(3) Paraffin baths*.

Mechanical modalities:

A. Compression therapies (prefabricated)*
   (1) Compression garments
   Skill Category Description of Minimum Skills
   (2) Vasopneumatic compression devices*
   (3) Taping
   (4) Compression bandaging (excluding lymphedema)

B. Gravity-assisted compression devices:
   (1) Standing frame*
   (2) Tilt table*

C. Mechanical motion devices*:
   (1) Continuous passive motion (CPM)*

D. Traction devices*:
   (1) Intermittent
   (2) Positional
   (3) Sustained

- Documentation of all listed competencies in SOAP notes format.

TENTH SEMESTER

1. **OBSTETRICS & GYNEACOLOGICAL PHYSICAL THERAPY**
2. **PAEDIATRIC PHYSICAL THERAPY**
3. **GERONTOLOGY &GERIATRIC PHYSICAL THERAPY**
4. **SPORTS PHYSICAL THERAPY**
5. **SUPERVISED CLINICAL PRACTICE - VI**
6. **RESEARCH PROJECT**

OBSTETRICS & GYNEACOLOGICAL PHYSICAL THERAPY

CREDIT HOURS 2 (2-0)

COURSE DESCRIPTION:

This course intends to provide Introduction to physical therapy practice for evaluation and treatment of pelvic floor dysfunction and an Introduction to physical therapy practice for evaluation and treatment of problems related to pregnancy, osteoporosis, and other disorders specific to women. Topics will focus on medical terminology, clinical examination, evaluation, comparing contemporary, traditional interventions and the impact of evolving technology in this area.

COURSE OUT LINE:

MEDICAL TERMINOLOGY REGARDING GYNECOLOGY, OBSTETRICS AND WOMEN'S HEALTH

- Anatomy
- Physiology of pregnancy
- Physical and physiological changes of labour and the peurperium

- The antenatal period
- Relieving the discomforts of pregnancy
- Preparation of labour
- Postnatal period
- The climacteric
- Common gynecological conditions
- Gynecological surgery
- Urinary function and dysfunction
- Bowel and anorectal function and dysfunction.

ONCOLOGICAL ISSUE WITH WOMEN'S HEALTH

- Management of breast cancer
- Management of lymph odema.

SPECIAL TOPIC IN WOMEN'S HEALTH

- Female athletes
- Exercise issues and aging
- Aquatic therapy services in women health
- Physical therapy management for women with long term physical disabilities.

CASE HISTORIES

- Principles of assessment and outcome measures
- Documentation in SOAP notes format
- Evidence based obstetrics and gynecological Physical Therapy Treatment protocols.

RECOMMENDED TEXT BOOKS:

1. Physiotherapy in Obstetrics and Gynecology By: Jill Mantle, Jeanette Haslam, Sue Barton, 2nd edition.
2. Textbook of Physiotherapy for Obstetric and Gynecological Conditions (Paperback) By (author) G.B. Madhur.

PEDIATRIC PHYSICAL THERAPY

CREDIT HOURS 2 (2-0)

COURSE DESCRIPTION:

This course addresses both the medical and rehabilitation management of the pediatric patient. Foundation lectures on normal development and psychological issues provide the students with a model to use when learning about pediatric pathologies, assessments and interventions. This course also involves the examination and treatment of the pediatric population using an interdisciplinary approach. The etiology and clinical features of common diseases/ disorders observed in the pediatric population will be emphasized. Lab: Methods for examination, goal setting, and intervention are emphasized. Students will participate in interdisciplinary case studies and an interdisciplinary evaluation project. Topics will focus on medical terminology,

clinical examination, evaluation, comparing contemporary, traditional interventions and the impact of evolving technology in this area.

