Memorial
Regional Rehabilitation Center™

PHYSICAL THERAPY STUDENT HANDBOOK

INDEX

PAGE	TITLE
2	Orientation Checklist
4	Clinical Education Philosophy
5	Objective 1
6	Objective 2
7	Objective 3
8	Objective 4
9	Objective 5
10	Objective 6
11	General Information
12	Teaching Objectives and Guidelines
16	Assignments
17	Observation Note
18	Scope of Care
21	Evaluation and Treatment Philosophy
22	Performance Expectation

Memorial Regional Rehabilitation Center
Orientation Check List

Date/Initial

_____ 1. Introductions
- Medical Director and Physiatrists
- Nursing Staff and Unit Director
- Patient Care Associates
- Social Worker/Social Services

_____ 2. Rehab Program Protocols
- Location of Manuals
- Review of Manuals

_____ 3. Treatment Spaces/Locations
- 5th Floor - private treatment room, dining room, etc.
- 1st Floor - gym, Speech/Language offices, Kitchen, etc.
- 8th Floor, South – gym, practice stairs

_____ 4. Referrals
- Pick up and distribution
- Acknowledgment in medical chart – yellow progress notes section

_____ 5. Documentation
- Review of medical charts on 5 South
- FIM form
- Patient Education Check List
- Clinical Care Conference form
- Evaluation forms – Ortho & Neuro
- Discharge Note forms – Ortho & Neuro
- Physician communication
- Scheduling:
  - Schedule books
  - Schedule board
  - Patient scheduling – individual sessions, group, weekend treatments
- Therapist/Patient coverage sheets
- Weekend coverage sheets

_____ 6. Equipment
- Locations for use
- Purchase for patients
- Ordering special equipment
- Available on each floor

Orientation Check List, page 2

Date/Initial

_____ 7. Conferences
- Clinical Care Conferences
- Family Conferences
- Amputee Clinic

_____ 8. Charges
- Location and completion of forms
- List of Rehab charge codes
- Other billing
  - Equipment/special equipment
  - CPM

CLINICAL EDUCATION PHILOSOPHY
REHABILITATION SERVICES

The Clinical Instructors of Memorial Regional Rehabilitation Center staff accepts the responsibility of providing interns, from affiliating professional degree programs, with a well rounded learning experience. This learning experience will include exposure, both in terms of observational and direct application/contact, to various types of neurologic, orthopaedic and medical clients; documentation and evaluation methods, and interdisciplinary team process. The intern is responsible for the learning component of the information provided by his/her Clinical Instructor, asking questions with regard to areas of uncertainty, and participating in those activities which will help him/her develop problem solving skills and patient care skills. The intern will play an active role on the team by providing care and education to our patients and their families, documenting care provided and sharing information with other team members and other individuals with care responsibilities for these patients.

The activity of being an intern is an active one. A clinical affiliation is the ideal setting to integrate didactic learning and clinical skill while gaining experience and knowledge from those who have worked in the health care profession for a number of years.

OBJECTIVE 1

The student demonstrates high standards of professional conduct:

a) Student abides by professional ethics.

b) Student has neat, clean, appropriate appearance.

c) Student shows respect for professional and non-professional co-workers abilities.

d) Student respects and follows all departmental policies and procedures.

e) Student understands the role of the physical therapist and other health professionals and how they relate to one another in a rehab setting.

f) Student is able to accept constructive criticism and realizes his or her own strengths and weaknesses in the clinic setting.

g) Student shows appropriate curiosity about his/her profession through reading, research and asking questions.

h) Student demonstrates self-discipline and dependability in meeting responsibilities.

i) Student handles confidential information with discretion.

j) Student demonstrates interest and enthusiasm in his/her work and with patients.

k) Student demonstrates self-assurance and gains confidence of others.

l) Student demonstrates ability to cope with own emotional reactions when the behavior of the patient is difficult or upsetting and will seek assistance for self or patient when appropriate.

