

ESSENTIAL FUNCTIONS FOR THE PHYSICAL THERAPIST ASSISTANT

Successful participation in the PTA program includes the ability to perform essential functions, which are necessary for delivery of physical therapy services in a safe, ethical, legal manner. The essential functions are expected to be demonstrated, with or without reasonable accommodation, by students participating in the PTA program. Upon reviewing the Essential Functions for the PTA student included in this packet, the candidate will complete the Acknowledgment of Essential Functions for the Physical Therapist Assistant Student form and indicate whether or not that student can perform the essential functions. Prior to admission to the program, the student is responsible for providing written documentation of any disabilities, along with evidence for the need for accommodation. Requests for accommodations will be forwarded to the Disability Coordinator for Arkansas Tech University. The university will then decide if reasonable accommodations can be made for that particular student.

HEALTH REQUIREMENT/COVID VACCINATION

Clinical sites may have requirements in addition to those required by the university. **This may include the COVID-19 vaccination.** Failure to comply with this additional requirement may result in the inability to complete the clinical coursework for the program.

Essential Function	Capabilities Expected
Motor Skills	<p>The student should possess sufficient motor capabilities in order to provide safe and effective physical therapy procedures. Capabilities required include, but are not limited to:</p> <ul style="list-style-type: none"> • Ability to assist and protect patients who are walking, exercising or performing other activities; • Ability to adjust, move, position and lift patients and equipment; • Ability to perform pushing, pulling, bending, twisting, reaching, standing, kneeling, sitting, walking and crawling; • Ability to provide cardiopulmonary resuscitation (CPR); • Ability to manipulate equipment including adjustment of dials, gauges, small nuts/bolts and various equipment settings; • Sufficient endurance to move about a clinical setting steadily throughout an 8-hour work day.
Sensory Skills	<p>The student should possess sufficient sensory abilities in order to competently assess and monitor patients. Capabilities required include, but are not limited to:</p> <ul style="list-style-type: none"> • Sufficient visual ability to recognize and interpret facial expressions and body language, identify normal and abnormal patterns of movement, to read or set parameters on equipment, to discriminate color changes, recognize a patient's physiological status and assess the patient's environment; • Sufficient auditory ability to recognize and respond to verbal communication, auditory timers, equipment alarms and effectively use devices for measurement of blood pressure; • Sufficient tactile ability to palpate pulses; detect and assess changes or abnormalities in skin texture, skin temperature, muscle tone, and joint movement.

<p>Communication</p>	<p>The student should possess sufficient ability to communicate effectively and competently in the English language with others using appropriate verbal and written methods. Capabilities required include, but are not limited to:</p> <ul style="list-style-type: none"> • Ability to read at a level of competency that allows one to safely perform the essential functions of an assignment; • Ability to write in a legible manner; • Ability to present information about physical therapy procedures and services to patients, family members and other health care professionals. • Ability to recognize, interpret and respond to nonverbal behavior of self and others; • Ability to interpret and communicate information regarding the status, safety and rehabilitation of patients.
<p>Behavior</p>	<p>The student should possess sufficient ability to exercise good judgment, develop therapeutic relationships with patients and others, work in stressful situations, and tolerate close physical contact with patients and co-workers. Capabilities required include, but are not limited to:</p> <ul style="list-style-type: none"> • Ability to work with multiple patients and colleagues at the same time; • Ability to work with others under stressful conditions; • Ability to work with individuals of varying socioeconomic, ethnic and cultural backgrounds; • Ability to act in the best interests of patients.
<p>Critical Thinking</p>	<p>The student should possess sufficient ability to comprehend and process information in a timely manner. Capabilities required include, but are not limited to:</p> <ul style="list-style-type: none"> • Ability to collect and interpret data related to patients and physical therapy services; • Ability to prioritize multiple tasks, process information and make decisions; • Ability to apply knowledge from education to the provision of physical therapy services; • Ability to observe, measure and interpret normal and abnormal patient responses to physical therapy interventions, and appropriately modify treatment interventions; • Ability to act safely and ethically in the physical therapy lab and clinic.