COURSE OUT LINE:

MEDICAL TERMINOLOGY REGARDING PEDIATRICS

- History and Examination / Pediatric Examination
- Assessment and outcome measurement
- Theories of Development
- Medical Care of Children with Disabilities
- Psychological Assessment in Pediatric Rehabilitation
- Approaches to working with children
- Normal Developmental Milestones
- Language Development in Disorders of Communication and Oral Motor Function Adaptive Sports and Recreation
- Orthotic and Assistive Devices
- Electrodiagnosis in Pediatrics
- Motor Learning& Principles of Motor Learning
- The Child Parents and Physiotherapist
- Aging With Pediatric Onset Disability and Diseases
- The Assessment of Human Gait, Motion, and Motor Function
- Psychosocial Aspects of Pediatric Rehabilitation
- Pediatric and Neonatal Intensive Therapy
- Disorders of Respiratory System
- Cystic Fibrosis Duchene Muscular
- Hemophilia
- Lower Limb Deformities
- Orthopedics and Musculoskeletal Conditions
- Talipes Equino Varus
- Torticolis
- Pediatric Limb Deficiencies
- Neuromuscular Diseases
- Myopathies
- Traumatic Brain Injury
- Cerebral Palsy
- Spinal Cord Injuries
- Spina Bifida
- Oncology and palliative care.

CASE HISTORIES

- Principles of assessment and outcome measures
- Documentation in SOAP notes format
- Evidence based pediatric Physical Therapy Treatment protocols

RECOMMENDED TEXT BOOKS:

1. *Physical Therapy for Children* By, Suzann K. Campbell, Robert J. Palisano & Darl W. Vander Linden.
2. *Paediatric Rehabilitation Principles and practice* (Fourth Edition) By, Michael A Alexander & Dennis j. Matthews.
3. *Additional reading material as assigned.*

GERONTOLOGY & GERIATRIC PHYSICAL THERAPY

CREDIT HOURS 2 (2-0)

COURSE DESCRIPTION:

The course covers normal aging process, physiological and psychological changes and their effects on daily living activities (ADL) and instrumental daily living activities (IADL).Relevant testes and measures for determining impairment and differentiating the diagnosis based on the specificity and sensitivity of the assessment instruments as related to patients with geriatric conditions are discussed. The use of evidence-based physical therapy intervention for geriatric conditions is emphasized. Topics will focus on comparing contemporary and traditional interventions and the impact of evolving technology in this area. Topics will focus on medical terminology, clinical examination, evaluation, comparing contemporary, traditional interventions and the impact of evolving technology in this area.

COURSE OUT LINE:

GERONTOLOGY

- Introduction to Gerontology
- Demographic Trends of an Aging Society
- Social Gerontology
- The Physiology and Pathology of Aging
- The Cognitive and Psychological Changes Associated with Aging
- Functional Performance in Later Life: Basic Sensory, Perceptual, and Physical Changes Associated with Aging
- Geriatric Pharmacotherapy
- Sexuality and Aging
- Living Options and the Continuum of Care
- Legal and Financial Issues Related to Health Care for Older People
- Health Care Providers Working With Older Adults
- Future Concerns in an Aging Society
- Health Literacy and Clear Health Communication

GERIATRIC PHYSICAL THERAPY

MEDICAL TERMINOLOGY REGARDING GERIATRICS

ATTITUDES AND AGEISM

- Ageism
- Myths and Facts about Older Adults

- Age Bias in Healthcare
- Geriatric Training and Role of Physical Therapist

NORMAL PHYSICAL CHANGES IN OLDER ADULTS

- Breathing — the Respiratory System
- Beating — the Cardiovascular System
- Thinking and Reacting — the Nervous System
- Moving — the Musculoskeletal System
- Eating & Eliminating — the Gastrointestinal and Urinary Systems
- Metabolizing — the Endocrine System
- Responding — the Sensory System
- Sleeping and Other Physical Changes

PSYCHOLOGICAL CHANGES

- The 3 Ds and Suicide in Older Adults
- Delirium
- Dementia
- Depression

OLDER ADULT ABUSE AND NEGLECT

- Scope of Older Adult Abuse and Neglect
- Clues to Abuse and Interventions

TRIAGE AND ASSESSMENT

- ABCs of Geriatric Assessment
- Assessment Techniques and Atypical Presentations

PAIN

- Pain in Older Adults
- Pain Assessment and Challenges
- Impact of Physiological Changes
- Medication and Pain Management
- Medication Interactions
- Medication and Food

EFFECTS OF AGE

- Task Complexity,
- Exercise
- Ambulation.

PHYSICAL THERAPY FOR GERIATRICS IN VARIOUS NEUROMUSCULAR DISORDERS

- Alzheimer’s disease
- Parkinsonism
- Cerobrovascular accident (C.V.A)
- Poly neuropathies etc.

