

Notification of Request for Authorization under the Degree-Granting Institutions Act

Date posted: April 6, 2021
Institution: Pacific Northwest University of Health Sciences
Accreditation: Northwest Commission on Colleges and Universities
Current status: Authorized to offer degree programs in Washington State
Nature of request: Authorization to offer one additional degree program in WA
Proposed program: Doctor of Physical Therapy
Locations: 111 University Parkway, Suite 202
Yakima, WA 98901

Background:

Pacific Northwest University of Health Sciences is a private, non-profit institution based in Yakima, WA.

Nature of the review:

Prior to granting authorization to offer new degree programs in Washington State, the Washington Student Achievement Council/Degree Authorization reviews elements such as program outcomes, course requirements, method of course delivery, faculty credentials, and student services.

Information on the additional program can be found at the end of this notice.

Timeline:

The WSAC will accept comments on this application until May 6, 2021.

Any individuals with knowledge that may indicate the institution and/or the program does not meet the authorization requirements of WAC 250-61 are requested to submit comments to: [Degree Authorization](#). Please note that comments may be shared with the institution requesting authorization and may be available to the public under Washington State law.

If you would like to know more about the current law and regulations that govern the program, they can be found at [Chapter 28B.85 RCW](#) and [WAC 250-61](#).

SCHOOL OF PHYSICAL THERAPY

DOCTOR OF PHYSICAL THERAPY PROGRAM

MISSION

Educating future physical therapists as movement system experts who will infuse innovative, evidence-informed practice in rural and medically underserved communities throughout the Northwest.

VISION

Transforming movement and function to revolutionize the health of rural and medically underserved communities.

OUR COMMITMENT

The DPT Program at PNWU supports the University's mission to educate and train health care professionals emphasizing interprofessional service among rural and medically underserved communities throughout the Northwest.

OUR PHILOSOPHY

We believe:

Physical Therapists can impact health and health care delivery across the lifespan in rural and medically underserved communities through their unique role as movement experts.

The future of physical therapy practice rests in our graduates continually demonstrating the value of movement and function for health and longevity, translating evidence for practice into action and advocating for access to physical therapy in rural and medically underserved communities.

A student-focused, patient-centered, dynamic, and collaborative learning environment nourished within a culture of compassion, innovation, interprofessional collaboration and social responsibility will develop future leaders who will launch new visions of physical therapy for future generations.

PROGRAM DESCRIPTION

The DPT program is a 112-credit hour, 8-semester, blended curriculum model building on a combination of clinical, foundation, and behavioral sciences for the movement system, practice management, and professional practice themes, along with 34 weeks of full-time clinical experiences (FTCEs) (semesters 3,6,8) and integrated clinical experiences (ICEs) (semesters 2,4,5,7) with emphasis on rural and medically underserved clientele.

The sequencing of courses is designed to introduce and integrate foundational knowledge early in the curriculum then build upon that knowledge with practice specific courses. To reinforce the relevance of this coursework, students will employ didactic and lab skills with simulated standardize patients, as well as within their service-learning opportunities throughout the program working with clients in various rural and medically underserved community healthcare centers and clinics (ICEs). Beyond the integration of program content into clinical settings through ICE and FTCE, students have the

opportunity to learn with, from, and about other professional health care students including medical, pharmacy, nursing professions, and, in the near future, occupational therapy.

In the first-year, students are introduced to the physical therapy profession through focus on physical therapist professional roles and responsibilities within healthcare setting, with emphasis on interprofessional collaborative practice, cultural competence, emotional/social intelligence, and caring competencies of medical professionals. A strong moral foundation is built including the obligation as advocate, especially for the health needs of rural and underserved communities. These foundational components within the affective domain are necessary steps to develop soft skills necessary for ICE and FTCE patient care. Embryology is reflected in the Lifespan Development course content. Age appropriate clinical decisions begin to be formed as students explore movement development across the lifespan readying the student for future courses in pediatrics and geriatrics. In this first-year, emphasis on movement is achieved through the movement science courses and exercise physiology course in preparation for application within the professional practice courses. Pathophysiology, delivered in a systems approach, connects potential patient impairment to physical therapy practice, setting the stage for specialty practice courses. The didactic and lab coursework emphasizes movement and behavioral sciences with development of professional practice skills and documentation foundational for clinical practice.

Additionally, students learn the application of evidence to promote informed decision making as a consumer of the literature, understanding research statistics to augment their development of clinical reasoning skills. At the culmination of the first year of instruction, students will demonstrate competency via a skills-check format similar to an Objective Structured Clinical Examination (OSCE) with standardized patients prior to entering their first 9-week FTCE to apply cognitive, affective, and psychomotor skills within a clinical setting.

The second year builds on the strong moral foundation with focus on more advanced clinical sciences and professional practice skills to prepare the reflective practitioner as knowledgeable and competent physical therapist. Pharmacology, medical imaging, and nutritional science are incorporated into curriculum through integration into each practice management course. Genetics and its influence on pathology development is expanded upon in pathophysiology, cardiopulmonary, and pediatric coursework. Students learn to apply evidence-based principles to clinical decision-making within professional practice courses including musculoskeletal, neurological, cardiopulmonary, and integumentary. Emphasis on optimizing movement and the integral performance of the various body systems within the context of functional outcomes is fundamental in all professional practice courses. Evidence is put into action through research and development of their capstone project. Practice-based learning and interprofessional collaboration (IPC) are reinforced through continued service-learning imbedded through an on-campus pro-bono therapy center (ICE) serving clients with various movement system impairments under the direction of clinical faculty. Students further develop their clinical reasoning and professional practice skills through integration of complex cases, simulated standardized patients within the interprofessional Clinical Simulation Center, and in the first clinical reasoning course. Students will again demonstrate competency via practical assessment with a simulated standardized patient prior to entering their second 9-week FTCE in semester six.

In the final semester, prior to the student's terminal 16-week FTCE, students focus more on special populations including pediatrics, geriatrics, patients with cancer diagnosis, lymphedema, and pelvic health disorders, while integrating all parts of the patient/client management-examination, evaluation, diagnosis, prognosis, and intervention. Screening for medical referral, development of the plan of care, refining prognosis for patients with complex and atypical clinical presentation with comorbidities is emphasized through advanced clinical reasoning practice case studies. Students return to integrated clinical experiences to reinforce clinical reasoning and professional practice skills that are reflective of a generalist working with medically underserved clients. Students will also directly impact the local community through their development and implementation of a wellness/prevention service-learning community project. The culmination of the doctoral degree in physical therapy, students will present their capstone project validating their ability to demonstrate independence in critical thinking through a literature review, defending their research, unique patient case, or clinical question. Students will again demonstrate competency and readiness to enter their final, 16-week FTCE through completion of a practical comprehensive exam for all program content with a simulated standardized patient, reinforcing the programs mission and philosophy to produce a knowledgeable reflective generalist who is able to provide evidence-based quality care in a compassionate, professional manner, while having a solid foundation in collaborative practice; enabling the entry level practitioner to assume the role of a movement expert, researcher, educator, consultant, administrator, leader, and advocator within the interprofessional health care team.

STUDENT, FACULTY AND PROGRAM GOALS

The program has goals related to students, faculty and the program that are based on the program mission and vision, reflective of contemporary physical therapy education, research and practice, and lead to expected program outcomes.

Student-related goals are to prepare the DPT graduate who will:

1. Comprehend and integrate the biological, physical, behavioral, and movement sciences necessary for entry-level physical therapy practice.
2. Communicate and act in a professional, compassionate and ethical manner in all encounters with patients/clients, peers, faculty, families, other professionals, and community/professional leaders.
3. Practice in a manner that is consistent with established legal and professional clinical practice standards.
4. Demonstrate effective clinical decision-making skills, including clinical reasoning, clinical judgment, differential diagnosis, reflective practice, and self-reflection/assessment that can be applied in the rural or medically underserved community setting.
5. Be prepared to review and apply existing research and expand their clinical research skills to build the evidence of practice for clinical decision-making skills and innovative physical therapy interventions based on solid theoretical constructs.
6. Be advocates for the physical therapy profession and leaders in their communities.

Faculty related goals are to attract and retain faculty who:

1. Exemplify excellence in the scholarship of teaching and learning and maintain currency in clinical practice in areas related to their teaching and/or scholarship.
2. Demonstrate a commitment to collaboration, service, scholarship, and leadership in the institution, the community, and the profession.
3. Engage in one or more areas of professional growth and scholarly/creative activity that align with the program's mission and vision.

Program related goals are to offer a program that will:

1. Attract and matriculate diverse students who exceed qualifications from NW, rural, and medically underserved communities or with the desire to work in NW, rural, or medically underserved communities upon graduation.
2. Seek and be responsive to student and community feedback.
3. Model best practices in clinical care including collaborative interprofessional practice, clinical instruction, and outreach/service to the community.

These goals reflect the program mission, are reflective of contemporary physical therapy education, research and practice, and lead to expected program outcomes that reinforces the distinctiveness of the DPT program at PNWU, to advocate interprofessional education and rural community service.

CURRICULUM PLAN

The professional coursework developed is grounded in the mission of the program and the university. The curriculum plan is a blended design with traditional and systems-based approaches. The plan embeds movement systems with professional practice and practice management themes. Contemporary physical therapy practice and the utilization of evidence-based practice (EBP) are incorporated into PHTH curriculum coursework. The curriculum incorporates a combination of didactic, laboratory, service-learning, and clinical experiences which address the development of the student in cognitive, affective, and psychomotor domains. Course teaching methodology and instruction methods include content delivered through synchronous and asynchronous didactic lecture, standardized patient simulation, laboratory, experiential and service-learning experiences which is then reinforced by full-time clinical experiences (FTCE) and framed by research evidence in the sciences of movement, clinical practice, teaching, and learning. The curriculum directly reflects the skills, professionalism, and critical reasoning necessary for entry level, contemporary physical therapy practice and for the life-long learning and leadership desired across the span of graduates' careers. Components include:

Movement Sciences including anatomy, physiology, genetics, exercise science, biomechanics, kinesiology, neuroscience, pathology, pharmacology, diagnostic imaging, history, nutrition, and psychosocial aspects of health and disability.

