PHYSICAL THERAPIST ASSISTANT PROGRAM

STUDENT HANDBOOK

State University of New York
College of Technology at Canton
Canton, NY 13617
PREAMBLE

This **HANDBOOK** was developed to provide students in the physical therapist assistant program at SUNY Canton with information about the profession, the academic program, and clinical affiliation requirements.

All students will be issued a copy of this handbook at the beginning of their first semester in the PTA program. The handbook is updated annually. Students will be provided with any additions or changes made to information in this handbook as they are made.

Any duplication of materials in this handbook requires written permission from the PTA Program Director.

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The Physical Therapist Assistant Program at SUNY Canton is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, Virginia 22314; telephone: 703-706-3245; email: accreditation@apta.org; website: [http://www.capteonline.org](http://www.capteonline.org).
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SECTION I

PTA PROGRAM MISSION/GOALS/OUTCOMES
SUNY CANTON MISSION

SUNY Canton is dedicated to providing a progression of accessible, affordable, high-quality applied programs that enable students in the North Country, New York State, and beyond to achieve their highest potential both personally and professionally.

PHYSICAL THERAPIST ASSISTANT PROGRAM MISSION

The Physical Therapist Assistant program prepares students to be competent, professional, culturally sensitive physical therapist assistants who are ready to enter the work force or pursue additional educational opportunities. The program provides a quality education in a supportive learning environment, encouraging students to reach their highest potential.

PHYSICAL THERAPIST ASSISTANT PROGRAM GOALS

1. Graduates will demonstrate competent physical therapy practice.
2. Graduates will demonstrate professional behaviors expected of the physical therapist assistant.
3. Graduates will demonstrate awareness of and sensitivity to individual and cultural differences.
4. Faculty will set high academic standards in a supportive learning environment to facilitate student achievement of educational and career goals.
5. Faculty will role model lifelong learning by participation in professional development activities that inform their teaching.

PHYSICAL THERAPIST ASSISTANT PROGRAM OUTCOMES

1. Competence
   a. 90% of students will achieve entry level on CPI criterion 1, 7-13 by their final clinical experience.
   b. 90% of employers surveyed will indicate that graduates demonstrate competent clinical practice.
2. Professional Behaviors
   a. 90% of students will achieve entry level on CPI criterion 2 and 3 by their final clinical experience.
   b. 90% of employers surveyed will indicate that graduates demonstrate expected professional behaviors.
3. Cultural Sensitivity
   a. 90% of students will achieve entry level on CPI criterion 4 by their final clinical experience.
b. 90% of employers surveyed will indicate that graduates demonstrate an awareness of and sensitivity to individual and cultural difference.

4. Student Support and Achievement
   a. 90% of students will indicate on the graduate exit survey that program faculty provided a supportive learning environment.
   b. 90% of students will indicate on the Clinical Site Evaluation that clinical education faculty provided a supportive learning environment.
   c. 60% of students admitted to the program will graduate within two years.
   d. The two year licensing examination pass rate will meet or exceed 85%.
   e. 100% of students will receive mentoring by program faculty for educational and career planning.

5. Faculty Excellence
   a. Core faculty will participate in at least one professional development activity that relates to assigned curricular content.
   b. Core faculty will participate in at least one professional development activity that relates to teaching and learning.

**PHYSICAL THERAPIST ASSISTANT PROGRAM STUDENT LEARNING OUTCOMES**

The curriculum prepares students to:

1. Communicate verbally and non-verbally with the patient, the physical therapist, health care delivery personnel, and others in an effective, appropriate, and capable manner.

2. Recognize individual and cultural differences and respond appropriately in all aspects of physical therapy services.

3. Exhibit conduct that reflects practice standards that are legal and ethical.

4. Demonstrate safe practice in all situations.

5. Communicate an understanding of the plan of care developed by the physical therapist to achieve short and long term goals and intended outcomes.

6. Demonstrate competence in implementing and adjusting selected components of interventions identified in the plan of care established by the physical therapist.

7. Demonstrate competency in performing components of data collection skills essential for carrying out the plan of care.
8. Demonstrate sound clinical problem solving in the provision of physical therapy services.

9. Participate in educating and providing patient-related instruction to patients, family members, and caregivers based on the plan of care.

10. Complete accurate and timely documentation in accordance with regulatory guidelines to support the delivery of physical therapy services.

11. Appropriately utilize evidence based resources in the provision of physical therapy services.

12. Participate in activities that contribute to the effective function of the healthcare environment.

13. Participate in practice management functions within a physical therapy service, including billing and organizational planning.

14. Demonstrate awareness of and commitment to social responsibility, citizenship, and advocacy.

15. Identify career development and lifelong learning opportunities for the physical therapist assistant.
PHYSICAL THERAPIST ASSISTANT PROGRAM PHILOSOPHY

We, the faculty of the Physical Therapist Assistant program, believe that every student is an individual who has unique qualities. We recognize and respect individual differences and foster self-discovery of these differences which can maximize each student’s contribution to the learning process.

We have a responsibility to present the fundamentals of physical therapy which will allow the student to apply and advance their skills in a clinical setting. It is not enough to memorize facts and figures. Through case study based learning situations integrated with traditional presentation of theory, the student is prepared to function effectively as a health care provider in a dynamic health care environment.

An emphasis is placed on development of values-based behaviors. This is facilitated through role modeling and self-assessment. We believe that learning requires a partnership between teacher and student, each contributing to the overall process. The teacher acts as a role model to provide a baseline by which students can gauge their progress toward becoming an effective healthcare provider. The student assumes the role of an adult learner, accepting responsibility for his/her own learning. This includes continuous self-assessment which fosters his/her self-directed learning. The faculty provide the basis for this self-direction with an emphasis on the importance of a life-long commitment to continued education beyond completion of the PTA program.

The faculty are dedicated to providing a clear identity of the profession of physical therapy and the ideal working relationship of the PT/PTA. In essence, we are providing an environment for transformative learning with the goal of preparing students for the constantly changing trends in healthcare and socialization into the profession of physical therapy.
SECTION II

ETHICS, GUIDELINES, AND LAWS REGARDING PTA'S
Standards of Ethical Conduct for the Physical Therapist Assistant
HOD S06-09-20-18 [Amended HOD S06-00-13-24; HOD 06-91-06-07; Initial HOD 06-82-04-08] [Standard]

Preamble
The Standards of Ethical Conduct for the Physical Therapist Assistant (Standards of Ethical Conduct) delineate the ethical obligations of all physical therapist assistants as determined by the House of Delegates of the American Physical Therapy Association (APTA). The Standards of Ethical Conduct provide a foundation for conduct to which all physical therapist assistants shall adhere. Fundamental to the Standards of Ethical Conduct is the special obligation of physical therapist assistants to enable patients/clients to achieve greater independence, health and wellness, and enhanced quality of life. No document that delineates ethical standards can address every situation. Physical therapist assistants are encouraged to seek additional advice or consultation in instances where the guidance of the Standards of Ethical Conduct may not be definitive.

Standard #1: Physical therapist assistants shall respect the inherent dignity, and rights, of all individuals.

1A. Physical therapist assistants 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 therapist assistants shall recognize their personal biases and shall not discriminate against others in the provision of physical therapy services.

Standard #2: Physical therapist assistants shall be trustworthy and compassionate in addressing the rights and needs of patients/clients.

2A. Physical therapist assistants shall act in the best interests of patients/clients over the interests of the physical therapist assistant.
2B. Physical therapist assistants shall provide physical therapy interventions with compassionate and caring behaviors that incorporate the individual and cultural differences of patients/clients.
2C. Physical therapist assistants shall provide patients/clients with information regarding the interventions they provide.
2D. Physical therapist assistants shall protect confidential patient/client information and, in collaboration with the physical therapist, may disclose confidential information to appropriate authorities only when allowed or as required by law.

Standard #3: Physical therapist assistants shall make sound decisions in collaboration with the physical therapist and within the boundaries established by laws and regulations.

3A. Physical therapist assistants shall make objective decisions in the patient’s/client’s best interest in all practice settings.
3B. Physical therapist assistants shall be guided by information about best practice regarding physical therapy interventions.
3C. Physical therapist assistants shall make decisions based upon their level of competence and consistent with patient/client values.
3D. Physical therapist assistants shall not engage in conflicts of interest that interfere with making sound decisions.
3E. Physical therapist assistants shall provide physical therapy services under the direction and supervision of a physical therapist and shall communicate with the physical therapist when patient/client status requires modifications to the established plan of care.

**Standard #4:** Physical therapist assistants shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, other healthcare providers, employers, payers, and the public.

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

**Standard #5:** Physical therapist assistants shall fulfill their legal and ethical obligations.

5A. Physical therapist assistants shall comply with applicable local, state, and federal laws and regulations.
5B. Physical therapist assistants shall support the supervisory role of the physical therapist to ensure quality care and promote patient/client safety.
5C. Physical therapist assistants involved in research shall abide by accepted standards governing protection of research participants.
5D. Physical therapist assistants shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.
5E. Physical therapist assistants 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.
**Standard #6:** Physical therapist assistants shall enhance their competence through the lifelong acquisition and refinement of knowledge, skills, and abilities.

6A. Physical therapist assistants shall achieve and maintain clinical competence.
6B. Physical therapist assistants shall engage in lifelong learning consistent with changes in their roles and responsibilities and advances in the practice of physical therapy.
6C. Physical therapist assistants shall support practice environments that support career development and lifelong learning.

**Standard #7:** Physical therapist assistants shall support organizational behaviors and business practices that benefit patients/clients and society.

7A. Physical therapist assistants shall promote work environments that support ethical and accountable decision-making.
7B. Physical therapist assistants shall not accept gifts or other considerations that influence or give an appearance of influencing their decisions.
7C. Physical therapist assistants shall fully disclose any financial interest they have in products or services that they recommend to patients/clients.
7D. Physical therapist assistants shall ensure that documentation for their interventions accurately reflects the nature and extent of the services provided.
7E. Physical therapist assistants shall refrain from employment arrangements, or other arrangements, that prevent physical therapist assistants from fulfilling ethical obligations to patients/clients.

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

8A. Physical therapist assistants shall support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.
8B. Physical therapist assistants shall advocate for people with impairments, activity limitations, participation restrictions, and disabilities in order to promote their participation in community and society.
8C. Physical therapist assistants shall be responsible stewards of health care resources by collaborating with physical therapists in order to avoid overutilization or underutilization of physical therapy services.
8D. Physical therapist assistants shall educate members of the public about the benefits of physical therapy.

DIRECTION AND SUPERVISION OF THE PHYSICAL THERAPIST ASSISTANT
HOD P06-05-18-26 [Amended HOD 06-00-16-27; HOD 06-99-07-11; HOD 06-96-30-42; HOD 06-95-11 06; HOD 06-93-08-09; HOD 06-85-20-41; Initial HOD 06-84-16-72/HOD 06-78-22-61/HOD 06-77-19- 37] [Position]

Physical therapists have a responsibility to deliver services in ways that protect the public safety and maximize the availability of their services. They do this through direct delivery of services in conjunction with responsible utilization of physical therapist assistants who assist with selected components of intervention. The physical therapist assistant is the only individual permitted to assist a physical therapist in selected interventions under the direction and supervision of a physical therapist.

Direction and supervision are essential in the provision of quality physical therapy services. The degree of direction and supervision necessary for assuring quality physical therapy services is dependent upon many factors, including the education, experiences, and responsibilities of the parties involved, as well as the organizational structure in which the physical therapy services are provided.

Regardless of the setting in which the physical therapy service is provided, the following responsibilities must be borne solely by the physical therapist:

1. Interpretation of referrals when available.
2. Initial examination, evaluation, diagnosis, and prognosis.
3. Development or modification of a plan of care which is based on the initial examination or reexamination and which includes the physical therapy goals and outcomes.
4. Determination of when the expertise and decision-making capability of the physical therapist requires the physical therapist to personally render physical therapy interventions and when it may be appropriate to utilize the physical therapist assistant. A physical therapist shall determine the most appropriate utilization of the physical therapist assistant that provides for the delivery of service that is safe, effective, and efficient.
5. Reexamination of the patient/client in light of their goals, and revision of the plan of care when indicated.
6. Establishment of the discharge plan and documentation of discharge summary/status.
7. Oversight of all documentation for services rendered to each patient/client.