PRE-OPERATIVE AND POST OPERATIVE PHYSICAL THERAPY FOR GERIATRICS IN VARIOUS MUSCULOSKELETAL DISORDERS

- Hip & Knee Joint replacements
- Soft tissue injuries.

BALANCE AND FALL IN ELDERLY: ISSUES IN EVALUATION AND TREATMENT

- Introduction
- Defining the problem of falls, risk factors, aging theory concept pertinent to falls in the elderly
- Multi faceted approach to the falls problem
- Postural control theory, physiology of balance ,
- Summary influence of age on postural control, relationship between postural control and falls, A model, examination and evaluation, history, biological assessment, sensory effectors, strength, ROM, endurance, central processing, functional assessment, environmental assessment, psychosocial assessment, intervention

MEDICATIONS:

NUTRITIONAL DEFICIENCIES

- Primary nutritional problems, limited fixed incomes, severely limited food choices and availability.

CASE HISTORIES

- Principles of assessment and outcome measures.
- Documentation in SOAP notes format.
- Evidence based geriatric Physical Therapy Treatment protocols.

RECOMMENDED TEXT BOOKS:

1. Geriatric Physical Therapy by Andrew A. Guccione.
2. Fundamentals of Geriatric Medicine.
3. Gerontology for health care professional by regula H robbnet/ walter.
4. Handbook of gerontology by James A Blackburn and Catherine N Dulmus.

SPORTS PHYSICAL THERAPY

CREDIT HOURS 2 (2-0)

COURSE DESCRIPTION:

The main focus of this course is related to the understanding of the role that physical therapists play in both the industrial continuum and sports physical therapy. Emphasis is placed on acute management of traumatic injuries and/or sudden illness. In addition, injury prevention with an emphasis on the advanced clinical competencies related to the practice of sports physical therapy will also be covered.

COURSE OUT LINE:

MEDICAL TERMINOLOGY RELATED TO SPORTS PHYSICAL THERAPY

INTRODUCTION TO SPORTS REHABILITATION

- Introduction to sport injury management.

INJURY SCREENING AND ASSESSMENT OF PERFORMANCE

- Injury prevention and screening
- Assessment and needs analysis.

PATHOPHYSIOLOGY OF MUSCULOSKELETAL INJURIES

- Pathophysiology of skeletal muscle injuries
- Pathophysiology of tendon injuries
- Pathophysiology of ligament injuries
- Pathophysiology of skeletal injuries
- Peripheral nerve injuries.

EFFECTIVE CLINICAL DECISION MAKING

- An introduction to periodisation
- Management of acute sport injury
- Musculoskeletal assessment
- Progressive systematic functional rehabilitation
- Strength and conditioning
- Nutritional considerations for performance and rehabilitation
- Psychology and sports rehabilitation
- Clinical reasoning.

JOINT SPECIFIC SPORT INJURIES AND PATHOLOGIES

- Shoulder injuries in sport
- The elbow
- Wrist and hand injuries in sport
- The groin in sport
- The knee
- Ankle complex injuries in sport
- The foot in sport.

TRAVELING WITH A TEAM

DRUGS AND THE ATHLETE

ETHICS AND SPORTS MEDICINE

CASE HISTORIES

- Principles of assessment and outcome measures
- Documentation in SOAP notes format
- Evidence based sports Physical Therapy Treatment protocols.

RECOMMENDED TEXT BOOKS:

1. *Sports Rehabilitation and Injury Prevention* by: Paul Comfort &Earle Abrahamson, 1st Edition, 2010,Wiley Blackwell Publishers.
2. *Clinical Sports Medicine* by: Brukner & Khan, 4ed, McGraw-Hill Publishers.
3. *A guide to sports and injury management* by: Mike Bundy & Andy Leaver, 1st edition, 2010, Churchill Livingstone.

SUPERVISED CLINICAL PRACTICE VI

CREDIT HOURS 4 (0-4)

INTEGUMENTARY

SEMESTER	SUPER VISION	FOCUS	WARDS	COMPETEN CIES
10	Supervised by trained PT	Evaluation, Examination, and Intervention	Integumentary, gynecology& obstetrics, sports and metabolic disorders (IPD/OPD; surgical & non-surgical)	Listed below

COURSE DESCRIPTION:

During this supervised clinical practice, students are responsible for successful execution of examination, evaluation, and interventions relating to Integumentary, gynecology and obstetrics, sports and metabolic disorders. Students become familiar with performance of these skills in all settings (inpatient and outpatient) as well as on all types of conditions (surgical, non-surgical, pediatric, geriatric, obstetrics & gynecology, sports etc.) Students learn to objectively perform these skills under the supervision of trained physical therapists. Student is required to keep a performance record of all listed competencies and successfully perform on real patients during the final evaluation of the course.

