

Andrews  University
Department of Physical Therapy

PTH850 NAIOMT Supervised Clinical Practice



North American Institute of Orthopaedic Manual Therapy

PTH850 NAIOMT SUPERVISED CLINICAL PRACTICE (1-4 cr)

1. Registration: Before you go to any site or count hours towards this class from a colleague in your work environment, you must register for the class. If you complete hours and are not registered for the class BEFORE the hours were done, they do not count towards credit for this course. This is to ensure that you are under the University's liability plan WHILE you are acting as a student in our program.
2. Contract: Going along with what was discussed above, you MUST have a signed contract in place between the facility and clinical instructor you are using and Andrews University BEFORE doing your clinical hours. This again protects you under the Andrews University liability plan. It is your responsibility to notify Amy Maydole, Postprofessional Administrative Assistant of the clinical site address and instructor name so that she can mail them a contract and receive it back PRIOR to you starting your hours.
3. License: If you are licensed to practice physical therapy in the state that you will be receiving your supervised clinical practice, then your clinical instructor does NOT have to co-sign your notes. If you are NOT licensed in the state where you are receiving your supervised clinical practice, then your clinical instructor DOES have to co-sign all of your notes and you would sign them as: John Doe, SPT
4. Clinical Instructors : For our requirement you have several options as to who is qualified to be your clinical instructor. You may use a NAIOMT certified clinical instructor, NAIOMT COMT that has been certified for >2 years, a FAAOMPT, in Canada- a clinician who has passed Part B exam and been in practice for >2 years since passing the exam. You may also use a credentialed individual who has graduated from another recognized program. For this last type of individual, you would be required to submit a copy of the person's CV for review and get prior approval from Andrews University that they may function as your clinical instructor.
5. Evaluation: We will be using a modification of NAIOMT Clinical Performance Evaluation. You will be required to have been checked off as satisfactory for all skills from Level I through Level III to successfully complete PTH850. Realize that you may not get all the skills checked off on your first affiliation. The requirement is that all will be complete by the time you finish your total hours for the course, to receive a satisfactory grade in the course. We will send a packet with the evaluation forms to your clinical instructor prior to your affiliation with appropriate instructions.

Remember that we must have the instructor's information BEFORE you start.

Andrews University

Department of Physical Therapy

Dear Student

Enclosed are guidelines for your Supervised Clinical Placement. Please see the course outline for further instructions.

You are responsible for reading the Contract Agreement to ensure that you have met all the requirements. Once we are informed of the facility that you will be completing the hours we will forward the contract to them.

Please note Section III of the Clinical Education Agreement:

3. Physical Examination and Immunizations

The student is responsible for sending a copy of health and immunizations to the Physical Therapy Department office prior to starting in the clinic. Also you are responsible for showing this to the clinic that you will be doing the hours at.

4. Professional Liability Insurance

Andrews University will provide professional liability insurance coverage for all students during the Clinical Placement. The facility name, address and contact person for your clinical placement must be provided to the Physical Therapy Department several weeks prior to the start of your clinical.

5. Health Insurance

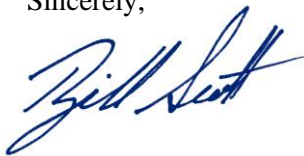
Students are required to provide evidence to the clinic of their health insurance coverage.

6. CPR

Students will have current CPR certification prior to each clinical experience and send a copy of the certificate to the Department of Physical Therapy office.

The packet for your Clinical Supervisor contains a letter for your Clinical Supervisor, a Course Outline, and the Student Performance Assessment. We will send the information to your CI. Feel free to make extra copies for each clinical experience or to let us know if you require additional copies. You are responsible for the return of the Assessment to Andrews University within a week of completion of your experience. If you have any questions or concerns feel free to contact me.