OBJECTIVE 2

The student will develop the ability to communicate effectively:

a) Student can present ideas logically and clearly to patients and other health professionals.

b) Student uses pertinent terminology to appropriate situations.

c) Student can give instructions for patients and family that are understandable and easy to follow.

d) Student uses appropriate voice tones to patient situations.

e) Student has good rapport with his/her patients and other staff members.

f) Student is able to report any significant changes to the appropriate personnel regarding patients and/or situations.

g) Student is able to read a patient's chart and summarize information appearing in the chart.

h) Student can write a clear, concise initial evaluation, discharge summary, staffing note and progress note according to department standards.

i) Student presents material orally in an effective manner.

j) Student shows ability to share new information, techniques or skills learned at school with colleagues.

OBJECTIVE 3

The student can perform an accurate evaluation and plan an effective treatment program:

a) Student can apply any information from the patient's charts, reports, x-rays, etc.

b) Student looks at the total patient, i.e. the mental or psychological, the social and emotional needs of the patient he/she is treating.

c) Student selects appropriate evaluation procedures and tools.

d) Student records data correctly.

e) Student can plan realistic and appropriate short and long term goals based on evaluation and patient input.

f) Student can re-evaluate treatment programs and re-design the treatment program as necessary.

g) Student selects treatment procedures and builds a treatment program for each patient on the Rehab Unit based on his/her evaluation findings and other therapists' suggestions and goals.

OBJECTIVE 4

The student will demonstrate the ability to carry out effective treatment programs:

a) Student establishes and maintains rapport with the patient and uses appropriate psychological approach to the patient.

b) Student explains what he/she wants the patient to do and motivates the patient to try to achieve realistic goals.

c) Student uses proper body positioning for himself/herself during treatment and patient positioning techniques are used properly.

d) Student uses good body mechanics during transfers and moving patients on the mat.

e) Student uses proper safety procedures and guarding techniques and asks for help when appropriate.

f) Student can modify the treatment program as the patient progresses or changes. Student feels secure in performing patient treatments and prioritizes plan of treatment to achieve short term goals.

g) Student can instruct the patient in a home exercise program for discharge and instruct family members in patient care and home program.

h) Student demonstrates ability to monitor physiological responses to treatment and modifies program appropriately.

i) Student demonstrates problem solving behavior in the clinical setting in recognizing, defining and analyzing a problem, collecting data and developing a solution.

j) Student correlates basic knowledge with clinical learning experiences and applies knowledge of techniques.

k) Student evaluates the effectiveness of treatment and is able to recognize when a patient has reached rehabilitation potential.

OBJECTIVE 5

The student is able to use equipment and supplies properly:

a) Student becomes familiar with operation of equipment prior to use in treatment.

b) Student demonstrates safe, accurate use of equipment and supplies.

c) Student positions and drapes patient appropriately when applying modalities.

d) Student cleans up after each patient treatment.

e) Student knows the contraindications for use of equipment, i.e. specific equipment.

OBJECTIVE 6

The student has the ability to make effective use of time:

a) Student can schedule patients according to procedures for written schedule and transport.

b) Student is able to make schedule adjustments to accommodate unexpected changes.

c) Student assembles all necessary materials for work prior to initiating tasks, i.e. patient evaluation, treatment, etc.

d) Student uses time efficiently in application of Physical Therapy procedures.

e) Student maintains pace of daily schedule.

f) Student allows time during the day to read charts, write progress notes, meet with staff or patient families or any other duties that may arise.

g) Student uses free time to observe other therapists, practice new skills, read articles, review resources or research topics, etc.

MEMORIAL REGIONAL REHABILITATION CENTER

GENERAL INFORMATION

Hours: Monday - Friday, 8:00 am to 4:30 pm

Meals/Breaks: Full Lunch – 12:00 pm to 1:00 pm
Cafeteria, South Bend Chocolate Café, other auxiliary service areas

Dress Code: Granite Grey Scrubs. Any colored shirt may be worn underneath, socks or hose at all times, tennis shoes or street shoes.

Telephones: Personal telephone calls during work hours are limited to emergencies. Messages are taken for staff. Hospital phones are to be used for patient care issues.

