

Cerritos College  
Clinical Performance Instrument  
(CPI)

Standards of Satisfactory Performance

*Internship I*

|                                    |     |
|------------------------------------|-----|
| Criteria 1, 2, 3, 4, 5             | 95% |
| Criteria 6, 7, 12, 18              | 75% |
| Criteria 8, 16, 19, 20             | 65% |
| Criteria 9, 10, 11, 13, 14, 15, 17 | 50% |

*Internship II*

|                                    |      |
|------------------------------------|------|
| Criteria 1, 2, 3, 4, 5             | 100% |
| Criteria 6, 7, 12, 18              | 80%  |
| Criteria 8, 16, 19, 20             | 70%  |
| Criteria 9, 10, 11, 13, 14, 15, 17 | 60%  |

*Internship III*

|                                    |      |
|------------------------------------|------|
| Criteria 1, 2, 3, 4, 5             | 100% |
| Criteria 6, 7, 12, 18              | 90%  |
| Criteria 8, 16, 19, 20             | 80%  |
| Criteria 9, 10, 11, 13, 14, 15, 17 | 75%  |

## STUDENT PREPARATION FOR FIRST CLINICAL

### SPRING SEMESTER – FIRST YEAR

The Physical Therapist Assistant students have demonstrated knowledge of the subject matter listed below. This has been evaluated by paper and pencil tests. In addition, they have demonstrated an acceptable level of performance and have been evaluated by laboratory practical examinations performed on fellow students or on the instructor. While acceptable performance must be safe and accurate, it may be slower and not as smooth as the skilled practitioner in the clinic. Please keep in mind that this is the first clinic experience and for many students this will be their first contact with patients. Therefore, while they are ready to practice these skills with patients, close initial supervision will be needed.

If you would like the student to participate in other activities not listed below, please give him/her adequate preparation and close supervision. However, the student should not be expected to demonstrate competency in such activities.

## COMPLETED EDUCATION

### A. Basic Anatomy and Physiology of:

1. Musculoskeletal System
2. Nervous System
3. Circulatory System
4. Respiratory System
5. Digestive System
6. Genitourinary System
7. Cell and tissue structure and function

### B. Role of Physical Therapist and Physical Therapist Assistant in Patient Care

1. Philosophy of physical therapy in medical care
2. History of physical therapy and American Physical Therapy Association
3. Ethics and demeanor
4. Legal requirements for physical therapy practice
5. Various members of the rehabilitation team
6. Physical therapist/physical therapist assistant relationship

### C. General Patient Care

1. Basic Asepsis
2. Basic patient transfer – bed to w/c
  - a. Pivot transfer for stroke patient
  - b. Sliding transfer for paraplegic patient

- c. Non-weight bearing standing transfer for lower extremity fracture, sprain, or total knee
  - d. Total hip transfer
- 3. Vital signs – measurement, normal limits, recording
  - a. Pulse rate – radial and carotid
  - b. Respiration
  - c. Blood pressure
- 4. Bed positioning for contracture and pressure sore prevention
  - a. Supine
  - b. Side lying
  - c. Prone
  - d. Bridging in supine position

#### D. Specific Patient Care

- 1. Application of specific heat modalities
  - a. Ultrasound
  - b. Hot pack
  - c. Whirlpool – arm or leg
  - d. Ice pack or ice massage
  - e. Spot ultraviolet
  - f. Paraffin
- 2. Gait training and equipment
  - a. Adjust axillary and forearm crutches, walk cane, quad cane, single point cane, walker
  - b. Gait-train patient according to instruction of physical therapist in two point, three point, four point and swing-through gaits on level surfaces and stairs
- 3. Back and or neck massage
- 4. Postural drainage
- 5. Goniometry for routine measurement and data collection
- 6. Gross/group manual muscle testing for routine measurement and data collection

Standards for competence in application of each modality and procedure are described in the PTA Clinical Performance Instrument (CPI)

## CONCURRENT EDUCATION

During this semester the students will be enrolled in PTA 125 – Pathology, PTA 128 – Physical Therapy Aspects of Growth and Development, and PTA 135 – Neurology. In Pathology, students will be learning about common conditions of the musculoskeletal, cardiovascular, respiratory and nervous systems. The pediatric/gerontology coursework will focus on treatment principles and techniques useful for this population. In Neurology, students will learn about neurological conditions commonly seen in physical therapy as well as basic treatment interventions rendered to these patients.