Sincerely,



Bill Scott, PT, MSPT
Director of Clinical Education
Department of Physical Therapy
Andrews University
Berrien Springs, MI 49103
Phone: 1.800.827-2878, 31
Fax: 269.471.2866
Email: scottw@andrews.edu



PTH 850 – NAIOMT Supervised Clinical Practice

Dr. Bill Scott, PT, MSPT

SYLLABUS

PTH 850 NAIOMT Supervised Clinical Practice Andrews University School of Health Professions

Instructor Contact

Instructor: Bill Scott, PT, MSPT

Email: scottw@andrews.edu

Telephone: (269) 471-6034 or (800) 827 -2878 option 3, 1

Office Location: Physical Therapy Building, Room 142

Office/Telephone Hours: By appointment (please see Clinical Education/Postprofessional Assistant)

Other Assistance

Username and password assistance	helpdesk@andrews.edu	(269) 471-6016
Enrollment and cancellations	sderegister@andrews.edu	(269) 471-6323
Bookstore	http://bookstore.mbsdirect.net/andrews.htm	
Technical assistance with Learning Hub--anytime	dlit@andrews.edu	(269) 471-3960
Technical assistance with your Andrews account	http://andrews.edu/hdchat/chat.php	
Exam requests	sdeexams@andrews.edu	(269) 471-6566
Student Support Services & FAQ	www.andrews.edu/distance/students/	
Any other questions: sde@andrews.edu , (800) 782-4769 or (269) 471-6570		

Part 1: Course Information

Course Descriptions

Using a 3-to-1 model, students will be required to do a minimum of 60 supervised clinical hours applying hands on techniques with patients under the supervision of a certified NAIOMT clinical instructor or another approved clinician. These hours cannot be done all at once. The largest amount that can be registered for at one time is 30 hours, minimum would be 15 hours.

Course Learning Outcomes

By the conclusion of the Supervised Clinical Placement the student will demonstrate:

- Advanced clinical mastery in manual therapy (examination and treatment) techniques as well as the ability to evaluate and modify techniques per patient criteria.
- Advanced ability to synthesize and evaluate theoretical knowledge of orthopedic manual therapy.
- The ability to consult as a manual therapist on complex orthopedic conditions with other health care providers.
- The ability to encourage and promote communication and the exchange of information with respect to the advancement of manual therapy.
- Ability to serve as an orthopedic manual therapy clinical specialist in the clinic.
- Ability to promote the use of orthopedic manual therapy as safe, effective and efficient treatment.

Required Text/Material

As determined by the clinical faculty.

Credit Hour and Professional Expectations

4 credit hours (Students may register for 1-4 credits depending upon the number of 15 hour blocks being completed).

In keeping with the Professional Expectations guidelines in your Student Handbook and the professional behavior that all members of a health care team uphold, each student enrolled in this course is expected to conduct her/himself in a respectful and professional manner.

Part 2: Course Methods and Delivery

Methods of Instruction

Hands-on learning experiences with a clinical instructor.

Technical Requirements

1. Internet connection (DSL, LAN, or cable connection desirable).

LearningHub Access

This course is delivered online through LearningHub at <http://learninghub.andrews.edu>

Your username and password are your Andrews username and password. You need to activate your username and password to access LearningHub.

Please do this online here:

<https://vault.andrews.edu/vault/pages/activation/information.jsp> if you haven't already. If you need assistance, call or email us: (296) 471-6016 or helpdesk@andrews.edu.

If you need technical assistance at any time during the course, or to report a problem with LearningHub, please email dlit@andrews.edu or call (269) 471-3960.

Part 3: Course Requirements

Sixty clock hours of clinical experience with a qualified Clinical Supervisor at an outpatient orthopedic clinic. May be completed in blocks of 15 hours (1 credit). Completion of NAIOMT Level I (PTH733), and both Level II's (PTH734 & PTH738) should occur before the first 20 hours. The remaining 30 hours can be divided up after completion of the Level III courses (PTH757 & PTH752) and Level IV (PTH848).