Parking: Free to staff with Memorial Hospital parking sticker in any of the approved lots. Security will give sticker for hospital lots.

Smoking: Memorial Hospital is a smoke free campus for all patients, staff and visitors.

Personal Property: Please label ALL personal materials. Take full responsibility for it. Place valuable items in a locked area.

Health Care: Patient and/or Employee incident reports must be filled out immediately, notify manager, RN on floor, and patient's doctor.

Absences: Call 647-3423 when ill. Voice mail will record your message 24 hours/day. Manager and Clinical Instructor will be notified. Absences to be made-up per university protocol.

TEACHING OBJECTIVES/GUIDELINES

1. The Clinical Instructor will provide students with thorough orientation, utilizing the orientation check list in the Student Handbook;
   a) Devise own method of covering material; however, suggest touring the physical facility and introduction first.
   b) Cover other topics in segments as need arises.
   c) Try to schedule orientation times during the first week and cover material within first 1 to 10 days.

2. The Clinical Instructor will provide Student with appropriate caseload for level of clinical performance:

   By the end of the affiliation the Student should be carrying a caseload of four (4) patients. The patients assigned should be from the Clinical Instructor's team; however, a patient may be selected from another team provided that the other team does not already have a Student. Take only one (1) patient at a time from other teams. The therapist from the other team will supervise the Student for patient care, staffing, and family conferences and give input to the primary clinical instructor.

   Guidelines for patient assignment:

   1st week: 1 - 2 patients. Observation time especially with patients they may be taking over.
   2nd week: 2 - 3 patients.
   3rd week: 3 patients.
   4th week: 3 - 4 patients.
   5th week: 4 patients.
   6th – 12th weeks: 4 - 5 patients.

3. The Clinical Instructor will keep a daily log of critical incidents of the Students' performance and schedule at least weekly feedback sessions, mid-term and final evaluation times according to school format.

   Include in the log the types of experiences the student has had, patient and staff interactions, performance in hands-on skills, evaluations, safety, etc. Be accurate and consistent in logging by reporting facts and not opinions. Report in descriptive terms and avoid judgmental statements.

   Clinical Instructor and Student will decide type and frequency of feedback communication early in affiliation.

4. The Clinical Instructor will make use of 1-2 observations notes in the early part of the affiliation as a teaching tool for Students.

5. The patient evaluation format will be discussed and utilized for initial evaluations. Instruction and demonstration of evaluation skills will be covered by Clinical Instructor as needed by Student.

6. The Clinical Instructor will provide Student with the opportunity to lead one group exercise session.

7. The OT/PT staff will teach PNF, NDT and other skills based on the teaching outlines through inservices and one-on-one instructions sessions.

8. The Clinical Instructor will orient Student to meeting times and places for bi-monthly Physical Therapy and Rehabilitation Services meetings, Physical Therapy inservices, weekly staffings, weekly team meetings and family conferences as attendance is mandatory for Student except may be excused by Clinical Instructor.

9. The Clinical Instructor and/or Student will arrange observation time in Occupational Therapy and Speech Therapy with patients they are following.

10. The Clinical Instructor will arrange orientation to outings and attendance one time during the course of affiliation.

11. The Clinical Instructor will provide at least two (2) of the following choices of learning experiences as it relates to the Student's caseload and interests:

    EMG

    Inservices by other departments/groups, i.e. acute rehabilitation, Occupational Therapy, Speech Therapy, Nursing, etc.

    Recreational Therapy evening outings and one-on-one treatment

    Neuropsychology

    Driver Evaluation

    Social Services

    Management issues with Physical Therapy manager or director

    Pool Program

    Memorial Outpatient Therapy Services (MOTS), Neuro or Ortho

    Wound Care

    Lymphedema Treatment Program

    Surgery

    Videofluoroscopic Swallow Studies

    Amputee Clinic

    Pediatrics/NICU

12. The Clinical Instructor will discuss quality improvement project and presentation with Student and provide guidance as requested and timely feedback following performance.