Professional Practice including cardiovascular, endocrine and metabolic, gastrointestinal, genital, reproductive, hematologic, hepatic and biliary, immune, integumentary, lymphatic, musculoskeletal, nervous, respiratory, renal and urological systems, system interactions, differential diagnosis, and the medical and surgical conditions across the lifespan commonly seen in physical therapy practice.

Behavioral Sciences including content and learning experiences in communication, ethics, values, management, finance,

teaching, learning, law, clinical reasoning, evidence-based practice, and applied statistics.

CURRICULUM MODEL

The health profession of Physical Therapy has the primary responsibility for the promotion of optimal human health and function through the application of scientific principles to assess, intervene, correct, or alleviate acute or prolonged movement dysfunction. Pacific Northwest University of Health Sciences has developed a Doctor of Physical Therapy program of excellence that reinforces the role of the physical therapist as a competent, reflective generalist contributing to the interprofessional team in rural and medically underserved communities throughout the Northwest, with movement systems as our signature pedagogy. The curriculum is designed to produce a reflective generalist who is able to provide evidence-based, quality care in a compassionate and professional manner; have a solid foundation in collaborative practice; and assume the roles of a movement expert, researcher, educator, consultant, administrator, leader, and advocate within the interprofessional health care team. The structure of the curriculum is designed to support a learner, rather than an instructor-centered learning environment, designing learning activities that reflect Kolb's experiential learning style theory. For example, concrete experiences which provide opportunity for reflective observation and active experimentation are achieved through clinical cases and early clinical education experiences (integrated clinical experiences or ICEs) helping students conceptualize learning and sequence content in a way that reflects how physical therapists organize, retrieve (analysis), and apply information (conclusions) for clinical reasoning. At the end of each academic year, the student applies acquired knowledge during their full-time clinical experiences (FTCE) further reinforcing Kolb's experiential learning cycle.

Educational Principles

To reinforce this model and the program mission and vision, the faculty has developed ten transcurricular threads based upon the American Physical Therapy Association's Vision Statement, Core Values, and Code of Ethics documents. These threads are the educational principles that govern this model and will be reinforced across all curricular courses and you will find them listed in each of the course syllabi. Educational principles are also incorporated in our philosophy and belief statement as part of our overall commitment, mission and vision statement for the program

Transcurricular Threads

Movement experts: The student will articulate the importance of movement systems across the lifespan through application of course content to the practice of physical therapy, research, and education in order to meet the vision of the profession to "transform society by optimizing movement to improve the human experience".

Effective communication: The student will demonstrate effective interactions through accurate expressive, receptive, and non-verbal communication skills in order to "demonstrate integrity in their relationships with patient/clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public".

Inclusive, equitable, and person-centered care: The student will demonstrate "respect, the inherent dignity and rights of all individuals" in all aspect of their role as healthcare provider assuring recognition of their personal biases to prevent discrimination against others while demonstrating independent and objective professional judgment in the

patient/client's best interest within the physical therapists' scope of practice. Care that is respectful of, does not vary in quality, and responsive to, individual preferences, needs and values when making clinical decisions with their patients, as well as applying course content to the entire classroom community including, but not limited to: instructors, peers, patients, clients, families, care givers, other practitioners and community partners.

Professionalism: The student will demonstrate professional behavior by “preserving the safety, security, and confidentiality of individuals in all professional contexts”, utilize “professional judgment informed by professional standards, evidence, practitioner experience, and patient/client values” in all interactions in the context of the broad physical therapy community while “complying with applicable local, state, and federal laws and regulations”.

Critical inquiry and decision making: The student will “achieve and maintain professional competence” demonstrating effective clinical decision-making skills, including clinical reasoning, clinical judgment, and reflective practice including “collaboration with or referral to peers or other health care professionals when necessary”.

Physical therapist as researcher/ evidence-based practice: The student recognizes and demonstrates the ability to critique assigned readings and other published literature taking “personal responsibility for their professional development based upon critical self-assessment and reflection” within the context of the advancement and innovation of physical therapy practice. Demonstrating an understanding that the use of evidence-based practice is central to providing high-quality care. Further, as a researcher and scholar “shall abide by accepted standards governing protection of research participants”.

Physical therapist as educator: The student will effectively demonstrate the role of the physical therapist as educator through “participation in efforts to meet the health needs of people locally, nationally, or globally”, “education of members of the public about the benefits of physical therapy” and “advocate to reduce health disparities and health care inequities, improved access to health care services, and address the health, wellness, and preventive health care needs of people”.

Physical therapist as leader: The student will develop effective leadership skills in communication, conflict management, self-reflection and self-motivation demonstrating the application in clinical practice, professional advocacy, and success as a clinician “through organizational behaviors and business practices that benefit patients/clients and society”.

Safe and efficient practice as a generalist: Students will provide a continuum of care that is safe, effective, and efficient, in all aspects of patient management, interpersonal relations and professional conduct, while demonstrating responsiveness to the individualized needs and well-being of clients/patients “regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability”.

Interprofessional collaboration: Students will develop the core competencies needed for effective collaborative practice. The Interprofessional Education Collaborative (IPEC) defines these competencies as: (1) mutual respect and shared values with

other members of the healthcare team;(2) an appreciation for the skills and resources provided by other professionals that complement the physical therapist's expertise; (3) responsive communications that are clear, timely, and respectful; and (4) team development through relationship building, shared problem-solving and accountability, use of evidence, and effective leadership.

Curriculum Organization and Flow

In the first year, the student will be introduced to the physical therapy profession including the professional roles and responsibilities of the physical therapist within healthcare setting, emphasizing interprofessional collaboration practice, cultural competence, emotional/social intelligence, and caring competencies of medical professionals. A strong moral foundation including the obligation as advocate, especially for the health needs of rural and underserved communities is emphasized. Didactic and laboratory coursework emphasizes foundational movement and behavioral sciences with development of professional practice skills including documentation in these first two semesters in preparation for the first full-time clinical experience (FTCE) that follows. Age appropriate clinical decisions begin to be formed, as students explore movement development across the lifespan which includes exercise physiology application. To reinforce the relevance of this coursework, students will employ learned skills within the context of the simulated standardize patient, as well as service-learning opportunities in the second semester working with clients in various rural and medically underserved community health care centers and clinics. Students will collaborate with other health care professional students learning with, from, and about each other including medical, pharmacy, and nursing professions. Students will learn the application of evidence to promote informed decision making as a consumer of the literature, understanding research statistics to augment their development of clinical reasoning skills in physical therapy practice. At the culmination of the first year of instruction students will demonstrate competency before entering their first 9-week FTCE to apply cognitive, affective, and psychomotor skills within a clinical setting.

The coursework in the second year builds on the strong moral foundation with focus on more advanced clinical sciences and professional practice skills that will prepare the reflective practitioner as knowledgeable and competent physical therapists. Students learn to apply evidence-based principles to their clinical decision-making skills within a variety of professional practice courses including musculoskeletal, neurological, cardiopulmonary, and integumentary movement systems. Emphasis on optimizing movement and the integral performance of the various body systems within the context of function outcomes is fundamental in all professional practice courses. Evidence will be put into action as students begin to research and develop their capstone projects. Practice-based learning and interprofessional education is reinforced through continued service-learning imbedded within the curriculum including an on-campus pro-bono therapy center serving clients with various movement system impairments under the direction of clinical faculty. Students further develop their clinical reasoning and professional practice skills through integration of complex cases and simulated standardized patients within the Interprofessional Clinical Simulation laboratory. Students will again demonstrate competency prior to entering their second 9-week FTCE in the sixth semester of the program.

In the final semester, prior to the students 16-week terminal FTCE, students focus more on special populations including pediatrics, geriatrics, patients with cancer diagnosis, lymphedema, and pelvic health disorders, while integrating all parts of the patient/client

management-examination, evaluation, diagnosis, prognosis, and intervention components of patient care. Screening for medical referral, development of the plan of care, refining prognosis for patients with complex and atypical clinical presentation with comorbidities is emphasized through advanced clinical reasoning practice case studies. Students return to community health centers and clinics to reinforce clinical reasoning and professional practice skills that are reflective of a generalist working with medically underserved clients. Students will also directly impact the local community through their development and implementation of a wellness/prevention service-learning community project. And, as the culmination of the doctoral degree in physical therapy, students will present their capstone project validating their ability to demonstrate independence in critical thinking through a literature review, defending their research, unique patient case or clinical question in a public venue. Students will again demonstrate competency and readiness to enter their final, full-time 16-week clinical education experience reinforcing the programs mission and philosophy to produce a reflective generalist who is able to provide evidence-based quality care in a compassionate, professional manner, while having a solid foundation in collaborative practice enabling the entry level practitioner to assume the role of a movement expert, researcher, educator, consultant, administrator, leader, and advocator within the interprofessional health care team.

Clinical Education

Clinical education, whether through full-time clinical experiences (FTCE) or through integrated clinical education (ICE), is the opportunity to apply and solidify classroom didactic knowledge and hands on laboratory skills, (patient handling skills) to direct patient care, under the supervision of a clinical instructor, or faculty member. FTCE occurs in semesters three, six, and eight while ICE opportunities occur within didactic coursework in semesters two, four, five, and seven. The PHTH 543 and 746 are off campus at community sites including the Yakima Union Gospel Mission (YUGM) Medical Care Center where the faculty and students staff a pro-bono clinic two days per week. During PHTH 644 and 645 students will be participating in pro-bono community-based clinic here on PNWU's main campus, also two days/week.

