

**2025-2026**

**Physical Therapist Assistant  
Program Handbook**

**Accredited by the Commission on Accreditation in Physical Therapy Education**

**For students beginning the PTA Program Fall 2025**

## Western Iowa Tech Community College

It is the policy of Western Iowa Tech Community College not to discriminate on the basis of race, creed, color, sex, national origin, religion, age, disability, sexual orientation, gender identity, socioeconomic status, actual or potential parent, family or marital status, or other characteristic protected by law in its programs, activities, or employment practices as required by state and federal civil rights regulation.

If you have questions or complaints, please contact Dean of Human Resources (employees) 4647 Stone Avenue, Sioux City, IA 51106; [712.274.6400](tel:712.274.6400) ext. 1406; [equity@witcc.edu](mailto:equity@witcc.edu) or Dean of Opportunity and Engagement (students) 4647 Stone Avenue, Sioux City, IA 51106; [712.274.6400](tel:712.274.6400) ext. 2887; [equity@witcc.edu](mailto:equity@witcc.edu) or the Director of the Office for Civil Rights, U.S. Department of Education, John C. Kluczynski Federal Building, 230 S. Dearborn Street, 37th Floor, Chicago, IL 60604-7204, phone number [312.730.1560](tel:312.730.1560), fax 312.730.1576, TDD 800-877-8339; email: [OCR.Chicago@ed.gov](mailto:OCR.Chicago@ed.gov).

Individuals using assistive technology (such as a screen reader, Braille reader, etc.) who experience difficulty accessing information on this web site, should send an email to the Webmaster at [webmaster@witcc.edu](mailto:webmaster@witcc.edu). The e-mail should include the nature of the accessibility problem and the individual's e-mail address for a response. If the accessibility problem involves a particular Web page, the message should include the URL (Web address) of the page. We will contact individuals having accessibility problems within three business days to assist them and to provide them with the information being sought.

TO: Enrolling Physical Therapist Assistant Students

FROM: Amanda Heilman, PTA, MHS  
Administrative Program Coordinator - PTA

Welcome to Western Iowa Tech Community College's Physical Therapist Assistant program.

The admissions information included in this handbook will guide you through your application for admission to the Physical Therapist Assistant program. This information is to be used in conjunction with the WITCC college catalog.

Please contact the PTA program advisors to assist you with any questions or concerns not addressed in this handbook.

We strive to create a supportive and challenging learning environment for students to gain the knowledge and skills necessary to become competent Physical Therapist Assistants. We look forward to having you in the program.

Amanda Heilman, Administrative Program Coordinator – PTA, MHS  
712-317-3483  
[amanda.heilman@witcc.edu](mailto:amanda.heilman@witcc.edu)

Dr. Linda Mercer, Instructor, PT, DPT  
712-317-3135  
[linda.mercer@witcc.edu](mailto:linda.mercer@witcc.edu)

Dr. Teri Peterson, DNP, MSN, RN, Associate Dean - Health Science (ADHS)  
712-317-3357  
[teri.peterson@witcc.edu](mailto:teri.peterson@witcc.edu)

Fran DeJong, Admissions Advisor  
712-317-3345  
[fran.dejong@witcc.edu](mailto:fran.dejong@witcc.edu)

*Revised Spring 2024. This booklet is subject to change.*

# Table of Contents

Academic Advising: Role of Student in Advising .....	6-7
Academic Review Procedure Program/Course Appeal Process .....	14-18
Clinical Participation Requirements Form .....	39
Complaints about the PTA Program, Students, or Faculty .....	22
Completed Records; Health Evaluation Checklist .....	38
Confidentiality Agreement Form .....	41-42
Core Values for the Physical Therapist and Physical Therapist Assistant.....	36-37
Course of Study; Time Limit; Clinical Education .....	6
Criminal Background-General Information .....	25
Curriculum .....	12
Drug Testing .....	39
Enrollment Information .....	6
Financial Aid .....	6
Grading .....	47
Graduation .....	8
Hepatitis B, Hepatitis B Consent/Decline to Accept Forms .....	41-42
Informed Consent .....	43
Injury Incident .....	9-10
Iowa Core Performance Standards .....	26-27
Licensure .....	8
Mandatory Reporter Training .....	19
Mission Statement; Philosophy; Accreditation .....	3
Other Information .....	8
Overview; Career Outlook; Program Objectives; Program Outcomes .....	4
Program Costs, Retention, Graduation Rates .....	8
PTA Admission Requirements (Criteria 1, 2, or 3) .....	5
PTA Department of Education Disclosure Form .....	51
PTA Dress Code .....	7
PTA Program Advisors .....	7
PTA Requirements Prior to Clinical Experience .....	22
Required Skills for the PTA Student.....	26
Service Learning .....	7
Signature Sheet for grading and graduation policies .....	49
Social Media Policy .....	45
Student Organizations .....	8
Tuberculosis Test; Vaccination Information .....	38
WITCC Clinical Health Evaluation Form .....	38-41

Students are encouraged to read the WITCC general catalog for information regarding student rights, services, activities, and special programs which may be available to them. The catalog is available online at [www.witcc.edu](http://www.witcc.edu).

Western Iowa Tech Community College does not discriminate on the basis of race, creed, color, gender, national origin, religion, age, disability, sexual orientation, gender identity, veteran status or any other protected basis as defined in Iowa or federal law as amended from time to time in its educational programs, activities, admission procedures or employment practices. Individuals who believe they have been discriminated against may file a complaint through the College's Complaint or Grievance Procedures. Complaint or Grievance Forms and Procedures may be obtained from the WITCC Human Resources Department, Dr. Robert H. Kiser Building, Room A242, (712) 274-6400, Ext. 1220.

# Mission Statement

The mission of the Physical Therapist Assistant (PTA) program at Western Iowa Tech Community College is to provide quality, contemporary education to prepare students to become licensed physical therapist assistants who play an active role in expanding quality physical therapy services, under the direction of a licensed physical therapist, to meet the diverse needs of the individuals and communities that we serve. The PTA program incorporates the mission of WITCC, which is . . .

*“We elevate our diverse learners and strengthen our communities through inclusive and innovative education.”*

Preparation includes a two-year curriculum leading to an Associate of Applied Science degree. The curriculum includes classroom and laboratory work at the College with clinical affiliations in a variety of settings.

## Philosophy

The Physical Therapist Assistant program faculty and administration are committed to the mission of the PTA Program and the mission and guiding principles of Western Iowa Tech Community College (WITCC).

All values and guiding principles of WITCC are adopted, specifically the following are the PTA program beliefs and commitments:

- We believe in the uniqueness and inherent worth and dignity of students, faculty, staff, clinicians, and patients. Each individual brings characteristics that strengthen the program. We recognize that individuals also have spiritual, intellectual, social, physiological, and psychological needs. Diversity is a strength of this institution. *(Student Learning, Diversity, Access)*
- We believe that lifelong learning will help assure individual and societal stability in terms of continued competence of a professional who delivers physical therapy services under the supervision of the physical therapist. *(Lifelong Learning)*
- We believe that the Physical Therapist Assistant must be an integral and contributing member of the community and that activities outside the profession enhance the individual's ability to function in the professional and public community. *(Lifelong Learning, Shared Governance, Dedication)*
- The faculty serve as facilitators in the learning process, and this process is continuous from simple to complex learning. The learner, as the focus of the educational process, has the right and responsibility to be an active participant in the learning process. Through the multiplicity of structured experiences at Western Iowa Tech Community College and affiliating agencies, the learner has exposure to varied and selected learning experiences that allow direct application of knowledge. Physical Therapist Assistant education and selected arts and sciences courses contribute to the growth of the learner. This education involves the promotion of learning through the application of theory and skills to prepare the graduate for entry-level practice under the direction of a physical therapist in a varied work environment. *(Quality, Academic Freedom)*
- The faculty believes the educator is a multifaceted individual who is a transmitter of knowledge, a resource person, an evaluator, and a role model who possesses empathy and a sense of humor. The educator is also responsible for remaining current in practice and education. *(Professional Integrity, Quality, Dedication)*

The commitment of faculty is to (1) excellence in teaching and (2) service resulting in an environment that encourages students to achieve excellence in their performance. *(Professional Integrity, Efficiency, Effectiveness)*

## Accreditation

The PTA program at Western Iowa Tech Community College is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE). The Commission is recognized as the accrediting body for educational programs in Physical Therapy by the U.S. Department of Education and the Council on Postsecondary Accreditation. The Commission therefore has the responsibility for establishing standards of quality for educating the physical therapist assistant.

# Physical Therapist Assistant

## Overview

Physical therapist assistants work under the supervision of a physical therapist. The duties of the PTA include assisting the physical therapist in implementing treatment programs according to the plan of care, educating patients in exercises and activities of daily living, performing treatments using special equipment, administering modalities and other treatment procedures, documenting in the medical record, and communicating with the physical therapist and other members of the healthcare team including the patient and family/caregivers.

## Career Outlook

Employment opportunities for the Physical Therapist Assistant exist nationwide. Hospitals, nursing homes, private practices, home health care, and rehabilitation centers are some of the areas where PTAs are needed.

## Program Goals

1. Students will be able to communicate with and educate patients, caregivers, and others involved in patient care.
2. Students will be academically prepared to practice under a physical therapist's supervision in various settings.
3. Graduates seeking positions in the field of physical therapy will be successfully employed.
4. PTA faculty will provide contemporary education to meet the diverse needs of student learners.
5. The PTA program will satisfy the employment needs of the communities we serve.

## Program Outcomes

Upon successful completion of the Physical Therapist Assistant program graduates, will be:

1. successfully employed in the field within one year of passing the NPTE.
2. prepared to practice under a physical therapist's supervision in various settings.
3. able to function as part of a collaborative interdisciplinary team in various settings.