13. Required clinical skills at Memorial Regional Rehabilitation Center to be instructed by Clinical Instructor and Student should demonstrate ability to perform with patient safety and independently:

    A) Bed Mobility
        1) Bridges and scooting side to side
        2) Supine to sit and return
        3) Rolling

    B) Transfer skills using lateral, partial stand and stand-pivot methods:
        1) Wheelchair to/from mat/bed
        2) Wheelchair to/from commode
        3) Wheelchair to/from car
        4) Wheelchair to from floor

    C) Mat skills
        1) Sitting, balance weight shift and equilibrium sitting
        2) Assume all fours
        3) Assume kneeling
        4) Rocking in above positions for weight shift and equilibrium

    D) Pre-gait
        1) Sit to stand
        2) Weight shift in standing lateral and anterior/posterior
        3) Hip and knee stability stance

    E) Gait skills
        1) Appropriate hands-on contact and guarding to assist CVA patients gait
        2) Maximal/moderate assist in parallel bars
        3) Devices, i.e. walker, various canes and crutches, including 2, 3, and 4 point patterns
        4) Steps, inclines, stairs and rough terrain
        5) Teach how to fall and get up as appropriate for patient

    F) Wheelchair mobility skills
        1) Proper positioning of patient in wheelchair
        2) Management of parts, especially as required for transfer
        3) Propulsion and maneuvering in small spaces
        4) Advanced skills as indicated, i.e. ramps, wheelies, curb, etc.

G) Facilatory techniques (not an inclusive list)
   1) Vibration/tapping
   2) “Quick” stretch
   3) Hand placement/contact
   4) Voice/command
   5) Visual cue/target
   6) Electrical stimulation
   7) Approximation and traction

H) Inhibitory
   1) Warmth
   2) Slow stretch
   3) Slow rocking
   4) Voice
   5) Rotation/counter-rotation
   6) Positioning

I) Stretching techniques

J) Range of Motion, self-ROM for CVA and SCI, etc.

K) Aspects of cognitive re-training within Physical Therapy treatment, i.e. orientation, initiation, self-direction

L) Perceptual training, i.e. compensation

M) Home program development

N) Family instruction

O) Equipment acquisition

P) Discharge care plan

ASSIGNMENTS

At the completion of this affiliation the Student will have accomplished the following (due date will be assigned during the first week of placement as appropriate):

I. Written Assignments

A. Student Handbook (neat, organized, meaningful to Student) consists of policies, forms, notes, handouts and readings accumulated during this affiliation.
B. Schedule Book and Patient Files: keep an on-going list of patients by name, diagnosis, age to review in meetings with clinical supervisor.
C. Treatment plan written on patients as requested by clinical supervisor. If Student demonstrates sufficient skill this will be phased out.
D. Completion of 1-2 observation notes following an observed treatment session.

II. Quality Improvement Project and Presentation

Identify an area appropriate for a quality improvement project, research the idea and implement project. Give a presentation to an audience of peers.

III. Meetings

A. Bi-monthly program meeting
B. Weekly Clinical Care Conferences (Staffing): Student will present own patients.
C. Family Conferences: Student meets with primary nurse, patient's family and other services. Student reports own patients' goals, progress and discharge plans.
D. Monthly Rehabilitation Services Department and discipline meetings.

IV. Department Responsibilities

Student will keep working are of the department clean, orderly and inventoried. Notify clinical supervisor or secretary of supply needs.

V. Supplementary Experience

A. Observe EMG with Medical Director
B. Attend department inservices and continuing education experiences as applicable by Rehabilitation Services or other departments in hospital.
C. Attend community support group.
D. Attend district Physical Therapy Association meetings.
E. Demonstrate awareness of other patient services. Participate in observation as arrange through Clinical Instructor.
F. Management: Spend time with Clinical Manger and/or Director to become familiar with financial, personnel, program management, planning and quality assurance.

OBSERVATION NOTE

Patient: _____ Age: _____

Diagnosis: _____ Therapist: _____

Treatment observed – be specific about techniques:

Rationale of Treatment:

Results of Treatments:

How to Progress Treatment from here:

Mission: Rehabilitation Services will improve the quality of life for the people of our community.