The philosophy of the program, as it relates to these experiences are for the doctoral-level graduate to be educated with a firm knowledge base. Additionally, they would be capable of critical thought, leading to effective analysis for implementation of examination techniques, assessment and interpretation of evaluation data on which to make treatment plans and decisions, as well as to predict treatment outcome based on empirical research.

Policies and Procedures for the student clinical experience can be found in the DPT Clinical Education Handbook, available on Moodle.

CURRICULUM MATRIX

PACIFIC NORTHWEST UNIVERSITY OF HEALTH SCIENCES							
CURRICULUM MATRIX							
SEMESTER 1 (fall)	SEMESTER 2 (spring)	SEMESTER 3 (summer)	SEMESTER 4 (fall)	SEMESTER 5 (spring)	SEMESTER 6 (summer)	SEMESTER 7 (fall)	SEMESTER 8 (spring)
PHTH 500 Foundations of Clinical Practice I (3.5 credit hours) 2:3	PHTH 501 Foundations of Clinical Practice II (3.5 credit hours) 2:3	PHTH 600 - Clinical Experience I (4.5 credit hours)		PHTH 602 Foundations of Clinical Practice III (3.5 credit hours) 2:3	PHTH 700 - Clinical Experience II (4.5 credit hours)		PHTH 750 - Clinical Experience III (8 credit hours)
PHTH 505 Gross Anatomy (4.5 credit hours) 2-3:4	PHTH 506 Applied Neuroscience (3.5 credit hours) 2:3		PHTH 607 Neurological Movement System I (4.5 credit hour) 3:3	PHTH 608 Neurological Movement System II (3.5 credit hours) 2:3		PHTH 709 Pediatric Physical Therapy (3.5 credit hour) 2:3	
PHTH 510 Lifespan Development (3.0 credit hours) 3:0	PHTH 514 Exercise Physiology (2 credit hours) 2:0		PHTH 620 Musculoskeletal Movement System I (4.5 credit hours) 3:3	PHTH 621 Musculoskeletal Movement System II (5 credit hours) 3:4		PHTH 722 Geriatric Physical Therapy (3 credit hours) 2:2	
PHTH 511 Applied Pathophysiology (3.0 credit hours) 3:0			PHTH 625 Cardiopulmonary Movement System (3.5 credit hours) 2:3	PHTH 626 Management of Select Populations I (2 credit hours) 1:2		PHTH 727 Management of Select Populations II (2 credit hours) 1:2	
PHTH 512 Movement Science I (3.0 credit hours) 2:2	PHTH 513 Movement Science II (3 credit hours) 2:2						
PHTH 520 Professional and Interprofessional Practice I (2 credit hours) 2:0	PHTH 521 Professional and Interprofessional Practice II (2 credit hours) 2:0		PHTH 622 Professional and Interprofessional Practice III (2 credit hours) 2:0			PHTH 723 Administration & Leadership (2 credit hours) 2:0	
			PHTH 635 Clinical Reasoning I (2 credit hours) 2:0			PHTH 736 Clinical Reasoning II (3 credit hours) 3:0	
	PHTH 543 Integrated Rural Clinical Outreach I (1.5 credit hour) 0.5:2		PHTH 644 Integrated Clinical Practice I (1.5 credit hour) 0.5:2	PHTH 645 Integrated Clinical Practice II (1.5 credit hour) 0.5:2		PHTH 746 Integrated Rural Clinical Outreach II (3.0 credit hour) 1:4	
	PHTH 545 Evidence Informed Practice (3 credit hours) 3:0		PHTH 646 Capstone I (1 credit hour) 0:2	PHTH 647 Capstone II (2.5 credit hours) 0:5		PHTH 748 Capstone III (1.5 credit hours) 0:3	
	PHTH 550 Clinical Competence in Patient Management I (0.5 credit hours) 0:1			PHTH 650 Clinical Competence in Patient Management II (1 credit hours) 0:2		PHTH 750 Clinical Competence in Patient Management III (1 credit hour) 0:2	
19 credit hours 14 lecture: 9 lab	19 credit hours 13.5 lecture: 11 lab	4.5 credit hours	19 credit hours 12.5 lecture: 13 lab	19 credit hours 8.5 lecture: 21 lab	4.5 credit hours	19 credit hours 11 lecture: 16 lab	8 credit hours
112 Credit Hours Total							

ADMISSIONS

Prior to entering the DPT program, students are expected to complete nine prerequisite courses in the general sciences to prepare them for the rigor of the program. There is no minimum GPA requirement for undergraduate coursework, however, a 3.0 GPA or higher is highly recommended to be competitive. All prerequisite courses must be at a B or higher. Students may have two prerequisite courses *in progress* at the time of applying to the DPT program. Applications are submitted through the Physical Therapist Centralized Application Service (PTCAS), which allows students to use a single application and one set of materials to apply to multiple DPT programs.

No prerequisite courses may be repeated more than one (1) time and no more than three (3) prerequisite courses may be repeated. Coursework older than seven years is not accepted. If a student retakes a prerequisite course because it is over seven years old, it does not count as a repeated course.

All science courses must include laboratories and cannot be at an introductory level. Human Anatomy and Physiology must be taken from the Anatomy, Physiology, Anatomy & Physiology, Biology or Zoology department. Combined Human Anatomy and Physiology courses will be considered only if a combined course. AP credit, CR/NC grades, correspondence courses, or independent study courses *cannot* be used for prerequisite requirements.

The prerequisite courses and rationale for each are outlined below:

1. **Human Anatomy** with lab (1 semester/ 5/6 quarter units or 2 quarters; do not recommend online or hybrid courses for lab). Rationale: this is foundational content needed in preparation for the movement science courses of Anatomy including gross anatomy lab dissection, Applied Neuroscience, and Movement Science I and II in the first year.
2. **Human Physiology:** (1 semester/ 5/6 quarter units or 2 quarters; do not recommend online or hybrid courses for lab). Rationale: Several courses in the DPT curriculum build on integrating knowledge of this foundational content of normal physiology including: pathophysiology, electrophysiology taught in Foundations of Clinical Practice III, Applied Neurosciences, Lifespan Development, and Exercise Physiology.
3. **General Chemistry** or Inorganic and Organic or Biochemistry (all with labs) (2 semesters/3 quarters; do not recommend online or hybrid courses for lab). Rationale: A sound background in chemistry not only develops problem solving and analytical thinking skills, but is necessary to appreciate pharmacology which is integral for professional practice and incorporated in several courses, including Cardiopulmonary Movement System, Management of Select Populations I and II, and Clinical Reasoning I and II.
4. **Physics** (with lab) including mechanics, heat, light, sound, and electricity (2 semesters/3 quarters; do not recommend online or hybrid courses for lab). Rationale: Physics is necessary for much of the DPT coursework, especially Movement Science I

and II in the first year, and teaching of modalities as part of Foundations of Clinical Practice III in the second year.

5. **General Psychology** (1 semester/4 quarter units). Rationale: Several courses in the DPT curriculum require foundational knowledge of psychological issues, including the Professional and Interprofessional Practice Seminar courses, Administration and Leadership, Integrated Rural Clinical Experience I and II, Integrated Clinical Practice I and II, and the full-time Clinical Experience I-III courses (FTCE).

6. **Psychological Aspects of Disabilities** (preferred) or **Abnormal Psychology** (1 semester/4 quarter units). Rationale: Knowledge regarding the psychology of people who are “atypical” or “disabled” is important for all professional practice courses, as well as the integrated clinical and full-time clinical experiences. Understanding the possibilities for abnormal behaviors and personalities can assist the student in differentiating physical from psychological dysfunction, recognizing the need for external referrals, and to assist those struggling with mental illness in their pursuit of more optimal physical function.

7. **Statistics** (1 semester/4 quarter units) Rationale: Students require a background in statistics for Evidence Informed Practice and their capstone projects. A foundation in statistics is necessary to interpret and incorporate literature in their professional practice courses.

In addition to the prerequisites, accepted students must complete a **Medical Terminology** Course prior to the start of the program to prepare them for the clinical science courses in the DPT program. In particular, it is necessary for Foundations courses, Applied Pathophysiology, and professional practice courses.

Students enter the DPT program with a fundamental understanding of basic sciences that is built upon throughout the curriculum. The preparation is adequate for the DPT curriculum and these prerequisites are similar to other DPT program throughout the nation. This enhances a student’s ability to apply to several DPT programs at one time.

In addition to submitting official transcripts which include the 9-prerequisite courses listed above, students will be required to submit (1) GRE test scores; (2) three letters of recommendation (two of which should be from physical therapists licensed in the United States and the other from a professor, whom they have taken a course from within the United States); and (3) evidence of experience of knowledge of physical therapy through employment, volunteer work, or observation (under the supervision of a licensed physical therapist in the United States) in a physical therapy department for a minimum of 100 hours, twenty (20) hours of which must be in a general in-patient care setting.

Students will also be required to submit a personal statement as part of the PTCAS application.

If the foregoing criteria is met, selected students will be invited for an on-campus interview. Priority will be given to those students from the Northwest (Alaska, Idaho, Montana, Oregon, and Washington) or from a rural or medically underserved community.

ADMISSION REQUIREMENTS

Acceptance is conditional until all required documentation is received and completed to PNWU's satisfaction. Final, official transcripts from all previously attended institutions must be on file prior to matriculation.

The requirements for admission are in this section and PNWU.edu.

