The Department of Physical Therapy (DPT) at Plymouth State University (PSU) is dedicated to providing a comprehensive educational program that prepares students for careers as physical therapists. The curriculum is designed to meet the standards set by the Commission on Accreditation in Physical Therapy Education (CAPTE) and is committed to the development of a critical realist philosophy of science and its associated epistemological, ontological, and methodological foundations.

**Mission Statement**

The Mission of the Department of Physical Therapy is to provide a vibrant scholarly community for physical therapy in New Hampshire through teaching, research, service, and practice contributing to the American Physical Therapy Association’s vision of “transforming society by optimizing movement to improve the human experience.” The Department’s focus is on the education of physical therapists to serve the community in the fields of movement and rehabilitation to provide competent care as autonomous providers, leaders, collaborative team members, and innovators while being respectful, culturally sensitive and socially responsible.

**Educational Philosophy**

The Department of Physical Therapy adopts the educational philosophy of PSU based on academic excellence, learner-centered teaching, experiential learning, applied research, regional service, and leadership. Along with the University, the Department embraces the complementary relationship between liberal arts and professional studies, between academic and professional development, between service and individual growth, and between the University campus and the larger community.

**Department Philosophy**

The Department embraces a critical realist philosophy of science and its associated consequences that ontology determines epistemology, and the stratification of reality. We fully support the use of evidence-based empirical observations in the development of knowledge, and the subsequent rationale development of knowledge for use in practice, a framework we describe as knowledge-based practice. We believe the best representations of knowledge for practice are causal structures, including models and networks from which logical inferential rules can be applied in clinical decision-making.

**Expected Costs**

Please see tuition and fees section for annual cost.

Additional costs to consider:
- APTA Student Membership ($95 annually)
- PT Tool Kit (~$90-$100 – APTA site - member)
- Background checks (PTCAS Background Check $75/applicant)
- Travel to/from clinical sites (varies)
- Immunizations/Drug Screens (varies)
- Health Insurance (varies)
- Room & Board (varies - students may need to relocate during full time clinical education experiences for 10 - 14 weeks)
- Books (Varies)
- Laptop requirement (varies)
- Health Insurance (varies)

**Graduation from the DPT Program**

Graduation from the DPT program requires successful completion in good academic standing of the full course of study (See Curriculum) within 6 calendar years. When students successfully complete this course of study, it is the expectation of the DPT department, based on the organization, requirements and sequence of the Curriculum and course (including Clinical Education) requirements that the student is ready for Entry Level Practice as a Physical Therapist and, pending full Accreditation by CAPTE eligible to sit for the National Physical Therapy Examination to be considered for Licensure as a Physical Therapist.

Practicing physical therapy requires licensure. Licensure requires passing the licensure examination. Sitting to take the licensure exam requires graduation from an accredited DPT program.

Therefore, the program is compelled to due diligence in outlining a process to identify and distinguish false negatives from true negatives.
And then how to proceed if it is determined to be a true negative (that a student’s final Clinical Experience did not reach entry level performance).

When a student is not making progress towards achieving entry-level performance on their final Clinical Experience it should be identified through prior coursework, including Integrated Clinical courses and Clinical Experiences I and II. In such cases remediation strategies are developed in process and a student’s final Clinical Experience (and therefore graduation may be delayed).

The following describes the process when a student does not achieve the required entry level performance by the end of their Clinical Experience III. This process starts with a presentation of the case by the Director of Clinical Education (DCE) to the core faculty with all relevant information regarding the students progress towards and ultimate performance on the final Clinical Experience. The DCE’s case includes both the student’s and clinical instructor’s written statements, the CPI including all comments, weekly summaries, and notes from any meetings during the Clinical Experience. As many details of the case will be presented. After the presentation of facts the DCE then provides their evaluative summary and recommendation. Much weight is given to the DCE’s recommendation for the following reason. We believe we can minimize the likelihood of false negatives by maintaining a small set of core clinical education partners and clinical faculty. This includes maximizing the number of clinical faculty that are credentialed clinical instructors and providing continuing education and other professional development activities to clinical faculty. Through this process the DCE develops a sense of the capabilities of a given clinical instructor providing the assessment. The DCE is expected to include these considerations in their evaluative summary and recommendation.