The physical therapist remains responsible for the physical therapy services provided when the physical therapist’s plan of care involves the physical therapist assistant to assist with selected interventions. Regardless of the setting in which the service is provided, the determination to utilize physical therapist assistants for selected interventions requires the education, expertise, and professional judgment of a physical therapist as described by the Standards of Practice, Guide to Professional Conduct, and Code of Ethics.
In determining the appropriate extent of assistance from the physical therapist assistant (PTA), the physical therapist considers:

• The PTA’s education, training, experience, and skill level.
• Patient/client criticality, acuity, stability, and complexity.
• The predictability of the consequences.
• The setting in which the care is being delivered.
• Federal and state statutes.
• Liability and risk management concerns.
• The mission of physical therapy services for the setting.
• The needed frequency of reexamination.

Physical Therapist Assistant

Definition
The physical therapist assistant is a technically educated health care provider who assists the physical therapist in the provision of physical therapy. The physical therapist assistant is a graduate of a physical therapist assistant associate degree program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE).

Utilization
The physical therapist is directly responsible for the actions of the physical therapist assistant related to patient/client management. The physical therapist assistant may perform selected physical therapy interventions under the direction and at least general supervision of the physical therapist. In general supervision, the physical therapist is not required to be on-site for direction and supervision, but must be available at least by telecommunications. The ability of the physical therapist assistant to perform the selected interventions as directed shall be assessed on an ongoing basis by the supervising physical therapist. The physical therapist assistant makes modifications to selected interventions either to progress the patient/client as directed by the physical therapist or to ensure patient/client safety and comfort.

The physical therapist assistant must work under the direction and at least general supervision of the physical therapist. In all practice settings, the performance of selected interventions by the physical therapist assistant must be consistent with safe and legal physical therapist practice, and shall be predicated on the following factors: complexity and acuity of the patient’s/client’s needs; proximity and accessibility to the physical therapist; supervision available in the event of emergencies or critical events; and type of setting in which the service is provided.

When supervising the physical therapist assistant in any off-site setting, the following requirements must be observed: **Please note: State law ultimately determines the amount of supervision required. Please refer to NYS Education Law Article 136.**
1. A physical therapist must be accessible by telecommunications to the physical therapist assistant at all times while the physical therapist assistant is treating patients/clients.
2. There must be regularly scheduled and documented conferences with the physical therapist assistant regarding patients/clients, the frequency of which is determined by the needs of the patient/client and the needs of the physical therapist assistant.
3. In those situations in which a physical therapist assistant is involved in the care of a patient/client, a supervisory visit by the physical therapist will be made:
   a. Upon the physical therapist assistant's request for a reexamination, when a change in the plan of care is needed, prior to any planned discharge, and in response to a change in the patient's/client’s medical status.
   b. At least once a month, or at a higher frequency when established by the physical therapist, in accordance with the needs of the patient/client.
   c. A supervisory visit should include:
      i. An on-site reexamination of the patient/client.
      ii. On-site review of the plan of care with appropriate revision or termination.
      iii. Evaluation of need and recommendation for utilization of outside resources.

Relationship to Vision 2020: Professionalism; (Practice Department, ext 3176)

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

§ 6730. Introduction.

This article applies to the profession of physical therapy and provides for the licensing of physical therapists and for the certification of physical therapist assistants. The general provisions for all professions contained in article one hundred thirty of this title apply to this article.

§ 6731. Definition of physical therapy.

Physical therapy is defined as:

a. The evaluation, treatment or prevention of disability, injury, disease, or other condition of health using physical, chemical, and mechanical means including, but not limited to heat, cold, light, air, water, sound, electricity, massage, mobilization, and therapeutic exercise with or without assistive devices, and the performance and interpretation of tests and measurements to assess pathophysiological, pathomechanical, and developmental deficits of human systems to determine treatment, and assist in diagnosis and prognosis.

b. The use of roentgen rays or radium, or the use of electricity for surgical purposes such as cauterization shall not be included in the practice of physical therapy.

c. Such treatment shall be rendered pursuant to a referral which may be directive as to treatment by a licensed physician, dentist, podiatrist, nurse practitioner or licensed midwife, each acting within his or her lawful scope of practice, and in accordance with their diagnosis, except as provided in subdivision d of this section.

d. Such treatment may be rendered by a licensed physical therapist for ten visits or thirty days, whichever shall occur first, without a referral from a physician, dentist, podiatrist, nurse practitioner or licensed midwife provided that:

   1. The licensed physical therapist has practiced physical therapy on a full time basis equivalent to not less than three years.
2. Each physical therapist licensed pursuant to this article shall provide written notice to each patient receiving treatment absent a referral from a physician, dentist, podiatrist, nurse practitioner or licensed midwife that physical therapy may not be covered by the patient's health care plan or insurer without such a referral and that such treatment may be a covered expense if rendered pursuant to a referral. The physical therapist shall keep on file with the patient's records a form attesting to the patient's notice of such advice. Such form shall be in duplicate, with one copy to be retained by the patient, signed and dated by both the physical therapist and the patient in such form as prescribed pursuant to regulations promulgated by the commissioner.

§ 6732. Practice of physical therapy and the use of title "physical therapist".

Only a person licensed or otherwise authorized under this article shall practice physical therapy or use the title "physical therapist", "physiotherapist" or "mechanotherapist" or the abbreviation of "P.T." in connection with his or her name or with any trade name in the conduct of his profession.

§ 6733. State board for physical therapy.

A state board for physical therapy shall be appointed by the board of regents on recommendation of the commissioner for the purpose of assisting the board of regents and the department on matters of professional licensing and professional conduct in accordance with section sixty-five hundred eighty of this title. The board shall be composed of not less than eight licensed physical therapists and not less than one public representative. An executive secretary to the board shall be appointed by the board of regents on recommendation of the commissioner.

§ 6734. Requirements for a professional license.

To qualify for a license as a physical therapist, an applicant shall fulfill the following requirements:

a. Application: file an application with the department;

b. Education: have received an education, including completion of a master's degree or higher in physical therapy or determined to be equivalent, in accordance with the commissioner’s regulations;
c. Experience: have experience satisfactory to the board in accordance with the commissioner’s regulations;

d. Examination: pass an examination satisfactory to the board and in accordance with the commissioner’s regulations;

e. Age: be at least twenty-one years of age;

f. Character: be of good moral character as determined by the department; and

g. Fees: pay a fee of one hundred seventy-five dollars to the department for admission to a department conducted examination and for an initial license; a fee of eighty-five dollars for each reexamination; a fee of one hundred fifteen dollars for an initial license for persons not requiring admission to a department conducted examination; and a fee of one hundred fifty dollars for each triennial registration period.

§ 6735. Limited permits.

a. The department of education shall issue a limited permit to an applicant who meets all requirements for admission to the licensing examination.

b. All practice under a limited permit shall be under the supervision of a licensed physical therapist in a public hospital, an incorporated hospital or clinic, a licensed proprietary hospital, a licensed nursing home, a public health agency, a recognized public or non-public school setting, the office of a licensed physical therapist, or in the civil service of the state or political subdivision thereof.

c. Limited permits shall be for six months and the department may for justifiable cause renew a limited permit provided that no applicant shall practice under any limited permit for more than a total of one year.

d. Supervision of a permittee by a licensed physical therapist shall be on-site supervision and not necessarily direct personal supervision except that such supervision need not be on-site when the supervising physical therapist has determined, through evaluation, the setting of goals and the establishment of a treatment plan, that the program is one of maintenance as defined pursuant to title XVIII of the federal social security act.

e. The fee for each limited permit and for each renewal shall be seventy dollars.
§ 6736. Exempt persons.

a. This article shall not be construed to affect or prevent the administration of physical therapy or the use of modalities by a person employed by a licensed physician or physical therapist in his office, or in the civil service of the state or any political subdivision thereof, or in a hospital or clinic, or in an infirmary maintained by a person, firm or corporation employing one or more full-time licensed physicians or physical therapists, provided that such person was so employed for a period of at least two years prior to April tenth, nineteen hundred fifty, and has been issued a written authorization by the department.

b. This article shall not be construed to affect or prevent:

1. a physical therapy student from engaging in clinical practice under the supervision of a licensed physical therapist as part of a program conducted in an approved school of physical therapy or in a clinical facility or health care agency affiliated with the school of physical therapy and supervision of a physical therapy student by a licensed physical therapist shall be on-site supervision and not necessarily direct personal supervision;

2. a physical therapist graduate of an approved program from engaging in clinical practice under the on-site, but not necessarily direct personal supervision of a licensed physical therapist provided the graduate has: (a) applied and paid a fee for the licensing and examination, (b) applied and paid a fee for the temporary permit. This exemption shall not extend beyond ninety days after graduation;

3. a physical therapist licensed in another state or country from conducting a teaching clinical demonstration in connection with a program of basic clinical education, graduate education, or post-graduate education in an approved school of physical therapy or in its affiliated clinical facility or health care agency, or before a group of licensed physical therapists who are members of a professional society;

4. a physical therapist who is serving in the armed forces or the public health service of the United States or is employed by the veterans administration from practicing the profession of physical therapy, provided such practice is limited to such service or employment.
§ 6737. Non-liability of licensed physical therapists for first aid or emergency treatment.

Notwithstanding any inconsistent provision of any general, special or local law, any licensed physical therapist who voluntarily and without the expectation of monetary compensation renders first aid or emergency treatment at the scene of an accident or other emergency, outside a hospital, doctor’s office or any other place having proper and necessary physical therapy equipment, to a person who is unconscious, ill or injured, shall not be liable for damages for injuries alleged to have been sustained by such person or for damages for the death of such person alleged to have occurred by reason of an act or omission in the rendering of such first aid or emergency treatment unless it is established that such injuries were or such death was caused by gross negligence on the part of such physical therapist. Nothing in this section shall be deemed or construed to relieve a licensed physical therapist from liability for damages for injuries or death caused by an act or omission on the part of a physical therapist while rendering professional services in the normal and ordinary course of his practice.

§ 6738. Definition of physical therapist assistant.

a. A “physical therapist assistant” means a person certified in accordance with this article who works under the supervision of a licensed physical therapist performing such patient related activities as are assigned by the supervising physical therapist. Duties of physical therapist assistants shall not include evaluation, testing, interpretation, planning or modification of patient programs. Supervision of a physical therapist assistant by a licensed physical therapist shall be on-site supervision, but not necessarily direct personal supervision. The number of physical therapist assistants supervised by one licensed physical therapist shall not exceed the ratio of four physical therapist assistants to one licensed physical therapist as shall be determined by the commissioner’s regulations insuring that there be adequate supervision in the best interest of public health and safety. Nothing in this section shall prohibit a hospital from employing physical therapist assistants, provided they work under the supervision of physical therapists designated by the hospital and not beyond the scope of practice of a physical therapist assistant. The numerical limitation of this section shall not apply to work performed in a hospital, provided that there be adequate supervision in the best interest of public health and safety.

b. Notwithstanding the provisions of subdivision a of this section, supervision of a physical therapist assistant by a licensed physical therapist, (i) in a residential health care facility, as defined in article twenty-eight of the public health law, (ii) in a diagnostic and treatment center licensed under article
twenty-eight of the public health law that provides, as its principal mission, services to individuals with developmental disabilities, (iii) in a facility, as defined in section 1.03 of the mental hygiene law, or (iv) under a monitored program of the office of mental retardation and developmental disabilities as defined in subdivision (a) of section 13.15 of the mental hygiene law, shall be continuous but not necessarily on site when the supervising physical therapist has determined, through evaluation, the setting of goals and the establishment of a treatment plan, that the program is one of maintenance as defined pursuant to title XVIII of the federal social security act. The provisions of this subdivision shall not apply to the provision of physical therapy services when the condition requires multiple adjustments of sequences and procedures due to rapidly changing physiological status and/or response to treatment, or to children under five years of age.

c. * For the purposes of the provision of physical therapist assistant services in a home care services setting, as such services are defined in article thirty-six of the public health law, except that the home care services setting shall not include early intervention services as defined in title two-A of article twenty-five of the public health law, whether such services are provided by a home care services agency or under the supervision of a physical therapist licensed pursuant to this article, continuous supervision of a physical therapist assistant, who has had direct clinical experience for a period of not less than two years, by a licensed physical therapist shall not be construed as requiring the physical presence of such licensed physical therapist at the time and place where such services are performed. For purposes of this subdivision "continuous supervision" shall be deemed to include: (i) the licensed physical therapist`s setting of goals, establishing a plan of care and determining whether the patient is appropriate to receive the services of a physical therapist assistant subject to the licensed physical therapist`s evaluation; (ii) an initial joint visit with the patient by the supervising licensed physical therapist and the physical therapist assistant; (iii) periodic treatment and evaluation of the patient by the supervising licensed physical therapist, as indicated in the plan of care and as determined in accordance with patient need, but in no instance shall the interval between such treatment exceed every six patient visits or thirty days, whichever occurs first; and (iv) a final evaluation by the supervising licensed physical therapist to determine if the plan of care shall be terminated. For purposes of this subdivision, the number of physical therapist assistant`s supervised in the home care services setting by a licensed physical therapist shall not exceed the ratio of two physical therapist assistants to one licensed physical therapist.