## Current Accreditation Status

The Physical Therapist Assistant Program at Western Iowa Tech Community College is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 3030 Potomac Ave., Suite 100, Alexandria, Virginia 22305-3085; telephone: 703-706-3245; email: [accreditation@apta.org](mailto:accreditation@apta.org); website: <http://www.capteonline.org>. If needing to contact the program/institution directly, please call 712-317-3483 or email [amanda.heilman@witcc.edu](mailto:amanda.heilman@witcc.edu).

# PHYSICAL THERAPIST ASSISTANT

## AAS DEGREE: Admission Criteria

**All students must submit the following items for application to the program to be considered:**

- A copy of a Final Official High School, GED or HSED transcript with date of graduation. For applicants currently in high school, please present a current high school transcript and then later submit the Final Official High School Transcript with the date of graduation.
- Official college transcripts of previously attended institutions.
- ACT Scores (if completed) listed on HS Transcript or other official documentation.

**All students** must meet one of the following criteria for admission/acceptance into the PTA program:

### **Criteria 1 for Acceptance:**

- Verification of HS, GED, HSED official transcripts; AND
- Documentation of 22 ACT composite or higher

### **OR Criteria 2 for Acceptance:**

- Verification of HS, GED, HSED official transcripts; AND
- Documentation of TEAS composite score minimum of 60%

### **OR Criteria 3 for Acceptance:**

- Verification of HS, GED, HSED official transcripts; AND
- Verification of current credentials in a health-related field with an Associate Degree or higher

### **OR Criteria 4 for Acceptance:**

- Human Anatomy and Physiology I and II with lab, with a grade of B- or higher within the past 5 years; AND
- MAT-772 or equivalent or higher with a grade of B- or higher within the past 5 years

## Enrollment Information

1. To apply for financial aid, visit the website [www.fafsa.gov](http://www.fafsa.gov) (WITCC school code 004590).
2. Students who wish to transfer credits from another college must submit official transcripts directly to the Registrar, Admissions Office, Western Iowa Tech Community College, P.O. Box 5199, Sioux City, Iowa 51102-5199. Grades earned with a "C" or higher are eligible for transfer. Transfer forms are available from the Admissions Office and the Student Success Center. Students are responsible for requesting credits be transferred to WITCC.
3. A student who has a break in enrollment in the College for two or more consecutive semesters, excluding summer sessions, is readmitted to the College under the current program requirements in effect at the time of readmission. The student must submit a new Application for Admission prior to registering.

Students are admitted to the PTA program in the fall semester only. Class size is limited to twenty-four students per year. Any qualified applicants in excess of twenty-four will be placed on a waiting list. Openings that become available prior to the second week of the fall semester will be offered to the first student on the waiting list. If a student declines program enrollment, the next student on the list will be called.

Contact Fran DeJong for your admission standing. Phone: (712) 317-3345

## Course of Study

Though general education courses may be taken ahead of time, courses in the PTA program are hierarchical in nature. Students must follow the sequence as outlined, meeting all pre- and co-requisites for the program.

### **All didactic courses must be completed prior to PTA 451: Clinical Affiliation I.**

Some general education courses may be taken prior to the scheduled sequence of courses, but PTA specific courses must be taken in the order provided in the PTA program curriculum.

## Time Limit

The entire work for the PTA program must be completed within three years of beginning the program. Exceptions may be made in extreme circumstances at the discretion of the Administrative Program Coordinator and Associate Dean of Health Science.

## Academic Advising

Academic advising assists students in realizing the maximum educational benefits available by helping them to better understand themselves and to learn to use the resources available at WITCC to meet their specific educational needs.

A Physical Therapist Assistant advisor is assigned upon enrollment in your first physical therapist assistant course. Students will continue to have the same advisor throughout the program.

Students wishing to schedule an appointment during the summer are asked to call Fran DeJong at 712-317-3345.

## **Role of Student in Advising**

The student is to contact his or her advisor regarding all academic issues. It is necessary to make advance appointments with advisors for efficiency in scheduling. Physical Therapist Assistant faculty are available to meet new students prior to registering.

Students admitted to the program must obtain advisor signatures on forms for withdrawal from the program or the college.

The student must successfully pass all courses with a grade of "C" or better in order to graduate. Students must pass both practical and theoretical aspects of PTA courses. Students may repeat a failed course one time and may re-enroll in the program one time and must complete all program requirements within 3 years of starting the program. The student is ultimately responsible for meeting **all** requirements for graduation.

## **Physical Therapist Assistant Program Advisors:**

Amanda Heilman, PTA, MHS - 712-317-3483

Dr. Linda Mercer, PT, DPT - 712-317-3135

## **Retention and Completion**

The PTA program faculty seek to retain to completion all students enrolled in the program. Advisement from the program faculty will ensure that students receive all available resources within the college to aid their academic success.

The specific grading scale for all Physical Therapist Assistant courses can be found in course syllabi. The grading scale, and course requirements, will be explained at the beginning of each course. All students must earn a "C" (2.0) or better in all program courses. Students must pass all theoretical, practical, and clinical components of PTA courses. All students accepted into the Physical Therapist Assistant (PTA) program may re-enroll only once in a PTA program-specific (core) course within the program. If a student fails and/or withdraws twice within the PTA program, the student will not be permitted to re-enroll.

## **PTA Dress Code**

Students in PTA lab courses will be required to dress appropriately for lab per course syllabi.

Students will be required to follow the clinical education handbook regarding dress code while caring for patients during clinical experiences.

Photo ID badges will be provided for students. Badges must be worn during clinical experiences. There is a small fee for replacing badges that are lost or damaged.

## **Clinical Education**

Students must demonstrate that they are safe and competent prior to engaging in full-time clinical education during the fifth semester. This will be determined by successful completion of all lab practicals.

Clinical education opportunities exist in several states including Iowa, Nebraska, South Dakota, and Minnesota. Students are responsible for all costs such as transportation and/or housing during all clinical experiences. Travel may be required for some clinical placements. Clinical experiences may occur outside of normal working hours. Prior to the first full-time clinical education experience, students will receive the WITCC PTA Program Clinical Education Handbook. Final clinical affiliation assignments will be made by the Academic Coordinator of Clinical Education for all integrated and full-time experiences. Additional clinical education information is found starting on page 19.

## **Service Learning**

During one semester of the PTA program, students are required to participate in a service learning project (integration of community service within the PTA curriculum). This may take place outside of regularly scheduled class time.

## Graduation

WITCC Physical Therapist Assistant students must meet the graduation requirements as set forth in the general WITCC College Catalog and the WITCC Student Handbook. Clinicals must be completed within eighteen (18) months of academic preparation. Students taking PTA specific courses do so on a full-time basis, sequentially. Students are responsible for meeting all requirements for graduation.

## Licensure

Physical Therapist Assistant program graduates must pass the national exam and be licensed in order to practice. Some states have additional specific requirements. This information is obtained from the state licensing board. There will be fees both for the examination and licensure. The student must contact the licensing board in the state in which they wish to practice.

***Examination and Licensure are the responsibility of the student.***

For Iowa, contact:

**Board of Physical and Occupational Therapy  
Department of Inspections, Appeals, & Licensing  
6200 Park Avenue Suite 100  
Des Moines, Iowa 50321  
Phone: (515) 281-0254**

To obtain information regarding licensure boards of other states contact American Physical Therapy Association (APTA) at 1-800-999-2782.

## Program Costs, Retention, Graduation Rates

For data related to the PTA program at WITCC, please see the PTA Program web page <https://www.witcc.edu/programs/45/>

## Student Recruitment

It is the desire of the PTA program to recruit and retain a diverse group of students to meet the needs of the diverse patient population we serve. Nondiscrimination policies apply to all recruitment activities. The nondiscrimination statement appears on all recruitment materials, emails, and publications.

## Other Information

For additional information for academic policies, housing, security, student rights and responsibilities, including Code of Conduct and Due Process, please see the current Student Handbook.

<https://catalog.witcc.edu/index.php?catoid=11>

## Student Organizations

PTA students are encouraged to participate in college-wide organizations:

Comet CLASS, formally known as Student Senate, represents Cultivating Leadership, Advocacy, and Student Success. Students may apply to become a Comet CLASS leader or may be nominated by a staff or faculty member. Students selected for Comet CLASS are expected to actively participate in campus meetings and events, maintain good academic standing, and represent numerous programs and student populations.

## **Health Risks for Physical Therapist Assistants and Students in the PTA Program**

There are certain risks associated with being a health professional. We want the students in the PTA program to be aware of these risks. Many of the risks can be minimized through following safety procedures. It is the student's responsibility to know and follow these safety procedures.

### **Physical Hazards:**

1. Risk of musculoskeletal injury related to lifting and moving patients
2. Risk of injury from physical assault by violent patients
3. Students may be a risk of harm during laboratory activities. Students learn contraindications and precautions for various interventions and should excuse themselves from receiving any contraindicated treatments.

### **Chemical Hazards:**

1. Students must follow procedures for storage, handling, and disposing of chemicals. Safety data sheets for materials in the lab can be found on MyWIT. Go to the then Campus Security 24/7 tile. Click on the MSDS Website link. Your clinical instructor can instruct you how to find safety data sheets for materials in and around your clinical areas.
2. Some items (like exercise bands) in the lab may contain latex. Alternative non-latex products will be made available on request for any student with a latex allergy or sensitivity. Notify your clinical instructor of any sensitivities/allergies that may pertain to your duties in the clinic.

### **Radiation:**

1. Some equipment utilized for lab activities and clinical activities may emit radiation including microwave and shortwave diathermy, ultrasound, infrared, and ultraviolet devices. Students are responsible to follow safety procedures when working with modalities that may emit radiation. Students who are pregnant should consult with their physician for guidance on use of equipment that may pose a radiation hazard.

### **Infectious Diseases:**

1. Healthcare workers have an increased risk of exposure to viral, bacterial and parasitic infections. Students are required to have up-to-date immunizations including the influenza vaccination.
2. Handwashing is an important barrier to the spread of infection. Students are required to follow universal standard precautions on campus and in the clinics and follow isolation procedures when applicable.