Outcome 1: If it is deemed that not achieving entry-level performance on Clinical Experience III was a false negative then the student will proceed to graduation.

Outcome 2: If it is deemed that we cannot determine whether not achieving entry-level performance on Clinical Experience III was a false negative then the faculty will develop a final comprehensive practical clinical examination for the student. If passed the student will graduate. If failed the student will proceed to outcome 3.

Outcome 3: If it is deemed that the student has not achieved entry level performance on Clinical Experience III then a remediation plan will be developed which will first require on campus coursework and either an extension or repeating of Clinical Experience III.

Note: Either outcome 2 or 3 will allow the student due process with an appeal accepted and considered. Prior to the faculty decision the student’s contribution is considered as part of the DCE presentation of the case.

**Plymouth State University Policies**
https://coursecatalog.plymouth.edu/university-policies-procedures/

**DPT Specific Policies**

Note: The Department of Physical Therapy, Doctor of Physical Therapy program Policies for Academic Standing, Retention, Progression and Dismissal are more restrictive than the Graduate Studies policies due to the particular requirements and expectations of the program.

**Academic Standing**

A DPT student is in good academic standing when the following conditions are present:

- The students has a cumulative grade point average (GPA) of 3.0 or higher
- The student has no incomplete grades (IC)
- The student has no more than 9 credits below a grade of B
- A passing grade in all DPT courses
- The student has no written complaints for violations of Professional Conduct (See Professional Conduct)
- The student is considered ready for clinical education

A DPT student is not in good academic standing if either of these conditions is present:

- The student has a cumulative grade point average (GPA) below 3.0
- The student has an incomplete grades (IC)
- The student has more than 9 credits below a grade of B
- A failure grade in any DPT course
- The student has a written complaint for a violation of Professional Conduct
- The student is not considered ready for clinical education

Students are notified through a letter from the Program Director if they are not in good academic standing. Due to the integrated and sequential nature of the DPT program students cannot progress in the program or graduate from the program unless they are in good academic standing.

Students that are not in good academic standing must meet with their advisor and develop a corrective plan within 10 university business days of not being in good academic standing. The corrective plan is subject to approval by the faculty at its next scheduled faculty meeting. If the faculty do not approve the corrective plan then the student is dismissed from the program with the right to appeal (see below). Faculty consider the feasibility, adherence to curriculum policies such as the sequential nature of course requirements and pre-requisites as well as the student’s history in the program such as success with previous corrective plans. Students may only submit one corrective plan while in the DPT program, therefore, if a student is not in good academic standing a second time they are immediately dismissed with the right to appeal (see below).

If the student does not follow their corrective plan within the time frame, they will be dismissed from the degree program with the right to appeal (see below).

Due to the integrated and sequenced DPT curriculum it is typical for a corrective plan to involve a delay in graduation due to the need to repeat courses that are not offered again until the next academic year.

**Right to Appeal Dismissal**

If the student wishes to appeal a dismissal, he or she should do so by submitting an appeal letter to the Program Director of the DPT Program that includes an explanation for why they believe they can return and be successful in the DPT program. This explanation should include suspected reasons for their prior problems and corrective strategies that would be utilized if the appeal is granted. This appeal will be brought to the Faculty for consideration. If accepted terms will be provided. If a student returns to the program following dismissal they will no longer have the right to appeal on a second dismissal.
If an appeal is not accepted by the Department a written explanation will be provided.

If an appeal is not accepted by the Department, or if the student does not have the right to an appeal (second dismissal) the student may appeal through a Student Request form to the associate vice president for academic affairs on matters related to affordability of due process and whether the student received fair consideration during the process.

After a final dismissal, should the student want to continue, he or she must reapply and be accepted into the program.

Please note that academic standing may impact financial aid status and eligibility for veterans' education benefits.

**Continual Enrollment**

DPT students must continue to make progress toward earning their degree. Students who do not take all required courses during each semester in the program will be considered inactive and informed of this status in writing. Once notified of their inactive status, students must request reactivation in writing within 10 business days. Inactive students are automatically delayed one year since the courses they require will not be offered again until the next year. The student’s program of study must still be completed within the original six-year program period.