* NB Repealed June 30, 2018
d. *

1. For purposes of the provision of physical therapist assistant services in public primary or private primary or secondary schools and for preschool children, as that term is defined in paragraph i of subdivision one of section forty-four hundred ten of this chapter, and receiving services thereunder, continuous supervision of a physical therapist assistant, who has direct clinical experience providing age appropriate physical therapy services for a period of not less than two years, by a licensed physical therapist shall not be construed as requiring the physical presence of such licensed physical therapist at the time and place where such services are performed. For purposes of this subdivision "continuous supervision" shall be deemed to include:

   i. the licensed physical therapist`s setting of the goals, establishing a plan of care, determining on an initial and ongoing basis whether the patient is appropriate to receive the services of a physical therapist assistant, determining the frequency of joint visits with the patient by both the supervising licensed physical therapist and the physical therapist assistant, except that in no instance shall the interval, between joint visits, be more than every ninety calendar days, subject to the licensed physical therapist`s evaluation;

   ii. an initial joint visit with the patient by the supervising licensed physical therapist and physical therapist assistant;

   iii. periodic treatment and evaluation of the patient by the supervising licensed physical therapist as indicated in the plan of care and as determined in accordance with patient need, except that in no instance shall the interval between such treatment exceed every twelfth visit or thirty days which ever occurs first; and

   iv. notification of the supervising licensed physical therapist by the physical therapist assistant whenever there is a change in status, condition or performance of the patient.

2. This subdivision shall not apply to the provision of physical therapy services when a child`s condition requires multiple adjustments of sequences and procedures due to rapidly changing physiologic status and/or response to treatment.

* NB Repealed June 30, 2020
§ 6739. Duties of physical therapist assistants and the use of title "physical therapist assistant".

Only a person certified or otherwise authorized under this article shall participate in the practice of physical therapy as a physical therapist assistant and only a person certified under this section shall use the title "physical therapist assistant".

§ 6740. Requirements for certification as a physical therapist assistant.

a. Application: file an application with the department;

b. Education: have received an education including completion of a two-year college program in a physical therapist assistant program or equivalent in accordance with the commissioner’s regulations;

c. Experience: have experience satisfactory to the state board for physical therapy in accordance with the commissioner’s regulations;

   1. Examination: pass an examination satisfactory to the board and in accordance with the commissioner’s regulations;

d. Age: be at least eighteen years of age;

e. Character: be of good moral character as determined by the department;

f. Registration: all certified physical therapist assistants shall register triennially with the education department in accordance with the regulations of the commissioner;

g. Fees: pay a fee for an initial certificate of forty-five dollars, and for the biennial registration period ending December thirty-first, nineteen hundred eighty-two a fee of twenty dollars and a fee of fifty dollars for each triennial registration period.
§ 6741. Exemption.

a. This article shall not be construed to affect or prevent a physical therapist assistant student from engaging in clinical assisting under the supervision of a licensed physical therapist as part of a program conducted in an approved program for physical therapist assistants or in a clinical facility or health care agency affiliated with the program for physical therapist assistants.

b. Supervision of a physical therapist assistant student by a licensed physical therapist shall be on-site supervision and not necessarily direct personal supervision.

c. Nothing in this article is intended to affect the overall medical direction by a licensed physician of a physical therapist assistant.

§ 6741-a. Limited permits.

a. The department shall issue a limited permit to an applicant who meets all requirements for admission to the certification examination.

b. All practice under a limited permit shall be under the supervision of a licensed physical therapist in a public hospital, an incorporated hospital or clinic, a licensed proprietary hospital, a licensed nursing home, a public health agency, a recognized public or non-public school setting, the office of a licensed physical therapist, or in the civil service of the state or political subdivision thereof.

c. Limited permits shall be for six months and the department may for justifiable cause renew a limited permit provided that no applicant shall practice under any limited permit for more than a total of one year.

d. Supervision of a permittee by a licensed physical therapist shall be on-site supervision and not necessarily direct personal supervision.

e. The fee for each limited permit and for each renewal shall be fifty dollars.

§ 6742. Special provision.

1. Any person who is employed as a physical therapist assistant in a facility satisfactory to the state board for a period of not less than two years prior to the effective date of this article and who does
not qualify for certification under subdivision b of section sixty-seven hundred forty of this article may be certified as a physical therapist assistant upon successful completion of an examination approved by the state board of physical therapy in accordance with the commissioner’s regulations.

2. Application for examination for certification pursuant to this section must be submitted not later than January first, nineteen hundred eighty-five. The department shall provide a total of three such examinations. The third examination shall be given not later than April first, nineteen hundred eighty-five. The fee for examination or reexamination shall be twenty-five dollars for each examination. Any person who qualifies for admission to an examination pursuant to this section may practice as a physical therapist assistant in the course of his or her employment in a facility satisfactory to the state board until thirty days after notification of failure to qualify pursuant to this section.

3. Any person who was employed as a physical therapist assistant for at least two years prior to April first, nineteen hundred eighty-one, and who had attained permanent civil service status as a physical therapist assistant prior to that date, shall be issued written authorization from the department to continue working in that capacity without examination. This authorization shall remain in effect until the person leaves the position in which the civil service status had been granted.

§ 6742-a. Mandatory continuing education. *

1. 

   a. Each licensed physical therapist and certified physical therapist assistant required under this article to register triennially with the department to practice in the state shall comply with the provisions of the mandatory continuing education requirements prescribed in subdivision two of this section except as set forth in paragraphs (b) and (c) of this subdivision. Licensed physical therapist and certified physical therapist assistants who do not satisfy the mandatory continuing education requirements shall not practice until they have met such requirements, and they have been issued a registration certificate, except that a licensed physical therapist or certified physical therapist assistant may practice without having met such requirements if he or she is issued a conditional registration certificate pursuant to subdivision three of this section.
b. Each licensed physical therapist and certified physical therapist assistant shall be exempt from the mandatory continuing education requirement for the triennial registration period during which they are first licensed. In accordance with the intent of this section, adjustment to the mandatory continuing education requirement may be granted by the department for reasons of health certified by an appropriate health care professional, for extended active duty with the armed forces of the United States, or for other good cause acceptable to the department which may prevent compliance.

c. A licensed physical therapist and certified physical therapist assistant not engaged in practice, as determined by the department, shall be exempt from the mandatory continuing education requirement upon the filing of a statement with the department declaring such status. Any licensee who returns to the practice of physical therapy during the triennial registration period shall notify the department prior to reentering the profession and shall meet such mandatory education requirements as shall be prescribed by regulations of the commissioner.

2. During each triennial registration period an applicant for registration as a licensed physical therapist or certified physical therapist assistant shall complete a minimum of thirty-six hours of acceptable formal continuing education, as specified in subdivision four of this section. Any licensed physical therapist or certified physical therapist assistant whose first registration date following the effective date of this section occurs less than three years from such effective date, but on or after January first, two thousand ten, shall complete continuing education hours on a prorated basis at the rate of one-half hour per month for the period beginning January first, two thousand ten up to the first registration date thereafter. A licensee who has not satisfied the mandatory continuing education requirements shall not be issued a triennial registration certificate by the department and shall not practice unless and until a conditional registration certificate is issued as provided for in subdivision three of this section. Continuing education hours taken during one triennium may not be transferred to a subsequent triennium.

3. The department, in its discretion, may issue a conditional registration to a licensee who fails to meet the continuing education requirements established in subdivision two of this section but who agrees to make up any deficiencies and complete any additional education which the department may require the fee for such a conditional registration shall be the same as, and in addition to, the fee for the triennial registration. The duration of such conditional registration shall be determined by the department but shall not exceed one year. Any licensee who is notified of the denial of registration
for failure to submit evidence, satisfactory to the department, of required continuing education and who practices without such registration may be subject to disciplinary proceedings pursuant to section sixty-five hundred ten of this title.

4. As used in subdivision two of this section, "acceptable formal education" shall mean formal courses of learning which contribute to professional practice in physical therapy and which meet the standards prescribed by regulations of the commissioner. Such formal courses of learning shall include, but not be limited to, collegiate level credit and non-credit courses, professional development programs and technical sessions offered by national, state and local professional associations and other organizations acceptable to the department, and any other organized educational and technical programs acceptable to the department. The department may, in its discretion and as needed to contribute to the health and welfare of the public, require the completion of continuing education courses in specific subjects to fulfill this mandatory continuing education requirement. Courses must be taken from a sponsor approved by the department, pursuant to the regulations of the commissioner.

5. Licensed physical therapist or certified physical therapist assistant shall maintain adequate documentation of completion of acceptable formal continuing education and shall provide such documentation at the request of the department. Failure to provide such documentation upon the request of the department shall be an act of misconduct subject to disciplinary proceedings pursuant to section sixty-five hundred ten of this title.

6. The mandatory continuing education fee shall be forty-five dollars, shall be payable on or before the first day of each triennial registration period, and shall be paid in addition to the triennial registration fee required by section sixty-seven hundred thirty-four of this article.

* Effective September 1, 2009

§ 6743. Validity of existing licenses.

1. This article shall not be construed to affect the validity of existing licenses and permits or the continuation of any administrative actions or proceedings commenced prior to the effective date of this article.
2. Amendments made to the educational requirement of section sixty-seven hundred thirty-four of this article pursuant to a chapter of the laws of two thousand eleven which amended this section shall not be construed to affect the validity of existing licenses and permits.

HEALTH RISKS
Associated with being a physical therapist or physical therapist assistant student

Being a health professional always carries with it a variety of risks associated with the transmission of disease from patients to health professionals. Physical therapists and physical therapist assistants experience additional risks associated with some of the physical modalities we use and related to the amount of lifting and patient handling that occur in a normal day. As a physical therapist (PT) or physical therapist assistant (PTA) student, you will be exposed to these risks (particularly during clinical education activities), as well as risks associated with receiving treatments by your classmates during laboratory sessions. The purpose of this article is threefold: (1) to inform you of these risks so that you may make an informed decision about continuing with your education, (2) to make you aware of what we will do to minimize these risks during your education, and (3) to make you aware of your responsibilities for minimizing these risks during and after your education.


PHYSICAL HAZARDS:
A. PTs and PTAs are at risk of injury, particularly back injury, related to transferring patients. To minimize this risk of injury, students learn proper body mechanics and lifting techniques during their first semester of enrollment. In addition, students learn lifts that involve more than one care giver and lifts with equipment to ensure that they have the tools to deal with patients who cannot be moved safely by one care giver. Personal responsibilities to minimize the risk of back injury include realistic estimation of one’s own lifting capacity, willingness to ask for and accept assistance when needed, and maintenance of a personal fitness level consistent with the lifting demands of the clinic. Students who believe that they should not administer a given treatment should notify the instructor.

B. PTs and PTAs may be at risk of physical assault from violent patients, for example, patients recovering from traumatic brain injury. Students learn a variety of behavior management techniques and strategies for dealing with patients who have the potential to be unpredictable. Personal responsibilities to minimize this risk include following facility guidelines for dealing with patients who have the potential to be unpredictable and notifying the clinical instructors if a patient’s behavior appears to be a potential threat to the safety of the student.

C. PT and PTA students may be at risk for a variety of physical hazards when they receive treatments during laboratory activities. Students learn contraindications and precautions for delivering treatments and should apply these to excuse themselves from receiving treatment when appropriate. Students who are uncertain of the
safety of a procedure they are about to receive should contact the instructor before receiving the treatment. Student risk of injury is minimized by restricting use of certain equipment to supervised classroom or laboratory sessions.

CHEMICAL HAZARDS:

A. The primary exposure to chemicals is in the hydrotherapy department. Students should follow facility procedures for handling and disposing of chemicals. Hazardous materials data sheets about the specific chemicals should be readily available for reference in each clinic.

B. PTs and PTAs may develop contact dermatitis from exposure to chemicals, particularly in response to repeated hand washing. Students who experience contact dermatitis should determine whether alternate soaps or lotions are available or should consult a dermatologist.