- A baccalaureate, masters, or doctoral degree from a regionally accredited college or university.
- The ability to use a personal or network computer (PC) is an important skill that will assist students with PNWU course work. It is strongly recommended that each entering student have a good working knowledge of common PC use and applications. PNWU utilizes the latest in Microsoft Office® and Windows® applications. See the [minimum laptop requirements](#) on PNWU.edu
- A cleared [criminal background check](#)
- A cleared [drug screening](#), if randomly selected
- Documentation of required [immunizations](#)
- Documentation of [health care coverage](#)/insurance
- Final official transcripts are required from each college or university ever attended. The transcript must come directly from the college or university. Foreign transcripts must be evaluated for US equivalence by an approved evaluation service.
- Financial aid counseling sessions and/or modules
- Matriculation forms and surveys; such as ID badge forms, parking permit forms, etc.
- Complete annual on-line training modules; such as HIPAA, hazardous materials, blood borne pathogens, and research training
- Complete pre-orientation modules
- Required to attend a new student orientation.

ESSENTIAL FUNCTIONS OF THE DOCTOR OF PHYSICAL THERAPY STUDENT

The curriculum leading to the DPT degree requires students to demonstrate essential functions that are expected of all entry-level physical therapists. These essential functions are required for successful admission to, and continuation in, the DPT program at PNWU. Deficiencies in knowledge, judgement, integrity, character, or professional attitude or demeanor that may jeopardize patient care may be grounds for course failure and/or dismissal from the program.

Under all circumstances, a student should be able to perform the following in a reasonably independent manner, with or without a reasonable accommodation:

Observation

Candidates and students must have sufficient visual acuity to be able to observe patients and demonstrations accurately, close up and at a distance, to learn skills and to gather patient data. Candidates and students also must possess functional use of the sense of vision and somatic sensation. Observation is enhanced by the functional use of the sense of smell. Candidates and students must provide safe application of gradient pressures during examinations and interventions (including, but not limited to, palpation, manual muscle testing, joint mobilization, percussion, and massage), as well as provide

appropriate feed back to the gradient pressure. This may include observing and monitoring fellow students, patients, simulated patients, caregivers, volunteers, and faculty. The essential observation functions require the use of senses (e.g., vision, hearing, touch) and include the student's ability to:

- Observe movement patterns, activities, and behaviors.
- Perform effective auscultation/auditory evaluation inclusive but not limited to lungs, heart, apical pulse, blood pressure, joint noises, prostheses.
- Hear environmental cues inclusive of but not limited to phones, overhead paging systems, verbal communication in a setting with competing ambient noise.
- Observe signs related to physical status (e.g., vital signs, symmetry and condition of the skin, soft tissue and wounds) and behavioral status (e.g., facial expressions, tone and volume of voice).
- Read information in classrooms and clinical environments such as course materials, patient medical records, diagnostic tests, dials, displays, and equipment related to patient care.
- Provide safe application of gradient pressures during examination and intervention (including but not limited to, palpation, manual muscle testing, joint mobilization percussion, massage).
- Provide appropriate feedback related to safe application of gradient pressures during examination and intervention (including but not limited to: palpation, manual muscle testing, joint mobilization, percussion, massage).

Communication

Students must be able to assimilate information from written sources and be able to attain, comprehend, retain, and utilize new information presented in written formats as well as produce appropriate written documentation. The student should be able to effectively communicate with or without PNWU approved accommodations and observe patients in order to elicit information, describe changes in mood, activity, and posture; and perceive non-verbal communication.

Students must be able to communicate effectively and sensitively in English with other students, faculty, staff, patients, family, and other professionals, in both oral and written formats, and must be able to read, write, and communicate verbally in English. Students must also be able to recognize and respond to soft voices or voices under protective grab, auditory timers, equipment/emergency alarms, joint noises, prostheses, and effectively use devices for the measurement of vital signs and breathe sounds. Students must be able to hear patients and respond to patient critical needs when not in direct line of sight.

A student must communicate in a professional manner that meet the needs of the target audience (fellow students, faculty, staff, patients, caregivers, health care team members, policy makers, and third-party payers) in written, verbal, and nonverbal forms. Other essential communication standards include the student's ability to:

- Receive and respond to verbal and written communications in an appropriate and professional manner
- Obtain and report information verbally and in writing using the English language

- Participate in student, curricular, and community group activities.
- Apply teaching principles for patients, caregivers, or simulated caregiver skill development to manage patients and simulated patients in academic and clinical activities.
- Explain conditions and procedures to patients and others within acceptable norms of the academic and clinical settings.

Physical Performance Skills

Candidates and students must have sufficient motor function to be able to execute movements commonly required to provide assessment and physical therapy treatment procedures to patients/clients, as well as respond quickly to emergencies by lifting/pushing/pulling patients, apply force to perform CPR, and assist with transporting patients. These actions require both gross and fine muscular movements, equilibrium and functional use of the senses of touch, hearing, and vision.

Students must be able to:

- Apply body mechanic principles to maintain safety to self and others.
- Apply fine motor skills and hand dexterity to safely perform examinations and therapeutic interventions.
- Maintain and assume a variety of positions including sitting for up to two hours continuously, frequent standing, walking, bending, squatting, kneeling, stair climbing, reaching forward, reaching overhead, turning, and moving of the trunk and neck in all directions.
- Perform manual material handling and manipulation of various sizes and weights including lifting and transferring patients, guarding patients during gait training on level surfaces/uneven surfaces/ramps/stairs, pushing and pulling to provide resistance and to assist in maneuvering patients. Specific requirements include:
 - Safely lift up to 50 lbs. independently.
 - Safely lift up to 200 lbs. with assistance.
 - Safely push and pull up to 200 lbs.
- Demonstrate strong bilateral grasp during joint mobilization/manipulation and manually-resisted exercise, bilateral gross and fine motor control and strength to perform therapeutic massage, fine motor control to manipulate testing instruments/equipment/writing instruments/computers.
- Manually palpate various body structures during examination and intervention procedures.
- Balance self and provide support and balance to patients on a variety of surfaces including level and uneven ground, ramps, curbs, and stairs.
- Have sufficient endurance to continue performing a variety of exertional activities for up to 8-12 hours with occasional rest breaks.
- Respond quickly to emergency situations by lifting/pushing/pulling patients, applying force to perform CPR, assisting with transporting patients.
- Get to lecture, lab, and clinical locations and move within rooms as needed for changing groups, partner, and work stations.

Intellectual, Conceptual, Integrative and Quantitative Abilities

Students must be able to measure, calculate, reason, analyze, synthesize, integrate and apply information in making critical judgments. Problem solving, a clinical skill necessary in physical therapy practice, requires all of these intellectual abilities. In addition, students must be able to comprehend three-dimensional relationships and to understand the spatial relationship of structures.

They must have the cognitive abilities necessary for timely problem solving, safety judgment, and reasoning in academic and clinical settings. The essential cognitive functions include the student's ability to:

- Problem solve when in the clinical or academic setting. This includes being able to read and calculate EKG's and other related information.
- Measure, calculate, analyze, comprehend, integrate, and synthesize a large body of knowledge.
- Assimilate, understand and integrate information from multiple sources such as textbooks, published literature, internet, and presentations.
- Selecting and utilizing appropriate verbal, non-verbal, and electronic communications.
- Utilizing critical thinking skills and create effective solutions in all levels of the program.
- Assessing self-performance to continually improve professional skills and implement plans for professional growth and development.
- Receive, interpret, remember, reproduce, and use information in the cognitive, psychomotor, and affective domains of learning to solve problems, evaluate work, and generate new ways of processing or categorizing similar information as listed in course objective.
- Perform a PT evaluation of a patient's posture and movement including analysis of physiological, biomechanical, behavioral, and environmental factors in a timely manner consistent with the acceptable norms for clinical settings.
- Use evaluation data to formulate and execute a plan of physical therapy management in a timely manner appropriate to the problems identified and consistent with the acceptable norms of clinical settings.
- Reassess and revise plans as needed for effective and efficient management of physical therapy problems, in a timely manner and consistent with the acceptable norms of clinical settings.

Behavioral and Social Attributes

The physical therapist student must possess the emotional health required to utilize their intellectual abilities fully; exercise good judgment; complete all responsibilities attendant to the physical therapy diagnosis and care of patients; and develop mature, sensitive, and effective relationships with patients and their families. Students must be able to:

- Demonstrate judgment in classroom, laboratory, and clinical settings, which shows an ability to make mature, sensitive, and effective decisions in several different areas of physical therapy practice.
- Tolerate physically taxing workloads and function effectively under stress.
- Possess the emotional health required for the full utilization of their intellectual abilities, the exercise of good judgment, and the prompt and safe completion of all responsibilities attendant to the diagnosis and care of patients and families.
- Maintain mature, sensitive, and effective relationships with patients, students, faculty, staff, and other professionals in academic and clinical environments including highly stressful situations.
- Possess the emotional stability to function effectively under stress and to adapt to an environment that may change rapidly without warning and/or in unpredictable ways.
- Understand that his or her values, attitudes, beliefs, emotions, and experiences affect his or her perceptions and relationships with others.
- Possess the ability to reason morally and practice physical therapy in an ethical manner.
- Demonstrate willingness to learn and abide by professional standards of practice.
- Possess attributes that include compassion, empathy, altruism, integrity, honesty, caring, fairness, responsibility, concern for others, accountability, interest, tolerance, and motivation.
- Interact effectively with individuals, families, and groups from a variety of social, emotional, cultural and intellectual backgrounds in a variety of settings.
- Acknowledge and respect individual values and opinions in order to foster harmonious working relationships with colleagues, peers, and patients/clients.
- Demonstrate the ability to be self-reflective.
- Maintain general good health, self-care, and hygiene in order not to jeopardize the health and safety of self and individuals with which one interacts.
- Demonstrate professional behavior in relationships with supervisors, peers, and patients/clients.
- Possess adequate endurance to tolerate physically, emotionally, and mentally taxing workloads and to function effectively under time constraints, proactively making use of available resources to help maintain both physical and mental health.
- Accept suggestions and criticisms and, if appropriate, to respond by modifying their behavior.
- Demonstrate appropriate assertiveness, delegate responsibilities, and function as part of a physical therapy team.
- Work effectively with clinicians and/or fellow students as part of a team or in small and large group activities.