In order to qualify as a clinical supervisor, the clinician must meet one of the following requirements:

- a. NAIOMT certified clinical instructor
- b. NAIOMT COMT that has been certified for more than two years
- c. FAAOMPT

- d. In Canada – a clinician who has passed Part B examination and has practiced for more than two years since passing the examination.
- e. An individual who has graduated from another recognized manual therapy program. The student must submit a copy of this individual’s CV for review and receive prior approval from Andrews University.

Your clinical instructor may not be currently enrolled in our DScPT programs.

Outline of Content

Supervised clinical experiences with a variety of outpatient orthopedic clients.

Examinations and Grading Policy

The Student Performance Assessment is used by the Clinical Supervisor to evaluate the student. This form is to be reviewed with the student and signed by both parties, then placed in an envelope and sealed by the Clinical Supervisor. The student is responsible for the return of the Assessment to the DCE within **one week** of completion of the clinical experience. Grades are satisfactory (S) or unsatisfactory (U), and are assigned by the DCE after reviewing the recommendations of the Clinical Supervisor. A deferred grade (DG) is assigned prior to completion of the total 60 hours of clinical experience.

The Student Performance Assessment encompasses skills masters through the completion of NAIOMT Level I (PTH733) and Level II Upper (PTH734) and Level II Lower (PTH38), and then through completion of NAIOMT Level III Upper (PTH757) and Level III Lower (PTH752). The grading scale is as follows:

- 0- Student has not been able to determine this skill.
- 1- Student has demonstrated this skill on occasion but not with consistency.
- 2- Student demonstrated this skill consistently.
- 3- Student demonstrates this skill with distinction on a consistent basis.

Students must score a “2” or higher on all skills by the completion of this course to receive a passing grade (S) for the course. On occasion a situation may arise that a skill(s) is not observed because of patient caseload/type. It is appropriate to demonstrate that skill on an individual, who is not a patient, with the instructor evaluating the student’s performance at that time. This should be noted on the evaluation form.

Part 5: Course Policies

Withdrawal and Incomplete Policies

The current withdrawal policy can be found online at <https://www.andrews.edu/distance/students/gradplus/withdrawal.html>. The incomplete policy is found online at <http://www.andrews.edu/web/ims/moodle/public/incompletes.html>.

Maintain Professional Conduct Both in the Classroom and Online

The classroom is a professional environment where academic debate and learning take place. Your instructor will make every effort to make this environment safe for you to share your

opinions, ideas, and beliefs. In return, you are expected to respect the opinions, ideas, and beliefs of other students—both in the face-to-face classroom and online communication.

Students have the right and privilege to learn in the class, free from harassment and disruption.

Netiquette

In this course you will communicate with your classmates and instructor primarily in writing through the discussion forum and e-mail.

"Online manners" are generally known as "netiquette." As a general rule, you should adhere to the same classroom conduct that you would "off-line" in a face-to-face course. Some examples of proper netiquette are:

1. Avoid writing messages in all capital letters. THIS IS GENERALLY UNDERSTOOD AS SHOUTING.
2. Be careful what you put in writing. Even if you are writing an e-mail message to one person, assume that anyone could read it. Though you may send an e-mail to a single person, it is very easy to forward your message to hundreds or thousands of people.
3. Grammar and spelling matter. Online courses demand the same standard of academic communication and use of grammar as face-to-face courses.
4. Never use profanity in any area of an online course. The transcripts of online course discussion forums, e-mail, and chat sessions are savable.
5. When responding to messages, only use "Reply to All" when you really intend to reply to all.
6. Avoid unkindly public criticism of others. Publicly criticizing others in an inappropriate way is known as "flaming." Consider this course a practice forum for selecting your verbiage thoughtfully and professionally.
7. Use sarcasm cautiously. In the absence of nonverbal cues such as facial expressions and voice inflections, the context for your sarcasm may be lost, and your message may thus be misinterpreted.
8. In a face-to-face setting, our tone of voice and facial expressions may convey as much of our meaning as the words we use. In a written message, the subtext of your meaning may be confused or misinterpreted. Write clearly. Use active verbs.