Values: Integrity, Compassion, Respect, Excellence

Comprehensive Inpatient Rehabilitation: To provide comprehensive rehabilitation services for person(s) with impairment and/or activity limitation, regardless of ethnic, cultural, or socio-economic background. To optimize functional independence of person served in activities of daily living, physical, communication, psycho-social and cognitive abilities to reintegrate person(s) with their family and community. Discharge to community is the goal of inpatient rehabilitation.

Admission criteria: Physician or other agency referral. Evidence of improvement during acute stay. Medically stable and MRSA negative. Identified support. Cognitive ability to participate in prescribed treatment(s). For specifics refer to detailed admission criteria policy and procedure.

Services Provided: Physiatry, OT, PT, ST, TR, RSW, Care coordination, RN, NP, and Pastoral care. Swallowing disorders program, patient/family education, and orthotic/prosthetic support. Medical and other services on consultative basis as needed.

Clients served: adolescents (13 years of age or older) and adults diagnosed with CVA, SCI, BI, other neurological disorders, amputee, arthritis, congenital deformity, major multiple trauma, fractures.

Outpatient Medical Rehabilitation: To provide community based restorative services for person(s) with impairment, activity limitation and/or participation restrictions, regardless of ethnic, cultural, or socio-economic background. To optimize functional independence of person served in activities of daily living, physical, communication, psycho-social and cognitive abilities with the objective of return to previous work, school and/or leisure interests. The program goal is discharge to community in the least restrictive environment as a participant in home and/of community.

Admission criteria: Physician or other agency referral. Evidence of improvement during hospital stay or recent change in level of independence.
Cognitive ability to participate in prescribed treatment(s).

Services Provided: Physiatry, OT, PT, ST, RSW (case management), RN, NP.

Clients Served: adolescents and adults with physical and/or cognitive impairment that will benefit from comprehensive evaluation and treatment, such as CVA, BI, SCI, and other neurological conditions such as multiple sclerosis, cerebral palsy, and guillian barre. Treatment is also provided for pelvic floor pain and urinary incontinence. Adolescents and adults are able to receive driver training services; while children, adolescents and adults are able to receive augmentative communication and computer access services through our Outpatient Neurological/Medical Rehabilitation Program.

Brain Injury Day Treatment Program: To provide focused rehabilitation to allow person served to live in the least restrictive environment and restore their ability to reenter into the community and/or work and/or school environment. Persons accepted in the program may have impairments, activity and/or participation limitations, cognitive deficits, and/or mild behavioral or social deficits. Provides services to person served regardless of ethnic, cultural or socio-economic background. The program goal is discharge to the community in the least restrictive environment as a participant in home and/or community (leisure, school and work).

Admission Criteria: Physician or other agency referral. Minimum Level V on the Rancho Cognitive Recovery Scale.

Services Provided: Physiatry, OT, PT, ST, NP, TR, RSW (case management).

Clients Served: Adolescents and adults with diagnosis of acquired brain injury including aneurysms but excluding psychiatric disorders and known active substance abuse.

Orthopedic/Sports Therapy Clinic: To provide rehabilitative and restorative services for person(s) served with impairment, activity limitation, and/or participation restriction due to orthopedic and musculoskeletal injury or disease. The program also provides rehabilitative care for the injured worker, and injury prevention. Provide services to person regardless of ethnic, cultural or socio-economic background. Discharge to community with a return to previous work, school and leisure activities is the goal of the program. Services provided at three locations: Leighton Healthplex, Center for Occupational Health, and Lighthouse Place.

Admission Criteria: Physician or other agency referral. Cognitive ability to participate in prescribed activities.

Services Provided: Physiatry, OT, PT; only PT services provided at Center for Occupational Health, and Lighthouse Place.

Clients Served: All individuals age 15 and above with diagnosis such as: injury to the spine (strains, disc herniation), peripheral joint injuries, industrial injuries, arthritic, amputations, post-surgical rehabilitation, cumulative trauma injuries and injuries to the hand. Hand therapy also provided to persons below the age of 14.

