

CLO 1	Exercises: describe indications / contraindications; demonstrate competency (ROM, stretching, resistance) for the UE & LE	1, 2, 3, 4, 5, 7, 8, 9, 16	1, 2, 3, 4, 5, 7, 8	CT1	C2, C4	R2	Written examination Peer lab assessment Lab practical exam
CLO 2	Discuss the rationale for the use of peripheral joint mobilization exercises	6	2, 7	CT1		R2	Written examination
CLO 3	Describe patient position, landmarks, normal values, and demonstrate competency in goniometric measurements for the UE and LE	10, 11, 16	1, 2,4, 6, 7	CT1	C2	R2	Written examination Peer lab assessment Lab practical exam
CLO 4	Describe the grading for testing of muscle strength; state origin, insertion, action, and innervation; describe the patient position; and demonstrate competency in MMT for the UE & LE	12, 13, 14, 15, 16	1, 2, 3, 4, 6, 7,	CT1	C2	R2	Written examination Peer lab assessment Lab practical exam
CLO 5	Patient / family training and documentation of interventions and data collection for the UE & LE	16, 17	2, 7, 8	CT1	C2	R3	Documentation of interventions / assessments conducted in lab practical exams; Written examination; Lab practical exam
CLO 6	Discuss normal & abnormal gait	18	3, 4, 5, 6, 7	CT1		R2	Written examination
CLO7	Discuss therapeutic exercises for orthopedic conditions, arthritis, DM, vascular conditions, OB/GYNE	19, 20, 21, 33	1, 2, 3, 4, 5, 7, 8	CT1		R2	Written examination
CLO 8	Discuss normal/abnormal posture, perform spinal assessment, and spinal exercises	16, 22, 23, 24, 25, 26, 27	1, 2, 3, 4, 5, 6, 7, 8	CT1	C1	R2	Written examination Peer lab assessment Lab practical exam
CLO 9	Explain rationale and progression of cardiovascular / endurance exercises, and pulmonary procedures, perform exercise heart rate	29, 30, 31, 32	1, 2, 3, 4, 5, 7	CT1	C1	R2	Written examination Peer lab assessment
CLO 10	Explain the types of therapeutic massage and the indications for each type, perform massage	34, 35	1, 2, 3, 4, 5, 7, 8	CT1	C1	R2	Written examination Lab practice sessions
CLO 11	Discuss rationale for progression of interventions and role in assisting with discharge planning	36, 37	2, 7, 8	CT3	C1	R3 R4	Written examination Group lab activity Documentation exercises

Anticipated Level of Achievement

- 1) Written examinations: 75% of the measures for the above CLO were met on written examination/s.
- 2) Peer lab assessment: students will complete lab practices on a minimum of 4 subjects
- 3) Lab practical examination: all students will successfully complete the lab practical exam within 3 attempts
- 4) Departmental rubric for assignments

Unit Objectives / Outcomes / Competencies

The student successfully completing this course will be able to

1. Describe the indications and contraindications for ROM exercises (passive, active-assistive, active, self-assisted, mechanically assistive);

2. Demonstrate competency in performing ROM exercises (passive, active-assistive, active, self-assistive, mechanically assistive) for the upper and lower extremities;
3. Define terms associated with stretching;
4. Describe indications and contraindications for stretching exercises;
5. Demonstrate competency skill in performing stretching exercises (including facilitation and inhibition techniques);
6. Discuss the rationale for the use of peripheral joint mobilization exercises;
7. Describe manual resistive therapeutic exercises for the upper and lower extremities, including eccentric and concentric techniques;
8. Explain the indications and contraindications for the use of resistive exercises;
9. Demonstrate competency in the use of therapeutic resistive exercises (both manual and mechanical resistive exercises) for the upper and lower extremities;
10. Describe the correct patient position, goniometer alignment and normal range for the measurement of joint motion (goniometry);
11. Demonstrate competency in the measurement of joint motion (goniometry) for the upper and lower extremities;
12. Describe the grading system for testing muscle strength;
13. State the origin, insertion, action and innervation of the major muscles of the upper and lower extremities;
14. Describe the correct patient position, patient performance, and PTA position for both against gravity and gravity-minimized muscle testing of the major muscles of the upper and lower extremities;
15. Demonstrate competency in the measurement of muscle strength (MMT) for the major muscles of the upper and lower extremities;
16. Documentation of therapeutic interventions and data collection for the upper and lower extremities;
17. Patient/family training in performing therapeutic exercises for the upper and lower extremities;
18. Discuss the components of the normal gait pattern and common gait deviations;
19. Discuss the therapeutic exercise programs for selected orthopedic conditions, including soft tissue lesions, post-surgical rehabilitation, fractures, OA, and RA;
20. Discuss how exercise affects Diabetes Mellitus;
21. Discuss the impact of orthopedic, arthritic, DM, and vascular conditions on functional status;
22. Discuss the components of normal posture and common postural abnormalities, leg length measurements, and recognize positions/activities that relieve/aggravate pain;
23. Describe the correct patient position, goniometer alignment and normal range for the measurement of spinal motion;
24. Demonstrate competency in performing mobility assessment of the spine;
25. Describe the correct patient position, patient performance, and PTA position for both against gravity and gravity-minimized muscle testing of the major trunk and neck muscles;
26. Demonstrate competency in performing strength assessments for the spine;
27. Describe spinal exercises to increase mobility and/or strength;
28. Demonstrate competency in performing spinal exercises;
29. Explain rationale and progression of cardiovascular / endurance exercises within the plan of care developed by the PT;
30. Explain how to determine exercise heart rate;
31. Describe how to monitor and document target and exercise heart rates; and assess breathing during cardiovascular / endurance exercises;
32. Explain the rationale for pulmonary physical therapy procedures, and perform breathing assessment, coughing and postural drainage techniques;
33. Discuss specific therapeutic exercises for the OB/GYNE patient;
34. Explain the types of therapeutic massage and the indications for each type;
35. Perform therapeutic massage;
36. Discuss rationale for progression of therapeutic techniques within the PT's plan of care; and
37. Discuss the PTA's role in assisting the supervising PT with discharge planning.