### **Psychological Hazards:**

1. Participating in a rigorous college-level program as a student can be stressful. Students are encouraged to utilize the free counseling services on campus for assistance when needed.
2. Working in a healthcare environment can also be stressful in many ways. Students are encouraged to continue to utilize WITCC's counseling services during clinical experiences. Many employers also provide counseling and support when you are no longer a student.

# PTA Program Handbook

## Personal Injury and Insurance

To report injuries that occur while on clinical, please complete the following steps:

### Process:

1. Notify the facility immediately and follow facility policies
2. Notify Amanda Heilman as soon as possible (712-314-3483)
3. If emergency medical treatment is needed, seek care at the nearest or most practical medical facility

### Insurance:

1. The school purchases and maintains both Worker's Compensation and Student Professional Practices Liability insurance for off-campus educational experiences.
  - A. Worker's Compensation covers medicals bills stemming from an injury to the student occurring within the course and scope of the clinical duties
  - B. Student Professional Practices Liability insurance protects the student from liability exposures stemming from the student's negligence in the course and scope of the clinical assignment

# Physical Therapist Assistant Program Curriculum

## First Semester

<b>Course #</b>	<b>Course Name</b>	<b>Credits</b>
SDV 108	The College Experience .....	1
BIO-168	Human Anatomy and Physiology IA w/Lab .....	4
PTA-104	Introduction to Physical Therapy .....	1
PTA-130	Activities of Daily Living (ADL).....	4
HSC-114	Medical Terminology.....	3
ENG-105	Composition I.....	3
HSC-170	Health Care Interaction.....	2
	<b>First Semester Credits .....</b>	<b>18</b>

## Second Semester

BIO-173	Human Anatomy and Physiology IIA w/Lab .....	4
HSC-127	Kinesiology .....	4
PTA-170	Physical Therapy Science I .....	5
PTA-155	Pathology and Pharmacology for the PTA.....	4
	<b>Second Semester Credits .....</b>	<b>17</b>

## Third Semester

MAT-772	Applied Math.....	3
PSY-111	Introduction to Psychology.....	3
SOC-110	Introduction to Sociology.....	3
	<b>Third Semester Credits .....</b>	<b>9</b>

## Fourth Semester

PTA-270	Physical Therapy Science II.....	5
HSC-265	Clinical Neurology.....	2
PTA-189	Physical Agents.....	3
PTA-260	PTA Career Essentials .....	3
PSY-121	Developmental Psychology .....	3
	<b>Fourth Semester Credits .....</b>	<b>16</b>

## Fifth Semester

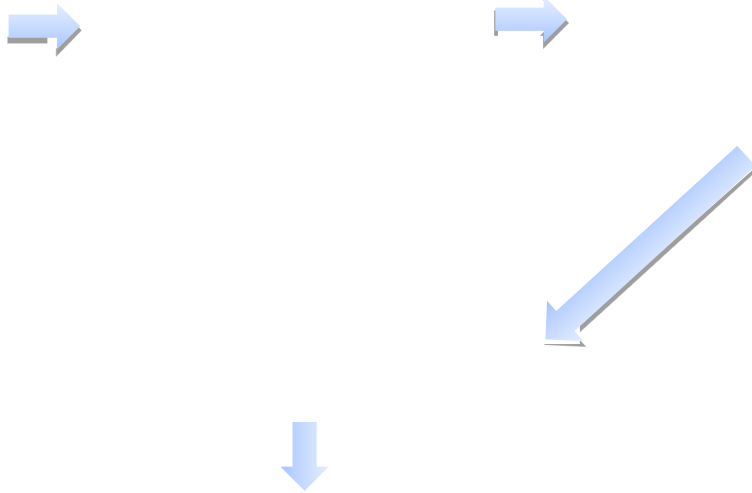
PTA-551	Clinical Affiliation I.....	4
PTA-552	Clinical Affiliation II.....	4.5
PTA-454	Seminar for PTA .....	3
PTA-455	PTA Licensure Exam Review .....	1
	<b>Fifth Semester Credits.....</b>	<b>12.5</b>

**PROGRAM TOTAL.....72.5**



## ***Academic Review Procedure Program/Course Appeal Process Health Sciences Programs***

This process provides students with a mechanism to channel concerns related to departmental/program policies and procedures within the Health Sciences Department. These may include concerns and/or violations of department, program, course, laboratory, and/or clinical policies and procedures.



### **Step 1: Informal Process:**

- Students are encouraged to discuss specific concerns with the course instructor involved within five (5) instructional days of occurrence of the issue. This is in an effort to resolve issue(s) by a prompt and effective means with free and informal communications.
- If at this point, the issue(s) is/are not resolved to the mutual satisfaction of both parties, the student should proceed to the formal process **Step 2**.
- Documentation of the discussion will be generated. (i.e. email, verbal, phone, etc.)

### **Step 2: Formal Process:** (Student, Course Instructor)

- Student may initiate a formal appeal process by submitting the “Student Appeal Process Form” detailing the policy they’re appealing, as well as the reason for their appeal request, to the appropriate instructor.
  - Appeal process form must be submitted within five (5) instructional days of the informal process meeting.
- Instructor will initiate a formal conference with a student to discuss and develop a plan of action related to academic performance, behavior, or discipline.
  - Schedule meeting with student within five (5) instructional days of receiving written notification.
  - Documentation will be completed on the “Student Conference Form”
  - Instructor will submit completed “Student Appeal Process Form” to the Associate Dean of Health Sciences or the designated program administrator.
- If the issue is not resolved, the student may initiate **Step 3** of the appeal process.

### **Step 3: Formal Process:** (Student, Department Administrator, or Associate Dean of Health Sciences)

- If issue is not resolved between student and instructor, the student will request an appointment with the Associate Dean of Health Sciences or designated program administrator within five (5) instructional days.
  - The student will submit a “Student Appeal Process Form” detailing the policy they’re appealing, as well as the reason for their appeal to the Associate Dean of Health Sciences.
  - Associate Dean of Health Sciences or designated program administrator will provide appeal decision within five (5) instructional days.
  - Associate Dean or designated program administrator will review all documentation.
  - Associate Dean or program administrator will send formal written notice to student within five (5) days from step 2.
- If the issue is not resolved, the student may initiate **Step 4** of the appeal process.

### **Step 4: Formal Process:** (Health Sciences Review Committee)

- If the issue is not resolved, the student may petition to meet with the Health Sciences Review Committee within five (5) instructional days of appeal decision notice from Associate Dean of Health Sciences or designated program administrator.
  - Student will email request to the Associate Dean of Health Sciences to schedule a meeting with the Health Sciences Review Committee within five (5) instructional days of appeal decision notice.
  - Student will submit all documentation related to the issue for the Health Sciences Review team to the Associate Dean of Health Sciences or designated program.
- Health Sciences Review Committee (Associate Dean of Health Sciences and/or Health Administrator; 2 health instructors; 1 student)
  - Committee will convene meeting within five (5) instructional days of request.
  - Committee will review documentation and receive testimony from all parties.
  - Committee will render a decision and/or resolution within five (5) days
  - If the student is not satisfied with the resolution, they may initiate the college “Academic Review Procedure.”

### **Step 5: Formal Process:** (College Academic Review Procedure)

- Students may initiate the college “Academic Review Procedure.” For procedural steps, refer to the “College Catalog” and/or “Student Handbook.”

Adopted 12/10/2018  
Approved Academic Council 11/24/2015  
Revised January 2024

**IOWA TECH COMMUNITY COLLEGE  
HEALTH SERVICES PROGRAMS  
STUDENT – INSTRUCTOR CONFERENCE RECORD**

Student Name \_\_\_\_\_ STUDENT ID \_\_\_\_\_

Program \_\_\_\_\_ Course \_\_\_\_\_ Date \_\_\_\_\_

**SUMMARY OF CONFERENCE**

\_\_\_\_\_ Academic (GPA)    \_\_\_\_\_ Laboratory    \_\_\_\_\_ Clinical    \_\_\_\_\_  
Personal

**WITCC Instructor Summary of Conference:**

**Plan of Action and/or Referrals:**

**Student/WITCC Instructor Plan of Action and/or Referrals:**

**Student Comments: (Use back of sheet if needed):**

\_\_\_\_\_  
**Instructor Signature (if necessary)**  
**Date**

**Date**

\_\_\_\_\_  
**Signature of Student**

Revised January 2024  
Reviewed and approved 2020



**WESTERN IOWA TECH COMMUNITY COLLEGE  
HEALTH SCIENCE PROGRAMS  
STUDENT APPEAL PROCESS FORM**

**Student Name:** \_\_\_\_\_ **Student ID** \_\_\_\_\_

**Program** \_\_\_\_\_ **Course** \_\_\_\_\_ **Date**  
\_\_\_\_\_

**Statement of the issue (policy or procedure) must address the following** (attach the following):

- State which policy or procedure you are appealing.
- Clearly and concisely state/describe the resolution you are seeking.
- When did you first become aware of the issue?
- Identify any extenuating circumstances related to the issue.
- What steps have you already taken to address the issue?
- Identify resources or supports that may help you improve or correct the issue.

**Resolution (check one):**

- Issue resolved
- Issue not resolved; student advised to move to next step – Program Administrator or Associate Dean of Health Sciences.
- Issue not resolved; student advised to move to next step – Health Science Review Committee.
- 
- Issue not resolved; student advised of the College Academic Review Procedure.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
Indicates only that student has prepared the documentation and consulted with the instructor.

**\*Instructor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*-Administrator Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
Indicates only that student has consulted with Instructor and/or Program Administrator or Associate Dean of Health Sciences and does not indicate, express, or imply approval.