# SUMMARY OF LEARNING OBJECTIVES FOR CLINICAL AFFILIATION

## A. Department/Center Orientation

1. Charts, records, forms
2. Center policies and procedures
3. Tour and introduction to staff

## B. Patient Contact

1. Transport patients to and from department
2. Establish rapport with patients
3. Assist therapists with patients
4. Prepare patients for treatment
5. Observe patient evaluations, observe interventions in which student has not been trained

## C. Patient Treatment – Apply the following physical agents and procedures

1. Modalities
  - a. Hot packs
  - b. Cold packs
  - c. Ultrasound direct and under water
  - d. Diathermy (Laser)
  - e. Paraffin
  - f. Spot quartz
  - g. Whirlpool
2. Vital signs
  - a. Blood pressure
  - b. Pulse
  - c. Respiration
3. Transfers – bed or mat to chair
  - a. Pivot
  - b. Sliding
  - c. Non-weight bearing
  - d. Total hip (hip/knee)
4. Adjustment of ambulation equipment
  - a. Crutches
  - b. Canes
  - c. Walkers
  - d. Wheelchairs
5. Gait Training – on level and stairs
  - a. Two point
  - b. Three point
  - c. Four point
  - d. Swing-through crutch gait
  - e. Walker gait
  - f. Cane gait
6. Goniometry for upper and lower extremities for data collection
7. Muscle testing for data collection

8. Additional Procedures
  - a. Back massage
  - b. Postural drainage
- D. Chart Review
  1. Diagnoses
  2. Specific physical therapy treatment diagnosis
  3. History and physical
  4. Pertinent laboratory and x-ray reports
  5. Nurse's notes
  6. Physician's progress notes – order sheets
  7. PT, OT, Speech notes
  8. Special consults
  9. Surgical reports
- E. Charting – Chart treatments given within guidelines of Center
- F. Interact with Center Staff (at discretion of Center)
  1. Communicate with clinical instructor and/or primary physical therapist
  2. Attend rounds, conferences, in-services, department meetings
  3. Observe other services
  4. Observe surgery

## **MINIMAL COMPETENCY LEVEL**

This is the student's first experience with patient treatment unless the student has worked as an aide. Close supervision and instruction are recommended at first. Charting should be practiced and reviewed on separate paper prior to direct entry into the medical chart.

### CPI COMPETENCY LEVELS

|                                    |     |
|------------------------------------|-----|
| Criteria 1, 2, 3, 4, 5             | 95% |
| Criteria 6, 7, 12, 18              | 75% |
| Criteria 8, 16, 19, 20             | 65% |
| Criteria 9, 10, 11, 13, 14, 15, 17 | 50% |

## STUDENT PREPARATION FOR SECOND CLINICAL

### FALL SEMESTER – SECOND YEAR

As the students begin the Fall Semester, they have each had experience in one clinical setting (Spring Semester – First Year) for a total of 240 hours. While experiences varied from center to center, the students had an opportunity to transfer and gait train a variety of patients and to use selected heat/cold physical agents.

The emphasis for the present semester should be to provide experience in therapeutic exercise as well as continuance of skill development in physical agents, transfers and gait. As the semester continues, the student should be able to select and instruct the patient in specific exercises if given the evaluation results, the plan of care with specific short and long-term goals and the time frame for goal achievement.