RADIATION HAZARDS:

A. The major radiation hazard to which PTs and PTAs are exposed is the radiation emitted from ultrasound, microwave and shortwave diathermy, infrared, and ultraviolet equipment. Information on this hazard is sparse and inconclusive. One report has found an association between heart disease and exposure to shortwave diathermy for male physical therapists. Several studies have pointed to links between shortwave diathermy and birth defects. One study has found that exposure of operators of diathermy equipment rarely are exposed to higher than recommended levels. In addition, diathermy use in the United States is exceedingly low (71% of therapists in a 1987 study reported that they never used it). Students will learn safety precautions for the application of diathermy and other modalities. Students have the responsibility to follow these safety procedures when working with the modalities. Students who are pregnant should consult with their classroom or clinical instructors for guidance on the advisability of using equipment that may pose a potential radiation hazard.

INFECTIOUS DISEASES:

PTs and PTAs may be a risk for contracting a variety of viral, bacterial, and parasitic infections, including, but not limited to: HIV, hepatitis (A, B, non-A/non-B), rubella, measles, mumps, influenza, respiratory tract viruses, varicella, herpes simplex, cytomegalovirus, slow viruses, tuberculosis, meningococcal disease, salmonella, shigella, campylobacter, pertussis, staphylococcus aureus, streptococcus, legionnaires disease, and scabies. The risk of infection is dependent on the particular clinical facility to which a student is assigned. In general, the following precautions should be used to minimize the risk of contracting these or any other infections:
A. Immunological barriers to the spread of infection should be used when possible. We minimize your risk of infectious disease by requiring documentation of immunity to rubella, rubeola, tetanus, Tb, as well as the Hepatitis B vaccine (or your informed declination of this vaccine).

B. Hand washing is an important barrier to the spread of infection between patients and health care workers. You will receive instruction in basic hand washing techniques. It is then your responsibility to develop good hand washing practices in the clinical setting.

C. Universal standard precautions are to be used when handling blood and secretions. Students will receive instructions in the use of universal standard precautions as part of their academic and clinical training.

D. Isolation procedures that are specific to certain infections will be posted in inpatient settings. Students should adhere to these posted instructions. In addition, infection control issues will be covered in class when appropriate.

**PSYCHOLOGICAL HAZARDS:**

A. Attending an intensive, competitive educational program can be stressful. Students who are experiencing difficulty managing the stress of the program--or the intersection of their personal life and the program--are encouraged to seek assistance or referral from faculty members, counseling center personnel, or other personal support systems.

B. Working with ill or disabled patients may also be stressful, as is working in an industry that is dealing with pressures to be more accountable and cost-effective. PT and PTA students may have difficulty maintaining boundaries between their personal emotions and the professional role they should play. These sorts of issues will be dealt with in a variety of classroom settings. In addition, students are encouraged to discuss and resolve issues related to therapist-patient interaction with an appropriate faculty member or clinical supervisor.

**SUMMARY:**

Being a PT or PTA student carries with it risks related to physical hazards, chemical hazards, radiation hazards, infectious diseases, and psychological hazards. These risks can be controlled through the responsible application of procedures designed to minimize these risks. PT or PTA students are encouraged to consult with academic or clinical faculty members when they are concerned about the risk of working with a particular patient or procedure.
SECTION III

Academic Standards for the PTA Program
Essential Skills: Physical Therapist Assistant Program

What qualities does a student have to possess to successfully complete SUNY Canton’s Physical Therapist Assistant Program?

A. Academic ability to earn a 75 or higher in all professional courses and a 2.00 cumulative average.

B. Ability to achieve a level of competency in all physical therapy interventions and data collection procedures that will enable the student to practice safely and effectively in a clinical education setting. This includes, but is not limited to, the following:

1. Demonstrate the ability to guard patients when standing and ambulating on level surfaces and stairs with and without the use of assistive devices including cane, crutches and walkers.

2. Demonstrate the ability to safely transfer patients from a bed to a chair and a chair to a bed using minimum, moderate, and maximal assist techniques.

3. Demonstrate good body mechanics in the process of all patient treatments.

4. Perform cleaning protocol procedures for sterile technique with all size whirlpools.

5. Demonstrate the ability to manipulate dials and sound head when applying ultrasound and electrical stimulation treatments.

6. Demonstrate the ability to apply graded manual resistance to patient’s body parts for the purpose of determining strength or for applying exercise techniques.

7. Demonstrate the ability to handle the weight of a patient’s limb for purposes of performing or measuring passive range of motion.

8. Demonstrate the ability to set up treatment sessions using laboratory or clinic equipment within the time restraints of treatment requirements to provide safe and effective treatments.

9. Demonstrate the ability to measure vital signs, observe thoracoabdominal movement, and listen for changes in breathing patterns.

10. Demonstrate the ability to feel and palpate a pulse, muscle spasm, muscle contractions and bony landmarks.

11. Distinguish color changes of a patient’s skin and observe changes in skin condition.

12. Observe patient’s response to activities and position changes.
13. Administer CPR, and apply standard precautions and other emergency measures.

C. Communicate effectively, safely and efficiently with patients, family, care givers, significant others, and other health care providers, by:
   1. Explaining procedures
   2. Receiving information from the patients, family, other health care providers
   3. Receiving information from written documentation
   4. Introducing self
   5. Confirming patient’s identity
   6. Documenting clear, concise and accurate notes in a patient’s chart
   7. Exhibiting appropriate interpersonal skills, with patients, family and significant others, that are effective and efficient
   8. Recognizing and responding appropriately to nonverbal behavior of self and others.

D. Detect an unsafe environment and carry out appropriate emergency procedures including:
   1. Detect subtle environmental changes and odors including, but not limited to, the smell of burning electrical equipment, smoke, spills, pathophysiological odors and potential environmental hazards.
   2. Detect high and low frequency sounds including, but not limited to, alarms, bells, emergency signals, timers.

E. Demonstrate ability to make sound clinical decisions in an efficient manner in order to provide safe and effective patient care.

F. Utilize effective strategies to manage the demands of a rigorous academic schedule, an intensive clinical training program, fast-paced clinical environments, and psychosocial aspects of being a healthcare professional.

G. Recognize the psychosocial impact of dysfunction and disability of patients and appropriately integrate the needs of the patient into patient care.

H. Demonstrate management skills including planning and organizing responsibilities of clinical practice.

I. Apply teaching/learning theories and methods in health care and community environments.

J. Demonstrate professional behaviors consistent with legal and ethical clinical practice.

SUNY Canton seeks to provide equal access to its programs, services and activities for people with disabilities. Reasonable prior notice is needed to arrange reasonable accommodations.
The academic standards and policies stated below apply to a student’s entire academic record at SUNY Canton and to courses taken at other institutions of higher education.

I. Professional Course Requirements

A. Course Grade Requirement
Students enrolled in the Physical Therapist Assistant program must receive a grade of 75% or better in all technical courses and a C or better in BIOL 217 & 218 (Human Anatomy & Physiology I/II). Courses with the prefix PHTA are considered technical courses.

B. Course Failure/Course Re-take
Students who do not receive a grade of 75% or better in a technical course, or at least a C in BIOL 217 & 218, will be suspended from course of study. If a student fails two technical courses (same course twice or two or more different courses), they will be permanently dismissed from the PTA Program. Withdrawing from a PTA course in poor academic standing is considered the equivalent of not meeting the academic expectations of the course.

Students failing one course will be given the opportunity to repeat that course. Since technical courses are not offered every semester, students who need to repeat a course should realize that an extra semester or more may be required to complete their degree.

Students who have been suspended from course of study for failing one course will be notified by the Dean’s office with specific instructions regarding enrollment requirements. The PTA Program Director will also contact the student via email detailing requirements for re-entry into the program. These requirements are based on each individual student’s situation. Re-entry is based on space availability and the student successfully meeting the stated requirements.

C. Request for Readmission
Students who have withdrawn from the program/college in good academic standing must apply for readmission to the program through the admissions department. Students may be required to meet specific academic requirements to be re-admitted.

Students who have been permanently dismissed from the program may be considered for readmission in the event of extenuating circumstances which led to their inability to meet program expectations. A student seeking re-admission must submit a written request detailing the extenuating circumstances to the PTA Program Director within 30 days of initial notification of dismissal. If the Program Director approves the request, a readmission contract will be developed and the student must fulfill documented requirements to be eligible to apply for readmission to the program through the admissions department.
C. **Class and Laboratory Grades**  
Students are required to earn a 75% or better in both the lecture and laboratory component of all technical courses to satisfactorily complete the course. If a student fails to achieve a 75% in either component, they will receive the lower of the two grades (lecture or lab) as their final grade for the course.

The grading scale for the Physical Therapist Assistant program is as follows:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>90-100</td>
</tr>
<tr>
<td>B+</td>
<td>85-89</td>
</tr>
<tr>
<td>B</td>
<td>80-84</td>
</tr>
<tr>
<td>C+</td>
<td>75-79</td>
</tr>
<tr>
<td>C</td>
<td>70-74</td>
</tr>
<tr>
<td>D+</td>
<td>65-69</td>
</tr>
<tr>
<td>D</td>
<td>60-64</td>
</tr>
<tr>
<td>F</td>
<td>below 60</td>
</tr>
</tbody>
</table>

Faculty will attempt to post grades for exams and assignments on BLACKBOARD in a timely manner. Students should be aware that cumulative averages on BLACKBOARD may not be reflective of the student’s actual lecture or lab average. Students are referred to individual course syllabi or to the course instructor for clarification.

Final examination grades will not be posted on BLACKBOARD until all PHTA final exams for a given semester have been administered and graded.

D. **Degree Time Requirements**  
In order to maintain current practices and ensure the retention of learned skills, all technical course work and clinical education experiences for the PTA Program must be completed within three and a half years in order to be applicable. This applies to all students on full or part-time status and students having to repeat course work.

E. **Incomplete Grades**  
An incomplete grade may be given in cases where, for such valid reasons (sickness, accident, etc.), all of the required course work has not been completed, but is otherwise satisfactory. The delinquent work should not exceed 20 percent of the total required work.

Responsibility for making up incomplete work lies with the student. Such incomplete work must be made up within two weeks after the start of the subsequent semester, except in unusual circumstances, in which permission of the instructor and Program Director or Dean of the School must be obtained. If the work is not completed accordingly, the incomplete grade will be recorded as “F” on the student’s record.

F. **Deviant Academic Conduct**  
An instructor may impose a penalty upon a student evidencing prohibited academic behavior. In those instances where cheating, plagiarism, and/or alteration of academic documents is proven, a student will be subject to a grade of “F” for the specific assignment and/or course. The program follows the procedures outlined in the Academic Integrity Policy. Similarly, a student may be dismissed from a course with a grade of “F” as a consequence of intentional disruption, obstruction or comparable class misconduct.

G. **Due Process**  
If a student has a dispute concerning evaluation of their academic performance, he/she should follow the Academic Grievance Procedure in the College’s Student Handbook.
II. Technical Laboratory Course Requirements

A. Lab Competency
All laboratory classes have specific skill competencies that must be satisfactorily acquired and performed. Students will be given a list of required skill competencies for each course. Skill acquisition will be assessed in one of two ways: 1) pass/fail checkoffs 2) graded lab competency exams.

Some lab skills will require peer checks prior to instructor checkoffs. Peer checks serve to allow students to practice skills with a classmate and receive feedback to ensure that they are adequately prepared prior to evaluation by an instructor. All lab skills for a given course must be satisfactorily completed to pass the lab component of the course.

Students are required to achieve a grade of at least 75% on all graded lab competencies. Students who fail a graded competency are required to meet with the instructor for remediation prior to a scheduled retake which will usually occur within one week of the original exam. On a retake, scores above the required 75% will be averaged with the original competency grade. The maximum average grade that can be received is a 75%. Students will be allowed to retake a graded competency only once. Failure to achieve a 75% on any re-take will result in failure of the course.

B. Lab Practicals
All professional courses that have a laboratory component will include at least one practical exam. A lab practical is more than an assessment of skill, but rather a comprehensive assessment of a student’s ability to effectively function in a clinical situation which incorporates effective communication, problem solving, and time management. Students will be given a case scenario which will require them to integrate their knowledge and skills to appropriately manage a mock treatment session.