ACKNOWLEDGMENT OF ESSENTIAL FUNCTIONS

By signing below, I acknowledge that I have read and understand the Essential Functions for the Physical Therapist Assistant Student. I believe to the best of my knowledge that I have the ability to learn and perform the essential functions:

(Please check one)

- Without reasonable accommodations
- With reasonable accommodations (further documentation is attached)

Student Name

Date

Student Signature

Understanding of Clinical Participation Requirements

Arkansas Tech University-Ozark Campus Physical Therapist Assistant program uses external affiliated agencies for clinical experiences for our students. Affiliated agencies may impose requirements for students in order to be allowed access to clinical experiences.

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

- Health Screening/Immunizations (including COVID vaccination);
- CPR Certification;
- Criminal Background Investigation;
- Drug Testing.

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

NOTICE AND RELEASE - READ CAREFULLY BEFORE SIGNING

I, the undersigned applicant to the Physical Therapist Assistant program at Arkansas Tech University-Ozark Campus, understand that participation in a clinical experience is part of the Physical Therapist Assistant program and that participation in a clinical experience includes working as a student at an affiliating agency. I understand that I will be responsible for all travel, meals and lodging associated with clinical education. 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 the Physical Therapist Assistant program. I hereby release Arkansas Tech University-Ozark Campus, 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.

Student Name

Date

Student Signature

CLINICAL OBSERVATION EVALUATION FORM



Applicant's Name _____ Date: _____

In requesting the completion of this evaluation form, which will be used in the admission selection process for the Physical Therapist Assistant program at Arkansas Tech University-Ozark, I waive my right of access to this document.

X

Student

PT/PTA completing this form: _____
Printed Name Signature

State and License #: _____

Facility & Address: _____

Telephone Number: _____

Number of volunteer/observation hours completed at your facility: _____

SUPERVISING THERAPIST: Please fill these forms out confidentially, place them in an envelope, seal the envelope and sign your name across the seal. Please return the envelope to the student to turn in as part of his/her PTA application. **THANK YOU!**

Instruction: Please circle the number closest to the best description of the student.

1. Personal Appearance

1	2	3	4	5
Sloppy, too casual, overly revealing		One clothing item inappropriate, dirty, ripped		Complies with dress code

2. Attendance

1	2	3	4	5
Poor, often late/absent		Less than 10 minutes late		Always punctual

3. Attitude Toward Patients

1	2	3	4	5
Rude, careless, disrespectful		Indifferent or overly chatty		Pleasant/appropriate

4. Attitude Toward Staff

1	2	3	4	5
Rude, sullen		Indifferent or overly friendly		Cooperative, respectful

5. Communication Skills

1	2	3	4	5
Poor listener, no attempts to ask questions Talks about self only		Unclear questions, random attempts		Thoughtful questions, on topic

6. Motivation

1	2	3	4	5
Disinterested in patient care		Occasional interest in therapy process		Seeks out learning in appropriate ways

7. Please ask the student the following question and rate the answer: "Why do you wish to work in the field of physical therapy?"

1	2	3	4	5
Unable to answer	Minimal information	Appropriate information, difficulty articulating or rehearsed answers	Quality information Basic PT knowledge	Excellent information Specific PT knowledge

8. Please ask the student the following question and rate the answer: "What does physical therapy mean to you?"

1	2	3	4	5
Unable to answer	Minimal information	Appropriate information, difficulty articulating or rehearsed answers	Quality information Basic PT knowledge	Excellent information Specific PT knowledge

9. Please ask the student the following question and rate the answer: "What do you feel makes physical therapy unique to other therapy professions?"

1	2	3	4	5
Unable to answer	Minimal information	Appropriate information, difficulty articulating or rehearsed answers	Quality information Basic PT knowledge	Excellent information Specific PT knowledge

10. Please ask the student the following question and rate the answer: "What is one thing you feel you have learned during your observation?"

1	2	3	4	5
Unable to answer	Minimal information	Appropriate information, difficulty articulating or rehearsed answers	Quality information Basic PT knowledge	Excellent information Specific PT knowledge