## COMPLETED EDUCATION

- A. Basic Anatomy and Physiology of the major systems
- B. Role of the Physical Therapist and Physical Therapist Assistant in patient care
- C. Applied Anatomy and Kinesiology
  - 1. Muscles – origins, insertions and actions for muscles of the arms and legs. Actions of muscles of head, neck and trunk
  - 2. Bones – names of all major bones of the body including landmarks, joint articulations and motions
  - 3. Cardiovascular Respiratory System – components of the heart and lungs, major blood vessels, effects of exercise on these systems
- D. Pathology
  - 1. Orthopedics – fracture care, joint replacement, osteo- and rheumatoid arthritis, soft tissue disabilities, back problems
  - 2. Lung Diseases – emphysema, bronchitis, asthma
  - 3. Heart Diseases – myocardial infarct, congestive heart failure, hypertension, valvular and congenital heart diseases
  - 4. Digestive System Diseases
- E. Growth, Development and Aging
  - 1. Disease and treatment problems seen with this population
  - 2. Treatment interventions and principles for pediatric and geriatric patients
  - 3. Principles of neuro-developmental therapy
  - 4. Wound care interventions including cleansing and dressings
- F. Neurology
  - 1. Anatomy and physiology of the central and peripheral nervous systems
  - 2. Neurological conditions and diseases commonly treated by physical therapy

## **SKILLS**

- A. General Patient Care
  - 1. Asepsis
  - 2. Wheelchair transfers – pivot transfer, sliding transfer, non-weight bearing transfer, total hip/knee transfer
  - 3. Vital signs – blood pressure, pulse rate, respiration rate
  - 4. Bed positioning
- B. Specific Patient Care
  - 1. Major joint goniometry and manual muscle testing to measure response to treatment
  - 2. Physical agents application – hot pack, ultrasound (direct and under water), whirlpool, ice pack, paraffin
  - 3. Gait training – adjusting canes, crutches, walkers; gait pattern instruction on level, ramps and stairs; spotting and use of safety belts
  - 4. Back and/or neck massage
  - 5. Postural drainage
- C. Charting – Recording interventions given, response to treatment, communication with primary physical therapist

## **CONCURRENT EDUCATION**

During the Fall Semester of the second year, the students are enrolled in PTA 233 – Prosthetics and Orthotics and PTA 230 – Therapeutic Exercise. As the semester continues, the Therapeutic Exercise course will cover material in the following order: passive exercise, active exercise, resistive exercise, exercise programs for specific disabilities, and under water exercise. The Prosthetics-Orthotics class will cover application and removal of various devices, patient education in the use of devices and fabrication of plaster and orthoplast resting splints.

## **LEARNING EXPERIENCES NEEDED IN THE SECOND CLINICAL AFFILIATION**

- A. Continued practice and skill development in transfers, gait, modality application, data collection for goniometry and manual muscle testing, postural drainage, massage
- B. Practice in written and oral expression through charting, case reports, discussion of patient progress with clinical instructor/physical therapist
- C. Identification of assets and problem areas through review of physical therapist's evaluation of the patient
- D. Instruct patient in exercise routines for low back syndrome, neck syndrome, scoliosis and poor posture

- E. Administer passive range of motion for patients with contractures, flail muscles, spasticity, loss of consciousness, burn scars and other conditions needing passive exercise
- F. Administer active, active assistive exercise and conditioning exercise, lead group exercise class

LEARNING EXPERIENCES NEEDED IN CLINIC - Continued

- G. Administer strengthening program to patients with muscular weakness using various exercise equipment – N-K unit, wall pulleys, dumbbell and velcro weights, bicycle, restorator, isokinetic equipment
- H. Administer exercise program for specific disability – stroke, pulmonary, amputee, peripheral vascular, nerve injury, fracture and other impairments
- I. Recognize when the patient is ready to advance in program and report this to the physical therapist
- J. Utilize the integration of evaluation findings, treatment goals and treatment plan. Implement minor modifications as specified in the plan
- K. Recognize and report regressions or changes in condition to the physical therapist
- L. Attend rounds, conferences and in-services as scheduling permits

MINIMAL COMPETENCE LEVEL

This is the student’s second affiliation, but may be the first in this particular setting. As such, the student will require moderate but decreasing supervision on assigned interventions. Productivity should reach at least 50% of that required of a new graduate.