Students are required to achieve a grade of at least 75% on all lab practicals. Students who fail a lab practical, are required to meet with the instructor for remediation prior to a scheduled retake which will usually occur within one week of the original exam. The highest grade possible on a re-take is a 75%. Students will be allowed to re-take a practical only once. Failure to achieve a 75% on any re-take will result in course failure.

C. Critical Safety Elements
The following elements of patient care are considered critical for safe/effective practice:

- Identify self as student PTA
- Obtain informed consent
- Confirm patient identity
- Demonstrate attentiveness toward the patient
- Utilize proper body mechanics
- Demonstrate proper guarding/handling techniques
- Use of a gait belt when a patient requires contact guard or greater assistance; or when there is a change in patient status or in a new situation in which the patient may require greater assistance than previously needed
- Request assistance when warranted by the task or situation
- Maintain a safe working environment
- Follow specific precautions or contraindications
Individual competencies may have specific critical safety elements identified in addition to those listed above. These will be specifically delineated in course syllabi or on lab competency check sheets.

Students will receive an automatic failure on a lab competency or practical for failure to demonstrate critical safety elements which would place the patient in immediate danger.

D. **Critical Skill Components**

Critical skill components are those components of a skill that would render a treatment ineffective. For example, placing NMES electrodes on the hamstrings when attempting to get a quad contraction. These will be identified on each skill competency check sheet and will result in automatic failure of the skill if not performed.

III. Student Advisement

A. **Meetings**

Students are required to meet with the Program Director and/or program faculty at least once per semester to discuss academic progress in the curriculum. In addition, students who are performing below program expectations will be sent an e-mail notification through the college MTS (Moving Toward Success) system. Students will be required to meet with the course instructor and/or the Program Director to discuss their academic performance.

Students may request a meeting with the Program Director or other PTA program faculty at any time throughout the semester. Office hours for each faculty member are posted on the door of their office. Faculty may require students to meet with them at other times to discuss various circumstances. All meetings are documented on the communication log kept in the students program file. Students may request access to their file at any time.

Any student performing below program expectations will be referred to the appropriate Support Services department on campus to assist them in meeting expectations. Students are referred based on individual needs. Students may be required to access specific programmatic resources to aid in their success.

B. **Learning Contracts**

A learning contract may be implemented for students whom the faculty deem “at-risk”. A learning contract is an agreement between students and faculty in which performance expectations and recommended strategies for improvement are identified and agreed upon by the student and faculty. The intent of the learning contract is to encourage student success and is not a punitive document.

C. **Scheduling**

Students will pre-schedule for classes for the following semester during the designated week at midterm of each semester. The Program Director will assist each student with completing a schedule that fulfills program requirements and meets their individual academic goals. The Program Director is also available to assist students with schedule revisions and curricular questions throughout the semester.
D. Privacy and Recordkeeping
The program follows FERPA regulations in regards to sharing of academic information. (Refer to college Student handbook for full description).

All meetings with students regarding academic and clinical performance or other sensitive topics will be held in a location that ensures privacy.

Student Records
All college academic records are maintained in the Dean’s office. Program files with any academic information are kept in the Program Directors office in a locked filing cabinet.

Clinical files are maintained in the ACCE’s office in a locked filing cabinet. Students may request access to their academic files at any time.

The Davis Health Center maintains health records for all SUNY Canton students. Clinical faculty will ensure that all student files are kept in an area that will maintain confidentiality of student information.

IV. Professional Conduct

A. Professional Behavior
The development of professional behavior is as much a part of the PTA curriculum as acquisition of skills and knowledge. Each student is expected to exhibit professional behavior throughout all aspects of the curriculum. Students are required to continuously self-assess and progress in their development of the Values Based Behaviors.

Students are expected to exhibit honesty, respect, responsibility, fairness, citizenship, and caring toward all individuals they encounter in the classroom and clinical setting.

Faculty will monitor professional behavior of all students in the program. When a faculty member identifies a lapse in professionalism the student will be notified by the faculty member who observed the behavior and the situation will be discussed. Professional issues are discussed routinely amongst faculty during program meetings. Students who demonstrate recurrent lapses in professional conduct will be identified by the faculty and the student will be required to meet with the Program Director to further discuss the situation and establish a Learning Contract.

The Program Director and ACCE will review all student records prior to assignment to full time clinical placements. If there is sufficient evidence for faculty to be concerned about a student’s ability to perform satisfactorily in the clinical setting, a Learning Contract will be established and the student will be required to share this with their clinical instructor at the beginning of the clinical experience. Repeat offenses in the clinical setting may lead to failure of the clinical or dismissal from the program.

As per SUNY Canton policy, no student may attend class impaired by any substance, drugs or alcohol, lawful or unlawful. Students who are suspected to be impaired in the classroom setting will be dealt with according to the policy outlined in the SUNY Canton Student Handbook.
Clinical faculty who suspect that a student is impaired in the clinical setting will remove the student from all patient contact immediately and notify the ACCE. The ACCE and clinical faculty will consult to determine the immediate course of action. The student will be required to meet with the ACCE within 24 hours of the incident to discuss appropriate intervention. The ACCE will follow up with the clinical site to determine appropriate resolution.

B. Confidentiality

Maintaining confidentiality is of utmost importance for a healthcare provider. Students must follow the guidelines established in the Student Confidentiality Agreement. (see appendix)

C. Social Media

Students are expected to adhere to standards of professional and ethical behavior in all activity, including social media, in accordance with the APTA House of Delegates RC 23-12, the APTA Code of Ethics, and Values Based Behaviors for the PTA. Examples of social media include, but are not limited to text messaging, Facebook, Twitter, and Blogs.

Students are expected to maintain confidentiality and professional boundaries in all interactions, respecting HIPPA guidelines at all times. This applies to patients, their families, other students, and faculty – both academic and clinical.

Students are encouraged to be attentive to their own privacy in their online presence. Use of privacy settings that will safeguard personal information is recommended.

Students who see unprofessional content posted by their peers have a professional responsibility to encourage the individual to remove or modify the content. If the individual does not remove or modify the content, the student has a responsibility to inform a PTA faculty member.

D. Informed Consent

Upon enrolling in the program, students read and sign the Student Participation Agreement (see appendix) which clearly explains their role as a student physical therapist assistant and/or surrogate patient. This includes participation in videotaping, audiotaping, photography, and/or digital imaging.

Any other individuals that participate as subjects or patient-simulators during any laboratory or clinical experience outside of standard patient care, must read and sign the Informed Consent Form (see appendix) prior to engaging in the activity. This includes participation in videotaping, audiotaping, photography, and/or digital imaging.

Students involved in patient care activities will wear a name tag identifying themselves as a student. Students will introduce themselves as a physical therapist assistant student during all lab practicals and clinical interactions. Patients have the right to refuse treatment by a student PTA.
E. **Cell phones**

Use of cell phones for non-course related activities during class, lab or clinical is prohibited. All cell phones must be turned off prior to the start of class or lab. Students will be allowed to use their cell phones during scheduled breaks only. Students awaiting an important call should inform the instructor prior to the start of class and will be allowed to leave their phone on vibrate. Students expecting an emergency call while in the clinic should inform the clinical instructor and follow the clinical instructors recommended course of action.

V. **Retroactivity**

The past academic records of students transferred into the PTA Program from another institution must meet the standards and policies of the college. Transfer credit for PTA coursework will be given on an individual basis. Students will be required to submit thorough documentation of completed coursework to the Program Director for consideration. The student may be required to demonstrate competency through performance of all lab skills and successful completion of a final exam for that course to receive transfer credit.

*The Physical Therapist Assistant Program upholds Academic Policies and Standards as delineated in SUNY Canton’s Student Handbook.*
SUNY CANTON
PHYSICAL THERAPIST ASSISTANT PROGRAM

ABSENTEEISM AND TARDINESS

Policy on Absenteeism and Tardiness for courses prefixed with PHTA is as follows:

Each student is expected to accept full responsibility for meeting all of the academic requirements for every course in which he/she is enrolled. The following is the PTA program’s attendance policy:

A student is allowed 3 excused absences, including those granted by the Dean of Students, for each course in the PTA curriculum (except clinicals – see attendance policy in clinical section). An excused absence is defined as:

- Notification of absence to the instructor via e-mail, telephone, or in person, prior to the start of class.
- Excused absences in excess of 3 will be dealt with at the discretion of the course instructor in consultation with the Program Director.

Unexcused absences demonstrate a lack of professional responsibility. An unexcused absence is defined as:

- Failure to notify instructor of absence prior to start of the class

Upon 1 unexcused absence, the student will receive written notification through the college’s MTS system. A second unexcused absence will result in another MTS notification and a 5% reduction in overall grade for the course. First and second unexcused absences will count toward the three allowed as described above (excused absences). A third unexcused absence will result in dismissal from the class and a grade of “F” will be received unless the student officially withdraws from class.

The above policies are modified as follows for absence from laboratory sessions:

Due to the nature of lab instruction, it is critical that students make every attempt to attend all lab sessions as scheduled. If missing a lab session is unavoidable due to illness or family emergency, the student should contact the instructor the first day they return to campus to make arrangements for lab make up. Any student who misses a lab, for reasons other than those identified above, is responsible for all content covered in the missed lab session.

An emergency which causes a student to miss a scheduled class, without notice prior to the start of class, will be counted as an excused absence if the reason can be documented to the instructor’s satisfaction. If it cannot be documented satisfactorily the absence will be recorded as unexcused.

FAILURE TO SHOW UP FOR AN EXAM OR LAB PRACTICAL WITHOUT PRIOR NOTIFICATION TO THE INSTRUCTOR WILL RESULT IN A GRADE OF “0” ON THE SCHEDULED EXAM OR LAB PRACTICAL.

Only unusual circumstances documented to the satisfaction of the instructor will be accepted as an excused absence from an exam or lab practical, at which time a retake exam will be administered.
**Tardiness**

Tardiness is disruptive. Tardy is defined as arriving for class after the instructor has begun the lecture or lab. This includes the second half of a longer lecture or laboratory period in which a break has occurred and the return time has been announced. The class will not begin any sooner than scheduled. A student is allowed two tardies without penalty. Each subsequent tardiness will result in a one-point deduction from the final grade. Tardiness to class or lab exceeding the first fifteen minutes without notification will be considered an unexcused absence. If a tardiness notification is given it will count as an excused absence. Tardiness to an exam or lab practical exceeding the first fifteen minutes will result in failure of the exam unless the instructor has been notified.

**Student Athletes**

Student athletes will receive excused absences for classes missed for participation in intercollegiate competition. Students are required to notify instructors at least one day in advance of a scheduled competition. Any assignments due must be handed in prior to the class that will be missed. If the student will be missing an exam or scheduled presentation, it is their responsibility to notify the instructor one week in advance to reschedule.

**Instructor Absence**

Should an instructor be absent, an e-mail will be sent informing the students of class cancellation and any assignments which need to be completed prior to the next class.

*In the event of inclement weather, if the College is open, class will be held as scheduled.*
SUNY CANTON
PHYSICAL THERAPIST ASSISTANT PROGRAM

LABORATORY POLICIES

SAFETY

Students, faculty and staff will adhere to the following safety control measures when working in the college PTA laboratory:

- All students will be familiarized with the location of safety items and emergency procedures as per SUNY Canton policy pertaining to the PTA lab during lab orientation. Evacuation plan maps are posted at both exits in the PTA laboratory.
- Emergency numbers are posted in the PTA laboratory and above each phone in the faculty offices.
- No student is allowed to use electrical modality equipment without the direct supervision of the instructor or lab assistant.
- All PTA students will read and adhere to all electrical safety rules and procedures and contraindications to specific treatment modalities.
- Damaged electrical equipment is to be reported to the lab instructor, labeled damaged and removed from the treatment area.
- All equipment will be inspected and/or calibrated on an annual basis.
- No food or drink is allowed in the lab area.
- Students will be responsible for maintaining clean and properly organized treatment areas during and after each lab session.
- Students are expected to conduct themselves as if they are in a clinical setting during all laboratory activities.
- Students will conduct themselves in a safe, responsible manner and alert a faculty member if an injury or unsafe situation arises.
- Students are expected to wear proper lab attire during all lab activities.
- PTA students & staff will follow SDS sheets for all potentially hazardous material.
- In case of accident or incident, a PTA faculty member will complete an accident/injury report.
- All blood and body fluid spills are to be reported to and cleaned by the lab instructor. In the event of a major blood or body fluid spill OSHA trained personnel will be notified and will perform the necessary cleanup and disposal.
- Standard precautions will be maintained at all times.