[Source: University of Maryland, Communications Department]

Academic Accommodations

Students who require accommodations may request an academic adjustment as follows:

1. Read the Andrews University Disability Accommodation information at <https://www.andrews.edu/services/sscenter/disability/>
2. Download and fill in the disability form at <http://www.andrews.edu/services/sscenter/disability/accommodationsreqform.pdf>. Preferably type answers. To save a digital copy, 1) print to file and save or 2) print and scan. Email the completed form and disability documentation (if any) to success@andrews.edu or fax it to (269) 471-8407.
3. Email sdestudents@andrews.edu to inform the School of Distance Education that a disability has been reported to Student Success.

Commit to Integrity

As a student in this course (and at this university) you are expected to maintain high degrees of professionalism, commitment to active learning and participation in this class, and integrity in your behavior in and out of the classroom.

Commit to Excellence

You deserve a standing ovation based on your decision to enroll in, and effectively complete this course. Along with your pledge of “commitment to Integrity” you are expected to adhere to a “commitment to excellence.” Andrews University has established high academic standards that will truly enhance your writing and communication skills across the disciplines and in diverse milieu with many discourse communities in the workplace.

Honesty

Using the work of another student or allowing work to be used by another student jeopardizes not only the teacher-student relationship but also the student’s academic standing. Lessons may be discussed with other students, tutors may help to guide a student’s work, and textbooks, encyclopedias and other resource materials may be used for additional assistance, but the actual response must be the student’s own work. A student who gives information to another student to be used in a dishonest way is equally guilty of dishonesty.

Any violation of this policy will be taken before the Higher Education Academic and Curriculum Committee for appropriate punitive action.

**ANDREWS UNIVERSITY
DEPARTMENT OF PHYSICAL THERAPY
Postprofessional Degree Program**

PTH 850 NAIOMT Supervised Clinical Placement
SITE INFORMATION FORM
To be turned in before clinical starts!

Student Information:

Name: _____

Anticipated Clinical Experience Dates: From _____ To _____

Hours Expected to Complete: _____

Clinical Site Information:

Name of Clinical Site: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Name and credentials of Clinical Supervisor: _____

(Please provide certification Certificate or CV)

Return to:

Stefanie Marschner
Department of Physical Therapy
Andrews University
Berrien Springs, MI 49104

Phone: 800 827 2878, option 3,2
Fax: 269 471 2866
Email: stefanig@andrews.edu

For Office Use Only

Received _____

Certificate/CV

Contract

CPR Card

Health Form

Liability Sent

Andrews University

Department of Physical Therapy

Dear Clinical Supervisor

You have been chosen because of your advanced expertise to act as Clinical Supervisor for a student in the Postprofessional Degree Program offered by Andrews University. Thank you for your participation.

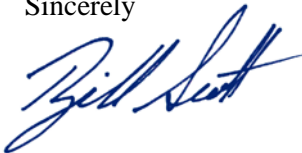
Students may register for blocks of up to 30 hours to complete a total of 60 hours Supervised Clinical Practice. You will be requested to complete The Student Performance Assessment by crossing the appropriate position on the scale provided. Students are expected to demonstrate competence in all of the skills listed on the performance assessment by the completion of their 60 hours. If the student does not demonstrate all of these skills via the patients they evaluate and treat during their mentorship hours, then have the student demonstrate the skills so that a final grade can be given. After reviewing the form with the student it is to be signed by both parties. Please place the completed Assessment in a sealed envelope and give it to the student to be mailed to Andrews University. It is due within one week of completion of the experience.

The Course Outline provides the course requirements, grading policy and course objectives.