CPI COMPETENCY LEVELS

|                                    |      |
|------------------------------------|------|
| Criteria 1, 2, 3, 4, 5             | 100% |
| Criteria 6, 7, 12, 18              | 80%  |
| Criteria 8, 16, 19, 20             | 70 % |
| Criteria 9, 10, 11, 13, 14, 15, 17 | 60%  |

STUDENT PREPARATION FOR THIRD CLINICAL  
SPRING SEMESTER – SECOND YEAR

As the students begin the Spring Semester, they have had experience in two clinical settings over a two-semester period for a total of 480 hours. The students have had the opportunity to apply heat and cold physical agents, transfer and gait train patients with various disabilities and administer passive, active and resistive exercise programs.

The emphasis for this last semester of clinical experience is two-fold: first to integrate classroom learning and clinical experience into a gestalt, and second to achieve the level of competence expected of a new graduate physical therapist assistant. The goal for this final set of experiences is to encourage the student to move from dependence on a clinical instructor to use of the clinical instructor for consultation and guidance similar to that used in the supervision of a staff physical therapist assistant.

## **COMPLETED EDUCATION**

- A. Basic Anatomy and Physiology of the major bodily systems
- B. Role of the Physical Therapist and Physical Therapist Assistant in patient care
- C. Applied Anatomy and Kinesiology of the Musculoskeletal and Cardiovascular-Respiratory Systems
- D. Medical Disabilities – orthopedics, lung and heart diseases, digestive system diseases
- E. Physical Therapy aspects of Growth, Development and Aging – treatment principles and techniques
- F. Neurology and Neurological Disabilities – stroke, head trauma, spinal cord injury, peripheral nerve injuries, developmental diseases and other neurological problems
- G. Therapeutic Exercise – passive, active and resistive exercise, aquatic exercise, exercise regimes for specific problems
- H. Patient Aspects of Aging and Integumentary Management
- I. Electrotherapy Interventions

## **COMPLETED SKILL ACHIEVEMENT**

- A. General Patient Care
  - 1. Asepsis
  - 2. Wheelchair transfers
  - 3. Vital signs
  - 4. Positioning and draping
- B. Specific Patient Care
  - 1. Major joint goniometry and manual muscle testing for data collection of response to treatment

2. Physical Agent Application – hot pack, laser, ultrasound, spot ultraviolet, whirlpool, ice pack, ice massage, contrast bath, paraffin
3. Gait Training
  - a. Adjusting canes, crutches and walkers
  - b. Gait training for various crutch and cane gaits, spotting, stairs and curbs
4. Back and neck massage
5. Postural drainage
6. Charting treatment given and response to treatment
7. Communication with physical therapist

## **ONCURRENT EDUCATION**

During this semester, the students are enrolled in PTA 240 and PTA 245. PTA 240 involves learning about wheelchair fit, activities of daily living and assistive devices, cervical and lumbar intermittent traction, Jobst intermittent compression, and utilization of physical therapy evaluation and treatment plan of care for implementation of interventions as assigned by the physical therapist. PTA 245 involves learning massage to the limbs, abdomen and face, electrical stimulation, T.E.N.S., laser, and biofeedback.