Revised January 2024  
Adopted 12/10/2018  
Approved Academic Council 11/24/2015



## **Complaints about the PTA Program and/or its students or faculty from Clinical Sites, Public or Employers**

**The process for filing a complaint by clinical education sites, employers of graduates, and the general public regarding clinical experiences, didactic content, or the overall program is:**

1. When a complaint is received, the Associate Dean of Health Science and PTA program faculty will meet with the individual(s). Together, they will determine actions to resolve the complaint and document the action, expected outcomes, and a timeline to accomplish the resolution. There will be no retaliation against the person for filing the complaint.
2. If the complaint/situation has not been resolved in the agreed upon timeframe, the PTA program faculty will meet again with the individual(s) to follow up. If the parties do not believe they can come to a resolution, the issues will be presented to the Executive Dean of Instruction.
3. If the party filing the complaint is still not satisfied with the outcome, they may meet with the Executive Vice President and she/he will make a determination.
4. All documentation of a program complaint will be filed in a secure place in the Associate Dean of Health Science's office or maintained electronically for three years.
5. Information on filing a formal complaint with CAPTE may be found at the following link:  
<http://www.capteonline.org/Complaints/>



# **WITCC PTA Program**

## **Laboratory Safety Policy and Procedures**

1. Students must be able to locate Material Safety information online (Go to MYWIT website: Resources: Campus Safety: Resources: MSDS website). All products in the PTA lab will be used and stored according to Safety Data Sheet (SDS) guidelines.
2. Students must come to lab dressed in shorts, tank tops, and closed toe shoes. All shorts must have elastic waist bands (no belts, buckles, zippers). Lab clothing must allow free movement for labs. Shoulder length or longer hair must be pulled back and secured.
3. Students may not use any electrical equipment, modalities, or traction without the presence of a faculty member.
4. The safety and dignity of human subjects, including students acting as patients during laboratory practice and lab practicals will be protected by following all safety requirements.
5. Equipment Guidelines (electronic medical):
  - a. Laboratory equipment safety checks and calibration (ultrasound) occurs annually.
  - b. Store equipment in a designated area and return it to that area following each use. Coil and store cords in a safe location.
  - c. Keep the area clean at all times to decrease the danger of infection. Clean up spilled liquids or paraffin immediately to prevent slipping.
  - d. Check electrical equipment before each use to ensure safe working conditions. If equipment is not functioning according to expectations, discontinue use immediately, post a sign on the equipment, and notify instructor immediately.
  - e. Set up equipment so that your partner cannot touch it while in operation.
  - f. Keep water away from electrical equipment.
  - g. Do not block ventilation of the equipment.
  - h. Keep cords out of the traffic pattern.
  - i. Do not use extension cords.
  - j. Always turn all dials to "0" or "OFF" at the end of the treatment.
  - k. Pull electrical cords from wall receptacles by grasping the plug, not the cord.
6. Know where the fire extinguisher and first aid kit are located.
7. Follow the operating manuals for each piece of equipment.
8. Follow universal precautions guidelines.
9. Maintain safe working areas by keep working areas clean and free of clutter, including but not limited to:
  - a. Utilize proper body mechanics at all times
  - b. Lower plinths to starting position after use
  - c. Push chairs in when not in use
  - d. Clean plinths after each use
  - e. Change linens on hospital bed
  - f. Discard used linens in laundry hamper
  - g. Keep walking paths clear (no tripping hazards)
  - h. No food in lab

# Physical Therapist Assistant (PTA) Requirements Prior to Clinical Experience

## 1. CPR Certification – American Heart Association BLS Health Care Provider Course (infant, child, adult)\*

You are required to have a current CPR card and must have completed the American Heart Association *BLS Health Care Provider* course. This course is specifically for health professionals. If you now hold a card that will expire halfway through the year, you should renew it so that your card is current during the total clinical phase of the Physical Therapist Assistant course. We **do not** accept the American Red Cross CPR course. Upload your current CPR card to the online health compliance tracker.

## 2. Child Abuse and Dependent Adult– Mandatory Reporter Training\*

All health personnel are mandatory reporters of child and dependent adult abuse. You must complete the Iowa Department of Human Services (DHS) mandatory reporting training courses. You can access the two-hour child abuse and the two-hour dependent adult abuse courses on the DHS website free of charge using the link below. Upload certificates of completion to the online health compliance tracker.

<https://lsglm700.learnsoft.com/lsglm/login/iowalogindhs.aspx>

## 3. Health Evaluation

Completed health evaluation forms must be turned in prior to the start of clinical. Upload completed health evaluation forms to the online health compliance tracker.

## 4. Vaccinations

You must provide proof of your vaccinations with dates – just listing “current vaccinations” will not satisfy the requirements. If you are unsure of your immunization status, you should have your vaccinations updated.

## 5. Criminal and Abuse Background Checks – When a student starts the program, the College will initiate the background check process and the student must be cleared by the internal committee prior to clinical experience.

Photocopies of CPR, Child and Dependent Adult Abuse Mandatory Reporter certifications must be provided to the ACCE, through the online health compliance tracker, prior to a student's beginning clinical experiences. The first clinical experience takes place during the second semester within the PTA-170 (Physical Therapy Science I course). If these requirements are not completed, students will not be allowed to participate in the clinical experiences.

**All requirements must be completed by prior to the first clinical experience.**

\*These courses are not part of the program requirements but must be completed before clinical experience assignments are made.

## Health Evaluation Checklist

Complete and upload the following forms to the online health compliance tracker:

- WITCC Clinical Health Evaluation – health history, physical, and immunizations
- Hepatitis B Vaccine Consent or Decline to Accept Form
- CPR
- Child Abuse and Dependent Adult Mandatory Reporter
- Vaccinations

# Criminal Background - General Information

## Pre-Clinical

WITCC will complete criminal background checks on all health students. Based on the findings, a determination will be made if the student is eligible to participate in clinical activities. See the program handbook for additional information. After the background check has been run and approved, the student must self-report all potential violations of misconduct, abuse, or any pending charges. Failure to self-disclose may result in being removed from the program.

## Post-Graduation Exams

Criminal charges/convictions, abuse charges (adult or child), or a substance abuse history may impact a graduate's ability to obtain registration or licensure in the graduate's profession. Each licensing board will make the determination if a criminal background check will be completed before the graduate is eligible to write licensing/registration exams.

## Employment in Health Care Professions

Employers have varied hiring policies based on their review of an applicant's criminal background history.

Graduates/students need to be aware that:

- \* Clearance for clinical while a student
- \* Graduation from the program
- \* Successful passage of licensing or registration exams

does not guarantee graduates will be eligible for employment at some agencies. Employment eligibility is determined by the hiring policies at each health care agency.

Accepted Fall 2015  
Revised January 2024

## IOWA CORE PERFORMANCE STANDARDS

Iowa Community colleges have developed the following Core Performance Standards for all applicants to Health Care Career Programs. These standards are based upon required abilities that are compatible with effective performance in health care careers. Applicants unable to meet the Core Performance Standards are responsible for discussing the possibility of reasonable accommodations with the designated institutional office. Before final admission into a health career program, applicants are responsible for providing medical and other documentation related to any disability and the appropriate accommodations needed to meet the Core Performance Standards. These materials must be submitted in accordance with the institution's ADA Policy.

CAPABILITY	STANDARD	SOME EXAMPLES OF NECESSARY ACTIVITIES (NOT ALL INCLUSIVE)
Cognitive-Perception	The ability to gather and interpret data and events, to think clearly and rationally, and to respond appropriately in routine and stressful situations.	<ul style="list-style-type: none"> <li>• Identify changes in patient/client health status</li> <li>• Handle multiple priorities in stressful situations</li> </ul>
Critical Thinking	Utilize critical thinking to analyze the problem and devise effective plans to address the problem.	<ul style="list-style-type: none"> <li>• Identify cause-effect relationships in clinical situations</li> <li>• Develop plans of care as required</li> </ul>
Interpersonal	Have interpersonal and collaborative abilities to interact appropriately with members of the healthcare team as well as individuals, families and groups. Demonstrate the ability to avoid barriers to positive interaction in relation to cultural and/or diversity differences.	<ul style="list-style-type: none"> <li>• Establish rapport with patients/clients and members of the healthcare team</li> <li>• Demonstrate a high level of patience and respect</li> <li>• Respond to a variety of behaviors (anger, fear, hostility) in a calm manner</li> <li>• Nonjudgmental behavior</li> </ul>
Communication	Utilize communication strategies in English to communicate health information accurately and with legal and regulatory guidelines, upholding the strictest standards of confidentiality.	<ul style="list-style-type: none"> <li>• Read, understand, write and speak English competently</li> <li>• Communicate thoughts, ideas and action plans with clarity, using written, verbal and/or visual methods</li> <li>• Explain treatment procedures</li> <li>• Initiate health teaching</li> <li>• Document patient/client responses</li> <li>• Validate responses/messages with others</li> </ul>
Technology Literacy	Demonstrate the ability to perform a variety of technological skills that are essential for providing safe patient care.	<ul style="list-style-type: none"> <li>• Retrieve and document patient information using a variety of methods</li> <li>• Employ communication technologies</li> <li>• to coordinate confidential patient care</li> </ul>

