understanding of APA format, etc. The library resources can be accessed either on-campus (check the library for specific summer hours) or electronically (<http://www.ulm.edu/library>).

### Media Support Services

The school, as well as the library, is equipped with an assortment of media support for teaching and independent study options. Media services are available during library hours, seven days a week. Use of this equipment is free of cost to the students. Students are expected to pay nominal fees for supplies used in developing teaching or other presentation materials.

### Parking

All vehicles parked on the ULM campus must be registered with a valid university parking permit or hang tag and must park in the zone designated by that permit. Parking regulations are enforced 24/7, and ULM assumes no responsibility for vehicle safety or contents. Improperly

parked, abandoned, or inoperable vehicles may be towed at the owner's expense, and individuals are responsible for any parking violations linked to their vehicles. A full parking zone map are available online. [Click for Parking Zone Map](#)

Students requiring mobility-impaired parking must complete an application and [mobility permit application](#) with physician verification and submit it to the University Police Department for approval. Temporary permits are issued based on recovery time, and permanent conditions must be re-certified each fall.

Failure to pay parking fines or fees may result in registration holds, withheld transcripts, and possible collection actions. Citations can be paid online through Banner or in person at the LA Capitol Federal Credit Union on campus.

1. [Login into Banner](#)
2. Select the **Employee** or **Student** tab/link, as applicable.
3. Click the **Parking Permits/Citations** link.
4. Select **Citation Payment Menu** to make a payment using ULM's Touch Net payment system.

### ID Card Information

The Warhawk ID Card is the official identification for all ULM students and provides access to essential campus services, including residence halls, the Activity Center, library, dining halls, and student events. New students receive their ID card at no charge. The card is also used for class registration and admission to athletic events.

If an ID card is lost, stolen, or damaged—or if a name or SSN change is required—a \$15 replacement fee must be paid at the LA Capitol Federal Credit Union. Students must bring the receipt to the Warhawk ID Services Office to receive a replacement.

To report a lost or stolen card, students should contact the Warhawk ID Office immediately for assistance. <https://www.ulm.edu/warhawkc card/id-card-info.html>

### University Information Technology

Helpdesk Support:

During normal business hours, contact the Helpdesk directly at 318-342-3333.

On-campus: dial #3333

### Transportation

#### **Intermodal Transit Facility**

The Intermodal Transit Facility is a 270-space parking facility centrally located on University Avenue. This facility is also a stop for Monroe Transit System buses which service the campus.

<https://www.ulm.edu/police/intermodal.html>

## Student Travel

1. All students traveling as a representative of the University of Louisiana Monroe must follow all ULM Student Rules and Policies and abide by all International, Federal, State, and Local laws.
2. All students must complete and submit the following documents before travel:
  1. Student Pre-Travel Trip Form
    1. One form must be signed by all student travelers.
    2. Must be signed by the Program Director.
    3. Form available at: [Student Pre-Travel Form](#).
  2. Student Acknowledgement of Rules Form
    1. Must be signed by each student traveling.
    2. Form available at: [Student Acknowledgement of Rules Form](#).
  3. Student Contact Information Form
    1. Must be signed by each student traveling.
    2. Form available at: [Student Contact Information Form](#)
  4. Student Medical Liability Waiver
    1. Must be signed by each student traveling.
    2. [Student Medical Liability Waiver](#)
  5. Student Personal Vehicle Waiver
    1. Students who will travel using their own vehicle must submit this form.
    2. [Student Personal Vehicle Waiver](#).
  6. Travel Authorization
    1. Must be completed by each student traveling prior to travel even if student will not be reimbursed for any portion of the travel.
    2. Must be approved by Program Director and Dean.
    3. [Travel Authorization Form](#)
  7. Travel Expense
    1. Must be completed by each student traveling at conclusion of travel.
    2. Must be approved by Program Director and Dean.
    3. [Travel Expense Form](#)
3. Attend a mandatory Pre-Trip Orientation Meeting

## Printing

At the University of Louisiana at Monroe, student printing is funded through the Student Technology Access Plan (STAP). Thus, since printing is funded by STAP for the given semester, only actively enrolled students taking classes are allowed to print. Printing is allowed from mobile devices while on campus as well the Web Print feature while off campus.

## Institution Policies and Procedures

University of Louisiana at Monroe Policies and procedures can be found here:

<https://webservices.ulm.edu/policies/>

<https://ulmapps.ulm.edu/policies/download-policy/259>

## **VII. Appendices:**

The following documents can be referenced in the [Trajecsys](#) reporting system.