LAB SKILLS

Each lab session will have specific assigned objectives to be met. There will be a set of clinical skills and techniques that must be acquired. Students will spend time in lab working in small groups under the direction and supervision of instructors. When appropriate, students will be required to demonstrate a specified level of competency of assigned skills.

Performance of skills at a level of proficiency that allows students to enter into a supervised clinical education setting is necessary for successful completion of the course. The level of proficiency of assigned skills is determined by each instructor.

The amount of instruction time needed for independent study to acquire proficiency of required skills will vary among students. It is the student's responsibility to make arrangements for additional instruction if needed and to practice independently.
OPEN LAB
The PTA laboratory encompasses three distinct areas including the main lab, the gait room and the fitness room, as well as an adjacent classroom space. These areas (Wicks 214/216) are shared with other students from the HEFI and Sports Management Programs. Open Lab is when all or part of the laboratory space is available for PTA students to practice their lab skills outside of classroom and lab times. An instructor does not always have to be present in the lab, but must be in his/her office or nearby for the students to consult with if needed. An instructor must be present when a student wishes to practice using electrical modalities such as, ultrasound, electrical stimulation and traction machines.

Open lab spaces are available for student use most days throughout the week. A schedule of open lab areas will be posted each semester to indicate availability for the PTA student. Instructor availability for skill checkoffs for each course will be indicated on the open lab schedule. Students will be required to sign up for skill checkoffs.

If a class is using part of a lab area such as the gait room, students are welcome to use other parts of the lab space that are not being used such as the main lab area as long as they are not disruptive to others and maintain the noise level at a minimum. The PTA faculty strongly recommend that all PTA students utilize open lab times during their semesters here on campus.

LAB EQUIPMENT
If a student wishes to borrow lab supplies or lab equipment for use outside of the lab area, or for overnight use, he/she needs to sign them out on the supply/equipment sign out sheet posted on the lab desk/or the office space (211). An instructor must be present and initial your signature. The item (s) signed out must also be signed back in with an instructor present. If a student does not return the borrowed item, the student will be billed for the cost of the item.

STUDENT PARTICIPATION
Students will act as surrogate patients for each other in laboratories. It is the student’s responsibility to notify lab instructors of any condition that is contraindicated for a lab procedure. If a student does not notify an instructor and jeopardizes his/her safety along with the safety of fellow students, the student will not be allowed to continue in the lab portion of the course, resulting in course failure. Students will be required to sign a Student Participation Agreement in order to participate in laboratories. If a student’s health status or need for special accommodations change over the course of the semester, it is the student’s responsibility to notify the instructor. (see Student Participation Agreement in Appendix.)

LAB DRESS CODE
Lab attire is as follows:  
Men: shorts, tee shirts, socks, sneakers 
Women: shorts, tee shirts, one piece bathing suit or sports bra, socks, and sneakers

Sweatshirt and sweatpants may be worn over top of the above attire when you are not acting as a patient. If you do not arrive in appropriate lab attire, you will be asked to change or don a patient gown. If you refuse then you will be excused from lab and this will be considered an unexcused absence.

Hygiene needs to be consistent with close personal contact. Fingernails need to be short (unable to be seen above fingertips when observing from palm side of hand). Long hair needs to be secured away from face.
SECTION IV

The PTA Curriculum
### PHYSICAL THERAPIST ASSISTANT
Curriculum No. 489

#### First Semester

<table>
<thead>
<tr>
<th>Course</th>
<th>Credit</th>
<th>Term</th>
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</thead>
<tbody>
<tr>
<td>ENGL 101 Composition and the Spoken Word (GER 10)</td>
<td>3</td>
<td></td>
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<tr>
<td>PSYC 101 Introductory Psychology (GER 3)</td>
<td>3</td>
<td></td>
<td></td>
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<tr>
<td>BIOL 217 Human Anatomy/Physiology I (GER 2)</td>
<td>4</td>
<td></td>
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<tr>
<td>PHTA 100 Introduction to Physical Therapy</td>
<td>2</td>
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<tr>
<td>PHTA 101 Fundamental PT Skills and Modalities</td>
<td>3</td>
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#### Second Semester

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<th>Course</th>
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<tr>
<td>PSYC 225 Human Development</td>
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<td></td>
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<tr>
<td>BIOL 218 Human Anatomy/Physiology II</td>
<td>4</td>
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<td>PHTA 102 Kinesiology</td>
<td>3</td>
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<tr>
<td>PHTA 103 Musculoskeletal Pathologies</td>
<td>4</td>
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<tr>
<td>PHTA 104 Clinical I (summer)</td>
<td>4</td>
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<tr>
<td>PHTA 105 Musculoskeletal Assessment Techniques</td>
<td>2</td>
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#### Third Semester

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<tr>
<td>PHTA 204 Cardiopulmonary and Integumentary Pathologies</td>
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<td>PHTA 205 Neuromuscular Pathologies</td>
<td>4</td>
<td></td>
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<tr>
<td>PHTA 206 Advanced Physical Therapy Modalities</td>
<td>2</td>
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<tr>
<td>Liberal Arts elective (GER 1,4,5,6,7,8,9)</td>
<td>3</td>
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<tr>
<td>PHTA 203 PTA Seminar I**</td>
<td>2</td>
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#### Fourth Semester

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<th>Course</th>
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<tr>
<td>PHTA 207 Clinical II</td>
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<tr>
<td>PHTA 209 Clinical III</td>
<td>6</td>
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<td>PHTA 210 PTA Seminar II</td>
<td>2</td>
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</table>

**Writing Intensive course**

All AAS degrees must meet a minimum of four out of ten General Education Requirements.

**Graduation Requirements:** Total Semester Credit Hours—64
PTA TECHNICAL COURSES

FIRST SEMESTER

PHTA 100 – Introduction to Physical Therapy

Course Description
This course is designed to introduce and acclimate students to the Physical Therapist Assistant program, and the physical therapy profession. Students are introduced to the discipline of physical therapy including history and philosophies. They receive an introduction to a variety of practice settings and the team approach to rehabilitation. Students are familiarized with the Guide to Physical Therapist Practice and uniform terminology. Students receive an introduction to the basic principles of medical terminology, physical therapy documentation, and reimbursement. Scope of practice, the New York State Practice Act, ethical standards of conduct of the physical therapist assistant and the core values of physical therapy are identified and discussed. Cultural awareness is discussed and students begin to learn about interaction with individuals from cultures different than their own.

PHTA 101 – Fundamental PT Skills and Modalities

Course Description
Physical therapist assistant students are introduced to fundamental physical therapy skills and modalities to include preparation of the patient and practitioner for physical therapy care, documentation, body mechanics, positioning, dependent mobility, assisted transfers, basic exercise principles, gait training, aseptic techniques, and thermal modalities. The PTA student begins to learn patient data collection including standard vital signs and level of patient arousal. The student begins to recognize and describe the functional status and progression and safety of patients while engaged in gait, locomotion, wheelchair management and mobility activities.

SECOND SEMESTER

PHTA 102-Kinesiology

Course Description:
Study and application of human motion is covered beginning with general anatomic terminology and concepts, types and laws of motion, bone, joint, and muscle structure and function. Origins, insertions, actions and innervations of extremity and trunk musculature and palpable surfaces of same are discussed. Kinesiological concepts related to the gait cycle and functional movement are addressed.

PHTA 103-Musculoskeletal Pathologies

Course Description:
Principles and techniques of therapeutic exercise and soft tissue mobilization are presented and related to specific musculoskeletal pathologies across the life span. Students will learn their role in assisting the physical therapist with management of an orthopedic based patient population in relation to the stages of tissue healing. The student will learn to apply a variety of exercise techniques when given the physical therapy plan of care and goals/expected outcomes. There will
be a focus on educating the patient and/or care giver throughout the course. Students will also begin to read and understand professional literature.

**PHTA 104 – Clinical I**

**Course Description**
The student is assigned to a physical therapy clinical site where they work under the direct supervision of a licensed physical therapist or a registered physical therapist assistant. This provides the student with the opportunity to put the knowledge and skills acquired in the classroom and laboratory into practice in a clinical setting. A strong emphasis is placed on communication/professional behaviors.

**PHTA 105 Musculoskeletal Assessment Techniques**

**Course Description**
This course introduces students to data collection tools used to assist the physical therapist with assessment of the musculoskeletal system. Emphasis will be placed on developing skill competency with goniometry, manual muscle testing, and postural assessment. Students will also gain familiarity with common medical imaging tests, orthopedic special tests, and functional assessments.

**THIRD SEMESTER**

**PHTA 203 – PTA Seminar I**

**Course Description**
This seminar course allows second year PTA students to engage in activities and discussions that will facilitate the development of the Values Based Behaviors of physical therapist assistant practice. In-class assignments and discussion, as well as outside activities, will foster the students’ integration of the American Physical Therapy Association Values Based Behaviors for the PTA: altruism, compassion/caring, continuing competence, duty, integrity, PT/PTA collaboration, responsibility, and social responsibility, in preparation for culminating clinical affiliation experiences and clinical practice as a Physical Therapist Assistant.

**PHTA 204 - Cardiopulmonary and Integumentary Pathologies**

**Course Description**
In the first half of the semester students will study the cardiopulmonary system and related pathologies. Cardiopulmonary rehabilitation principles and management will be discussed and applied. Students will learn about diabetes and peripheral vascular disease as a lead-in to amputee and prosthetic rehabilitation. Management of injuries to the integumentary system, including wounds, burns, and edema will be studied.

**PTHA 205 – Neuromuscular Pathologies**

**Course Description**
Neuroanatomy will be presented in preparation for the study of data collection and physical therapy interventions used in treatment of persons with neuromuscular pathologies. Normal motor
development and neuropathologies, both central and peripheral, throughout the life span will be discussed and treatment techniques practiced in the lab setting.

**PHTA 206 - Advanced Physical Therapy Modalities**

**Course Description:**
Students will learn basic principles of electricity and electrotherapy. Application of electrotherapeutic agents for pain control, neuromuscular stimulation, and tissue/wound healing will be studied and applied. Students will be introduced to spinal traction as a therapeutic modality. Students will enhance their research skills by reviewing and critiquing current professional literature related to various course topics.

**FOURTH SEMESTER**

**PHTA 207 – Clinical II**

**Course Description**
This clinical practicum correlates with content taught in courses PHTA 100 through PHTA 206. The student is assigned to a physical therapy clinical site where he/she will work under the direct supervision of a licensed physical therapist or registered physical therapist assistant. This will provide the student with the opportunity to put the knowledge and skills learned in the classroom and laboratory into practice in a clinical setting. The PTA student will demonstrate clinical problem solving skills based on academic knowledge and previous lab and clinical experiences.

**PHTA 209 – Clinical III**

**Course Descriptions**
This clinical practicum correlates with content taught in courses PHTA 100 through PHTA 207. Students are assigned to physical therapy clinic sites where they work under the direct supervision of a licensed physical therapist or registered physical therapist assistant. This will provide students with the opportunity to put the knowledge and skills have learned in the classroom and laboratory into practice in a clinical setting as well as expand the practical knowledge learned in Clinical courses I, II, and III.

**PHTA 210—PTA Seminar II**

**Course Description**
This course is designed to provide for the transition from the student role to the graduate role. Web-based review of national exam material will occur throughout the fourth semester of the PTA curriculum. Once back on campus, students will participate in transitional preparation by performing licensing and interviewing procedures and sit for a mock national exam. Students will be required to submit a self-directed plan for career development and lifelong learning. A student/faculty conference is required for each student prior to graduation.
REQUIRED LAB COMPETENCIES

PHTA 101 Fundamental PT Skills & Modalities
Body Mechanics
Handwashing
Vital Signs
Positioning
Bed mobility
PROM: all extremities
Sit to stand transfer
Stand pivot transfer
Sliding board transfer
Wheelchair parts management
Wheelchair transport: ramps, curbs
Ambulation with assistive devices
Sterile gloving/gowning
Cryotherapy
Superficial and deep thermal agents
Ultrasound

PHTA 103 Musculoskeletal Pathologies
Manual stretching
Active inhibition (hold-relax)
Assisted ROM exercises
Self-stretching
Manual resistance (RROM, isometrics)
Resistance exercise open chain
Resistance exercise closed chain
Resisted stabilization
Postural awareness training
Cervical ROM
Spinal stabilization exercises
Dynamic spinal strengthening exercise
Massage techniques

PHTA 105 Musculoskeletal Assessment Techniques
Joint range of motion using a goniometer
Manual muscle testing
Limb length and girth
Posture
PHTA 204 Cardiopulmonary & Integumentary Pathologies
Height and weight to calculate BMI
Pulse oximetry
Diaphragmatic breathing training
Teaching an effective cough
Postural drainage (with percussion and vibration)
Residual limb wrapping (transtibial)
Application and removal of wound dressings

PHTA 205 Neuromuscular Pathologies
Sensory testing
PNF exercise techniques
Balance training
Floor to w/c transfers for SCI

PHTA 206 Advanced Physical Therapy Modalities
Transcutaneous electrical nerve stimulation
Neuromuscular electrical stimulation
Interferential stimulation
High volt stimulation/ultrasound combination
Iontophoresis
Mechanical spinal traction
EMG biofeedback
Physical Therapist Assistant Program Specific Costs

In addition to the cost of instructional materials/texts for each Physical Therapist Assistant course (approx $900.00 for 2 years), students should be aware of curriculum specific costs. Please read the following list of Required (R) and Potential (P) costs so you can plan your budget accordingly.