Where the student is licensed to practice physical therapy in the state the clinical supervisor will not have to co-sign documentation. If the student is not licensed in the state the clinical supervisor **will** co-sign all of the notes and the student will sign as “John Doe, SPT”.

Please contact me with your questions or suggestions. 800-827-2878 option 3,1.

Sincerely



Bill Scott, PT, MSPT
Director of Clinical Education
Department of Physical Therapy
Andrews University
Berrien Springs, MI 49103
Phone: 1.800.827.2878, 31
Fax: 269.471.2866
Email: scottw@andrews.edu

CLINICAL EDUCATION AGREEMENT

This Agreement is entered into by and between Andrews University, a Michigan nonprofit educational corporation with its main campus in Berrien Springs, Michigan (the "University"), and

_____, of
(Facility Name)

(Facility Address) (the "Facility").

Whereas, the University is conducting physical therapy educational programs that require clinical education facilities for the purpose of providing clinical experience to its students; and

Whereas, the Facility recognizes the need for, and desires to aid in, the education of health care professionals, and is willing to make its facilities available to the University's physical therapy students for such purposes;

Now, Therefore, in consideration of the mutual covenants contained herein, the parties agree as follows:

I. MUTUAL RESPONSIBILITIES

1. Establish in advance the number of students who will participate in the clinical education program and the length of the respective clinical experiences.
2. Appoint the appropriate representatives to be responsible for the clinical education program. The University shall appoint a clinical coordinator and the Facility shall appoint a clinical supervisor. These individuals shall be called Academic Coordinator of Clinical Education ("A.C.C.E.") and Center Coordinator of Clinical Education ("C.C.C.E."), respectively. Each party will supply the other party with the name of this person along with the person's professional and academic credentials for approval by the other party. Each party shall notify the other in writing of any change of the person appointed.
3. Each student assigned to the Facility is required to comply with the policies and procedures of the Facility, including but not limited to policies on confidentiality of patient information. The Facility reserves the right to refuse access to and/or remove from its clinical areas any student who does not meet the Facility's standards or follow the Facility's policies. No action will be taken by the Facility until the matter has been discussed with the A.C.C.E., unless the student's behavior or presence poses an immediate or substantial threat to the effective delivery of health care services to patients of the Facility.
4. Each party will remain responsible for the acts of their respective employees and agents.
5. Each party promptly will notify the other party if one party becomes aware of a claim asserted by any person which arises out of, or appears to arise out of, this Agreement or any activity carried out under this Agreement.
6. University students and faculty are not the agents, representatives or employees of the Facility and will not represent themselves as such.
7. The parties will not unlawfully discriminate on the basis of race, color, religion, national origin, age, sex, height, weight, disability, marital status, past military service, or any other protected characteristic regarding the educational or clinical experience of the student.
8. The University agrees to indemnify and save harmless the Facility and its agents and employees from any liability or damages the Facility may suffer as a result of claims, costs, or judgments, including reasonable attorney's fees, against it arising out of acts or omissions of the University in the operation of the clinical education program covered by this Agreement. The Facility agrees to indemnify and save harmless the University and its agents and employees from any liability or damages the University may

suffer as result of claims, costs, or judgments, including reasonable attorneys fees, against it arising out of acts or omissions of the Facility in the operation of the clinical education program covered by this Agreement.

9. The University may develop letter agreements, as necessary, with the Facility to formalize operational details of the clinical education program. These letter agreements, if any, shall be approved with the same formalities as this Agreement.
10. Each party shall carry professional liability or self-insurance with minimum limits of liability of \$1 million/\$3 million for suits and claims that may be asserted for any professional liability claim arising out of any service rendered pursuant to this Agreement. Each party shall, upon request, furnish the other party with evidence of such coverage.
11. Students will be responsible for all personal expenses including meals, lodging, and transportation unless voluntarily provided by the Facility.
12. Modification of any term or provision of this Agreement will not be effective unless in writing with the same degree of formality as this Agreement. The failure of either party to insist upon strict performance of any of the provisions of this Agreement shall not constitute a waiver of that provision and the Agreement shall remain in effect.