ACADEMIC STANDARDS

ACADEMIC SKILL DEVELOPMENT

Academic skill development is available for any student who would like help improving study strategies or test-taking skills. Assistance is available in several areas including; identification of learning preferences, becoming active learners, note-taking, memorization techniques, using resource materials, studying for tests, reducing test anxiety, effectively using a tutor, and studying in small groups. The learning skills specialist will oversee delivery of many of these services, which may be provided by the learning skills specialist, faculty, or students. Throughout the year, a variety of seminars/workshops may be offered to students. Students may be offered sessions on study strategies, test-taking, becoming an effective tutor, etc.

TUTORING AND RECITATION

PNWU provides tutorial services for students who desire additional educational assistance. Priority for these services is given to students who have been identified as requiring such educational assistance. PNWU encourages students to establish informal study groups and/or find study partners. The learning skills specialist coordinates a formal tutoring and recitation program. With assistance and recommendations from the faculty, peer tutors and recitation leaders are identified and made available to students who need help. The tutoring program provides the student with the opportunity to be assigned a near-peer or peer tutor at no cost. Students may contact the learning skills specialist to apply for tutoring services.

ACADEMIC ADVISEMENT

Each student is assigned a faculty academic advisor within the program.

Successful advising depends upon a shared understanding of, and commitment to, the advising process, by students, advisors, and the university. Academic advisors engage students in learning, promote students' academic success, and foster students' personal, ethical, and intellectual growth, all of which will carry into their roles as citizens, leaders, and lifelong learners.

LETTER GRADE CRITERIA

All courses (with exception of those graded credit/no credit*) offered in the DPT program are graded according to the following standard:

Grading Criteria**:

A = 90.0 and greater	D = 60.0 to 69.99
B = 80.0 to 89.99	F = less than 60.0
C = 70.0 to 79.99	

*Full-time clinical experiences (PHTH 600, 700, and 790), capstone (623, 624, and 725), and Clinical Competence in Patient Management (PHTH 550, 650, 750) are graded credit/no credit (CR/NC). See course syllabi for specific standards required to receive credit (CR) in these courses.

**Grades are not rounded to the nearest whole numbers (i.e. 89.99% is not 90%).

GRADE REQUIREMENTS FOR DPT STUDENT BY SEMESTER AND OVERALL

The following represent grade requirements for DPT students by semester and overall. Students will enroll in and complete all required courses in sequence. Failure to complete a course in sequence may cause a student to wait a full year before resuming

the program. Any student receiving a course grade less than C will not be able to continue in the program, regardless of semester or overall GPA.

1. Students must have an average 3.00 GPA each semester in the program.
2. Students must maintain a minimum cumulative 3.00 GPA in DPT degree requirements.
3. Students enrolled in ICE courses (PHTH 543, PHTH 644, PHTH 645 and PHTH 726) must obtain an overall class average of B or 80%.
4. Students must achieve a minimum of C (or CR) in all other PHTH courses.
5. Only students who have maintained the minimum average GPA and grade requirement (see 1 and 3 above) will be allowed to enroll in FTCE courses (PHTH 600, PHTH 700, and PHTH 790).
6. Students must receive credit (CR) in all FTCE courses (PHTH 600, PHTH 700, and PHTH 790).
7. Students in the program must demonstrate competence in BOTH academic and clinical components of the curricular course work.
8. Students must perform at a level of B or 80% or better in all practical examinations and pass all safety requirements on the practical exam with 100%. *Please note the following rules will apply if student performs below the level of a B or 80% on any practical examination:*
 - a. A student who does not achieve this score must retake the exam within two weeks at a time convenient to the instructor (and/or the Assessment Department) in order to ensure competency in that particular content area or skill. The student will be expected to pass the retake exam at 80% or higher.
 - b. The new exam grade will NOT replace the original exam grade.
 - c. First failure in a practical exam may result in notification by the instructor to program director and Student Progress Committee.
 - d. Student will be required to meet one on one with the faculty member to identify deficiencies and identify strategies to address them prior to rescheduling the re-take exam.
 - e. The student is allowed one attempt to re-take an exam. If the student is not successful with passing the retake, the student will not pass the class, regardless of student's overall grade in the course.
 - f. Second failure on re-take exam will result in failure of the class and a mandatory meeting with Student Progress Committee to discuss the student's status in the program.
 - g. Prior to meeting with the committee, the student is encouraged to submit, in a written statement, any details or considerations to explain their performance and any detailed suggestions the student presents on their own behalf to address their deficiencies and a suggested academic plan to correct them.
 - h. The Student Progress Committee in consultation with program director and faculty member, after reviewing the student's total course performance, total program performance (i.e., current standing in all course work) and consideration of any mitigating factors (i.e., family crisis, illness) may suggest any of the following:
 - An additional final retake that the student must pass.

- A remediation process to be monitored by the student's faculty advisor.
 - Repeat of the course in consideration.
 - Dismissal from the program.
9. Students must achieve a level of C or 70% or better in all lecture examinations. *Please note the following rules will apply if student achieves below the level of a C or 70% on any lecture examination:*
- a. A re-take exam may be provided at the discretion of the faculty teaching the course.
 - b. The new exam grade will NOT replace the original exam grade.
 - c. First failure in an exam may result in notification by the instructor to program director and Student Progress Committee.
 - d. Student will be required to meet one on one with the faculty member to identify deficiencies and identify strategies to address them.
 - e. The student is allowed one attempt to re-take an exam. If the student is not successful with passing the re-take, the student will not pass the class, regardless of student's overall grade in the course.
 - f. Second failure on re-take examination will result in mandatory meeting with Student Progress Committee.
 - g. Prior to meeting with the committee, the student is encouraged to submit, in a written statement, any details or considerations to explain their performance and any detailed suggestions the student presents on their own behalf to address their deficiencies and a suggested academic plan to correct them.
 - h. Student Progress Committee in consultation with program director and faculty member after reviewing the student's total course performance, total program performance (i.e., current standing in all course work) and consideration of any mitigating factors (i.e., family crisis, illness) may suggest any of the following:
 - An additional final re-take that the student must pass.
 - A remediation process to be monitored by the student's faculty advisor.
 - Repeat of the course in consideration.
 - Dismissal from the program.

Students cannot receive more than **five (5)** cumulative remediations on lecture exams, practical exams, clinical competence exams, or the oral dissertation exam while enrolled in the three years of the program without full review of their academic status by the Student Progress Committee.

- Any student who has four remediations will be required to meet with their advisors for a review of their progress in the program to date.
- *If a student reaches five remediations they will be required to meet with the Student Progress Committee and program director to determine status in the program. This discussion will include a review of the entire program including performance in the on-campus clinics, FTCE, and other areas of the curriculum, as well as any mitigating factors (family crisis, illness).*

- *Students should come prepared to discuss any details or considerations to explain their performance.*
- Recommendations by the Student Progress Committee may include any of the following:
 1. Extending the DPT program by an additional year (to address individual student needs). If this option is recommended, please note that two or more additional remediations by the student will result in an automatic dismissal from the program. The Student Progress Committee in consultation with program director would then determine if the student would be allowed to re-start the DPT program the following year.

Opt out of the DPT program effective immediately with an opportunity to return the following year to re-start the DPT program with the condition that all coursework must be at the B or higher level.

2. Dismissal from the program with no option to be readmitted.
10. Any student receiving a course grade less than C will not be able to continue in the program, regardless of semester or overall GPA.

Students will enroll in and complete all required courses in sequences. Failure to complete a course in sequence may cause a student to wait a full year before resuming the program.

APPEALING GRADES

Students who believe they have been evaluated incorrectly and/or unfairly have a right to appeal the grade. The student should first request a review by the instructor before appealing to the program director.

A student who seeks appeal of a particular grade must first speak with the primary faculty member assigned to the course. They may request written documentation/justification from the student if they deem it appropriate. The involved faculty member(s) will then discuss the situation with the Student Progress Committee.

If the student disagrees with the program decision, they may appeal in writing and discuss the situation with the Program Director. After hearing from the appropriate people, the PD will make an informed and final decision.

The original appeal must be made within one year of receipt of the grade. All change of grades must be submitted to the registrar.

REPEATING A COURSE

A student may repeat a course only if there is sufficient space in the class.

A student who receives a grade of C or less for the second (repeat) time in a PHTH course will be disqualified from the program. In the case of the ICE courses, a student cannot receive a grade of B or less for the second (repeat) time.

Relative to FTCE courses (PHTH 600, 700, and 790):

- A student may repeat a clinical course only once and only if they have maintained a GPA of at least 3.00 and have received a grade of CR or C or better in all PHTH courses.
- A student who receives a grade of NC or less for the second (repeat) time, in a clinical experience course will be dismissed from the program

CLINICAL EXPERIENCE PERFORMANCE STANDARDS (PHTH 600, 700, 790)

Only students who have maintained a GPA of 3.00, received a grade of CR, or passed all PHTH classes will be allowed to enroll in FTCE courses (PHTH 600, 700, 790).

Students on academic probation may be allowed to enroll in FTCE courses with the approval of the Committee for Academic Review and only during the first semester of probationary status. FTCE courses are graded credit/no credit (CR/NC). Standards for grading are defined in the Clinical Performance Instrument (CPI).