*Reviewed and Approved April 2018*

CAPABILITY	STANDARD	SOME EXAMPLES OF NECESSARY ACTIVITIES (NOT ALL INCLUSIVE)
Mobility	Ambulatory capability to sufficiently maintain a center of gravity when met with an opposing force as in lifting, supporting, and/or transferring a patient/client.	<ul style="list-style-type: none"> <li>• The ability to propel wheelchairs, stretchers, etc. alone or with assistance as available</li> </ul>
Motor Skills	Gross and fine motor abilities to provide safe and effective care and documentation	<ul style="list-style-type: none"> <li>• Position patients/clients</li> <li>• Reach, manipulate, and operate equipment, instruments and supplies</li> <li>• Electronic documentation/ keyboarding</li> <li>• Lift, carry, push and pull</li> <li>• Perform CPR</li> </ul>
Hearing	Auditory ability to monitor and assess, or document health needs	<ul style="list-style-type: none"> <li>• Hears monitor alarms, emergency signals, auscultatory sounds, cries for help</li> </ul>
Visual	Visual ability sufficient for observations and assessment necessary in patient/client care, accurate color discrimination	<ul style="list-style-type: none"> <li>• Observes patient/client responses</li> <li>• Discriminates color changes</li> <li>• Accurately reads measurement on patient client related equipment</li> </ul>
Tactile	Tactile ability sufficient for physical assessment, inclusive of size, shape, temperature and texture	<ul style="list-style-type: none"> <li>• Performs palpation</li> <li>• Performs functions of physical examination and/or those related to therapeutic intervention</li> </ul>
Activity Tolerance	The ability to tolerate lengthy periods of physical activity	<ul style="list-style-type: none"> <li>• Move quickly and/or continuously</li> <li>• Tolerate long periods of standing and/or sitting as required</li> </ul>
Environmental	Ability to tolerate environmental stressors	<ul style="list-style-type: none"> <li>• Adapt to rotating shifts</li> <li>• Work with chemicals and detergents</li> <li>• Tolerate exposure to fumes and odors</li> <li>• Work in areas that are close and crowded</li> <li>• Work in areas of potential physical violence</li> <li>• Work with patients with communicable diseases or conditions</li> </ul>

*Reviewed and Approved April 2018*

# Required Skills for the Physical Therapist Assistant Student

## Plan of Care Review

1. Read all physical therapy documentation, including initial examination and plan of care.
  - A. Note indications, contraindications, precautions and safety considerations for the patient.
  - B. Note goals and expected outcomes.
  - C. Seek clarification from physical therapist, as needed.
2. Review information in the medical record at each visit, including:
  - A. Monitor medical record for changes in medical status and/or medical procedures.
  - B. Collect data on patient's current condition, compare results to previously collected data and safety parameters established by the physical therapist, and determine if the safety parameters have been met.
  - C. Seek clarification from appropriate health professions' staff for unfamiliar or ambiguous information.
3. Identify when the directed interventions are either beyond the scope of work or personal scope of work of the PTA.
4. Communicate to the physical therapist when there are significant changes in the patient's medical status, physician referral, or when the criticality and complexity of the patient is beyond the knowledge, skills, and abilities of the PTA.
5. Explain the rationale for selected interventions to achieve patient goals as identified in the plan of care.

## Provision of Procedural Interventions

1. Provide interventions compliant with federal and state licensing requirements, APTA standards documents (eg: Standards of Ethical Conduct for the PTA, Core Values for the PT and PTA, Standards for Physical Therapy), and facility policies and procedures.
2. Assure safety of patient and self throughout patient care.
  - A. Identify the need for and take action when safety of patient or self may be at risk or has been compromised.
  - B. Utilize risk management strategies (eg: universal precautions, body mechanics).
3. Assure patient privacy, rights, and dignity.
  - A. Follow HIPAA requirements and observe Patient Bill of Rights.
  - B. Position/drape to protect patient modesty.
4. Provide competent provision of physical therapy interventions, including:

### Therapeutic exercise

- A. Aerobic Capacity/Endurance Conditioning or Reconditioning
  1. Increase workload over time
  2. Movement efficiency and energy conservation training
  3. Walking/wheelchair propulsion programs
- B. Balance, coordination, and agility training
  1. Developmental activities training
  2. Neuromuscular education or reeducation
  3. Postural awareness training
  4. Standardized, programmatic, complementary exercise approaches (protocols)
  5. Task-Specific Performance Training (eg, transfer training, mobility exercises, functional reaching)
- C. Body mechanics and postural stabilization
  1. Body mechanics training
  2. Postural stabilization activities
  3. Postural awareness training

- D. Flexibility exercises
  1. Range of motion
  2. Stretching (eg, Passive, Active, Mechanical)
- E. Gait and locomotion training
  1. Developmental activities training
  2. Gait training (with and without devices)
  3. Standardized, programmatic, complementary exercise approaches
  4. Wheelchair propulsion and safety
- F. Neuromotor development training
  1. Developmental activities training
  2. Movement pattern training
  3. Neuromuscular education or reeducation
- G. Relaxation
  4. Breathing strategies (with respect to delivery of an intervention)
  5. Relaxation techniques (with respect to delivery of an intervention)
- H. Strength, power, and endurance training for head, neck, limb, trunk, and ventilatory muscles
  1. Active assistive, active, and resistive exercises, including concentric, dynamic/isotonic, eccentric, isometric, diaphragmatic breathing, and low-level plyometrics (eg, kicking a ball, throwing a ball)

### **Functional training in self-care and home management**

- A. Activities of daily living (ADL) training
  1. Bed mobility and transfer training
  2. Activity specific performance training
- B. Device and equipment use and training
  1. Assistive and adaptive device or equipment training during ADL
- C. Injury Prevention or reduction
  1. Injury prevention education during self-care and home management
  2. Injury prevention or reduction with use of devices and equipment
  3. Safety awareness training during self-care and home management

### **Manual therapy techniques**

- A. Therapeutic Massage
- B. Soft Tissue mobilization
- C. Passive range of motion

### **Application and adjustment of devices and equipment**

- A. Adaptive devices
  1. Hospital Beds
  2. Raised Toilet Seats
- B. Assistive devices
  1. Canes
  2. Crutches
  3. Long-handled reachers
  4. Walkers
  5. Wheelchairs
- C. Orthotic and prosthetic devices
  1. Braces
- D. Protective devices
  1. Braces
- E. Supportive devices, such as:
  1. Compression garments
  2. Elastic wraps
  3. Soft neck collars
  4. Slings
  5. Supplemental oxygen

### **Breathing strategies/oxygenation**

1. Identify patient in respiratory distress
2. Reposition patient to improve respiratory function
3. Instruct patient in a variety of breathing techniques. (pursed lip and paced breathing, etc.)
4. Administration of prescribed oxygen during interventions.

### **Integumentary protection**

1. Recognize interruptions in integumentary integrity
2. Repositioning
3. Patient education
4. Edema management

### **Electrotherapeutic modalities, such as:**

1. Electrotherapeutic delivery of medications
2. Electrical muscle stimulation
3. Electrical stimulation for tissue repair
4. Functional electrical stimulation
5. High-voltage pulsed current
6. Neuromuscular electrical stimulation
7. Transcutaneous electrical nerve stimulation

### **Physical agents**

1. Cryotherapy (eg: cold pack, ice massage, vapocoolant spray, hydrotherapy)
2. Ultrasound
3. Thermotherapy (eg: dry heat, hot packs, paraffin baths, hydrotherapy)

### **Mechanical modalities**

1. Compression therapies
2. Mechanical motion devices
3. Traction devices

5. Determine patient's response to the intervention:
  - A. Interview patient and accurately interpret verbal and nonverbal responses
  - B. Identify secondary effects or complications caused by the intervention
  - C. Determine outcome of intervention, including data collection and functional measures
6. Use clinical problem-solving skills in patient care.
  - A. Determine if patient is safe and comfortable with the intervention, and, if not, determine appropriate modifications
  - B. Compare results of intervention to previously collected data and determine if there is progress toward the expectations established by the PT/if the expectations have been met
  - C. Determine if modifications to the interventions are needed to improve patient response
7. Modify interventions to improve patient response.
  - A. Determine modifications that can be made to the intervention within the plan of care
  - B. Communicate with physical therapist when modifications are outside scope of work or personal scope of work of PTA
  - C. Select and implement modification
  - D. Determine patient outcomes from the modification

### **Patient Instruction**

1. Apply principles of learning using a variety of teaching strategies during patient instruction.
2. Provide clear instructions (eg, verbal, visual).
3. Apply methods to enhance compliance (eg, handouts, reporting forms).
4. Determine patient response/understanding of instruction.

## Patient Progression

1. Implement competent patient progression.
  - A. Identify the need to progress via data collection.
  - B. Determine what progression can be made within the plan of care.
  - C. Identify possible progressions that will continue to advance patient response.
  - D. Select and implement the progression of the intervention.
  - E. Determine outcomes of the intervention.
2. Communicate pertinent information.
  - A. Identify changes in patient response due to intervention.
  - B. Describe adjustments to intervention within plan of care.
  - C. Describe response to change in intervention.
3. Recognize when other variables (psychological, social, cultural, etc.) appear to be affecting the patient's progression with the intervention.
4. Determine if patient is progressing toward goals in plan of care. If no, determine if modifications made to the intervention are required to improve patient response.

## Data Collection

1. Provide accurate, reproducible, safe, valid, and timely collection and documentation of data to measure the patient's medical status and/or progress within the intervention as indicated in the following categories:

### Anthropometric characteristics

1. Measure body dimensions (eg, height, weight, girth, limb length).

### Arousal, attention, and cognition

1. Determine level of orientation to situation, time, place, and person.
2. Determine patient's ability to process commands.
3. Determine level of arousal (lethargic, alert, agitated).
4. Test patient's recall ability (eg, short term and long term memory).

### Assistive and adaptive devices

1. Measure for assistive or adaptive devices and equipment.
2. Determine components, alignments and fit of device and equipment.
3. Determine patient's safety while using the device.
4. Monitor patient's response to the use of the device.
5. Check patient/ caregiver's ability to care for device & equipment (maintenance, adjustment, cleaning).

### Body mechanics

1. Determine patient's ability to use proper body mechanics during functional activity.

### Environmental barriers, self-care, and home management

1. Identify potential safety barriers.
2. Identify potential environmental barriers.
3. Identify potential physical barriers.
4. Determine ability to perform bed mobility and transfers safely in the context of self-care home management.

### Gait, locomotion, and balance

1. Determine patient's safety while engaged in gait, locomotion, balance, and mobility.
2. Measure patient's progress with gait, locomotion, balance, and mobility, including use of standard tests.
3. Describes gait deviations and their effect on gait and locomotion.