**Appendix A: Unexcused Clinical Absence Form**

**Appendix B: Individualized Professional Development Plan (IPDP)**

**Appendix C: Acknowledgement of Course Remediation Process**

**Appendix D: Practical Development Plan Agreement**

**Appendix E: ULM DPT Student Program Handbook Attestation Form**



## Appendix F: Code of Ethics for the Physical Therapist

### Code of Ethics for the Physical Therapist



HOD S06-20-28-25 [Amended HOD S06-19-47-67; HOD S06-09-07-12; HOD S06-00-12-23; HOD 06-91-05-05; HOD 06-87-11-17; HOD 06-81-06-18; HOD 06-78-06-08; HOD 06-78-06-07; HOD 06-77-18-30; HOD 06-77-17-27; Initial HOD 06-73-13-24] [Standard]

#### Preamble

The Code of Ethics for the Physical Therapist (Code of Ethics) delineates the ethical obligations of all physical therapists as determined by the House of Delegates of the American Physical Therapy Association (APTA). The purposes of this Code of Ethics are to:

1. Define the ethical principles that form the foundation of physical therapist practice in patient and client management, consultation, education, research, and administration.
2. Provide standards of behavior and performance that form the basis of professional accountability to the public.
3. Provide guidance for physical therapists facing ethical challenges, regardless of their professional roles and responsibilities.
4. Educate physical therapists, students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the physical therapist.
5. Establish the standards by which the American Physical Therapy Association can determine if a physical therapist has engaged in unethical conduct.

No code of ethics is exhaustive nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive. The APTA Guide for Professional Conduct and Core Values for the Physical Therapist and Physical Therapist Assistant provide additional guidance.

This Code of Ethics describes the desired behavior of physical therapists in their multiple roles (eg, management of patients and clients, consultation, education, research, and administration), addresses multiple aspects of ethical action (individual, organizational, and societal), and reflects the core values of the physical therapist (accountability, altruism, collaboration, compassion and caring, duty, excellence, integrity, and social responsibility). Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist. Fundamental to the Code of Ethics is the special obligation of physical therapists to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.

#### Principles

**Principle #1: Physical therapists shall respect the inherent dignity and rights of all individuals.**

(Core Values: Compassion and Caring, Integrity)

- 1A. Physical therapists shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.
- 1B. Physical therapists shall recognize their personal biases and shall not discriminate against others in physical therapist practice, consultation, education, research, and administration.

**Principle #2: Physical therapists shall be trustworthy and compassionate in addressing the rights and needs of patients and clients.**

(Core Values: Altruism, Collaboration, Compassion and Caring, Duty)

- 2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients and clients over the interests of the physical therapist.

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- 2B. Physical therapists shall provide physical therapist services with compassionate and caring behaviors that incorporate the individual and cultural differences of patients and clients.
- 2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapist care or participation in clinical research.
- 2D. Physical therapists shall collaborate with patients and clients to empower them in decisions about their health care.
- 2E. Physical therapists shall protect confidential patient and client information and may disclose confidential information to appropriate authorities only when allowed or as required by law.

**Principle #3: Physical therapists shall be accountable for making sound professional judgments.**

(Core Values: Collaboration, Duty, Excellence, Integrity)

- 3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient's or client's best interest in all practice settings.
- 3B. Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient and client values.
- 3C. Physical therapists shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or refer to peers or other health care professionals when necessary.
- 3D. Physical therapists shall not engage in conflicts of interest that interfere with professional judgment.
- 3E. Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.

**Principle #4: Physical therapists shall demonstrate integrity in their relationships with patients and clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public.**

(Core Value: Integrity)

- 4A. Physical therapists shall provide truthful, accurate, and relevant information and shall not make misleading representations.
- 4B. Physical therapists shall not exploit persons over whom they have supervisory, evaluative or other authority (eg, patients/clients, students, supervisees, research participants, or employees).
- 4C. Physical therapists shall not engage in any sexual relationship with any of their patients and clients, supervisees, or students.
- 4D. Physical therapists shall not harass anyone verbally, physically, emotionally, or sexually.
- 4E. Physical therapists shall discourage misconduct by physical therapists, physical therapist assistants, and other health care professionals and, when appropriate, report illegal or unethical acts, including verbal, physical, emotional, or sexual harassment, to an appropriate authority with jurisdiction over the conduct.
- 4F. Physical therapists shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.