The policies for repeating a course apply to FTCE courses:

- A student may repeat a FTCE course only once and only if they have maintained a GPA of at least 3.00, received a grade of CR, or passed all PHTH courses.
- A student who receives a grade of NC or less for the second (repeat) time, in a FTCE course will be dismissed from the program.

If a student fails to meet the standards for receiving credit (CR) on any portion of the FTCE course, the student will receive a grade of no credit (NC). The Student Progress Committee, in consultation with the student, clinical education coordinator, and program director will develop a remediation plan.

COURSES

PHTH 500 Foundations of Clinical Practice I (3.5 cr hrs/2:3) The first in a series of three courses focused on clinical skills and patient management processes in the physical therapy setting. Foundational knowledge and skills related to the medical interview, motivational interviewing, basic examination procedures are developed and form the basis for systems-based patient management throughout the curriculum. Laboratory sessions focus on foundational psychomotor skills including, but not limited to infection control, body mechanics, safety, proper draping, vital signs, palpation, neuromuscular screen, the application of goniometry for assessment of range of motion, manual muscle testing, and anthropometric measures. The inclusion of defensible documentation utilizing the patient/client management model with appropriate medical terminology reflects the International Classification of Function framework. A combination of lecture, laboratory, small group, cased-based learning, with use of standardized patients (SPs) will enhance student learning. Formative assessment experiences in the form of clinical communication such as SBAR (situation, background, assessment, recommendation) and the communication assessment tool are reinforced.

PHTH 501 Foundations of Clinical Practice II (3.5 cr hrs/2:3) This course is a continuation of PHTH 500 with further application of physical therapy examination, evaluation, and treatment skills commonly used in physical therapy practice. Instruction will include, the integumentary screen, application of personal protective equipment, advanced transfer techniques, functional balance testing, basic heat/cold

interventions including ultrasound. Additionally, students will be introduced to components and prescriptions of therapeutic exercise and movement-based intervention. A combination of lecture, laboratory, small group, case-based learning, with reinforcement and practice of learned skills through the use of the standardized patient (SP) will enhance student learning. Students will encounter acute and chronic problems in diverse patient centered cases and apply their movement science knowledge to promote readiness for clinical education. Concepts of empathic communication and cultural humility will be reinforced.

PHTH 505 Gross Anatomy (4.5 cr hrs/2-3:4) This lecture and dissection/pro-section-based course integrates Doctoral Physical Therapy students with College of Osteopathic Medicine students. The content is divided into four units, based on regional anatomy: back, upper limb, lower limb, and thorax. Lectures on fundamental radiological anatomy related to the area under study occurs near the end of each unit. Basic neuroanatomy is integrated throughout the course as a precursor to PHTH 506 Applied Neuroscience. This course provides the student with a solid knowledge base in gross, neurologic, and radiologic anatomy. The regional anatomic presentations are essential for preparing healthcare professions to integrate patient presentation for application of clinical differential diagnosis and treatment imperative as an effective doctoral physical therapist practitioner.

PHTH 506 Applied Neuroscience (3.5 cr hrs/2:3) Advanced study of structures, organization, and function of the nervous system with emphasis on the neuroanatomical structures and neurophysiological functions of the motor and sensory systems that regulate movement. Understanding clinical manifestations seen in various neurological diseases is the foundation for evaluating and treating patients with neurological disorders. Human brain specimens will supplement lecture material. Other lab activities emphasize elements of the neurologic examination and apply common outcome measures and assessment tools. Clinical skills will be reinforced and practiced with volunteers with various neurological diagnoses from the community. Neuroradiology, focusing on the central and peripheral nervous system, spine, head, and neck using neuroimaging examples are also presented.

PHTH 510 Lifespan Development (3 cr hrs/3:0) Normal and abnormal human embryonic development will set the stage for the mechanisms of and clinical relevance for the establishment of normal development of: gross motor, fine motor, language, cognition, psychosocial, and play skills across the lifespan. The foundation of movement analysis is established through the context of neuromotor control development which underlie skilled performance in everyday functional behaviors from infancy through older age. Applied relevance of current perspectives in motor control and learning will be addressed through application of current principles to understand optimal movement development across the lifespan. Students will be exposed to live examples to integrate age related development across the lifespan.

PHTH 511 Applied Pathophysiology (3 cr hrs/3:0) The foundation of basic histology and cell function will be utilized to promote the study of pathophysiology's disruption of homeostasis and the discerned impact on movement systems, the cornerstone of physical therapy practice. Students learn to understand their role as a physical therapy diagnostician at the level of pathology within the framework of differential diagnosis. Includes cardiovascular, pulmonary, endocrine, digestive, renal, genital, immune, hematologic, neurological, musculoskeletal, and integumentary systems. Disease

definition, incidence, etiology, pathogenesis, clinical manifestations will be discussed. Regulatory mechanisms to maintain homeostasis will be emphasized. Genetic factors and how they influence risk, progression, outcomes, and response to rehabilitation interventions are also emphasized.

PHTH 512 Movement Science I (3 cr hrs/2:2). Principles, theories, and applications of static and dynamic biomechanics are presented as it applies to human movement and the study of specific structures involved in the achievement of movement. Emphasis is on the integration of theory, ergonomics, structured movement analysis of activities of daily living, through the application of the International Classification of Functioning, Disability and Health (ICF) model informs clinical decision making within physical therapy practice. The normal gait cycle phases will be emphasized including gait kinetics. Laboratory sessions will include observation and analysis of human movement and function; outcome measures that define the function of movement and application to clinical practice will be explored. Introductory material related to basic mobility and components of normal gait will be presented to reinforce principles of dynamic analysis.

PHTH 513 Movement Science II (3 cr hrs/2:2) Advanced study of normal and abnormal gait, principles of ergonomics, biomechanics of posture and interpretation of functional capacity evaluations. Students will learn to assess normal and abnormal gait of selected pathologies which commonly presents in physical therapy practice. Conditions and impairments requiring lower quarter orthotic and prosthetic intervention will be presented, including pre/post op care, examination/evaluation, device design and prescription, proper device fitting and training. Outcome measures commonly administered in patients with gait deficits will be highlighted. Lab activities emphasize advance analysis of pathological movement through motion analysis technology, and rehabilitation interventions for individuals utilizing orthotics or prosthetics for functional mobility.

PHTH 514 Exercise Physiology (2 cr hrs/2:0) Systems approach to the body's response and adaptation to exercise training interventions within physical therapy practice. Students will interpret the influence of static and dynamic factors of physical activity within the context of acute response and chronic physiologic adaptations based upon intensity, frequency and duration of exercises and rest. The prescription of exercise for specific populations are emphasized. The effect of nutrition and exercise across the lifespan are also highlighted.

PHTH 520 Professional and Interprofessional Practice I (2 cr hrs/2:0) The first in a series of three courses that integrates diverse interprofessional perspectives to prepare students for effective practice as collaborative team members. The Interprofessional Collaborative Practice (IPEC) core competencies will be reinforced to foster team-based and patient-centered practice. This course addresses professional behavior standards in relation to patient care interaction and collegial relationships including roles and responsibilities in relation to Physical Therapist Assistants. The preparation of students to manage professional and ethical responsibilities of the physical therapy practice in the delivery of health care services such as application of core values, the physical therapist practice act, and APTA code of ethics. TeamSTEPPs training will be utilized to inform students of techniques and strategies to improve patient safety and interprofessional communication. This course incorporates cultural competency for addressing diversity,

patient learning styles, patient education, patient health behavior models, conflict resolution, and issues of professional advocacy are also addressed.

PHTH 521 Professional and Interprofessional Practice II (2 cr hrs/2:0) The second in a series of three courses that will integrate diverse interprofessional perspective to prepare students for effective practice as collaborative team members. Topics relative to healthcare delivery models focusing on the healthcare system in the United States, rural and community health. The course reviews community health services, prevention, health policy, reimbursement, referral, and legal issues related to the profession. Health disparities in rural health are discussed with an opportunity for students to directly apply/see these issues while working as an important team member at various community healthcare settings with nursing, medical, and pharmacy students. Advocacy will be addressed through the WA State Legislative Impact Day.

PHTH 543 Integrated Rural Clinical Outreach I (1.5 cr hrs/0.5:2) This experiential service-learning course is designed to engage students in analyzing healthcare access through a community needs assessment, health literacy instruction, social determinates of health, and interprofessional clinical practice in rural and medically underserved areas. Students will develop an understanding of the demographics, economics, and structure of the rural healthcare delivery system in America, with a concentration to the diverse population found in the Northwest. Additionally, current Federal and state health policy will be examined with special attention on reports from the Center for Rural Affairs and reform legislations addressed by the U.S. Congress and the White House. Primary, secondary, and tertiary care models will be discussed with emphasis on medical screening, referrals, interprofessional collaborative practice, and physical therapist scope of practice. Students will work under the direction of licensed physical therapy faculty at various community rural health care facilities.

PHTH 545 Evidence Informed Practice (3 cr hrs/3:0) Application of the principles of evidence-based practice to inform clinical decision making. Students will become proficient with application of PICO strategy for literature search, application of the methods of scientific inquiry including AMA formatting, research theory, design, methods, and measurement. Statistical analysis will assist students with the ability to draw research conclusions, assure the validity of research evidence for clinical practice application and learn specific statistical tests utilized for descriptive and inferential analysis of experimental research data. Understanding of research design, methods, and statistical assessment will be captured through a critical analysis of the literature (CAT) assignment to inform the process for the application of a systematic review of the literature as a precursor for the Capstone Project.