## **LEARNING EXPERIENCE NEEDED IN THE LAST CLINICAL AFFILIATION**

### Administration of Treatment

- A. Therapeutic Exercise: Given a patient and a plan for exercise including goals of treatment, rate of progress, frequency and duration, and exercise method and technique, if applicable, the Physical Therapist Assistant student should:
  1. Prepare and adjust equipment safely to adapt to patient and diagnosis
  2. Prepare patient for treatment using comfort, positioning and appropriate draping techniques
  3. Instruct the patient (family) including purpose of exercise, goal, proper technique, repetitions and precautions
  4. Supervise exercise program by checking positioning, encouraging correct performance, monitoring for fatigue and other precautions
  5. Recognize progressions and identify modifications by being responsive to changes in patient's mental and physical abilities, deviations from expected rate of progress. These observations and recommended modifications should be reported to the physical therapist in a timely manner prior to changes in exercise regime.
  6. Document treatment with clarity and brevity including treatment given, response, appropriate observations. Documentation should follow established procedures of hospital or clinic

## LEARNING EXPERIENCE NEEDED IN THE CLINIC – Continued

- B. Gait Training: Given a patient and a plan for gait training which includes equipment, method and techniques, anticipated rate of progress, method of progression, goals, precautions, weight bearing status, and contraindications, if applicable, the Physical Therapist Assistant student should:
1. Prepare and adjust equipment to fit patient correctly according to gait plan
  2. Prepare patient and explain procedure using clear, concise instruction, demonstration checking for patient comprehension, and advising patient correctly of safety techniques, precautions and weight bearing status
  3. Administer gait training by following established spotting and instruction procedures, using appropriate equipment, monitoring patient for correct execution of gait precautions, fatigue and safety techniques. Encourage increase of distance as patient is able.
  4. Modify technique and progress of patient as defined in the plan. Report progression readiness and set-backs to the physical therapist.
  5. Document treatment precisely and succinctly including gait pattern, weight bearing status, endurance, assistance needed according to established hospital or clinic procedures.
- C. Physical Agents: Given a patient and a treatment plan which includes specific agents, goals of treatment, intensity, frequency and duration of use, rate and method of progress, and precautions, if applicable, the Physical Therapist Assistant student should:
1. Prepare for the intervention by gathering appropriate equipment and supplies and setting these up for efficient usage.
  2. Prepare the patient by explaining the intervention, checking for contraindications, explaining the intervention, draping for adequate exposure of the part to be treated, positioning and adjusting the agent accurately and safely.
  3. Administer the agent using standard technique, appropriate intensity, frequency and duration, safety precautions, and monitoring the patient frequently for response to the intervention
  4. Document legibly and concisely the intervention given including intensity, duration, special precautions and patient response to treatment.
  5. Communicate findings to the physical therapist.

## **PERSONAL QUALIFICATIONS AND COMMUNICATION**

- A. Professional Demeanor: During the period of time that the student is assigned to the hospital or clinic, he/she will demonstrate professional behavior as follows:
1. Maintain a neat, clean appearance and wear lab coat and name tag.
  2. Perform all work hours according to APTA ethical guidelines for the affiliate member.
  3. Maintain work hours as scheduled by hospital/clinic and school. Call supervisor and ACCE if unable to attend scheduled assignment.

## PERSONAL QUALIFICATIONS AND COMMUNICATION - Continued

- B. Staff Interaction Skills: The student will interact with supervisor, clinical instructor and other staff members in the following manner:
1. Communicate appropriate changes in patient progression to the person in charge of that aspect of the patient's care.
  2. Seek and utilize feedback on strengths and weaknesses in the student's knowledge and skill.
  3. Identify and perform shared departmental responsibilities such as safety checks, clean up tasks, ordering, billing, scheduling and the like.
  4. Use time constructively to increase skills, knowledge, and attitudes requisite of a staff physical therapist assistant.

### MINIMAL COMPETENCY LEVEL

This is the student's last clinical affiliation and as such, he/she should be at entry level by conclusion of the affiliation period. The clinical instructor should be used as a mentor similar to that expected of a new graduate. New/complex experiences will require close supervision. Productivity should be close to that expected of a new graduate

### CPI COMPETENCY LEVELS

|                                    |      |
|------------------------------------|------|
| Criteria 1, 2, 3, 4, 5             | 100% |
| Criteria 6, 7, 12, 18              | 90%  |
| Criteria 8, 16, 19, 20             | 80%  |
| Criteria 9, 10, 11, 13, 14, 15, 17 | 75%  |