**Principle #5: Physical therapists shall fulfill their legal and professional obligations.**

(Core Values: Accountability, Duty, Social Responsibility)

- 5A. Physical therapists shall comply with applicable local, state, and federal laws and regulations.
- 5B. Physical therapists shall have primary responsibility for supervision of physical therapist assistants and support personnel.
- 5C. Physical therapists involved in research shall abide by accepted standards governing protection of research participants.
- 5D. Physical therapists shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.
- 5E. Physical therapists who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.
- 5F. Physical therapists shall provide notice and information about alternatives for obtaining care in the event the physical therapist terminates the provider relationship while the patient or client continues to need physical therapist services.

**Principle #6: Physical therapists shall enhance their expertise through the lifelong acquisition and refinement of knowledge, skills, abilities, and professional behaviors.**

(Core Value: Excellence)

- 6A. Physical therapists shall achieve and maintain professional competence.
- 6B. Physical therapists shall take responsibility for their professional development based on critical self-assessment and reflection on changes in physical therapist practice, education, health care delivery, and technology.
- 6C. Physical therapists shall evaluate the strength of evidence and applicability of content presented during professional development activities before integrating the content or techniques into practice.
- 6D. Physical therapists shall cultivate practice environments that support professional development, lifelong learning, and excellence.

**Principle #7: Physical therapists shall promote organizational behaviors and business practices that benefit patients and clients and society.**

(Core Values: Integrity, Accountability)

- 7A. Physical therapists shall promote practice environments that support autonomous and accountable professional judgments.
- 7B. Physical therapists shall seek remuneration as is deserved and reasonable for physical therapist services.
- 7C. Physical therapists shall not accept gifts or other considerations that influence or give an appearance of influencing their professional judgment.
- 7D. Physical therapists shall fully disclose any financial interest they have in products or services that they recommend to patients and clients.
- 7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapist services accurately reflect the nature and extent of the services provided.
- 7F. Physical therapists shall refrain from employment arrangements, or other arrangements, that prevent physical therapists from fulfilling professional obligations to patients and clients.

**Principle #8: Physical therapists shall participate in efforts to meet the health needs of people locally, nationally, or globally.**

(Core Value: Social Responsibility)

- 8A. Physical therapists shall provide pro bono physical therapist services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.
- 8B. Physical therapists shall advocate to reduce health disparities and health care inequities, improve access to health care services, and address the health, wellness, and preventive health care needs of people.
- 8C. Physical therapists shall be responsible stewards of health care resources and shall avoid overutilization or under- utilization of physical therapist services.
- 8D. Physical therapists shall educate members of the public about the benefits of physical therapy and the unique role of the physical therapist.

**Explanation of Reference Numbers:**

HOD P00-00-00-00 stands for House of Delegates/month/year/page/vote in the House of Delegates minutes; the "P" indicates that it is a position (see below). For example, HOD P06-17-05-04 means that this position can be found in the June 2017 House of Delegates minutes on Page 5 and that it was Vote 4.

P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure

Last Updated: 8/12/2020

Contact: [nationalgovernance@apta.org](mailto:nationalgovernance@apta.org)

## Appendix G: Standards of Practice for Physical Therapy

### Standards of Practice for Physical Therapy



**HOD S06-20-35-29** [Amended: HOD S06-19-29-50; HOD S06-13-22-15; HOD S06-10-09-06; HOD S06-03-09-10; HOD 06-03-09-10; HOD 06-99-18-22; HOD 06-96-16-31; HOD 06-91-21-25; HOD 06-85-30-56; Initial: HOD 06-80-04-04; HOD 06-80-03-03] [Standard]

#### Preamble

The physical therapy profession is committed to transforming society by optimizing movement to improve the human experience. Physical therapists pursue excellence in a professional scope of practice that includes optimizing physical function, health, quality of life, and well-being across the lifespan, and they work to improve population health in the communities where they practice. The American Physical Therapy Association (APTA) attests to this commitment by adopting and promoting the following *Standards of Practice for Physical Therapy*. These standards are the profession's statement of conditions and performances that are essential for provision of high-quality professional service to society, and they provide a foundation for assessment of physical therapist practice.

#### I. Ethical/Legal Considerations

##### A. Ethical Considerations

The physical therapist practices according to the APTA *Code of Ethics for the Physical Therapist*.

The physical therapist assistant complies with the APTA *Standards of Ethical Conduct for the Physical Therapist Assistant*.

