

Essential Functions for Physical Therapy Students

Applicants admitted to the Doctor of Physical Therapy (DPT) program must demonstrate that they possess the intelligence, integrity, compassion, humanitarian concern, physical capability, and emotional capacity necessary to succeed in a challenging curriculum as well as perform in the practice of physical therapy.

To fulfill our responsibility both to the profession and to the public to prepare DPT graduates to be competent physical therapists, the Faculty of the University of Michigan-Flint Physical Therapy Department has developed Essential and Technical Standards. Essential and Technical Standards are the cognitive, emotional, behavioral, and physical abilities required for satisfactory completion of the DPT curriculum and development of professional attributes required of all students at graduation.

While an applicant is not required to disclose the specifics of any disability, it is the applicant's responsibility to request reasonable accommodation if they cannot demonstrate these Essential and Technical Standards without accommodation.

The following are the Essential and Technical Standards that students must be able to meet either with or without reasonable accommodation.

Intellectual/Conceptual, Integrative, and Qualitative Skills:

Physical therapists must have the skills to: obtain, interpret, and document data; solve problems and make diagnoses; make proper assessments and use sound judgment; appropriately prioritize therapeutic interventions; measure and record patient care outcomes. In addition, students must be able to comprehend three-dimensional relationships and understand the spatial relationships of anatomic structures. These skills are critical and require these intellectual abilities: measuring, calculating, reasoning, analyzing, and synthesizing.

Intellectual/Conceptual, Integrative, and Qualitative Skills include, but are not limited to:

1. Receive, interpret, remember, reproduce, and use information in the cognitive, psychomotor, and affective domains of learning to solve problems, evaluate work, and generate ways of processing or categorizing similar information listed in course objectives.
2. Perform a physical therapy examination of a client's posture and movement including analysis of physiological, biomechanical, behavioral, and environmental factors. Additionally, this examination will be performed in a timely manner, consistent with the acceptable norms of clinical settings.
3. Use examination data to formulate a physical therapy evaluation and execute a plan of physical therapy management in a timely manner, appropriate to the problems identified, and consistent with acceptable norms of clinical settings.
4. Incorporate information from peer-reviewed literature, from faculty, from peers, and laboratory and radiological data into patient management.
5. Reassess and revise plans as needed for effective and efficient management of physical therapy problems, in a timely manner, and consistent with the acceptable norms of clinical settings.

Communication Skills:

DPT students must be able to communicate in English effectively and sensitively with patients. In addition, students must be able to communicate in English in oral and written form with faculty, other healthcare providers, and peers in the classroom, laboratory, and clinical settings. Such communication skills include hearing, speaking, reading, and writing in English. Students must have the ability to complete reading assignments and search and evaluate the literature. Students must be able to complete written assignments and maintain written records. Students must also have the ability to use therapeutic communication such as attending, clarifying, coaching, facilitating, and

palpation. These skills must be performed in clinical settings, as well as the didactic and laboratory environments.

Communication Skills include, but are not limited to:

1. Effectively communicate information and safety concerns with other students, teachers, clients, peers, staff and personnel by asking questions, giving information, explaining conditions and procedures, or teaching home programs. These must be done in a timely manner and within the acceptable norms of academic and clinical settings.
2. Receive and interpret written communication in both academic and clinical settings in a timely manner.
3. Receive and send verbal communication in life threatening situations in a timely manner within the acceptable norms of clinical settings.
4. Physical Therapy education presents exceptional challenges in the volume and breadth of required reading and the necessity to impart information to others. Students must be able to communicate quickly, effectively, and efficiently in oral and written English with all members of the health care team.

Behavioral/Social Skills and Professionalism:

Students in the Department of Physical Therapy must demonstrate attributes of empathy, integrity, concern for others, interpersonal skills, interest, and self motivation. Students must demonstrate sound judgment, complete the responsibilities attendant to the evaluation and care of patients, and develop mature, sensitive, and effective relationships with patients. Students must be adaptable to ever-changing environments, display flexibility, respect individual differences, and function in the face of uncertainties and stresses inherent in the educational processes well as in clinical practice.

Students must demonstrate appropriate assertiveness, ability to delegate responsibilities appropriately, ability to function as part of a physical therapy team, demonstrate organizational skills and initiative necessary to meet deadlines and manage time.