## **Integumentary integrity**

1. Identify activities, positioning, and postures that may produce or relieve trauma to the skin.
2. Identify devices and equipment that may produce or relieve trauma to the skin.
3. Observe and describe skin characteristics (eg, blistering, continuity of skin color, dermatitis, hair growth, mobility, nail growth, sensation, temperature, texture, and turgor).
4. Observe and describe changes in skin integrity, such as presence of wound, blister, incision, hematoma, etc.
5. Test for skin sensation and describe absent or altered sensation.

## **Muscle function**

1. Perform manual muscle testing.
2. Observe the presence or absence of muscle mass.
3. Describe changes in muscle tone.

## **Neuromotor function**

1. Identify the presence or absence of developmental reflexes, associated reactions, or abnormal tone.
2. Identify performance of gross and fine motor skills.

## **Orthotic and prosthetic devices and equipment**

1. Check components, ensure alignment and fit of orthotic devices, braces, and/or splints.
2. Determine effectiveness of components (Is it working or not?), alignment, and fit of orthotic devices, braces, and splints during functional activities.
3. Determine patient/caregiver's ability to don/doff orthotic, device, brace, and/or splint.
4. Determine patient/caregiver's ability to care for orthotic device, brace, or splint (eg, maintenance, adjustments, and cleaning).

## **Pain**

1. Define location and intensity of pain.

## **Posture**

1. Determine postural alignment and position (static and dynamic, symmetry, deviation from midline).

## **Range of motion**

1. Perform tests of joint active and passive movement, muscle length, soft tissue extensibility, tone and flexibility (goniometry, tape measure).
2. Describe functional range of motion.

## **Sensory response**

1. Perform tests of superficial sensation (coarse touch, light touch, cold, heat, pain, pressure, and/or vibration).
2. Check peripheral nerve integrity (sensation, strength).

## **Vital Signs**

1. Monitor and determine cardiovascular function. (eg, peripheral pulses, blood pressure, heart rate)
2. Monitor and determine physiological responses to position change (eg, orthostatic hypotension, skin color, blood pressure, and heart rate).
3. Monitor and determine respiratory status (eg, pulse oximetry, rate, and rhythm, pattern).
4. Provide timely communication to the physical therapist regarding findings of data collection techniques.
5. Recognize when intervention should not be provided or should be modified due to change in patient status.

## **Documentation**

1. Document in writing/electronically patient care using language that is accurate, complete, legible, timely, and consistent with institutional, legal, and billing requirements.
2. Use appropriate grammar, syntax, and punctuation in communication.
3. Use appropriate terminology and institutionally approved abbreviations.
4. Use an organized and logical framework to document care.
5. Identify and communicate with the physical therapist when further documentation is required.

## **Safety, CPR, and Emergency Procedures**

1. Ensure safety of self and others in the provision of care in all situations.
2. Initiate and/or participate in emergency life support procedures (simulated or actual).
3. Initiate and/or participate in emergency response system (simulated or actual).
4. Maintain competency in CPR.
5. Prepare and maintain a safe working environment for performing interventions (e.g. clear walkways, equipment checks, etc.).

## **Healthcare Literature**

1. Reads and understands the healthcare literature.

## **Education**

2. Instruct other members of the health care team, using established techniques, programs, and instructional materials, commensurate with the learning characteristics of the audience.
3. Educate colleagues and other health care professionals about the role, responsibilities, and academic preparation and scope of work of the PTA.

## **Resource Management**

1. Follow legal and ethical requirements for direction and supervision of other support personnel.
2. Select appropriate non-patient care activities to be directed to support personnel.
3. Identify and eliminate obstacles to completing patient related duties.
4. Demonstrate efficient time management.
5. Provide accurate and timely information for billing and reimbursement purposes.
6. Adhere to legal/ethical requirements, including billing.
7. Maintain and use physical therapy equipment effectively.

## **Behavioral Expectations**

### **Accountability**

1. Adhere to federal and state legal practice standards and institutional regulations related to patient care and fiscal management.
2. Act in a manner consistent with the Standards of Ethical Conduct for the Physical Therapist Assistant and Guide for Conduct of the Physical Therapist Assistant.
3. Change behavior in response to understanding the consequences (positive and negative) of the physical therapist assistant's actions.

### **Altruism**

1. Place the patient's/client's needs above the physical therapist assistant's self-interests.

### **Compassion and caring**

1. Exhibit compassion, caring, and empathy in providing services to patients; promote active involvement of the patient in his or her care.

### **Cultural competence**

1. Identify, respect, and act with consideration for the patient's differences, values, preferences, and expressed needs in all physical therapy activities.

### **Duty**

1. Describe and respect the physical therapists' and other team members' expertise, background, knowledge, and values.
2. Demonstrate reliability in meeting normal job responsibilities (eg, attendance, punctuality, following direction).
3. Preserve the safety, security, privacy, and confidentiality of individuals.
4. Recognize and report when signs of abuse/neglect are present.
5. Actively promote physical therapy.

### **Integrity**

1. Demonstrate integrity in all interactions.
2. Maintain professional relationships with all persons.

### **Social Responsibility**

1. Analyze work performance and behaviors and seek assistance for improvement as needed.

# Communication

## Interpersonal Communication

1. Develop rapport with patients/clients and others to promote confidence.
2. Actively listen and display sensitivity to the needs of others.
3. Ask questions in a manner that elicits needed responses.
4. Modify communication to meet the needs of the audience, demonstrating respect for the knowledge and experience of others.
5. Demonstrate congruence between verbal and non-verbal messages.
6. Recognize when communication with the physical therapist is indicated.
7. Initiate and complete verbal and written communication with the physical therapist in a timely manner.
8. Ensure ongoing communication with the physical therapist for optimal patient care.
9. Recognize role and participate appropriately in communicating patient status and progress within the health care team.

## Conflict Management/Negotiation

1. Recognize potential for conflict.
2. Implement strategies to prevent and/or resolve conflict.
3. Seek resources to resolve conflict when necessary.

# Promotion of Health, Wellness, and Prevention

1. Demonstrate health promoting behaviors.
2. Recognize opportunities to educate the public or patients about issues of health, wellness, and prevention (eg, benefits of exercise, prevention of falls, etc.) and communicate opportunity to the physical therapist.
3. Educate the public or patients about issues of health, wellness, and prevention (eg, benefits of exercise, prevention of falls, etc.).
4. Recognize patient indicators of willingness to change health behaviors and communicate to the physical therapist.

# Career Development

1. Engage in self-assessment.
2. Identify individual learning needs to enhance role in the profession.
3. Identify and obtain resources to increase knowledge and skill.
4. Engage in learning activities (eg, clinical experience, mentoring, skill development).
5. Incorporate new knowledge and skill into clinical performance.

This document was created to communicate to PTA students at WITCC the skills that they will be required to perform safely and competently. This document is based on the APTA's *Minimum Required Skills of the Physical Therapist Graduates at Entry Level* BOD G11-08-09-18 Guidelines.

[https://www.apta.org/uploadedFiles/APTAorg/About\\_Us/Policies/BOD/Education/MinReqSkillsPTAGrad.pdf](https://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/BOD/Education/MinReqSkillsPTAGrad.pdf)

# Core Values for the Physical Therapist and Physical Therapist Assistant



**HOD P09-21-21-09** [Amended: HOD P06-19-48-55; HOD P06-18-25-33; Initial HOD P05-07-19-19] [Previously Titled: Core Values: for the Physical Therapist] [Position]

The core values guide the behaviors of physical therapists and physical therapist assistants to provide the highest quality of physical therapist services. These values imbue the scope of physical therapist and physical therapist assistant activities. The core values retain the physical therapist as the person ultimately responsible for providing safe, accessible, cost-effective, and evidence-based services; and the physical therapist assistant as the only individual who assists the physical therapist in practice, working under the direction and supervision of the physical therapist. The core values are defined as follows:

- **Accountability**  
Accountability is active acceptance of the responsibility for the diverse roles, obligations, and actions of the physical therapist and physical therapist assistant including self-regulation and other behaviors that positively influence patient and client outcomes, the profession, and the health needs of society.
- **Altruism**  
Altruism is the primary regard for or devotion to the interest of patients and clients, thus assuming the responsibility of placing the needs of patients and clients ahead of the physical therapist's or physical therapist assistant's self-interest.
- **Collaboration**  
Collaboration is working together with patients and clients, families, communities, and professionals in health and other fields to achieve shared goals. Collaboration within the physical therapist-physical therapist assistant team is working together, within each partner's respective role, to achieve optimal physical therapist services and outcomes for patients and clients.
- **Compassion and Caring**  
Compassion is the desire to identify with or sense something of another's experience, a precursor of caring. Caring is the concern, empathy, and consideration for the needs and values of others.
- **Duty**  
Duty is the commitment to meeting one's obligations to provide effective physical therapist services to patients and clients, to serve the profession, and to positively influence the health of society.
- **Excellence**  
Excellence in the provision of physical therapist services occurs when the physical therapist and physical therapist assistant consistently use current knowledge and skills while understanding personal limits, integrate the patient or client perspective, embrace advancement, and challenge mediocrity.
- **Inclusion**  
Inclusion occurs when the physical therapist and physical therapist assistant create a welcoming and equitable environment for all. Physical therapists and physical therapist assistants are inclusive when they commit to providing a safe space, elevating diverse and minority voices, acknowledging personal biases that may impact patient care, and taking a position of anti-discrimination.
- **Integrity**  
Integrity is steadfast adherence to high ethical principles or standards, being truthful, ensuring fairness, following through on commitments, and verbalizing to others the rationale for actions.

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- **Social Responsibility**

Social responsibility is the promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness.

**Explanation of Reference Numbers:**

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

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

**Last Updated:** 12/14/2021

**Contact:** [governancehouse@apta.org](mailto:governancehouse@apta.org)



## IOWA CORE PERFORMANCE STANDARDS

Iowa Community colleges have developed the following Core Performance Standards for all applicants to Health Care Career Programs. These standards are based upon required abilities that are compatible with effective performance in health care careers. Applicants unable to meet the Core Performance Standards are responsible for discussing the possibility of reasonable accommodations with the designated institutional office. Before final admission into a health career program, applicants are responsible for providing medical and other documentation related to any disability and the appropriate accommodations needed to meet the Core Performance Standards. These materials must be submitted in accordance with the institution's ADA Policy.