##### B. Legal Considerations

The physical therapist complies with all the legal requirements of jurisdictions regulating the practice of physical therapy.

The physical therapist assistant complies with all the legal requirements of jurisdictions regulating the work of the physical therapist assistant.

#### II. Administration of the Physical Therapy Service

##### A. Statement of Mission, Purposes, Goals, Objectives, and Scope of Services

The physical therapy service has a statement of mission, purposes, goals, objectives, and scope of services that is reviewed annually and reflects the needs and interests of the patients and clients served, the physical therapy personnel affiliated with the service, and the community.

##### B. Organizational Plan

The physical therapy service has a written organizational plan.

The organizational plan:

- Describes relationships among components within the physical therapy service and, where the service is part of a larger organization, between the service and the other components of that organization;
- Ensures that a physical therapist provides the clinical direction of physical therapist services;
- Defines supervisory structures within the service; and
- Reflects current personnel functions.

##### C. Policies and Procedures

The physical therapy service has written policies and procedures that are reviewed regularly and revised as necessary; reflect the operation, mission, purposes, goals, objectives, and scope of the

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service; are legally compliant with federal and state law; and are guided by the association's positions, standards, guidelines, policies, and procedures.

**D. Administration**

Guided and informed by APTA positions, standards, guidelines, policies, and procedures, the physical therapist responsible for the clinical direction of physical therapist services ensures:

- Compliance with local, state, and federal requirements;
- Services are provided in accordance with established policies and procedures;
- The process for assignment and reassignment of physical therapist staff (handoff communication) supports individual physical therapist responsibility to their patients and clients and meets the needs of the patients and clients; and
- Continuing competence of physical therapists and physical therapist assistants by providing training consistent with their respective roles.

**E. Fiscal Management**

The physical therapist responsible for physical therapist services, in consultation with physical therapy staff and appropriate administrative personnel, participates in the planning for and allocation of resources. Fiscal planning and management of the service is based on sound accounting principles.

The fiscal management plan:

- Includes a budget that provides for optimal use of resources;
- Ensures accurate recording and reporting of financial information;
- Allows for cost-effective utilization of resources;
- Follows billing processes that are consistent with federal regulations and payer policies, charge reasonable fees for physical therapist services, and encourage physical therapists to be knowledgeable of service fee schedules, contractual relationships, and payment methodologies; and
- Considers options for providing *pro bono* services.

**F. Improvement of Quality of Care and Performance**

The physical therapy service has a written plan for continuous improvement of quality of care and performance of services.

The improvement plan:

- Provides evidence of ongoing review and evaluation of services; and
- Provides a mechanism for documenting improvement in quality of care and performance and is consistent with requirements of external agencies, as applicable.

**G. Staffing**

The physical therapy personnel affiliated with the physical therapy service have demonstrated competence, and are sufficient to achieve the mission, purposes, goals, objectives, and scope of the service.

The physical therapy service:

- Ensures that the level of expertise within the service is appropriate to the needs of the patients and clients served, and consistent with the scope of the services provided; and
- Provides appropriate professional and support personnel to meet the needs of the patient and client population.

**H. Staff Development**

The physical therapy service has a written plan that provides for appropriate and ongoing staff development.

The staff development plan:

- Includes strategies for lifelong learning and professional and career development that include self-assessment, individual goal setting, and organizational needs;
- Includes mechanisms to foster mentorship activities;
- Includes information regarding evidence-based practice and relevant clinical practice guidelines; and
- Includes education regarding use of clinical practice guidelines, reflective reasoning, clinical reasoning, metacognition, and the value of mentoring.

**I. Physical Setting**

The physical setting, where applicable, is designed to provide a safe and accessible environment that facilitates fulfillment of the mission, purposes, goals, objectives, and scope of the physical therapy service. It is appropriate for the number and type of patients and clients served. The equipment is safe and sufficient to achieve the purposes and goals of the physical therapy service.

**J. Coordination**

Physical therapy personnel collaborate with all health services providers and with patients, clients, caregivers, and others as appropriate; and use a team and person-centered approach in coordinating and providing physical therapist services.

**III. Patient and Client Management**

Physical therapist practice incorporates all components of evidence-based practice, integrating best available research evidence, clinical expertise, and an individual's values and circumstances to make decisions regarding services for patients and clients, practice management, and health policy.

**A. Physical Therapist of Record**

All patients and clients receiving physical therapist services shall have a physical therapist of record who is responsible for patient and client management.