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
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<tbody>
<tr>
<td>(R) APTA Association membership dues--2nd year students</td>
<td>85.00</td>
</tr>
<tr>
<td>(R) CPR certification</td>
<td>20.00 – 110.00</td>
</tr>
<tr>
<td>(R) Transportation to/from clinical sites</td>
<td>5.00</td>
</tr>
<tr>
<td>(R) Professional liability insurance – 2nd year students</td>
<td>40.00</td>
</tr>
<tr>
<td>(R) Mock exam fee in fourth semester</td>
<td>80.00 – 150.00</td>
</tr>
<tr>
<td>(P) Health physical, lab work, immunizations (If not covered by insurance)</td>
<td>100.00</td>
</tr>
<tr>
<td>(P) Drug Screening/Criminal Background Check (if required by clinical facility)</td>
<td>100.00</td>
</tr>
<tr>
<td>(P) clothing and footwear to comply with clinical dress code</td>
<td>___</td>
</tr>
<tr>
<td>(P) Cost of emergency services in off-campus educational experiences</td>
<td>___</td>
</tr>
<tr>
<td>(P) Money for lodging during clinical affiliations – 2nd year students</td>
<td>___</td>
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</table>

Upon completion of the PTA curriculum:

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
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<tbody>
<tr>
<td>(R) Licensure Examination fee</td>
<td>485.00</td>
</tr>
<tr>
<td>(R) Prometric Testing Center sitting fee</td>
<td>85.00</td>
</tr>
<tr>
<td>(R) Licensure Fees (dependent on state - New York State requires a $103 fee for licensure, a $50 fee for a limited permit)</td>
<td>___</td>
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SECTION V

Clinical Education
GUIDE TO CLINICAL ROLES

SPTA: **Student Physical Therapist Assistant** – Student enrolled in the Physical Therapist Assistant program. This abbreviation is not legally recognized for documentation purposes.

ACCE: **Academic Coordinator of Clinical Education** – The ACCE is a PT or PTA faculty member who coordinates all clinical education. This includes development and evaluation of clinical affiliation sites, organizing and supervising student clinicals and acting as the main communication link between the academic and clinical physical therapy communities.

CCCE: **Center Coordinator of Clinical Education** – One person at each clinical site who coordinates the assignments and activities for all the PT and PTA students at his/her facility.

CI: **Clinical Instructor** – The PT or PTA with at least one year clinical experience who is assigned by the CCCE to a particular PTA student. With the CCCE, the CI structures the clinical learning experience to best meet the student’s needs and the school’s clinical objectives according to opportunities available at the facility. The Clinical Instructor acts as a professional role model and is aware of the impact of this role on students.

**Supervision**
Initial application of a physical therapy method by a student is structured and supervised, with the level of supervision determined by awareness of the student’s level of competency, the condition of the patient and the nature of the method used.

If the clinical instructor wishes to teach the student a technique that has not yet been covered in academic coursework, this is permissible only if the student is under direct supervision and demonstrates appropriate clinical competence as determined by the supervising physical therapist.
CLINICAL EDUCATION REQUIREMENTS AND SEQUENCE

Types of Affiliations:

Students will complete three full-time clinical experiences. The first (4 weeks) will occur at the end of the first year. The second and third (6 weeks each) will occur during the spring semester of the second year. Placement in different types of facilities serves to ensure that the student gains exposure to a variety of patient diagnoses, as well as differences in health care delivery in various settings. The types of settings may include any of the following:

1. Acute care hospital
2. Hospital based outpatient PT department
3. Private practice outpatient clinic
5. Acute care rehabilitation hospital
6. School system
7. Home health care agency
8. Developmental center

One of the second year full time clinical experiences (PHTA 207 or PHTA 209) MUST be done in an inpatient environment (i.e. acute care hospital, nursing home, acute care rehabilitation hospital).

Throughout the three clinical affiliations, the student should receive experience working with general medical/surgical, orthopedic, and neurological dysfunctions. Because several facilities in the local area are multifaceted, the student may gain exposure to several of these types of patients in one setting.

Course Sequence: Please refer to the PTA program website for current information regarding specific course objectives, assignments, & other requirements for each of the clinical courses. [http://www.canton.edu/sci_health/pta/instructors.html](http://www.canton.edu/sci_health/pta/instructors.html)

**Clinical I:**
- PHTA 104 (4 credit hours)
- Length: 4 weeks
- Time: End of Spring semester first year

**Clinical II:**
- PHTA 207 (6 credit hours)
- Length: 6 Weeks
- Time: Late January to early March 4th semester

**Clinic III:**
- PHTA 209 (6 credit hours)
- Length: 6 Weeks
- Time: Early March to Early May 4\textsuperscript{th} semester
CLINICAL AFFILIATION ASSIGNMENT

Timeline for Assignment of Clinical Placements

March: ACCE sends request forms for placements for the following year to all contracted clinical sites.

April: ACCE will provide students with a list of available placements for Clinicals II and III. Updates to this list will be provided via email to students as they occur. 2nd year students will develop a “wish list” of 3-5 desired sites and submit the list in writing to the ACCE with justification for each choice. Students are instructed to confer with ACCE or use Clinical Site Information Forms (available in file cabinet in faculty office area) to assist in determining their wish list of affiliation sites.

May – Sept: The ACCE will determine placements for Clinicals II and III based on clinical availability, academic requirements and student preferences. Every effort will be made to match each student to appropriate sites based on his/her goals, work-related experiences, abilities and preferences.

November: The ACCE will provide 1st year students with a list of available placements for Clinical I. Students will develop a “wish list” of at least 3 desired sites and submit to the ACCE with justification for each choice. Students are instructed to confer with ACCE or use Clinical Site Information Forms (available in file cabinet in faculty office area) to assist in determining their wish list of affiliation sites.

January: The ACCE will determine placements for Clinical I based on clinical availability, academic requirements and student preferences. Every effort will be made to match each student to appropriate sites based on his/her goals, work-related experiences, abilities and preferences.

Notification of placement

The ACCE will notify sites of the desired student placements, and sites will provide the ACCE with confirmation. At that time the student will be notified of the confirmation. The ACCE may provide students with a tentative list of placements, however, CLINICAL PLACEMENTS ARE NOT FINAL UNTIL CONFIRMED BY THE CLINICAL SITE

Students may request to swap placements with another student following assignment, however, the request to change must be submitted in writing to the ACCE and must be approved by the ACCE.

A student who refuses an assigned clinical placement will be given an alternate placement only after all other students are placed, and if there is availability at an appropriate site. Refusal of an affiliation by the student may result in postponement of the clinical experience which could result in a delay in graduation date.
Assignment of clinical placements will take into consideration the academic progress of each student at the time of assignment. Students in good academic standing will be given preference over students who are not in good academic standing. Assignment of a student to a clinical site may be delayed until there is sufficient evidence to indicate that the student will meet the academic expectations to progress to clinical at the end of a given semester.

The PTA Program reserves the right to assign students to one or more distant clinical affiliations (Distant is defined as a site more than 1.5 hours commute one way) as is necessary for sound clinical education experiences.

Each student is responsible for his/her own transportation to and from the clinical site. Students are also responsible for their meals, room and board, and any parking fees, as necessary.

Students requesting placement at a site not currently contracted with SUNY Canton must do so at least six months, and ideally, one year prior to the desired affiliation. This time frame is required for the development of contractual arrangements between SUNY Canton and the facility as well as for the development of mutual goals for the clinical experience between SUNY Canton and the facility. In order to request placement at a site not currently contracted with SUNY Canton a student must be in good academic standing.

If extenuating circumstances arise that interfere with a student’s ability to complete clinicals during program designated times, the student must submit, in writing, a request for an alternate clinical plan. Approval of the clinical plan is contingent upon approval of the Dean of the School of Science, Health, and Criminal Justice, the PTA Program Director, and the ACCE, and clinical site availability.

**PRE-CLINIC COMMUNICATION WITH CLINICAL SITE**

At least four weeks prior to each clinical affiliation, each student will complete a student profile form which is submitted to the ACCE for review. Students are required to provide the site with information regarding previous clinical, volunteer or job-related experiences, as well as his/her individual learning needs and objectives. This will enable the CCCE and CI to coordinate an optimal clinical experience. The student profile will be mailed or emailed to the CCCE along with a letter of introduction. The student will contact the facility via telephone one to two weeks prior to the start of their affiliation to finalize all details.

**COMMUNICATION DURING CLINICAL AFFILIATIONS**

All students and their CI’s will be contacted by a PTA faculty member at least once during each clinical affiliation. This contact will be made by phone, email, or by an onsite visit. The contact will be initiated by the ACCE and will take place during the middle weeks of the clinical affiliation. Students, CIs, or CCCEs may also contact the ACCE anytime during the clinical affiliation as needed.

The ACCE will contact the facility to schedule all on-site visits. Visits allow time for the student, the ACCE, the CI’s and CCCE as necessary, to discuss the affiliation, both individually, and as a group.
and allow the ACCE to observe that student and the site. The ACCE may provide training or education to the CI and/or site as needed during an on-site visit. Additional visits may be scheduled as needed to meet the needs of the student and/or clinical site.

Most students will receive at least one on-site visit during their affiliations. Additional support via phone calls, emails or additional site visits will be provided as needed for any student who is experiencing difficulties with clinical performance.
EVALUATION

Grades for full-time clinical affiliation courses will be based on the Clinical Performance Instrument (CPI) evaluations by the CI, oral communication between the clinical instructor and the ACCE, and student assignments. These evaluations are completed using CPI web. (https://cpi2.amsapps.com) at midterm and final of each affiliation. Students are expected to self-assess and receive feedback on an ongoing basis using the Weekly Planning Form during all full-time affiliations.

Grades will be assigned after both the clinical instructor and the ACCE have consulted on the student’s performance and all assignments have been completed and turned in to the ACCE. The ACCE is ultimately responsible for assigning the final grade.

At the end of each clinical affiliation, students will complete a written evaluation of the clinical site using the APTA Clinical Site Evaluation Form. Following the student’s evaluation of the clinical site, he/she should share the results of the evaluation with the clinical instructor and both should sign the evaluation. Completed forms will be maintained in the Physical Therapist Assistant Program clinical files at SUNY Canton. These will become part of the facility’s permanent on-campus file and will be used for clinical site and clinical faculty development.

Clinical Failure:
Students who do not attain a passing grade in a clinical course will not be allowed to continue in the Physical Therapist Assistant program until that course is successfully repeated. Since Clinical Affiliation courses are not offered every semester, students who need to repeat an affiliation course should realize that an extra semester or more may be required to complete their degree.

Students will be required to complete appropriate remediation prior to repeating a clinical affiliation. This will consist of identification of areas requiring remediation by the student, CI and ACCE. Goals and objectives will be established by the ACCE and the student using a Learning Contract.

If a student’s clinical performance has endangered the welfare of a patient or if a student exhibits a significant lapse of professional judgment, the student may need to be immediately removed from the affiliation. The student will receive a grade of F for the affiliation. In this instance, the student will be required to demonstrate readiness to return to the clinical setting prior to reassignment.

Withdrawal from Clinical Affiliation:
Withdrawal from a clinical affiliation is a rare occurrence. However, this is an option under certain situations such as:

1. The student is having significant difficulty due to concerns about the learning environment at the clinical site. In this instance, the student should express the concerns and/or problems immediately to the clinical instructor. Problems often can be resolved by this approach. If problems persist the student should contact the ACCE. Once the ACCE is contacted, he/she will document the problem issues, the time, date and any recommendations made to the student. Within 1 to 2 clinical days from the student’s contact, the ACCE will follow up with the
student and clinical instructor to discuss the status of the problem.