II. RESPONSIBILITIES OF THE FACILITY

In addition to other provisions in this Agreement, the Facility specifically agrees as follows:

1. To provide clinical education learning experiences which are planned, organized, and administered by qualified staff in accordance with mutually agreed upon educational objectives and guidelines.
2. The Facility shall at all times remain responsible for patients and patient care.
3. The Facility shall maintain administrative and professional supervision of University students insofar as their presence effects the operation of the Facility and the direct or indirect care of the Facility's patients.
4. To prepare written objectives or guidelines for structuring the clinical education program. A copy of these objectives or guidelines will be available for review by the A.C.C.E.
5. To permit, upon reasonable request, the University or its accrediting agency to inspect the Facility and its services and records which pertain to the clinical education program.
6. To provide or otherwise arrange for emergency medical care for students at the student's expense.
7. To provide reasonable classroom, conference, storage, dressing, and locker room space for students.
8. To evaluate the student(s) according to the guidelines provided by the University and to utilize the evaluation standards and forms furnished by the University.
9. To accept the University's student clinical attire guidelines and to inform the University of the Facility's standards and policies regarding dress and appearance.

III. RESPONSIBILITIES OF THE UNIVERSITY

In addition to other provisions in this Agreement, the University specifically agrees as follows:

1. To assign to the Facility only those students who have satisfactorily completed the prerequisite portions of the curriculum.
2. To direct the students to comply with the rules and regulations of the Facility.
3. To provide assurance to the Facility that each student accepted for the clinical education program will have had a physical examination within the last year. This examination will include a Tuberculin test and immunizations for MMR, tetanus, and Hepatitis B (or a signed waiver). The Facility reserves the right to restrict the clinical activity of students who evidence symptoms of communicable infections.

4. To provide evidence of professional liability insurance coverage for all of its students, employees, and agents in the Facility in connection with the clinical education program of the University's students.
5. To assure and provide evidence that the student(s) possess health insurance either through the University or an individual policy.
6. To require students to hold current C.P.R. certification.
7. To direct the students to comply with the local and state department of health rules and regulations, regulations of the Health Facilities Accreditation Program, applicable requirements of the Health Insurance Accountability and Portability Act, and all regulatory agencies pertinent to services provided.

IV. TERM AND TERMINATION

This Agreement will be effective as of the date signed by both parties and will continue in effect until terminated by either party. Either party may terminate the Agreement upon ninety (90) days written notice to the other party. The notice required by this clause shall be sent by certified or registered mail.

If the termination date occurs while a student of the University has not completed his or her clinical learning experience at the Facility, the student shall be permitted to complete the scheduled clinical learning experience, and the University and the Facility shall cooperate to accomplish this goal.

IN WITNESS WHEREOF, the parties have executed this Agreement and warrant that they are officially authorized to so execute for their respective parties to this Agreement.

THE FACILITY

THE UNIVERSITY

ANDREWS UNIVERSITY

By: _____ Date: _____

By: _____ Date: _____

Title: _____

Title: _____

By: _____ Date: _____

By: _____ Date: _____

Title: _____

Title: _____

Reviewed and approved:

_____ Date: _____

Chair, P.T. Department

_____ Date: _____

Academic Coordinator of Clinical Education

**ANDREWS UNIVERSITY
DEPARTMENT OF PHYSICAL THERAPY
Postprofessional Degree Program**

PTH850 NAIOMT Supervised Clinical Placement
STUDENT PERFORMANCE ASSESSMENT
(to be turned in with Evaluation Form)

Student Information:

Name: _____

Clinical Experience Dates: From _____ To _____

Hours Completed: _____

NAIOMT Courses Completed:

Level I

Level II Upper

Level III Upper

Level II Lower

Level III Lower

Clinical Site Information:

Name of Clinical Site: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Name and credentials of Clinical Supervisor: _____

Number of students supervised at this time: _____

Return to:

Bill Scott, PT, MSPT
Department of Physical Therapy
Andrews University
Berrien Springs, MI 49104

Phone: 800 827 2878, option 3,1
Fax: 269 471 2866
Email: scottw@andrews.edu



CLINICAL OMPT FELLOWSHIP PROGRAM / DSCPT SUPERVISED CLINICAL HOURS

GENERAL EVALUATION of FELLOW-IN-TRAINING/DScPT students: CFP #6 CFIEVALF

To be completed by Clinical Fellowship Instructor /FAAOMPT or COMT

Name CFP Fellow-in-training/DSc

student:

NAI core course levels completed: 500/600 I/II Exam level completed 500/600 630 CMPT
700 III/800IV LIII/IV 730 COMT

3 = Exceptional/above standards & exam level 2 = Meets standards; is acceptable for their current NAIOMT course
1 = Not acceptable / below standard 0 = not able to judge

<i>The fellow-in-training/DScPT demonstrates:</i>		3 - 2 - 1 - 0
1.	Advanced ability to synthesize, evaluate and integrate theoretical knowledge in OMPT consistent with the Institute's core curriculum	
	Comments:	
2.	Advanced clinical mastery in manual and manipulative (thrust) physical therapy examination and treatment techniques to all areas of the axial and appendicular skeleton	
	Comments:	
3	Synthesis of advanced diagnostic and clinical reasoning skills and interpretation of effect within and between body areas (the quadrant system)	
	Comments:	
4	Formulate sound clinical judgments to select safe and effective mobilization and thrust manipulation techniques	
	Comments:	
5	Ability to efficiently evaluate and modify assessment and treatment techniques	
	Comments	

6	Advanced clinical reasoning, collaboration and management of complex and multi-factorial patients/clients, including consultation with other health care providers	

(6)	Comments:	
	<i>The fellow-in-training/DScPT demonstrates:</i>	3 - 2 - 1 - 0
7	Design of a multi-faceted prescriptive intervention approach to augment the OMPT approach with measurement of outcomes	
	Comments:	
8	Ability to promote the use of orthopaedic manual and manipulative physical therapy as a safe, effective and efficient treatment	
	Comments:	
9	Able to cite, evaluate and integrate the best all-source evidence into the clinical management of the patient/client	
	Comments:	
10	A plan for continued professional development in OMPT clinical practice, teaching, scholarly activity and professional service to the profession and to the public	
	Comments:	
** LEVEL 1/2	Performs medical screening and systems review, correctly identifies "red flags" and follows indications for immediate or timely medical referrals	
	Comments:	
** LEVEL 1/2	Displays skilled communications during history (subjective examination) to determine the nature of severity and irritability of the condition.	
	Comments:	
** LEVEL 1/2	Practically applies detailed anatomy, neuroanatomy, neurophysiology, biomechanics, applied medical science (healing process, aging, etc), and applied	

	exercise science to the evaluation process, analysis of the results of the evaluation process and the interventions.	
	Comments:	
** LEVEL 1/2	Recognizes common movement dysfunctions/patterns or clusters for both extremity and spinal dysfunctions.	
	Comments:	
** LEVEL 1/2	Interpret and analyze both acute and chronic presentations so as to develop hypothesis and diagnoses to provide safe and effective intervention plans for both conditions.	
	Comments:	
** LEVEL 1/2	Displays a practical application of knowledge of indications and contraindications for most extremity and spinal dysfunctions with regards to intervention strategies.	
	Comments:	
** LEVEL 1/2	Displays advanced and proficient manual therapy documentation skills and functional outcome measures.	
	Comments:	
** LEVEL 1/2	Displays proficiency in each of the following skills: <ul style="list-style-type: none"> a. Manual traction b. Deep transverse friction massage c. Specific palpation d. Segmental and specific joint testing of the spine to include: passive intervertebral motion testing and assessing hypo or hyper mobility; and ligamentous stability testing, and treatments to address capsular vs. non-capsular problems, disk pathology, foraminal compression, stenosis, and neural and vascular compromise. e. Segmental and specific joint testing of the peripheral joints to include the evaluation and treatment of hypo or hypermobility, instability; bursitis; tendonitis; muscle and ligaments injuries, neural and vascular compromise. 	