**B. Patient and Client Collaboration**

Within the patient and client management process, the physical therapist, the individual, and their caregiver(s) establish and maintain an ongoing collaborative process of decision-making that exists throughout the provision of services and can extend over the lifespan.

**C. Initial Examination/Evaluation/Diagnosis/Prognosis**

The physical therapist performs an initial examination and evaluation to establish a diagnosis and prognosis prior to intervention. Wellness and prevention encounters may occur without the presence of disease, illness, impairments, activity limitations, or participation restrictions. Physical therapist services include the use of assessments to identify the presence of risk factors, and cognitive and environmental barriers and opportunities that may be targets for health promotion activities.

The physical therapist examination:

- Is documented and dated by the physical therapist who performed it;
- Identifies the physical therapy and as indicated other health needs of the patient or client;
- Performs or orders appropriate diagnostic and or physiologic procedures, tests, and measures;
- Produces data that are sufficient to allow evaluation, diagnosis, prognosis, and the establishment of a plan of care;
- Refers for additional services to meet the needs of the patient or client; and
- Includes, when appropriate and available, results from diagnostic and physiologic testing.

**D. Management Plan and Plan of Care**

The management plan is the framework of physical therapist services provided to patients or clients, groups, or populations. The management plan is based on best available evidence and may include recommendations and goals developed by other entities. When indicated, the management plan describes the need for additional testing or other information to inform decision-making regarding the

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need for ongoing physical therapist services. A management plan is indicated when prevention, health promotion, and wellness services are provided in groups or populations.

The management plan includes a plan of care when physical therapist services are indicated to address a health condition. The plan of care is based on the best available evidence and consists of statements that specify the goals of the plan, predicted level of optimal improvement, interventions to be used, proposed duration and frequency of the interventions that are required to reach the goals and outcomes, and plans as appropriate for referral, consultation, or co-management with other providers.

A plan of care is not needed when the physical therapist is being consulted for expert opinion or advice, or for diagnostic or physiologic testing. In such situations the physical therapist documents the reason(s) that the plan of care was not created.

The physical therapist involves the patient or client and appropriate others in the development of the management plan and plan of care.

#### E. Intervention

The physical therapist provides or directs and supervises intervention consistent with results of the examination, evaluation, diagnosis, prognosis, and plan of care. Intervention is focused on meeting the goals of the plan of care and optimizing functional performance, emphasizes patient or client education, and promotes proactive, wellness-oriented lifestyles. It may be provided in an episode of care, in a single encounter such as for wellness and/or prevention, in specialty consultation, or as follow-up after an episode of care. Services also may be provided intermittently over longer periods of time in cases of managing patients or clients with chronic conditions, creating a lifelong patient or client relationship with the physical therapist.

An *episode of care* is the managed care provided for a specific health condition or conditions during a set time period. The episode can be for a short period, or on a continual basis, or it may consist of a series of intervals of service.

The intervention:

- Is provided at a level that is consistent with best available evidence and current physical therapist practice;
- Is in direct alignment with the patient's or client's desired outcomes and goals;
- Is altered in accordance with changes in response or status; and
- Is provided in such a way that directed and supervised responsibilities are commensurate with the qualifications and legal limitations of the physical therapist assistant.

#### F. Lifelong and Long-Term Patient and Client Relationships

Physical therapists foster and encourage lifelong and long-term patient and client relationships. Where feasible, physical therapists, as entry-point providers, provide services within the community that are available to patients or clients over a lifetime. Efforts are made to address movement system disorders and to maintain optimal health and wellness through physical therapist intervention as needed.

Lifelong and long-term patient and client relationships:

- Foster continuity of service over patients' and clients' lifespans by addressing changes in the movement system, health status, or disabilities as they arise;
- Empower patients and clients to advocate for their own health;
- Empower the physical therapist to advocate on behalf of patients and clients within the health services system; and
- Foster identification by patients and clients that they have their own physical therapist among various health professionals.

#### G. Reexamination

The physical therapist reexamines the patient or client as necessary to evaluate progress or change in status. Reexamination may occur during an episode of care, during follow-up encounters after an

episode of care, or periodically in the case of the management of patients and clients with chronic conditions. During reexamination the physical therapist modifies the management plan accordingly and refers the patient or client to another health services provider for consultation as necessary.

**H. Conclusion of an Episode of Care**

The physical therapist concludes an episode of care when the goals and outcomes for the patient or client have been achieved, when the patient or client is unable to further progress toward goals, or when the physical therapist determines that the patient or client will no longer benefit from physical therapy. Conclusion of a single episode of care may not, in many settings or circumstances, signal the end of a patient or client provider relationship.