An inactive student must meet with their advisor to develop a corrective plan that is to be accepted by the full faculty. The corrective plan is subject to approval by the faculty at its next scheduled faculty meeting. If the faculty do not approve the corrective plan then the student is dismissed from the program with the right to appeal. The purpose of this corrective plan is to assure that the student will be engaged in activities during the year that will increase the retention of previously learned DPT course work. Returning from inactive status may require passing an examination that provides evidence that the student has retained the knowledge of all pre-requisite coursework for courses they will be taking in the semester they return.

If the student doesn’t return to the program after one year of inactivity, the student will be automatically withdrawn from the graduate program and will receive written notification of the withdrawal. At that time, the student’s enrollment documents will be destroyed, unless the student immediately submits a written request for continuation. If, at a later date, the student decides to re-enroll in the graduate program, a new application must be submitted through the Physical Therapy Centralized Application System.

Students who choose to withdraw from the program must follow the university’s withdrawal policy as stated in the University Policies and Procedures (https://coursecatalog.plymouth.edu/university-policies-procedures/) section of the catalog.

**Incompletes and Extensions**

An instructor may decide to enter a grade of incomplete (IC) on a student’s record if unusual circumstances prevent completion of the course on time, and a minimal portion of the total class work needs to be completed. The course must be completed by the date specified by the instructor which must be set prior to the start of the next semester since all DPT courses are sequenced and dependent on all previous coursework being completed. If the course is not completed by this date, the grade specified by the instructor will be recorded. If no grade is specified, a default grade of F will be recorded. The instructor is responsible for documenting and notifying the student of the work to be completed and the deadline. A student may not graduate with an incomplete on his or her transcript.

**Pass/No Pass Courses**

Some courses are designated as Pass/No Pass. Credits earned by passing these courses are added to the total credits earned (graded and transfer courses as well as credit-by-exam). Pass/No Pass credits are also included in credits attempted. Credits earned in Pass/No Pass courses do not affect grade point average. These courses are particularly important in the DPT program since a No Pass grade in one single Pass/No Pass course means the student is not in good academic standing.

**First Day Drop/Non-Participation**

DPT Students who do not appear for the DPT Orientation and do not notify the Program Director before that meeting that they will be absent may be dropped from the program by the Program Director and their place may be given to another student.

**Professional Conduct**

As DPT students and representatives of the PSU DPT program, students are expected to adhere to the American Physical Therapy Association’s Guide for Professional Conduct.

The essence of Professional Conduct for the physical therapist comes from the fact that it is a profession that provides a service. As such the emphasis is on the rights of person(s) for whom the service is being provided. Professional Conduct recognizes that all steps should be taken to facilitate interaction with the patient/client in a manner that does not detract the patient/client’s attention, focus or purpose from that which is intended by the relationship developed with them as their physical therapist.

It is not appropriate to claim that your rights are violated by forcing you to adhere to conduct that does not suit your personal preferences or approach. As a professional it is not about your rights, it is about your responsibilities to the patient/client’s rights.

Professional Conduct is required with interactions with all individuals in which the relationship is established, or currently in effect, due to your role as a student of the PSU DPT program. This mandates that a certain approach and discretion be taken in all interactions. It does not mandate an adherence to the status quo for the sake of authority, but it does mandate an appropriate response and approach to challenging the status quo, or questioning authority.

Students must recognize that Social Media is an extension and amplification of face to face communication and therefore is subject to consideration based on the Guide for Professional Conduct. Social Media is not to be considered a personal communication, but rather a public, social declaration that is often not commensurate with communication that adheres to Professional Conduct due to the scope and nature of its audience. While on Clinical Rotations it is only appropriate to share experiences on Social Media with the explicit permission of your Clinical Instructor; during classes, labs or Integrated Clinical Experiences with the explicit permission of the Instructor; during Department Social Events with the explicit permission of all of those involved with the post (comments, pictures, etc).