Course Outline:

- I. Review of principles of therapeutic exercises
 - A. ROM exercises
 - B. Stretching
 - C. Joint mobilization
 - D. Resistive exercises
- II. Review of assessments
 - A. Goniometry
 - B. Manual muscle testing
- III. Elbow / forearm
 - A. Elbow / forearm assessments (goniometry and MMT)
 - B. Common elbow / forearm pathologies

- C. Therapeutic exercise techniques for the elbow / forearm (ROM, stretching, peripheral joint mobilization, resistive exercises)
 - D. Documentation of therapeutic exercises / consultation with supervising PT
 - E. Patient and family education for exercises, functional activities, and ADLs
 - F. Progression of exercises within the PT's treatment plan
 - G. PTA's role in assisting supervising PT with discharge planning
- IV. Wrist / hand
- A. Wrist / hand assessments (goniometry and MMT)
 - B. Common wrist / hand pathologies
 - C. Therapeutic exercise techniques for the wrist / hand (ROM, stretching, peripheral joint mobilization, resistive exercises)
 - D. Documentation of therapeutic exercises / consultation with supervising PT
 - E. Patient and family education for exercises, functional activities, and ADLs
 - F. Progression of exercises within the PT's treatment plan
 - G. PTA's role in assisting supervising PT with discharge planning
- V. Upper extremity PNF
- VI. Hip / knee
- A. Hip / knee assessments (goniometry and MMT)
 - B. Common hip / knee pathologies
 - C. Therapeutic exercise techniques for the hip / knee (ROM, stretching, peripheral joint mobilization, resistive exercises)
 - D. Documentation of therapeutic exercises / consultation with supervising PT
 - E. Patient and family education for exercises, functional activities, and ADLs
 - F. Progression of exercises within the PT's treatment plan
 - G. PTA's role in assisting supervising PT with discharge planning
- VII. Ankle / foot
- A. Ankle/ foot assessments (goniometry and MMT)
 - B. Common ankle / foot pathologies
 - C. Therapeutic exercise techniques for the ankle / foot (ROM, stretching, peripheral joint mobilization, resistive exercises)
 - D. Documentation of therapeutic exercises / consultation with supervising PT
 - E. Patient and family education for exercises, functional activities, and ADLs
 - F. Progression of exercises within the PT's treatment plan
 - G. PTA's role in assisting supervising PT with discharge planning
- VIII. Lower extremity PNF
- IX. Gait Assessment
- A. Study of normal gait cycle, including joint motion and muscles involved in each phase
 - B. Study of common gait abnormalities
 - C. Documentation of gait assessment
- X. Posture Assessment
- A. Study of normal postural components
 - B. Study of common postural abnormalities
 - C. Identification of positions / activities that relieve/aggravate pain
 - D. Spinal assessments (goniometry and MMT)
 - E. Segmental length measurements
 - F. Documentation of posture
- XI. Spinal exercise regimens
- A. Goals and indications for spinal exercises
 - B. Precautions / contraindications for spinal exercises
 - C. Techniques for spinal exercises
 - D. Documentation of spinal exercises
 - E. Patient and family education for exercises, functional activities and ADLs
 - F. Progression of exercises within the PT's treatment plan
 - G. PTA's role in assisting supervising PT with discharge planning
 - H. Spinal orthoses
- XII. Therapeutic exercises for Osteoarthritis and Rheumatoid Arthritis
- A. Goals and indications for exercises
 - B. Precautions / contraindications for exercises
 - C. Documentation of therapeutic exercises / consultation with supervising PT
 - D. Assessment of functional status
 - E. Patient and family education for exercises, functional activities and ADLs
 - F. Progression of exercises within the PT's treatment plan