PHTH 550 Clinical Competence in Patient Management I (0.5 cr hr/0:1) Clinical laboratory simulation methods will be utilized to assess students' ability to formulate a plan of care based on the patient/client management model. Students' knowledge, clinical reasoning, and clinical practice skills will be assessed utilizing a simulated Standardized Patient emphasizing the first year of coursework. The student must pass this exam to enroll in PHTH 600 Clinical Experience 1 (CR/NC)

PHTH 600 Clinical Experience I (4.5 cr hrs) This 9-week full-time clinic during summer term following completion of Year 1 allows the student to apply didactic knowledge, foundational professional clinic skills, clinical reasoning, as well as incorporate and refine

cognitive, affective, and psychomotor skills in a clinical setting. Comprehensive examination, evaluation, and intervention will be used to manage the physical therapy patient. Students are expected to demonstrate advanced beginner or intermediate performance levels on the Physical Therapist Clinical Performance Instrument (PT CPI). CR/NC grading only.

PHTH 602 Foundations of Clinical Practice III (3.5 cr hrs/2:3) Continuation of PHTH 500 and PHTH 501 with further application of physical therapy examination, evaluation, and treatment skills commonly used in clinical practice. Advanced theories and principles will be presented related to pain science, tissue healing, electrophysiological modalities and electro-neuromuscular stimulation for motor performance, nerve function, pain management and tissue repair. Critical appraisal of current evidence examines the physical and physiological effects of these modalities, with emphasis on pain, inflammation, tissue healing, and muscle reeducation. Clinical decision-making emphasizes the appropriate selection of physical agents and treatment parameters based on patient indications and contraindications/precautions with focus on desired treatment effects. Laboratory sessions develops skills for the safe and effective clinical application of physical agents and therapeutic modalities. A combination of lecture, laboratory, small group, case-based learning, standardized patient (SP) will enhance student learning. Formative assessment experiences with standardized patient encounters, and reflections will further assist integration and application of concepts presented in the course.

PHTH 607 Neurological Movement System I (4.5 cr hrs/3:3) Management of individuals with neurologic health conditions, with emphasis on Acquired Brain Injury including Cardiovascular accident, Traumatic Brain Injury, Concussion , balance and vestibular disorders, based on neurophysiological and patho-kinesiological mechanisms that result in movement system impairments in body structure/function, activity limitations, and participation restrictions. A focus on the development of advanced knowledge and application of skill during patient/client screening, examination, evaluation, outcome measures appropriate for this population, development of a comprehensive plan of care, and clinical decision making using the best evidence for application of treatment procedures across the continuum of care. Correlation of deficits in these neuro populations will be completed with advance diagnostic imaging examples. Emphasizes the application and integration of motor control/learning, theoretical constructs, evidence-based practice, and the patient/client management model.

PHTH 608 Neurological Movement System II (3.5 cr hrs/2:3) Management of individuals with neurologic health conditions, with emphasis on spinal cord injury, Guillain Barre Syndrome, Amyotrophic Lateral Sclerosis (ALS), Parkinson's, multiple sclerosis and chronic pain, based on neurophysiological and patho-kinesiological mechanisms that result in movement system impairments in body structure/function, activity limitations, and participation restrictions. A focus on the development of advanced knowledge and application of skill during patient/client screening, interpretation of advanced diagnostic modalities/imaging, examination, evaluation, outcome measures appropriate for this population development of a comprehensive plan of care, and clinical decision making using the best evidence for application of treatment procedures across the continuum of care. Correlation of deficits in these neuro populations will be completed with advance diagnostic imaging examples. Emphasizes the application and integration of motor control/learning, theoretical constructs, evidence-based practice, and the patient/client management model.

PTHH 620 Musculoskeletal Movement System I (4.5 cr hrs/3:3) The first in a series of two courses building on first-year content within the movement sciences. Analysis of musculoskeletal movement system impairments in body structure/function, activity limitations, and participation restrictions of the extremities will be highlighted. Emphasis on physical assessment, interpretation/evaluating of examination findings including outcome measures, application of therapeutic intervention methods such as joint mobilization/manipulation, soft tissue mobilization, therapeutic exercise, with focus on clinical decision making, and establishment of the Physical Therapy plan of care. Students will conduct a search of the literature and apply evidence to facilitate application of current relevant clinical knowledge to clinical cases. Selected lectures by medical practitioners will enhance student knowledge of imaging and medical-surgical management of orthopedic conditions.

PTHH 621 Musculoskeletal Movement System II (5 cr hrs/3:4) Continuation of PTHH 620 with focus on movement system impairments involving the spine, TMJ, core, and pelvic girdle. Analysis of musculoskeletal movement system impairments in body structure/function, activity limitations, and participation restrictions. Emphasis on physical assessment, interpretation/evaluating of examination findings including outcome measures, application of therapeutic intervention methods such as joint mobilization/manipulation, soft tissue mobilization, therapeutic exercise, with focus on clinical decision making, and establishment of the Physical Therapy plan of care. Students will conduct a search of the literature and apply evidence to facilitate application of current relevant clinical knowledge to clinical cases. Selected lectures by medical practitioners will enhance student knowledge of imaging and medical-surgical management of orthopedic conditions.

PTHH 622 Professional and Interprofessional Practice III (2 cr hrs/2:0) The final course in a series of three courses that integrates diverse interprofessional perspective to prepare students for effective practice as collaborative team members. This course presents topics relative to health disparities, health status indicators, social determinants of health, cultural competency, ethical dilemma resolution including a simulated abuse case utilizing the Realm-Individual Process-Situation (RIPS) model of ethical decision making, global health, access to health services and reimbursement issues. Health disparities in rural health are discussed with an opportunity for students to directly appreciate these issues and apply potential solutions and advocate for patients while working as an important interprofessional team members within community healthcare centers and clinics with nursing, medical, and pharmacy students.

PTHH 625 Cardiopulmonary Movement System (3.5 cr hrs/2:3) Clinical assessment and management of patients with movement-related cardiovascular and/or pulmonary conditions. A focus on the development of advanced knowledge and application of skill during patient/client screening, examination, evaluation, outcome measures appropriate for this population, development of a comprehensive plan of care, and clinical decision making using the best evidence for application of treatment procedures across the continuum of care. EKG interpretation, understanding impact of stress testing, heart and lung auscultation, pulmonary function testing, principles of cardiac rehabilitation, lines and lead management, respiratory airway clearance techniques/chest physical therapy will be integrated during lab activities. Treatment techniques will include patient education including nutrition, administration and dosing of therapeutic exercise and conditioning, breathing techniques, airway clearance, percussion and postural drainage,

medical and surgical management, and the potential for recovery for selected acute and chronic conditions across the lifespan. Interpretation of laboratory tests, imaging, and pharmacology will prepare student to safely work with high acuity patients. Nutrition education within the physical therapist's scope of practice will help to promote healthy lifestyle for those living with cardiac and pulmonary disease. Case studies, simulated standardized patients, and high-fidelity manikin simulation in a multidisciplinary approach will provide students with "real-world" exposure to acute and critical care scenarios. Students will conduct a search of the literature and apply evidence to facilitate application of current relevant clinical knowledge to clinical cases.

PTH 626 Management of Select Populations I (2 cr hrs/1:2) Clinical assessment and evaluation of patients with integumentary and lymphatic pathology sets the stage for this course. Normal tissue anatomy, wound healing, nutrition, vascularization, and factors that adversely affect healing are discussed as a foundation for wound management. Examination, evaluation, diagnosis, prognosis, interventions and outcomes for persons with various types of wounds will be covered using video demonstration and clinical cases. Specific integumentary disorders are discussed including arterial and venous insufficiency ulcers, pressure ulcers, neuropathic ulcers, lymphedema, and burns. Application of specific tests and measures, their reliability and validity, and efficacy of and skill development for treatment interventions such as pulsed lavage, sharp debridement, wound vac application will be covered. Lymphatic circulation and stages of lymphedema will be addressed in preparation for the second in the series addressing treatment of the lymphatic system. A focus on the development of advanced knowledge and application of skill during patient/client examinations, evaluation, development of a comprehensive plan of care, and clinical-decision making using the best evidence for application of treatment procedures in the treatment of the integumentary system.

PTH 635 Clinical Reasoning I (2 cr hrs/2:0) Builds on early skills developed in the first-year courses leading to the ability to make informed clinical decisions. Problem-based and case-based learning activities will be incorporated with simulated standardized patients to further develop critical thinking and reasoning skills for the establishment of the physical therapy diagnosis and plan of care which incorporates the International Classification of Functioning, Disability and Health (ICF) model. Students will conduct a search of the literature and apply evidence to facilitate application of current relevant clinical knowledge to clinical cases. Additionally, as part of this course, students will present a complex patient case from their summer full-time clinical experience with emphasis on applying the Guide to Physical Therapy Practice as a framework for clinical decision-making skills.

PTH 644 Integrated Clinical Practice I (1.5 cr hrs/0.5:2) This experiential Service-Learning course is the first of two courses designed to progress the development of clinical competencies needed of an independent physical therapy practitioner in the outpatient setting. Under faculty mentoring, student Physical Therapists will practice clinical decision analysis and clinical skills in a community-based teaching research lab, the Center for Applied Movement Science (CAMS), at Pacific Northwest University (PNWU). This course is designed to allow the student Physical Therapist to apply and integrate academic knowledge of the examination, evaluation, outcome measures appropriate to this population, diagnosis, prognosis, and management of a participants with a neurologic, gait, or balance deficit in a clinical setting. Emphasis on patient/clients with balance and movement disorders from Acquired Brain Injury (CVA, Concussion,

TBI), or vestibular impairments. Instruction includes essential and assistive technology competencies that improve function or help manage healthcare delivery in a constantly changing digital world. Software and mobile apps are leveraged to improve communication, facilitate learning, and enhance clinical practice and patient outcomes. A patient-centered approach to health and disease is presented to help students recognize conditions both at risk for advanced chronicity and outside the scope of physical therapy.