CAPABILITY	STANDARD	SOME EXAMPLES OF NECESSARY ACTIVITIES (NOT ALL INCLUSIVE)
<b>Cognitive-Perception</b>	The ability to gather and interpret data and events, to think clearly and rationally, and to respond appropriately in routine and stressful situations.	<ul style="list-style-type: none"> <li>• Identify changes in patient/client health status</li> <li>• Handle multiple priorities in stressful situations</li> </ul>
<b>Critical Thinking</b>	Utilize critical thinking to analyze the problem and devise effective plans to address the problem.	<ul style="list-style-type: none"> <li>• Identify cause-effect relationships in clinical situations</li> <li>• Develop plans of care as required</li> </ul>
<b>Interpersonal</b>	Have interpersonal and collaborative abilities to interact appropriately with members of the healthcare team as well as individuals, families and groups. Demonstrate the ability to avoid barriers to positive interaction in relation to cultural and/or diversity differences.	<ul style="list-style-type: none"> <li>• Establish rapport with patients/clients and members of the healthcare team</li> <li>• Demonstrate a high level of patience and respect</li> <li>• Respond to a variety of behaviors (anger, fear, hostility) in a calm manner</li> <li>• Nonjudgmental behavior</li> </ul>
<b>Communication</b>	Utilize communication strategies in English to communicate health information accurately and with legal and regulatory guidelines, upholding the strictest standards of confidentiality.	<ul style="list-style-type: none"> <li>• Read, understand, write and speak English competently</li> <li>• Communicate thoughts, ideas and action plans with clarity, using written, verbal and/or visual methods</li> <li>• Explain treatment procedures</li> <li>• Initiate health teaching</li> <li>• Document patient/client responses</li> <li>• Validate responses/messages with others</li> </ul>
<b>Technology Literacy</b>	Demonstrate the ability to perform a variety of technological skills that are essential for providing safe patient care.	<ul style="list-style-type: none"> <li>• Retrieve and document patient information using a variety of methods</li> <li>• Employ communication technologies to coordinate confidential patient care</li> </ul>
<b>Mobility</b>	Ambulatory capability to sufficiently maintain a center of gravity when met with an opposing force as in lifting, supporting, and/or transferring a patient/client.	<ul style="list-style-type: none"> <li>• The ability to propel wheelchairs, stretchers, etc. alone or with assistance as available</li> </ul>
<b>Motor Skills</b>	Gross and fine motor abilities to provide safe and effective care and documentation	<ul style="list-style-type: none"> <li>• Position patients/clients</li> <li>• Reach, manipulate, and operate equipment, instruments and supplies</li> <li>• Electronic documentation/keyboarding</li> <li>• Lift, carry, push and pull</li> <li>• Perform CPR</li> </ul>
<b>Hearing</b>	Auditory ability to monitor and assess, or document health needs	<ul style="list-style-type: none"> <li>• Hears monitor alarms, emergency signals, auscultatory sounds, cries for help</li> </ul>
<b>Visual</b>	Visual ability sufficient for observations and assessment necessary in patient/client care, accurate color discrimination	<ul style="list-style-type: none"> <li>• Observes patient/client responses</li> <li>• Discriminates color changes</li> <li>• Accurately reads measurement on patient client related equipment</li> </ul>
<b>Tactile</b>	Tactile ability sufficient for physical assessment, inclusive of size, shape, temperature and texture	<ul style="list-style-type: none"> <li>• Performs palpation</li> <li>• Performs functions of physical examination and/or those related to therapeutic intervention</li> </ul>
<b>Activity Tolerance</b>	The ability to tolerate lengthy periods of physical activity	<ul style="list-style-type: none"> <li>• Move quickly and/or continuously</li> <li>• Tolerate long periods of standing and/or sitting as required</li> </ul>
<b>Environmental</b>	Ability to tolerate environmental stressors	<ul style="list-style-type: none"> <li>• Adapt to rotating shifts</li> <li>• Work with chemicals and detergents</li> <li>• Tolerate exposure to fumes and odors</li> <li>• Work in areas that are close and crowded</li> <li>• Work in areas of potential physical violence</li> <li>• Work with patients with communicable diseases or conditions</li> </ul>

*Reviewed and Approved April 2018*

## **Student Information**

Be sure to answer and then sign all personal information on the top of the WITCC Clinical Health Evaluation.

## **Health Care Provider Completes The Following:**

This part of your WITCC Clinical Health Evaluation is to be completed by a medical doctor, a nurse practitioner or a physician's assistant. **No other forms will be accepted.**

### **Flu:**

- Required to be uploaded during flu season, October through April (optional for Dental Assisting students)

**Measles/Mumps/Rubella (MMR)** – You will need to provide one of the following:

- two vaccination dates
- positive titre for measles, positive titre for mumps and a positive titre for rubella

**Tetanus/Diphtheria/Pertussis (Tdap)** – A Tdap is current for 10 years.

**Chickenpox** – You will need to provide one of the following:

- two vaccination dates
- positive titre

**Hepatitis B (Hep B)** – You will need to provide one of the following:

- vaccination dates
- positive titre
- signed decline form, which will be approved or declined by affiliate

**Tuberculosis** - All students must complete baseline TB screening upon entrance to program, prior to the start of clinical.

- **Baseline TB Screening consists of:** Testing using the two-step TB Skin Test (TST) or single IGRA (QuantiFERON or T-Spot test) blood test. *Note: the blood test is required if you may have received BCG (Bacillus Calmette-Guérin) vaccine in the past.*
  - If the first TST is negative, the second is recommended at least one week after the first was read, but cannot exceed 12 months following the first test being read. *Note: Step 1 and Step 2 must both be completed prior to the start of clinical.*
  - For a NEW positive, medical evaluation with a healthcare provider is required. For history of a positive TB test: chest X-Ray dated after the positive test, and proof of treatment (if applicable) should be provided.
- A TB Symptom Eval is **required of all students** annually. This includes students with negative baseline TB screening, as well as those with history of positive test.
- Failure to adhere to TB requirements would prevent you from attending clinical/preceptor, therefore inability to complete program.

\*Note: COVID vaccination is not required. However, vaccination status information could be requested by program coordinator for specific clinical sites.

**Students: Please upload completed health forms to the electronic health tracking compliance system.**



## Information About Hepatitis B Vaccine

**NOTE:** This form should be discussed with the physician of your choice, *signed and returned with all other health forms.*

### The Disease

Hepatitis B is a viral infection caused by Hepatitis B virus (HBV) which causes death in 1-2% of infected patients. Most people with Hepatitis B recover completely, but approximately 5-10% become chronic carriers of the virus. Most of these people develop chronic active hepatitis and cirrhosis. HBV also appears to be associated with the development of liver cancer.

### The Vaccine

Hepatitis B vaccine is produced from the plasma of chronic HBV carriers. The vaccine consists of purified, inactivated Hepatitis B antigen. It has been extensively tested for safety and efficiency in large scale clinical trials with human subjects. A high percentage of healthy people who receive three doses of vaccine achieve protection against Hepatitis B. Persons with immune-system abnormalities, such as dialysis patients, have less response to the vaccine. Full immunization requires 3 doses of vaccine over a six-month period, although some persons may not develop immunity even after 3 doses. There is no evidence that the vaccine has ever caused Hepatitis B. However, persons who have been infected with HBV prior to receiving the vaccine may go on to develop clinical hepatitis in spite of immunization. The duration of immunity is unknown at this time.

### Possible Vaccine Side Effects

The incidence of reported side effects is low. A small percentage of persons receiving the vaccine experience tenderness and redness at the site of injection. Low grade fever may occur. Rash, nausea, joint pain, and mild fatigue have also been reported. Few cases of serious side effects have been reported with the vaccine, including Guillain-Barre Syndrome, although the possibility exists that more serious side effects may be identified with more extensive use.

You may check with your insurance company concerning coverage.

**If you have any questions about Hepatitis B or the Hepatitis B vaccine, please discuss with your physician.**

## Consent Form

I have discussed with my physician and have read the above statement about Hepatitis B and the Hepatitis B vaccine. I have had an opportunity to ask questions and understand the benefits and risks of Hepatitis B vaccination. I understand that I must have 3 doses of vaccine to confer immunity. However, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine. I **request** that it be given to me. My decision is voluntary. I understand that all arrangements for receiving the vaccine are my responsibility.

	Date	Lot #	Site	Nurse
_____ Name of Person to Receive Vaccine (Please Print)	(1) _____	_____	_____	_____
_____ Signature of Person Receiving Vaccine	(2) _____	_____	_____	_____
_____ Date Signed	(3) _____	_____	_____	_____

## Information About Hepatitis B Vaccine

**NOTE:** This form should be discussed with the physician of your choice, *signed and returned with all other health forms.*

### The Disease

Hepatitis B is a viral infection caused by Hepatitis B virus (HBV) which causes death in 1-2% of infected patients. Most people with Hepatitis B recover completely, but approximately 5-10% become chronic carriers of the virus. Most of these people develop chronic active hepatitis and cirrhosis. HBV also appears to be associated with the development of liver cancer.

### The Vaccine

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You may check with your insurance company concerning coverage.

**If you have any questions about Hepatitis B or the Hepatitis B vaccine, please discuss with your physician.**

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## Decline to Accept

I have discussed with my physician and have read the above statement about Hepatitis B and the Hepatitis B vaccine. I have had an opportunity to ask questions and understand the benefits and risks of Hepatitis B vaccination. I understand the benefits and risks of the Hepatitis B vaccine and **I do not** wish to receive the vaccine.