COMPETENCIES:

EXAMINATION

- Based on best available evidence select examination tests and measures that are appropriate for the patient/client.
- Perform posture tests and measures of postural alignment and positioning.*
- Perform gait, locomotion and balance tests including quantitative and qualitative measures such as*:
    - Balance during functional activities with or without the use of assistive, adaptive, orthotic, protective, supportive, or prosthetic devices or equipment

- Balance (dynamic and static) with or without the use of assistive, adaptive, orthotic, protective, supportive, or prosthetic devices or equipment
- Gait and locomotion during functional activities with or without the use of assistive, adaptive, orthotic, protective, supportive, or prosthetic devices or equipment to include:
  - Bed mobility
  - Transfers (level surfaces and floor)*
  - Wheelchair management
  - Uneven surfaces
  - Safety during gait, locomotion, and balance
- Perform gait assessment including step length, speed, characteristics of gait, and abnormal gait patterns.

- Characterize or quantify body mechanics during self-care, home management, work, community, tasks, or leisure activities.
- Characterize or quantify ergonomic performance during work (job/school/play)*:
  - Dexterity and coordination during work
  - Safety in work environment
  - Specific work conditions or activities
  - Tools, devices, equipment, and workstations related to work actions, tasks, or activities
- Characterize or quantify environmental home and work (job/school/play) barriers:
  - Current and potential barriers
  - Physical space and environment
  - Community access
- Observe self-care and home management (including ADL and IADL)*
- Measure and characterize pain* to include:
  - Pain, soreness, and nocioception
  - Specific body parts
- Recognize and characterize signs and symptoms of inflammation.
- Perform integumentary integrity tests and measures including*:
  A. Activities, positioning, and postures that produce or relieve trauma to the skin.
  B. Assistive, adaptive, orthotic, protective, supportive, or prosthetic devices and equipment that may produce or relieve trauma to the skin.
  C. Skin characteristics, including blistering, continuity of skin color, dermatitis, hair growth, mobility, nail growth, sensation, temperature, texture and turgor.
  D. Activities, positioning, and postures that aggravate the wound or scar or that produce or relieve trauma.
  E. Signs of infection.
  F. Wound characteristics: bleeding, depth, drainage, location, odor, size, and color.

G. Wound scar tissue characteristics including banding, pliability, sensation, and texture.

Evaluation:

- Clinical reasoning
- Clinical decision making
  1. Synthesize available data on a patient/client expressed in terms of the International Classification of Function, Disability and Health (ICF) model to include body functions and structures, activities, and participation.
  2. Use available evidence in interpreting the examination findings.
  3. Verbalize possible alternatives when interpreting the examination findings.
  4. Cite the evidence (patient/client history, lab diagnostics, tests and measures and scientific literature) to support a clinical decision.

Diagnosis:

1. Integrate the examination findings to classify the patient/client problem in terms of body functions and structures, and activities and participation (ie, practice patterns in the Guide)
2. Identify and prioritize impairments in body functions and structures, and activity limitations and participation restrictions to determine specific body function and structure, and activities and participation towards which the intervention will be directed.*

Prognosis:

1. Determine the predicted level of optimal functioning and the amount of time required to achieve that level.*
2. Recognize barriers that may impact the achievement of optimal functioning within a predicted time frame including*:
   A. Age
   B. Medication(s)
   C. Socioeconomic status
   D. Co-morbidities
   E. Cognitive status
   F. Nutrition
   G. Social Support
   H. Environment.