Behavior/ Social Skills and Professionalism examples include, but are not limited to:

1. Maintain general good health, hygiene, and self-care in order to safeguard the health and safety of self and individuals with whom one interacts in the academic and clinical settings.
2. Arrange transportation and living accommodations to foster timely reporting to the classroom and clinical assignments.
3. Demonstrate appropriate affective behaviors and mental attitudes in order to maintain the emotional, physical, mental, and behavioral safety of clients and other individuals with whom one interacts in the academic and clinical settings and to be in compliance with the ethical standards of the American Physical Therapy Association.
4. Sustain the mental and emotional rigors of a demanding educational program in physical therapy which includes academic and clinical components that occur within time constraints, often concurrently.
5. Demonstrate the emotional health required for the full utilization of his or her intellectual abilities to safely engage in providing care to patients and their families within all health-related settings, including those that are rapidly changing and may be highly stressful.
6. Engage in providing safe and quality physical therapy services to patients in rapidly changing and often high stressful health-related setting without any evidence of behaviors of addiction to, abuse of, or dependence on alcohol or other drugs that have the potential to impair behavior or judgment.

Motor Skills/Sensory/Observational Skills:

The delivery of physical therapy requires gross and fine motor control. Students in the Department of Physical Therapy and as practicing physical therapists must have the physical strength, stamina, and motor control to lift and transfer patients, assist patients with ambulation, stand for prolonged periods of time, perform cardiopulmonary resuscitation (CPR); have sufficient manual dexterity, strength, and endurance to engage in physical therapy procedures that involve palpating, grasping, pushing, pulling, holding, and ensure the safety of the patient at all times.

DPT students must be able to observe demonstrations and participate in all curriculum educational experiences, must be able to observe patients, and be able to obtain an appropriate medical history directly from the patient or guardian. Such observation and participation necessitates the functional use of vision, hearing, and other sensory modalities.

Motor Skills/Sensory/Observational Skills include, but are not limited to:

1. Physically move to lecture, lab, and clinical locations; move within rooms as needed for changing groups, partners, and workstations.
2. Physically move in required clinical settings, to accomplish assigned tasks.
3. Physically move quickly in an emergency situation to protect the patient (e.g. from falling).
4. Physically move another person's body parts to effectively perform evaluation techniques.
5. Effectively use common tools used for screening tests of the cranial nerves, sensation, range of motion, blood pressure, strength e.g., cotton balls, safety pins, goniometers, Q-tips, sphygmomanometer, dynamometer.

6. Safely and effectively guide, facilitate, inhibit, and resist movement and motor patterns through physical facilitation and inhibition techniques (including ability to give time urgent verbal feedback).
7. Control another person's body in transfers, gait, positioning, exercise, and mobilization techniques.
8. Arrange bolsters, pillows, plinths, mats, gait assistive devices, and other supports or chairs to aid in positioning; moving, lifting, pushing/pulling; providing care to a patient effectively including lifting objects that reflect a range of weight between 10 – 100 lbs.
9. Competently perform and supervise CPR using guidelines issued by the American Heart Association or the American Red Cross.
10. Legibly record thoughts in English for written assignments and tests.
11. Legibly record/document evaluations, patient care notes, referrals, etc. into charts in hospital/clinical settings in a timely manner and consistent with the acceptable norms of clinical settings.
12. Detect changes in an individual's muscle tone, skin quality, joint play, kinesthesia, and temperature to gather accurate objective evaluative information in a timely manner; detect an individual's response to environmental changes and treatment.
13. Safely apply and adjust the dials or controls of therapeutic modalities.
14. Safely and effectively position hands and apply mobilization techniques.
15. Use a telephone. Use a computer.
16. Read written and illustrated material in the English language, in the form of lecture handouts, textbooks, literature, and patient charts.
17. Observe active demonstrations in the classroom.

18. Receive visual information from training videos, projected slides/overheads, radiographs, and notes written on a blackboard/whiteboard.
19. Receive visual information from clients, e.g., movement, posture, body mechanics, and gait necessary for comparison to reference standards when evaluating movement dysfunctions.
20. Receive visual information from the treatment environment (e.g., dials on modalities and monitors, assistive devices, furniture, flooring, structures, etc).
21. Receive visual clues including facial grimaces, muscle twitching, withdrawal etc.
22. Receive aural information from lectures and discussion in an academic and clinical setting.
23. Distinguish between normal and abnormal lung and heart sounds using a stethoscope.