If the problem is still not resolved, the ACCE will arrange a meeting with the student, CI and/or CCCE to discuss and develop a plan to provide a successful clinical learning experience. If all parties agree that a withdrawal is in the best interest of the student, then the student will be given a W (withdrawal) grade. The ACCE will work with the student to assign a new clinical affiliation as soon as possible based on clinical site availability. The clinical may have to be repeated in the next regularly scheduled clinical time frame, which may delay graduation.

2. The student has a medical, family, or other personal issue that limits his/her ability to complete the affiliation as scheduled. In this case, reassignment of the affiliation will be scheduled as soon as possible. However, students should keep in mind that dependent on site availability, the clinical may have to be repeated in the next regularly scheduled clinical time frame, which may delay graduation.

_Withdrawing from a clinical course in poor academic standing is considered the equivalent of not meeting the academic expectations of the course._

**STUDENT DISABILITY OR LIMITATION**

A PTA student may encounter a temporary medical condition or may have a documented disability that could impact his/her ability to provide physical therapy services. In either case, it is the student’s responsibility to inform the ACCE of his/her disability and provide written documentation of the same. It is also the student’s responsibility to request reasonable accommodations. A student may choose to inform the CCCE/CI at the assigned clinical site him/herself or may ask the ACCE to inform the CCCE/CI. The student must give written permission for the ACCE to share this information with the CCCE/CI.

Following the student’s written request and permission, the ACCE will inform the CCCE at the clinical site of a student’s documented disability and request for accommodations. The ACCE will work with the facility to ensure that the student has an appropriate clinical learning experience. If the clinical site is unable to reasonably accommodate the student, then the ACCE will arrange a reassignment.

If a temporary medical condition is significant whereas physical therapy essential skills are unattainable, with or without reasonable accommodations, the student will not be able to complete the clinical experience. The student may need to withdraw from the clinical affiliation and complete it at a later date, following the Withdrawal Policy in this handbook.
INSURANCE COVERAGE

Accident/Sickness

Accident/Sickness Insurance is required by the State University of New York College of Technology at Canton for every full-time student. In addition, a student health fee, per semester, is charged for on-campus health services. (See Academic Catalog for specific charges.) A student may waive the college’s insurance by signing a waiver of comparable accident/sickness insurance.

Insurance

General liability insurance is covered by State University of New York College of Technology at Canton. Students are also required to purchase student liability insurance. The cost of the policy is approximately $40.00 and will cover the student during full time clinical affiliations.
REQUIRED DOCUMENTATION

Physical and Immunizations
PTA students are required to have a current physical on file at SUNY Canton Health Services prior to their first affiliation. All students are required to provide each clinical affiliation with a copy of the Health Status form on or before the first day of each clinical. It is important for students to keep one copy for their own records.

NYS requires PTA students to provide proof of the following:
1. Tetanus immunizations with booster within the last ten (10) years.
2. PPD or Mantoux Tuberculin test - two doses given at least one week apart.
3. Measles, Mumps, and Rubella immunization or Titer demonstrating immunity, or documented evidence of having had the disease.
4. Varicella immunization or titer demonstrating immunity.
5. Influenza vaccine for each flu season student will be in the clinical setting

Hepatitis B:
The Hepatitis B series of immunizations is strongly suggested although not required. If the student chooses not to have the immunization, he/she must sign a waiver stating that they are knowledgeable of the risks of hepatitis B and have chosen not to receive the immunizations.

Occasionally, an affiliation facility requires additional health and/or immunization information. Students are expected to conform to the facility’s required policy.

Infection Control
All students will receive training on infection control and OSHA bloodborne pathogens in the first semester of the PTA program. Students will be required to complete a verification of training form which is sent to assigned clinical sites. The program will provide verification to clinical sites.

CPR Certification
All Physical Therapist Assistant students must obtain certification in Basic Life Support for Healthcare providers before participating in PHTA104. Certification must remain current throughout all clinical affiliations. Proof of certification must be given to each clinical site.

Drug Screening/Criminal Background Checks
Some clinical facilities mandate drug screening tests and/or criminal background checks for all employees and volunteers (including students). The ACCE will inform students of this mandate upon clinical assignment. The expense of these may be borne by the clinical facility; however, depending on clinical facility policy, costs of the screening may be the responsibility of the student.

Orientation Checklists
In order to ensure safety and consistency for students while on clinical affiliation, each student must receive an orientation to the clinical facility within the first week of each clinical experience. An Orientation Checklist must be completed and signed by both the student and clinical instructor. The checklist is to be returned to the ACCE with all other clinical documentation at the end of the affiliation. Students are required to participate in any additional orientation activities as mandated by the clinical site.
ATTENDANCE POLICY

Each clinical affiliation consists of an average of 36-40 hours per week or the full-time work week of the clinical facility.

The student is expected to attend each clinical on a full-time basis and to follow the facility’s calendar, not the college calendar. For instance, if a holiday occurs during an assigned affiliation and the PT department is open clinical PT department is open, the student is expected to attend clinical.

Each student is to remain at the clinical site for the entire scheduled shift. If a student needs to leave the clinical site for any reason, he/she must have permission from the clinical instructor.

Each student should make maximal use of clinical time (i.e. reading professional materials or observing with other staff members if the CI is busy).

Students must not expect or arrange for early release or altered clinical hours for reason of participation in paid employment or other personal obligations.

Absences:
Each student is allowed one full-day absence per clinical affiliation. If the student is going to be absent, he/she must notify the clinical instructor at least 30 minutes prior to his/her scheduled arrival time. If the clinical instructor is not available, the student will leave a message with the secretary or a representative of the PT department or facility.

The student is required to make up missed time if he/she is absent for two or more clinical days. If the student is ill and misses three or more consecutive clinical days, a signed note from his/her physician must be submitted to the ACCE and the CI in writing within one week of the absence. The note will be placed in the student’s file in the PTA office. Please note: If a student is absent for more than five days during Clinical III, he or she will be required to postpone Clinical IV until all obligations for Clinical III are met.

Absence without notice:
If a student fails to report an absence (as instructed above), the CI should contact the ACCE immediately. The student will receive a warning from the ACCE and a written report of the incident will be placed in his/her program file. A second occurrence will lead to dismissal and failure of the clinical.

Tardiness:
Students should be prompt at all times during clinical affiliations. Tardiness demonstrates a lack of professionalism and is unacceptable. Repeat occurrences of tardiness will be addressed by the clinical instructor and may include notification/consultation with the ACCE. Chronic tardiness may be reflected in the student’s professional behavior rating and could result in failure of the clinical.

Make-up time for absenteeism and tardiness will be determined by the clinical instructor and ACCE.
DRESS CODE

The dress code policies listed below will apply to SUNY Canton PTA students performing clinical affiliations and/or representing the PTA program during events such as health fairs or other volunteer activities. Guidelines for professional attire for SUNY Canton PTA students include the following:

1. All students will conform to the dress code standards set by the affiliation facility.
2. Students are required to wear a nametag at all times. The SUNY Canton student ID may be used as a nametag when placed in a plastic holder.
3. Clothing will be worn and fit in such a manner that it does not expose the abdomen, chest, or buttocks area.
4. Clothing will not be transparent. Undergarments may not be visible.
5. Clothing will be well maintained and free from rips, holes, wrinkles, etc.
6. Jeans are not acceptable. Skirts or dress shorts (if allowed by clinic policy) will be no shorter than 2 inches above the knee. Casual shorts are not acceptable at any time.
7. Students will wear clean, safe, non-skid footwear at all times.
8. All students should wear hair neatly, in a manner consistent with professional appearance and may be only colored in conservative tones. Long hair should be pulled back from the face so it does not interfere with patient care.
9. All students are required to wear a watch with a second hand.
10. Minimal conservative makeup and nail polish are acceptable. Fingernails must be kept short and well-manicured. Acrylic nails are not acceptable.
11. For safety reasons jewelry should be kept to a minimum. Dangling jewelry is prohibited. Body piercing jewelry will only be worn on the ear. No others areas of the body containing piercing may be visible.
12. Tattoos must be appropriate in content and in keeping with a professional image. Students may be required to cover tattoos when in the clinical setting.
13. Hygiene needs to be consistent with close personal contact. Care should be taken when using scented products (i.e. perfume, cologne).
14. Any student who is found to be in violation of any of the above dress code standards by the clinical instructor and/or SUNY Canton College facility representative may be sent home and instructed to return to the facility dressed in accordance with the facility dress code. At the time, the student will receive a written warning. If a second infraction occurs, the Clinical Instructor will contact the ACCE and a learning contract will be implemented. In the event of a third dress code infraction, the student will fail the clinical. Failure of a clinical may delay graduation for one year.
STATE UNIVERSITY OF NEW YORK  
COLLEGE OF TECHNOLOGY AT CANTON  

Physical Therapist Assistant  

STUDENT PARTICIPATION AGREEMENT  

I, ____________________________________________, agree to participate as both a student physical therapist assistant and surrogate patient in the laboratory and clinical activities of the Physical Therapist Assistant program. These laboratory activities involve treatment procedures and modalities consistent with current physical therapy practice. These will be rendered according to standard protocol and under direct supervision of qualified physical therapy personnel.

Contraindications to physical therapy treatments will be clearly stated during class lectures. If I have a medical condition associated with any contraindication, I realize that it is my responsibility to speak privately with an instructor concerning this matter before the particular treatment is practiced in the lab. I understand that I may be excused from participating in the role of a student physical therapist assistant and/or patient during a lab due to a medical condition that is a contraindication to the particular physical therapy treatment being practiced. It is also understood that I will be required to perform all lab competencies, performing as a student physical therapist assistant, required in the course they are instructed, before being allowed to move on in the curriculum.

By reading and signing the Essential Skills list I understand what qualities I must possess to successfully complete SUNY Canton’s Physical Therapist Assistant Program. Only reasonable accommodations will be considered in these cases and the final decision for such made by the PTA Program Director in collaboration with PTA faculty and the Student Accessibility Services department of the college. If my medical condition is temporary, I will receive an incomplete in the course. Completion of the PTA curriculum will follow the graduation requirement guidelines for an associate degree as stated in the college’s Student Handbook.

Throughout the physical therapist assistant program, I will be provided with observation experiences in a variety of off-campus settings. I agree to participate in these off-campus educational experiences and assume full responsibility for my own safety while traveling to and from the experience and while participating in the observation experience.

I also agree to participate in videotaping, audiotaping, photography and/or digital imaging for the purpose of instruction, evaluation and PTA program marketing throughout the program.

______________________________________________________________________________ 
Student Signature

______________________________________________________________________________  
Date
STATE UNIVERSITY OF NEW YORK
COLLEGE OF TECHNOLOGY AT CANTON

Physical Therapist Assistant

STUDENT CONFIDENTIALITY AGREEMENT

Throughout the Physical Therapist Assistant (PTA) Program at SUNY Canton I will have access to protected health information. In accordance with HIPAA regulations, I realize that protected health information should be kept confidential. I also realize that any unauthorized access or release of health information is punishable by fine and/or imprisonment.

I will maintain confidentiality of other sensitive information about any persons or business encountered while engaging in activities during the PTA program.

I realize that adherence to confidentiality includes the use of social media and agree to abide by the PTA program’s social media policy.

Throughout my training in the Physical Therapist Assistant Program I will at no time inappropriately release confidential information and I will adhere to the Standards of Ethical Conduct for the Physical Therapist Assistant of the American Physical Therapy Association.

I understand that release of unauthorized information may result in immediate dismissal from SUNY Canton’s Physical Therapist Assistant Program.

________________________________
Print Name

_________________________________     __________
Student Signature                     Date
STATE UNIVERSITY OF NEW YORK
COLLEGE OF TECHNOLOGY AT CANTON

Physical Therapist Assistant

INFORMED CONSENT FORM

I, __________________________________________ agree to participate in the following manner as part of an educational experience for the physical therapist assistant program at SUNY Canton:

Check all that apply:

_____ Subject or patient simulator (Any physical therapy procedures will be rendered according to standard protocol and under direct supervision of qualified physical therapy personnel)

Description of activity: ___________________________________________________
_______________________________________________________________________
_______________________________________________________________________

_____ Videotaping

_____ Audiotaping

_____ Photography

_______________________________________________________________________

Signature ___________________________ Date ___________________________