	<p>f. Specific joint mobilization techniques</p> <p>g. Basic locking techniques of the spine</p>	
	Comments:	
** LEVEL 3/4	Displays a practical application of knowledge of indications and contraindications for most extremity and spinal dysfunctions with regards to intervention strategies.	
	Comments:	
** LEVEL 3/4	Displays a practical application of knowledge of indications and contraindications for most extremity and spinal dysfunctions with regards to intervention strategies.	
	Comments:	
** LEVEL 3/4	Displays advanced patient interview skills.	
	Comments:	
** LEVEL 3/4	Can plan the content and sequence of the physical examination to be most efficient but comprehensive in order to refine the hypothesis(es) and develop intervention strategies in both acute and chronic presentations with both single and multiple areas of dysfunction.	
	Comments:	
** LEVEL 3/4	Displays advanced practical application of knowledge of indications and contraindications.	
	Comments:	
** LEVEL 3/4	Displays advanced skills in interpreting and analyzing the results of the examination so as to develop effective, efficient and comprehensive intervention strategies for both acute and chronic conditions of the spine and peripheral joints with both single and multiple areas of dysfunction.	
	Comments:	

** LEVEL 3/4	Displays advanced practical knowledge of indications and contraindications for intervention strategies for both single and multiple areas of dysfunction.	
	Comments:	
** LEVEL 3/4	Displays proficiency in the following skills: a. Development of correlative/special tests b. Advanced specific traction with adjacent hypermobility c. Advanced specific or segmental mobilization techniques i.e. muscle energy, PNF, combined movement. d. Mobilization of the neural system e. Advanced spinal locking; preparation for thrust techniques f. Peripheral joint manipulation techniques g. Advanced soft tissue techniques	
	Comments:	

Fellow-in-training/DScPT's strengths:

Fellow-in-training/DScPT's weaknesses:

Recommendations:

The fellow-in-training and CFI or DScPT and COMT/FAAOMPT have seen and discussed these comments: ___ YES ___ NO

CFI/COMT or FAAOMPT signature:

Print name:

Date:

**Reviewed by Bill Scott,
DScPT (C) signature:**



DScPT Supervised Clinical hours/ CLINICAL FELLOWSHIP PROGRAM: Clinical Education

RECORD OF OMPT CLINICAL MENTORING HOURS: CFP #4

NAME of DScPT student or Fellow-in-training		Instruction Location:		
Date: MM/DD/YY	Hours 1:1 Direct Clinical Mentoring /Supervision: CFI & Fellow with patient/client 60 hours= Mandatory for DScPT students		BRIEF description: Patient/ client diagnosis categories or primary body areas (<i>Details required on CFP #3A patient population log</i>)	Initials: Clinical Fellowship Instructor Or FAAOMPT or COMT for DScPT students
TOTALS				

DIRECT 1:1 CLINICAL MENTORING (Record one day per line)

- *CFI observing Fellow-in-training:* _____ (total hours)
- *Fellow-in-training observing CFI; (Max 20 hours within fellowship):* _____ (total hours)

**** CFI
COMT/FAAOMPTsignature**

Date:

Print name & credentials: _____

****Reviewed by Bill Scott, DScPT (C), DCE**

Print name & credentials: _____