- G. PTA's role in assisting supervising PT with discharge planning
- XIII. Therapeutic exercises for Diabetes Mellitus
 - A. Goals and indications for exercises
 - B. Precautions / contraindications for exercises
 - C. Documentation of therapeutic exercises / consultation with supervising PT
 - D. Assessment of functional status
 - E. Patient and family education for exercises, functional activities and ADLs
 - F. Progression of exercises within the PT's treatment plan
 - G. PTA's role in assisting supervising PT with discharge planning
- XIV. Endurance / cardiovascular exercises
 - A. Goals and indications for cardiovascular / endurance exercises
 - B. Precautions / contraindications for cardiovascular exercises
 - C. Therapeutic techniques
 - D. Target and exercise heart rates
 - E. Assessment of breathing with varied levels of endurance exercises
 - F. Documentation of cardiovascular exercises
 - G. Patient and family education for exercises, functional activities and ADLs
 - H. Progression of exercises within the PT's treatment plan
 - I. PTA's role in assisting supervising PT with discharge planning
- XV. Pulmonary physical therapy
 - A. Goals and indications for pulmonary physical therapy
 - B. Precautions / contraindications for pulmonary physical therapy
 - C. Therapeutic techniques
 1. Breathing assessment, including thoracoabdominal movements, chest wall expansion, use of accessory muscles, breathing rate, breathing depth, and abnormal sounds/characteristics at rest and with activity
 2. Postural drainage
 3. Coughing assessment (including description of sputum) and assisted coughing
 - D. Documentation of pulmonary physical therapy techniques
 - E. Patient and family education for exercises, functional activities, and ADLs
 - F. PTA's role in assisting supervising PT with discharge planning
- XVI. Exercises for the OB/GYNE patient
 - A. Goals and indications for exercise
 - B. Precautions / contraindications for exercise
 - C. Therapeutic techniques
 - D. Documentation of exercise techniques
 - E. Patient education for exercises
 - F. Other treatment techniques used for the OB / GYNEpatient
 - G. PTA's role in assisting supervising PT with discharge planning
- XVII. Therapeutic massage
 - A. Biophysical principles of therapeutic massage
 - B. Rationale for therapeutic massage
 - C. Precautions / contraindications for massage
 - D. Therapeutic techniques
 1. Effleurage
 2. Petrissage
 3. Tapotement
 4. Percussion
 5. Deep friction
 - E. Documentation of massage techniques

Assessment Description(s)

Written examinations are criterion referenced scored.

Homework / lab assignments are assessed based upon departmental rubric.

Lab practical examinations are scored based upon departmental rubric.

Materials and Technological Requirements

Physical Rehabilitation for the Physical Therapist Assistant, by Cameron & Monroe, Elsevier Publishing, 2011.

Therapeutic Exercise: Foundations and Techniques, 6th edition, by Carolyn Kisner and Lynn Ann Colby, F.A. Davis Publisher, 2012.

Documentation for Physical Therapist Assistants, 4th edition, by Wendy Bircher, F.A. Davis Publisher, 2013.

Muscle Testing: Techniques of Manual Examination, 9th edition, by Helen Hislop and Jacqueline Montgomery, W.B. Saunders Publishing, 2014.

Measurement of Joint Motion: A Guide to Goniometry, 4th edition, by Cynthia C. Norkin and D. Joyce White, F.A. Davis Publisher, 2009.

Packet of handouts – available in the bookstore

Class Attendance Policy

Students are expected to attend all classes in which they are enrolled. If a student is absent from a class session, it is the student's responsibility to make arrangements to complete or make up any work missed. No make-up work for missed classes will be allowed without the approval of the instructor. Students who enroll late must assume all responsibility for work missed. Classes not attended as a result of late enrollment may be counted toward excessive absences. Students not attending the entire class period may be counted absent for that period. An instructor may drop students with a grade of "WE" if students have been absent for an excessive number of days. Warning letters will be sent to the students advising them of the consequences of nonattendance and urging them to contact their instructors immediately. Excessive absences are defined as follows:

Regular Semester

Courses which meet once a week.....	2 absences
Courses that meet twice per week	3 absences
Courses that meet four times per week.....	5 absences

Summer Session

Courses that meet four times per week in a five week session	3 absences
Courses which meet two evenings per week in a 10 week session.....	3 absences

Students enrolled in special programs or individualized instruction should contact their program director/instructor regarding specific attendance requirements for the program/course. Some of the selective-admission, health-science programs have specific criteria regarding attendance. Students are encouraged to refer to program policies in these matters.