\_\_\_\_\_  
Name of Person Declining Vaccine (Please Print)

\_\_\_\_\_  
Signature of Person Declining Vaccine

\_\_\_\_\_  
Date Signed

# Clinical Participation Requirements

WITCC uses external affiliated agencies for clinical experiences for our students. Affiliated agencies may impose requirements for students in order that they be allowed access to clinical experience. Additional expenses will be the student's responsibility.

**Students may be required to provide the following information to external affiliated agencies:**

- Health Screening/Immunizations
- CPR—BLS American Heart Association
- Mandatory Reporter—Adult and Child
- Criminal and Abuse Background Checks
- Drug Test: Students may need to consent for drug testing and release of that information to external affiliating agencies for clinical experience. Western Iowa Tech Community College is uncertain of what drugs may be screened.

The **student should maintain copies** of the documents listed above. ***Affiliating agencies may require the student to provide a copy of the documentation.***

Revised January 2023

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## NOTICE AND RELEASE - READ CAREFULLY BEFORE SIGNING

I, the undersigned student in a health occupations program at Western Iowa Tech Community College, understand that participation in a clinical experience is part of the health occupations program and that participation in a clinical experience includes working at an affiliating agency. I further understand that affiliating agencies have the right to establish requirements for participation in clinical experience. I understand that I am responsible for providing copies of the documentation requested by the affiliated agency. I understand and agree that if I am rejected for participation in a clinical experience by an affiliating agency or if I refuse to submit to checks or tests that are required by an affiliating agency in order to participate in a clinical experience, I may be unable to complete my program of study and graduate from a health occupations program. I hereby release Western Iowa Tech Community College, its employees, and all affiliating agencies from any liability with regard to my participation in a clinical experience and decisions made concerning my participation in a clinical experience.

Print name: \_\_\_\_\_ Student ID: \_\_\_\_\_

\_\_\_\_\_  
Student's Name Program Date

Revised January 2023



## **Confidentiality Agreement**

### **Please read and sign the following statement**

In accordance with the Health Insurance Portability and Accountability Act (HIPAA), it is the policy of WITCC that confidentiality and privacy of information is of utmost importance for health occupations students. Confidential information is any client, physician, employee, and business information obtained during the course of your clinical experiences associated with WITCC. Please read and sign the following confidentiality statement.

I will treat all confidential information as strictly confidential, and will not reveal or discuss confidential information with anyone who does not have a legitimate medical and/or business reason to know the information. I understand that I am only permitted to access confidential information to the extent necessary for client care and to perform my duties. Information that may be construed as a breach of confidentiality includes but is not limited to:

- (1) client's name and other identifying information
- (2) client's diagnosis
- (3) type of care being provided
- (4) reason for seeking health care services, treatment, and response to treatment
- (5) personal problems or actions

I will not access, use or disclose confidential information in electronic, paper, or oral forms for personal reasons, or for any purpose not permitted by agency policy, including information about co-workers, family members, friends, neighbors, celebrities, or myself. I will follow the required procedures at all agencies to gain access to my own confidential patient information.

In preparing papers, presentations, and other course work I will de-identify protected health information. I will not remove any individually identifiable health information from the facilities in which I am completing my clinical experience. The following are guidelines to be followed in order to be compliant with standards.

- The HIPAA Privacy Rule allows health care providers to use and disclose Protected Health Information (PHI) without a patient's written authorization for purposes related to treatment, payment, and health care operations. It further defines "health care operations" to include *"to conduct training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers."*
- **Minimal Information:** The amount of PHI used must be the minimum amount necessary to conduct the training. Allowable information can include race, age, other medical conditions, prior medical conditions, and other background information only if necessary to accomplish the prescribed assignment. **Do not include the patient's name and medical record number. In addition, do not talk about other identifying characteristics, for example the patient's job, job title, where they work, where they live, their community activities, etc.**

HIPAA Program Office; The University of Chicago Medical Center; GUIDANCE (February 18, 2008)

I agree to use all confidential information and the information systems of the facilities I am assigned in accordance with facility policy and procedure. I also understand that I may use my access security codes or passwords only to perform my duties and will not breach the security of the information systems or disclose or misuse security access codes or passwords. I will also make no attempt to misuse or alter the information systems of the facilities in any way.

I understand that I will be held accountable for any and all work performed or changes made to the information systems or databases under my security codes, and that I am responsible for the accuracy of the information I input into the system. I understand that violation of such policies and procedures may subject me to immediate termination of association with any facility, as well as civil sanctions and/or criminal penalties.

Any student who fails to maintain confidentiality and/or directly violates confidentiality may risk expulsion from the program in which they are enrolled.

*I have read and understand the WITCC confidentiality policy and agree to abide by the policy as written above.*

Print name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# WESTERN IOWA TECH COMMUNITY COLLEGE PHYSICAL THERAPIST ASSISTANT PROGRAM

## DOCUMENT OF INFORMED CONSENT

### ***Student Participating as Subjects or as Patient Simulators (client/patient)***

In simulated labs, students are expected to serve as the clinician and the client/patient. Students are advised that in participating in a course of this nature, there may be a need to expose the body to enhance learning. The dignity of students and faculty will be protected at all times.

- A safe environment must be maintained at all times
- Respect, dignity and confidentiality must be maintained at all times
- If a student is unable to perform as either a clinician or client/patient due to medical reasons, it is the student's responsibility to inform the Physical Therapist Assistant Program faculty. The student will still be responsible for learning the requisite material.

***I hereby agree to the above stated terms.***

Student Name (Print): \_\_\_\_\_

Student ID: \_\_\_\_\_

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)



# Social Media Policy

Western Iowa Tech Community College supports the use of technology inside and outside the classroom. This support comes with the expectation that students in WITCC programs will uphold the legal and ethical standards of their prospective professions and the WITCC Health Science programs when using such technology, including social media. State and Federal laws regarding privacy, such as HIPAA and FERPA, apply to all communication, whether educational or personal.

Students may not post or otherwise publish confidential or protected information. No information identifying a patient, patient situation, or clinical facility may be posted on any social media platform. Social media platforms include, but are not limited to: Facebook, LinkedIn, Snapchat, YouTube, Twitter, Instagram, TikTok, or any other social media platform in the future. Student use of photography and/or recording devices is prohibited in all classroom, laboratory and clinical sites, unless formal permission from the instructor of record is granted in advance.

Students are expected to maintain professional boundaries in their communication with others. Students should not give healthcare advice on social media platforms. Students should not “follow” or become a patient’s “friend” on a social media platform.

Any violation of this policy must be promptly reported to the program faculty. Disciplinary actions up to and including student removal will be taken accordingly. Students may be banned from the clinical facility, and/or subject to immediate expulsion from the Health Science Program. Students may also be subject to civil and/or criminal actions.

Student ID: \_\_\_\_\_

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewed 2/2022



# Grading and Graduation Policies of the Physical Therapist Assistant Program

## Grading

All students accepted into the Physical Therapist Assistant (PTA) program may re-enroll only once in a PTA program-specific (core) course within the program. If a student fails and/or withdraws twice within the PTA program, the student will not be permitted to re-enroll. Students have 45 days to appeal in writing after their second fail and/or withdrawal. This appeal must be submitted to the Associate Dean of Health Sciences. A student's 45 days start on the day the student withdraws or fails. PTA-specific (core) courses included are:

<b>Semester 1</b>	<b>Semester 2</b>	<b>Semester 4</b>	<b>Semester 5</b>
PTA 130	PTA 155	PTA 189	PTA 551
HSC 170	PTA 170	PTA 270	PTA 552
	HSC 127	PTA 260	PTA 454
		HSC 265	PTA 455

The specific grading criteria for all PTA courses are determined by the course instructors. The grading scale and requirements to achieve desired grades will be explained at the beginning of each course.

## Graduation

The PTA program at WITCC can impose requirements for program acceptance, grading, promotion, and graduation that may be higher than College policies. The requirements for graduation supersede the College requirements. WITCC PTA students must meet the graduation requirements as outlined in the WITCC College Catalog and the WITCC Student Handbook. Students in the PTA program must achieve a final grade of "C" (2.0) or better and pass all clinicals, the theoretical components, and lab practicals in all program-specific (core) courses listed above to be eligible for graduation.

Student Printed Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**I have read and understand the PTA Program Handbook, including grading, graduation policies, and admission information. The requirements for graduation from the PTA Program supersede the college requirements. I have also reviewed and understand the WITCC Student Handbook.**

**I agree to abide by these policies.**

**Please print:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***This form will be filled out on or prior to the first day of class and submitted to a PTA program faculty member.***

***Please bring this handbook with you to the PTA student orientation.***





## Physical Therapist Assistant Program

### Department of Education Disclosure Form

Pursuant to United States Department of Education (US DOE) regulation 34 CFR 668.43 (a) (5) (v), the Western Iowa Tech Community College Physical Therapist Assistant Program Disclosure resulting in an Associate of Applied Science (AAS) provides the following information for all prospective and current students:

The program has determined that its curriculum meets the state educational requirements for licensure or certification in all states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands secondary to be awarded candidacy status by the Commission on Accreditation in Physical Therapy Education, based on the following:

CAPTE accreditation of a physical therapist or physical therapist assistant program satisfies state educational requirements in all states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. Thus, students graduating from CAPTE-accredited physical therapist and physical therapist assistant education programs are eligible to take the National Physical Therapy Examination and apply for licensure in all states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. For more information regarding state qualifications and licensure requirements, refer to the Federation of State Boards of Physical Therapy website at [www.fsbpt.org](http://www.fsbpt.org).

Per CAPTE rule 7.2, “all credits and degrees earned and issued by a program holding candidacy are considered to be from an accredited program.”

Students are eligible to sit for licensure in all states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands, but it is the responsibility of each student to investigate any additional requirements for licensure in any state other than Iowa.

This statement serves to meet the USDOE regulation until further notice.

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Enrolled Student Name: Please Print

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Enrolled Student Signature

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Date