Plan of Care:

- Goal setting
- Coordination of Care
- Progression of care
- Discharge
  - Design a Plan of Care

1. Write measurable functional goals (short-term and long-term) that are time referenced with expected outcomes.

2. Consult patient/client and/or caregivers to develop a mutually agreed to plan of care.*
3. Identify patient/client goals and expectations.*
4. Identify indications for consultation with other professionals.*
5. Make referral to resources needed by the patient/client (assumes knowledge of referral sources).*
6. Select and prioritize the essential interventions that are safe and meet the specified functional goals and outcomes in the plan of care* (ie, (a) identify precautions and contraindications, (b) provide evidence for patient-centered interventions that are identified and selected, (c) define the specificity of the intervention (time, intensity, duration, and frequency), and (d) set realistic priorities that consider relative time duration in conjunction with family, caregivers, and other health care professionals).
7. Establish criteria for discharge based on patient goals and current functioning and disability.*
    - Coordination of Care
        1. Identify who needs to collaborate in the plan of care.
        2. Identify additional patient/client needs that are beyond the scope of physical therapist practice, level of experience and expertise, and warrant referral.*
        3. Refer and discuss coordination of care with other health care professionals.*
        4. Articulate a specific rational for a referral.
        5. Advocate for patient/client access to services.
    - Progression of Care
        1. Identify outcome measures of progress relative to when to progress the patient further.*
        2. Measure patient/client response to intervention.*
        3. Monitor patient/client response to intervention.
        4. Modify elements of the plan of care and goals in response to changing patient/client status, as needed.*
        5. Make on-going adjustments to interventions according to outcomes including environmental factors and personal factors and, medical therapeutic interventions.
        6. Make accurate decisions regarding intensity and frequency when adjusting interventions in the plan of care.
    - Discharge Plan
        1. Re-examine patient/client if not meeting established criteria for discharge based on the plan of care.
        2. Differentiate between discharge of the patient/client, discontinuation of service, and transfer of care with re-evaluation.*
        3. Prepare needed resources for patient/client to ensure timely discharge, including follow-up care.
        4. Include patient/client and family/caregiver as a partner in discharge.*

5. Discontinue care when services are no longer indicated.
6. When services are still needed, seek resources and/or consult with others to identify alternative resources that may be available.
7. Determine the need for equipment and initiate requests to obtain.

Interventions:

- Safety, Emergency Care, CPR and First Aid
- Standard Precautions
- Body Mechanics and
- Positioning
- Categories of Interventions
  - Safety, Cardiopulmonary Resuscitation Emergency Care, First Aid
    - ❖ Ensure patient safety and safe application of patient/client care.*
    - ❖ Perform first aid.*
    - ❖ Perform emergency procedures.*
    - ❖ Perform Cardiopulmonary Resuscitation (CPR).*
    - ❖ Precautions
      1. Demonstrate appropriate sequencing of events related to universal precautions.*
      2. Use Universal Precautions.
      3. Determine equipment to be used and assemble all sterile and non-sterile materials.*
      4. Use transmission-based precautions.
      5. Demonstrate aseptic techniques.*
      6. Apply sterile procedures.*
      7. Properly discard soiled items.*

- Body Mechanics and Positioning
  1. Apply proper body mechanics (utilize, teach, reinforce, and observe).*
  2. Properly position, drape, and stabilize a patient/client when providing physical therapy.*
- Interventions
  1. Coordination, communication, and documentation may include:
     A. Addressing required functions:
        (1) Establish and maintain an ongoing collaborative process of decision-making with patients/clients, families, or caregivers prior to initiating care and throughout the provision of services.*
        (2) Discern the need to perform mandatory communication and reporting (eg, incident reports, patient advocacy and abuse reporting).
        (3) Follow advance directives.

     B. Admission and discharge planning.
     C. Case management.

D. Collaboration and coordination with agencies, including:
    (1) Home care agencies
    (2) Equipment suppliers
    (3) Schools
    (4) Transportation agencies
    (5) Payer groups
E. Communication across settings, including:
    (1) Case conferences
    (2) Documentation
    (3) Education plans
F. Cost-effective resource utilization.
G. Data collection, analysis, and reporting of:
    (1) Outcome data
    (2) Peer review findings
    (3) Record reviews
H. Documentation across settings, following APTA's Guidelines for Physical Therapy Documentation, including:
    (1) Elements of examination, evaluation, diagnosis, prognosis, and Intervention
    (2) Changes in body structure and function, activities and participation.
    (3) Changes in interventions
    (4) Outcomes of intervention

I. Interdisciplinary teamwork:
    (1) Patient/client family meetings
    (2) Patient care rounds
    (3) Case conferences