Jury Duty/Military/Official School Function

Scheduled absences are those that occur due to college-related activities or as a result of summons to jury duty or military duty. Classes missed as a result of scheduled absences will not be counted as excessive absences if the instructor is notified and provided documentation prior to the absence(s). Make-up work for scheduled absences will be at the discretion of the instructor.

In all instances, documentation must be provided to the instructor within 24 hours of receipt. Documentation should come from an appropriate party on letterhead or other official stationery with a signature and contact information.

Documentation should list the corresponding dates of the leave.

Medical leave

For medical-related absences, documentation must include written notice from the treating medical professional documenting time needed off related to medical reasons and time student may resume classes. The medical reason does not need to be listed on the documentation; the documentation must include only that there is a medical reason, the amount of time the student needs to be absent, and the time the student should be able to return to classes. Students who elect to work at home while on excused leave must meet with their instructors to make arrangements to do so. Working on coursework while on medical leave is not a requirement but can be requested by students. If students request that they be allowed to work at home while on an excused leave, the instructor will make every reasonable effort to ensure that the student is able to do so.

For students who have a medical condition necessitating time off or accommodation:

- 1) They may work at home on assignments if they choose to if on medical leave approved by a medical professional

- 2) Receive appropriate accommodations related to coursework (i.e., excused from labs with potentially harmful chemicals, have a larger desk, etc.)
- 3) Resume their studies where they left off once they return to classes
- 4) Be allowed to make up any missed work related to medical leave
- 5) Receive incompletes on their transcripts until coursework is completed, according to the incomplete grade contract.
- 6) Be given a reasonable time frame in which to complete missed coursework

Academic Honesty Policy

Students enrolled at South Arkansas Community College are expected at all times to uphold standards of integrity. Students are expected to perform honestly and to work in every way possible to eliminate academic dishonesty. Academic dishonesty includes cheating and plagiarism, which are defined as follows:

- Cheating is an attempt to deceive the instructor in his/her effort to evaluate fairly an academic exercise. Cheating includes copying another student's homework, class work, or required project (in whole or in part) and/or presenting another's work as the student's own. Cheating also includes giving, receiving, offering, and/or soliciting information on a quiz, test, or examination.
- Plagiarism is the copying of any published work such as books, magazines, audiovisual programs, electronic media, and films or copying the theme or manuscript of another student. It is plagiarism when one uses direct quotations without proper credit or when one uses the ideas of another without giving proper credit. When three or more consecutive words are borrowed, the borrowing should be recognized by the use of quotation marks and proper parenthetical and bibliographic notations.

If, upon investigation, the instructor determines that the student is guilty of cheating or plagiarism, the following penalties will apply:

- The student will receive a penalty of no less than a zero on the work in question.
- The instructor will submit a Student Academic Misconduct Form, written report of the incident, to the appropriate dean.
- The dean will submit form to Vice President for Learning to determine disciplinary action.
- The Vice President for Learning will determine whether further disciplinary action will be taken.
- All decisions may be appealed for review through the college's academic appeals procedure.

Equal Opportunity-Affirmative Action Statement

South Arkansas Community College does not discriminate on the basis of age, race, color, creed, gender, religion, marital status, veteran's status, national origin, disability, or sexual orientation in making decisions regarding employment, student admission, or other functions, operations, or activities.

Library Services

Library Homepage: <http://southark.libguides.com/homepage> Library Contact: LibraryStaff@southark.edu or 870.864.7115

Procedures to Accommodate Students with Disabilities:

If you need reasonable accommodations because of a disability, please report this to the Vice President of Student Services with proper documentation. . VPSS Contact: 870.875.7262

The Early Alert System

In an effort to ensure student retention and success, South Arkansas Community College employs an Early Alert System to identify and support at-risk students as soon as possible in a given semester. The intent of Early Alert is to provide this assistance while there is still time to address behaviors or issues that have the potential of preventing students from completing their courses and degree plans. Students referred through the Early Alert System will be required to work on a corrective action plan with their student advising coach and to include attendance accountability and mandatory academic tutoring either in the academic division or in the Testing and Learning Center (TLC).

Once the Student Advising Coach has met with the referred student, and again when the student has met the prescribed corrective actions, the coach will update the Early Alert System so that the instructor is kept informed of the progress in resolving issues.

Behavioral Review Team

At South Arkansas Community College (SouthArk), we are committed to proactive leadership in student wellbeing and campus safety. By focusing on prevention and early intervention with campus situations that involve any person experiencing distress or engaging in harmful or disruptive behaviors, the BRT will serve as the coordinating hub of existing resources to develop intervention and support strategies and offer case management. Students, faculty, staff, and campus guests are encouraged to report any person on campus who is a concern. BRT Contact: 870.875.7262
BRT@southark.edu

Date of Revision: 9/29/2016

syllabus.master.2016.2415