Children's Therapy Center: To provide rehabilitative care to children with special health care and developmental needs in order to facilitate normal development and maximize the potential for functional independence in activities of daily living, physical, communication ,and cognitive abilities. Provides services to person regardless of ethnic, cultural or socio-economic background. Discharge to community within the least restrictive environment as possible.

Admission Criteria: Physician or other agency referral.

Services Provided: OT, PT, ST

Clients Served: Inpatients and outpatient (including first steps and school based children) aged 0 to 14 with chronic or acute pediatric conditions such as high risk infants, failure-to-thrive, congenital anomaly/deformities, cerebral palsy, neuromuscular/dystrophic diseases, speech/language delay, attention deficit disorder, developmental delay, brain injury, post surgical conditions, and orthopedic conditions.

Acute Medical Surgical Rehabilitation: To provide rehabilitative and restorative services for persons with acute disabilities and injuries, and activity limitations regardless of ethnic, cultural and socio-economic background. Goal of treatment is to optimize independence of person served in functional task including mobility, activities of daily living and communication skills. Discharge to community or discharge to another level of care (i.e. rehabilitation unit or transitional care) is the goal of acute medical rehabilitation.

Admission Criteria: Physician referral

Services Provided: OT, PT, ST

Clients Served: Young adults at least 15 years of age and adults with a medical condition causing decrease independence in self care, mobility and communication skills. Conditions include: stroke, de-conditioning/debility, burns and wounds, post surgical - orthopedic, cardiac, oncology-, brain injury, spinal cord injury, other neurological conditions, and multiple trauma. Acute medical conditions are treated, including those with psychological and behavioral issues. Outpatient wound care and lymphedema provided by acute medical rehabilitation staff.

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Reviewed 10/01; 12/02,

EVALUATION AND TREATMENT PHILOSOPHY

After a patient has been admitted to the appropriate level of rehabilitation care as indicated by their level of independence, evaluations are initiated and completed by those individuals who will serve as the patients/clients primary therapist/care providers. Those providers, as the interdisciplinary team, completing evaluations may include physician, Physical Therapy, Occupational Therapy, speech and language pathology, therapeutic recreation, social work and/or nursing staff members. Each clinician will develop outcome goals with the input of the client and these goals will be stated on the evaluation form.

Once the evaluations have been completed and treatment is in progress, in order to guide the patient towards the desired outcome(s), the treatment team will meet on a weekly basis to assess the progress and plan of the patient(s). Each member of the interdisciplinary team provides input as to patient related changes and the plan for the patient is modified or maintained as needed. Modifications to the treatment plan are communicated to the patient, family and/or payor by the Social Worker as part of their internal case management responsibility, and/or the physician. Discipline specific modifications to the treatment plan may be specifically detailed to the patient/family by the treating therapist. Treatment focuses on assisting the client/patient in regaining the maximum amount of functional independence in order to encourage return to leisure, vocational and educational activities.

Additionally, where a significant change is decided upon, a family conference may be arranged so as to bring together those most involved with the care decision making process.

PERFORMANCE EXPECTATION

Legal Guidelines to reinforce sound practice that will reduce legal liability.

Rehabilitation Services staff shall at all times exercise sound judgment with respect to professional ethics and legal policies of Memorial Hospital.

1. All personnel will exercise tact in all professional relationships.
2. Services will be administered only upon written prescription of a qualified physician.
3. If treatment prescribed by a physician is known to be contraindicated, such treatment will be refused until consultation is obtained.
4. Delegation of professional duties or responsibilities to non-professionals is prohibited.
5. All patients receiving services shall be checked before and after treatment for possible injury or accident.
6. Report all incidents as quickly as possible through proper channels and in correct form.
7. Give no medical or legal advice to any patient.
8. Release no medical information from the patients' medical record.
    a) Should a request for such information be made, they are to be referred to the Medical Records Department.
9. Information concerning compensation cases can be released only to the attending physician. Second parties requesting this information must be referred to that physician.
10. Complete accurate records must be maintained on all patients treated.