J. Referrals to other professionals or resources.*
K. Patient/client-related instruction may include:
    A. Instruction, education, and training of patients/clients and caregivers regarding:
        (1) Current condition, health condition, impairments in body structure and function, and activity limitations, and participation restrictions)*
        (2) Enhancement of performance
        (3) Plan of care:
            a. Risk factors for health condition, impairments in body structure and function, and activity limitations, and participation restrictions.
            b. Preferred interventions, alternative interventions, and alternative modes of delivery
            c. Expected outcomes
    (4) Health, wellness, and fitness programs (management of risk factors)
    (5) Transitions across settings

Therapeutic exercise may include performing:

- Integumentary repair and protection techniques may include*:

A. Debridement*—nonselective:
   (1) Enzymatic debridement
   (2) Wet dressings
   (3) Wet-to-dry dressings
   (4) Wet-to-moist dressings
B. Dressings*:
   (1) Hydrogels
   (2) Wound coverings
C. Topical agents*:
   (1) Cleansers
   (2) Creams
   (3) Moisturizers
   (4) Ointments
   (5) Sealants

- Functional training in self-care and home management may include*:
- Functional training in work (job/school/play), community, and leisure integration or reintegration may include*:
  - Activities of daily living (ADL) training:
    (1) Bed mobility and transfer training*
    (2) Age appropriate functional skills
  - Barrier accommodations or modifications*
  - Device and equipment use and training:
    (1) Assistive and adaptive device or equipment training during ADL (specifically for bed mobility and transfer training, gait and locomotion, and dressing)*
    (2) Orthotic, protective, or supportive device or equipment training during self-care and home management*
    (3) Prosthetic device or equipment training during ADL (specifically for bed mobility and transfer training, gait and locomotion, and dressing)*
  - Functional training programs*:
    (1) Simulated environments and tasks*
    (2) Task adaptation
  - Injury prevention or reduction:
    (1) Safety awareness training during self-care and home management*
    (2) Injury prevention education during self-care and home management
    (3) Injury prevention or reduction with use of devices and equipment
- Prescription, application, and, as appropriate, fabrication of devices and equipment may include*:
  - Adaptive devices*:
    (1) Hospital beds

(2) Raised toilet seats
(3) Seating systems – prefabricated

- Assistive devices*:
  (1) Canes
  (2) Crutches
  (3) Long-handled reachers
  (4) Static and dynamic splints – prefabricated
  (5) Walkers
  (6) Wheelchairs
  - Orthotic devices*:

  (1) Prefabricated braces
  (2) Prefabricated shoe inserts
  (3) Prefabricated splints
  - Prosthetic devices (lower-extremity)*
  - Protective devices*:

  (1) Braces
  (2) Cushions
  (3) Helmets
  (4) Protective taping

- Supportive devices*:
  (1) Prefabricated compression garments
  (2) Corsets
  (3) Elastic wraps
  (4) Neck collars
  (5) Slings
  (6) Supplemental oxygen - apply and adjust
  (7) Supportive taping

- Electrotherapeutic modalities may include:
  A. Biofeedback*
  B. Electrotherapeutic delivery of medications (eg, iontophoresis)*
  C. Electrical stimulation*:
  (1) Electrical muscle stimulation (EMS)*
  (2) Functional electrical stimulation (FES)
  (3) High voltage pulsed current (HVPC)
  (4) Neuromuscular electrical stimulation (NMES)
  (5) Transcutaneous electrical nerve stimulation (TENS)
- Physical agents and mechanical modalities may include: *Physical agents:*
  A. Cryotherapy*:
  (1) Cold packs
  (2) Ice massage
  (3) Vapocoolant spray

  B. Hydrotherapy*:
  (1) Contrast bath
  (2) Pools
  (3) Whirlpool tanks*

C. Sound agents*:
    (1) Phonophoresis*
    (2) Ultrasound*
D. Thermotherapy*:
    (1) Dry heat
    (2) Hot packs*
    (3) Paraffin baths*

Mechanical modalities:

A. Compression therapies (prefabricated)*
    (1) Compression garments
        - Skill Category Description of Minimum Skills
    (2) Vasopneumatic compression devices*
    (3) Taping
    (4) Compression bandaging (excluding lymphedema)
B. Gravity-assisted compression devices:
    (1) Standing frame*
    (2) Tilt table*
C. Mechanical motion devices*:
    (1) Continuous passive motion (CPM)*
D. Traction devices*:
    (1) Intermittent
    (2) Positional
    (3) Sustained

- Documentation of all listed competencies in SOAP notes format

RECOMMENDATIONS

1. The Committee members strongly recommended for the second time that entry level education after HSC (Pre Medical with minimum 50% marks) or equivalent will be Doctor of Physical Therapy (DPT). The Doctor of Physical Therapy (DPT) is a graduate degree program comprises of 10 consecutive semesters in FIVE academic **years.** The nomenclature is nationally and internationally accepted. (Annexure-1).