**I. Communication/Coordination/Documentation**

The physical therapist communicates, coordinates, and documents all aspects of patient and client management including the results of the initial examination and evaluation, diagnosis, prognosis, plan of care, intervention, responses to intervention, changes in patient or client status relative to the intervention, reexamination, and episode of care summary. The physical therapist of record is responsible for "handoff" communication and follows "handoff" procedures developed by the physical therapy service to the next physical therapist of record. When possible, patient records and data are recorded using a method that allows for collective analysis. The physical therapist ensures that protected health information is maintained and transmitted following legally required practices.

**J. Co-management/Consultation/Referral**

At any point in an episode of care, or in a long-term or lifelong physical therapist-patient or client relationship, a physical therapist may engage in 1 or more of the following actions related to involvement of other clinicians. Other clinicians may be those in other professions and also may be physical therapist colleagues, some with advanced practice credentials or board certification in a clinical specialty.

- **Co-management:** The physical therapist shares management responsibility for the individual with another clinician(s).
- **Consultation:** Upon the request of another clinician(s), the physical therapist renders professional expert opinion or advice by applying highly specialized knowledge and skills to aid in the management of an individual's health condition. The physical therapist documents the findings and any recommendations of the consultation as part of the management plan. When a physical therapist is consulted for the purposes of diagnostic or physiologic testing, the physical therapist determines the need for and performs the testing in accordance with best available evidence. The results of the testing are documented and communicated to the referring clinician(s). Unless indicated, the consultant physical therapist does not assume management responsibility of the individual. The physical therapist also seeks consultative services from other clinicians when situations exist that are beyond the expertise or available resources of the physical therapist. In these cases, the physical therapist shares responsibility for the individual with the consultant.
- **Referral:** The physical therapist may:
  - Refer an individual to another provider and either conclude care or not develop a plan of care;
  - Refer an individual to another provider and continue the management plan at the same time;
  - Receive an individual referred from another provider who chooses not to continue services for the individual;
  - Receive an individual from another provider who continues to provide services to the individual (if the physical therapy episode of care is ongoing, the physical therapist shares responsibility for the individual); or
  - Receive an individual from another provider for diagnostic and or physiologic testing.

**IV. Education**

The physical therapist is responsible for individual professional development. The physical therapist assistant is responsible for individual career development.

- The physical therapist and the physical therapist assistant, under the direction and supervision of the physical therapist, participate in the education of peers, other health services providers, and students.





- The physical therapist educates and provides consultation to consumers and the general public regarding the purposes and benefits of physical therapy.
- The physical therapist educates and provides consultation to consumers and the general public regarding the roles of the physical therapist and the physical therapist assistant.

#### V. Advocacy

The physical therapist and the physical therapist assistant will participate in advocacy for patients' and clients' rights with respect to:

- Physical therapy being an entry-point for patients into the health services system;
- Physical therapists serving in primary care roles;
- Appropriate access to needed health services including physical therapist services; and
- Communities creating safe and accessible built environments, where population health is a priority.

#### VI. Research

The physical therapist applies research findings to practice and encourages, participates in, and promotes activities that establish the outcomes of patient and client management provided by the physical therapist.

The physical therapist:

- Remains current in their knowledge of literature related to practice;
- Protects the rights of research subjects and maintains the integrity of research;
- Participates in research as appropriate to individual education, experience, and expertise;
- Educates physical therapists, physical therapist assistants, students, other health professionals, and the general public about new evidence from research and the outcomes of physical therapist practice; and
- Accesses and translates knowledge in support of clinical decisions, and uses literature based on its quality and appropriateness.

#### VII. Community Responsibility

The physical therapist demonstrates community responsibility by participating in community and community agency activities, educating the public, formulating public policy, and providing *pro bono* physical therapist services.

#### Explanation of Reference Numbers:

HOD P00-00-00-00 stands for House of Delegates/month/year/page/vote in the House of Delegates minutes; the "P" indicates that it is a position (see below). For example, HOD P06-17-05-04 means that this position can be found in the June 2017 House of Delegates minutes on Page 5 and that it was Vote 4.

P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure

Last Updated: 8/12/2020

Contact: [nationalgovernance@apta.org](mailto:nationalgovernance@apta.org)



## Appendix H: Doctor of Physical Therapy WARHAWK Flight Path