Students must familiarize themselves with this guide (linked below) and bring questions regarding particular situations to their advisor, Faculty, Director of Clinical Education or the Program Director.

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**University Policies and Procedures**

If you have questions regarding policies and procedures, please contact the Director of Clinical Education or the Program Director.
Violations of Professional Conduct

If a student is found to violate an aspect of Professional Conduct, or reasonable professional expectations that form the core or extend from the intent of this Guide for Professional Conduct (See Reasonable Professional Expectations), it is the obligation of the Faculty to make the student aware, and to offer guidance to help the student recognize how they have deviated from expected Professional Conduct. If the student continues to demonstrate an inability to adhere to the Guide for Professional Conduct a written behavioral remediation plan will be developed on a case by case basis with the student, observing / reporting Faculty, student advisor and Director of Clinical Education.

Continued failure to comply with the terms of the written behavioral remediation plan will result in a written complaint for a violation of Professional Conduct and will therefore result in the student not being in good academic standing (see Academic Standing).

http://www.apta.org/uploadedFiles/APTAorg/Practice_and_Patient_Care/Ethics/GuideforProfessionalConduct.pdf

Degree Requirements

Curriculum Requirements

<table>
<thead>
<tr>
<th>Year One</th>
<th>Summer</th>
<th>Credits</th>
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<tbody>
<tr>
<td>PTH 6110</td>
<td>Clinical &amp; Functional Anatomy</td>
<td>4</td>
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<tr>
<td>PTH 6111</td>
<td>Clinical Physiology</td>
<td>3</td>
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<td>PTH 6112</td>
<td>Ethics and Value Systems</td>
<td>2</td>
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<td>PTH 6115</td>
<td>Patient/Client Management I</td>
<td>2</td>
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<td>PTH 6116</td>
<td>Integrated Clinical I</td>
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| Fall | | |
| PTH 6120 | Neuroscience | 4 |
| PTH 6121 | Musculoskeletal Conditions & Management | 3 |
| PTH 6122 | Dynamic Systems I: Movement & Adaptation | 3 |
| PTH 6124 | Clinical Inquiry I: Causality and Inference | 3 |
| PTH 6125 | Patient/Client Management II | 4 |
| PTH 6126 | Integrated Clinical II | 1 |
| Credits | | 18 |

| Spring | | |
| PTH 6130 | Pathophysiology & Pharmacology I | 3 |
| PTH 6131 | Exercise Prescription & Nutrition | 3 |
| PTH 6132 | Movement Systems | 4 |
| PTH 6133 | Dynamic Systems II: Movement & Adaptation | 3 |
| PTH 6135 | Patient/Client Management III | 4 |
| PTH 6136 | Integrated Clinical III | 1 |
| Credits | | 18 |

| Year Two | Summer | |
| PTH 8210 | Pathophysiology & Pharmacology II | 3 |
| PTH 8215 | Patient/Client Management IV | 5 |
| PTH 8216 | Integrated Clinical IV | 2 |
| Credits | | 10 |

| Fall | PTH 8226 | Clinical Education I | 8 |
| PTH 8227 | Clinical Reflection I | 1 |
| PTH 8224 | Clinical Inquiry II: Study Design | 3 |
| Credits | | 12 |

| Spring | PTH 8232 | Psychosocial Systems | 3 |
| PTH 8234 | Clinical Inquiry III: Models, Reviews & Guidelines | 3 |
| PTH 8235 | Patient/Client Management V | 6 |
| PTH 8236 | Integrated Clinical V | 2 |
| Credits | | 14 |

| Year Three | Summer | |
| PTH 8316 | Clinical Education II | 8 |
| PTH 8317 | Clinical Reflection II | 1 |
| Credits | | 9 |

| Fall | PTH 8322 | Health Systems | 6 |
| PTH 8324 | Capstone I | 3 |
| PTH 8326 | Integrated Clinical VI | 3 |
| Credits | | 12 |

| Spring | PTH 8336 | Clinical Education III | 10 |
| PTH 8337 | Clinical Reflection III | 1 |
| PTH 8334 | Capstone II | 1 |
| Credits | | 12 |
| Total Credits | | 117 |