2. The committee members adjusted the scheme of study for the degree according to the HEC guide lines but suggested that according to international requirements it should be flexible for the international requirements to facilitate our graduates accordingly.

3. It is a dire need of the profession in the country to have a unified curriculum, so the members suggested HEC to complete the process, approved and print for implementation.

4. All public & private sectors universities will gradually adopt the semester system as per HEC policy.

5. DPT curriculum which is formulated by NCRC is mandatory in all Public & Private sectors universities.

6. The Committee members suggested that the advanced degrees after Doctor of Physical Therapy (DPT) should be MS/ M.Phil and PhD in Physical Therapy.

7. Committee has suggested that HEC will provide financial support to the universities/Institutions to formulate the Pakistan Journal of Physical Therapy.

The facts about the Doctor of Physical Therapy (DPT) Degree. Why DPT?

1: The nomenclature Issue:

Currently there are 213 physical therapy programmes in the US accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE) which is an accrediting agency that is nationally recognized by the US Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA), and out of these 206 programs have the nomenclature of DPT, so the nomenclature is internationally accepted throughout USA and all the physical therapy programmes have this nomenclature have been considered entry level degree in USA there is no BS ,PT programme currently exist. For references the following US universities name has been mentioned:

Entry-Level DPT Program - Stony Brook University

The **program** design stresses the importance of: Individuality, Pragmatic knowledge, Problem solving, Experiential learning, Empowerment, Self-directedness, **...**
www.hsc.stonybrook.edu/shtm/pt/ - Cached - Similar

Entry Level Doctor of **Physical Therapy Programme** | Nova Southeastern **...**

The full-time **entry level** Doctor of **Physical Therapy** (**DPT**) **Programme** at Nova Southeastern **University** is offered as a campus based **program** that is completed in **...**
www.nova.edu/cah/pt/**dpt**/index.html - Cached

Physical Therapy Programmes | Chatham **University**

Chatham **University's entry-level** Doctor of **Physical Therapy** (**DPT**) **programme** is a clinical doctorate degree designed to prepare its graduates for practice in **...**
www.chatham.edu › ... › graduate › physical therapy programs - Cached - Similar

Entry-Level DPT Programme: Andrews **University**

Andrews **University** offers a clinical **entry-level** doctorate in **physical therapy**. This **programme** prepares students to take the physical therapists licensure **...**
www.andrews.edu/cas/pt/**entry-level**/index.html - Cached

UTMB School of **Physical Therapy**
Link to information about the **Entry Level DPT Program ...** UTMB School of Health Professions, 301 **University** Blvd, Galveston, TX 77555-1028, (409) 772-3030 **...**
shp.utmb.edu/**programs**/pt/ - Cached - Similar

There are many universities in Pakistan also have been started the programme:

1) Riphah International University Islamabad
2) Isra University Hyderabad, Karachi and Islamabad Campus
3) School of Physiotherapy, Mayo Hospital, Lahore (King Edward Medical University, Lahore)
4) Sargodha University
5) University of Faisalabad.
6) Azra Naheed Medical College (Superior University Lahore).
7) Ziauddin Medical University Karachi
8) Baqai Medical University Karachi
9) Women Medical College Abbottabad affiliated with Hazara University
10) Mahboob School of physiotherapy affiliated with Ghandara University Peshawar and many more are planning to start.

The Doctor nomenclature for graduate level degrees:

The nomenclature has already been used for other bachelor level programmes Doctor of Pharmacy (Pharm D) and Doctor of Veterinary Medicine (DVM) in Pakistan and all the public and private sector universities offer these degree programs throughout Pakistan recognized by HEC, so why not the Doctor of Physical Therapy (DPT)?

Pharm-D and DVM are considered professional doctorate in Pakistan, if this is justified then the DPT Should be considered as first professional degree in physical therapy and like other two programmes, it should be considered **professional doctorate, clearly distinguished from academic research based degree PhD.** The DPT programme will produce graduates according to international standard and they will have no problem to get equivalency for foreign countries, especially to USA and Canada.

3. Use of the Dr. Title:

According to US boards of Physical Therapy and The American Physical Therapy Association (APTA) allow physical therapists with DPT, post professional DPT or any doctorate degree to use the Dr. Title but they have to make it clear that they are physical therapists not physicians and they also have mentioned the example how they should write their names. Please see the following evidences from USA.

1:

USE OF THE TITLE "DOCTOR" BY PHYSICAL THERAPISTS HOD P06-06-21-14 [Position]

The American Physical Therapy Association supports the use of the title of "Doctor of Physical Therapy" only for those physical therapists who have graduated from a DPT program. In order to provide accurate information to consumers, physical therapists who have earned a Doctor of Physical Therapy Degree (DPT) and those who have earned other doctoral degrees and use the title "Doctor" in practice settings shall indicate they are physical therapists. Use of the title shall be in accordance with jurisdictional law. Relationship to Vision 2020: Doctor of Physical Therapy, Professionalism; (Practice Department, ext 3176)
[Document updated: 12/14/2009]

Explanation of Reference Numbers:

2: STATE AND CONSUMER SERVICES AGENCY – GOVERNOR EDMUND G. BROWN JR.

Physical Therapy Board of California
2005 Evergreen St. Suite 1350, Sacramento, California 95815 Phone: (916) 561-8200 Fax: (916)263-2560 Internet: www.ptbc.ca.gov

Examples of proper usage in written communication would be:
Dr. Jane Smith, Doctor of Physical Therapy
Jane Smith, DPT

Examples of verbal communication would be "Hello, I am Dr. Jane Smith, and I will be your physical therapist." In cases where the physical therapist is certain that all persons who could hear the conversation would know that Dr. Smith is a physical therapist and not a physician and surgeon, the disclaimer would not need to be included. In conclusion, a physical therapist who uses the title "Dr" is responsible to make sure that no person believes that they are a physician and surgeon. In the event that a complaint is received by the Board that a physical therapist is representing themselves as a physician and surgeon, the fact the complainant has that belief would indicate that the physical therapist had not met the burden of responsibility.

Note: *This document is not a declaratory opinion of the Physical Therapy Board of California (PTBC).*

3: As a physical therapist who has earned a DPT degree, can I present myself to clients or the general public as "Dr."?

You are entitled to use any title, letters or phrases granted to you by an educational institution for the purpose of identifying yourself as having completed a specific level of training. If you use Dr., you must also include the terms physical therapy so it is clear you are a doctor of physical therapy. DPT is not a recognized title or initial for a licensee. **The Board recommends** that you use the term PT after your name to indicate that you hold a license to practice. You can then list educational degrees after PT.

(http://www.michigan.gov/mdch/0,1607,7-132-27417_27529_27549-151577--,00.html accessed on 21/3/2011)

4: COLORADO PHYSICAL THERAPY LICENSURE RULES AND REGULATIONS

CCR 732-1
Effective November 30, 2007

Rule 8 – Use of Titles Restricted

The purpose of this rule is to clarify the use of titles and educational degrees under § 12-41-104, C.R.S.

A. Obtaining a physical therapy license does not automatically entitle or confer upon the licensee the right to use the title “Dr.” or “Doctor”.

B. A licensed physical therapist can use the title “Doctor” or “Dr.” only when such licensee has, in fact, been awarded a physical therapy doctorate degree (D.P.T.), or another academic or clinical doctorate degree (e.g., Ph.D., Sc.D.) from an accredited program by a nationally recognized accrediting agency as required in § 6-1-707, C.R.S., pertaining to the use of titles and degrees.

C. A physical therapist holding a doctorate degree may include the title “Doctor” or “Dr.” only when accompanied by the words of the conferred degree following his/her legal name and after the title “P.T.”, for example: “Dr. Jane/John Doe, P.T., D.P.T.” or “Dr. Jane/John Doe, P.T., Ph.D.”

D. A physical therapist not holding a physical therapy doctorate or transitional doctorate degree may not use the title D.P.T.

http://www.dora.state.co.us/physical-therapy/rules.pdf accessed on date 3/4/2011.