PHTH 645 Integrated Clinical Practice II (1.5 cr hrs/0.5:2) This experiential, Service-Learning course is the second of two courses designed to progress the development of clinical competencies needed of an independent physical therapy practitioner in the outpatient setting. Under faculty mentoring, student Physical Therapists will practice clinical decision analysis and clinical skills in a community-based teaching research lab, the Center for Applied Movement Science (CAMS), at Pacific Northwest University (PNWU). This course is designed to allow the student Physical Therapist to apply and integrate academic knowledge to the examination, evaluation, outcome measures appropriate to this population, diagnosis, prognosis, and management of a participants with a neurologic, gait or balance deficit in a clinical setting. Emphasis on patient/clients with balance and movement disorders from peripheral nerve injury such as spinal stenosis, spinal cord injury, ALS, Parkinson's, and multiple sclerosis. Instruction includes essential and assistive technology competencies that improve function or help manage healthcare delivery in a constantly changing digital world. Software and mobile apps are leveraged to improve communication, facilitate learning, and enhance clinical practice and patient outcomes. A patient-centered approach to health and disease is presented to help students recognize conditions both at risk for advanced chronicity and outside the scope of physical therapy.

PHTH 646 Capstone I (1 cr hr/0:2) The first in a series of three courses introduces the Capstone project, (Case Study, Evidence-Based Project, or Clinical Research) reinforcing the concept of the Physical Therapist as researcher and scholar, representing the culmination of the Doctor of Physical Therapy degree. This venue provides an opportunity for the student to demonstrate independence in critical thinking, appraisal of research literature, the ability to compile and organize information for disseminating evidence-based material on a topic related to physical therapy. In this preliminary course students will complete a search of the literature in order to complete a draft of the introduction, review of the literature, as well as explore and identify potential research statistic methods for their project. Students are assigned a faculty mentor to assist in the exploration and development of their Capstone project. CR/NC grading only.

PHTH 647 Capstone II (2.5 cr hrs/0:5) In the continuation of the Capstone project series this course will continue to refine students use of the literature and facilitate graduate level writing. Students will develop and submit an abstract as the goal of this course surrounds dissemination of their initial research work through presenting the project at the universities research symposium held each April. Additionally, students will submit a critical appraisal of three presented research projects to refine their skill as a consumer of scientific evidence. Students will submit their completed literature review, methods, and initial results (as available) for their project under the guidance of their faculty capstone advisor. Each student will record a platform presentation outlining their project as a precursor to their oral defense in the fall of year three. CR/NC grading only.

PHTH 650 Clinical Competence in Patient Management II (1 cr hr/0:2) Simulated Standardized Patient encounters will be utilized to assess students' ability to formulate a plan of care based on the patient/client management model. Students' knowledge, clinical reasoning, and clinical practice skills will be assessed utilizing a simulated Standardized Patient emphasizing the first two years of coursework. The student must pass this exam to enroll in PHTH 700 Clinical Experience II.

PHTH 700 Clinical Experience II (4.5 cr hrs) This 9-week full-time clinic during summer following Year 2 allows the student to apply academic knowledge in a clinical setting. Comprehensive examination evaluation, and intervention will be used to manage the physical therapy patient. PT CPI performance expectations are at intermediate and advanced intermediate levels. CR/NC grading only.

PHTH 709 Pediatric Physical Therapy (3.5 cr hrs/2:3) Advanced study of diagnoses and physical therapy management of infants and children with musculoskeletal, neurological, and/or cardiopulmonary impairments. A framework of normal development and aging from birth to young adult is presented and serves as a course foundation. Students will apply motor learning principles to the elements of patient/client management in physical therapy practice, including screening, examination, appropriate outcome measures for the population, evaluation, diagnosis, prognosis, plan of care, intervention, and outcomes related to the pediatric patient. Pediatric imaging examples will be presented. The importance of nutrition, exercise, activities to prevent childhood obesity will be discussed. Students will conduct a search of the literature and apply evidence to facilitate application of current relevant clinical knowledge to clinical cases. Topics include but are not limited to developmental delay and disability, family-centered care, legislation related to provision of pediatric physical therapy services, orthotics, prosthetics, and assistive technologies.

PHTH 722 Geriatric Physical Therapy (3 cr hrs/2:2) Synthesis of the biology of aging with common orthopedic and neurologic problems special to the older adult patient. Students will learn key concepts related to the normal aging process versus senescence, age-related disorders, multimorbidity, physical resilience, and pharmacological principles including polypharmacy. This course emphasizes analysis of clinical problems and issues facing the physical therapist in utilizing functional testing and community resources with the elderly. Students will conduct a search of the literature and apply evidence to facilitate application of current relevant clinical knowledge to clinical cases. Students will assess older adults from the community, using age-appropriate assessments to provide recommendations to enhance or facilitate continuance of physical function, independence, and quality of life.

PHTH 723 Administration and Leadership (2 cr hrs/2:0) Study of the management of physical therapy practice and leadership development. This course presents an in-depth discussion of administrative issues overarching physical therapy practice, including economic trends, operational policy, budgeting, reimbursement, staffing, business structure, performance improvement, public relations, employment law, quality improvement, and entrepreneurship. In addition, this course will discuss such topics as leadership styles, effective team leadership techniques, application of compliance and motivation principles, peer teaching, consultation skills, decision-making strategies for conflict resolution, and communicating to improve outcomes as a framework for students to develop skills for leadership in daily practice. Students will prepare résumés and begin career planning.

PHTH 727 Management of Select Populations II (2 cr hrs/1:2) This course examines physical therapy assessment and intervention of specialty diagnosis including cancer, lymphedema, and pelvic/reproductive dysfunction. Cancer components include screening, understanding medical staging and treatment modalities, pharmacology, imaging, and the physical therapist role in facilitating safe and effective movement and exercise in this population. Pelvic health content will include entry level assessment and treatment of sexual dysfunction, incontinence, pelvic floor laxity, pelvic pain, and pregnancy MSK dysfunction. Lymphedema assessment and treatment including entry level manual decongestive therapies and compression wrapping. Students will conduct a search of the literature and apply evidence to facilitate application of current relevant clinical knowledge to clinical cases.

PHTH 736 Clinical Reasoning II (3 cr hrs/3:0) This is the second course in a two-course series which further builds on the ability to make informed clinical decisions. Emphasis on developing an independent practitioner of physical therapy that has the knowledge base and clinical decision-making skills to effectively screen the patient for medical referral and if referral is indicated provide effective communication for transition. Focus is on integrating all parts of patient/client management-examination, evaluation, diagnosis, prognosis, and intervention with emphasis in the practice of screening for medical referral and being able to predict realistic levels of improvement in patients with complex clinical presentations, atypical signs and symptoms, and/or comorbidities. This course will prepare the student to recognize serious pathology, interpret test results, generate a diagnosis, refer to other practitioners, and recognize the indications for physical therapy interventions.

PHTH 746 Integrated Rural Clinical Outreach II (3 cr hrs/1:4) Experiential service-learning course designed to challenge the student to manage medically underserved patients/clients in a rural setting with limited resources as an interdependent practitioner working within a collaborative medical model. Curriculum will include introduction to telehealth history, regulation, reimbursement, and HIPAA protection. Additionally, students will gain an understanding of necessary assessments which promotes direct access for health and wellness intervention. Students will be assigned to a community-based health center or clinic under the direction of a faculty member who is a licensed physical therapist. In consultation with faculty clinical instructors and health center staff students are responsible for examination, tests/measures, evaluation, differential diagnosis and development of a plan of care that includes progressive interventions, coordination of care, and patient education for patients. As part of this course, students will also explore the role of physical therapists in the prevention and in the promotion in health, wellness, and fitness. Students will apply this knowledge through the design and implementation of a community-based wellness/prevention program or health fair event that explores health and wellness across the lifespan in selected community agencies in the Yakima Valley.

PHTH 748 Capstone III (1.5 cr hrs/0:3) This course is the culmination of the Capstone series. Students will finalize their project through the construction of three products, a power point for their oral defense, a poster for dissemination at the DPT Capstone Symposium, and submission of their final manuscript. The dissemination of their work will be critiqued by their peers, community members, and the profession through the invitation of local physical therapist clinicians. Additionally, students will present an oral

defense of their Capstone Project to their Doctoral Committee for final confirmation. CR/NC grading only.

PHTH 750 Clinical Competence in Patient Management III (1 cr hr/0:2) Simulated Standardized Patient encounters will be utilized to assess students' ability to formulate a plan of care based on the patient/client management model. Students' knowledge, clinical reasoning, and clinical practice skills will be assessed utilizing a simulated Standardized Patient emphasizing the entire curricular model. The student must pass this exam to enroll in PHTH 790 16-week Clinical Experience III in the spring semester.

PHTH 790 Clinical Experience III (8 cr hrs) This 16 week (or two-8 week) full-time, terminal clinical experience(s) during spring semester of the final year allows the student to apply academic knowledge in a clinical setting. Upon completion of this course, the student must demonstrate mastery of physical therapy skills considered appropriate for entry-level practice on the Physical Therapist Clinical Performance Instrument (PT CPI). CR/NC grading only.

UNIVERSITY PERSONNEL

ADMINISTRATION OF THE UNIVERSITY

Dr. Michael Lawler, President, PhD, University of California Davis

The President of Pacific Northwest University of Health Sciences is the Chief Executive Officer and has final responsibility for the administration of the University. The President reports directly to the Board of Trustees.

Dr. Edward Bilsky, Provost/Chief Academic Officer, PhD, University of Arizona

The University Provost and Chief Academic Officer reports to the President and is responsible for effective academic administration in alignment with the mission of PNWU.

Frank Alvarez, Chief Operations Officer, MPH, University of California Berkeley

The Chief Operations Officer reports to the President and is responsible for the effective and efficient management and administration of the University's non-academic operations.

Ann Hittle, CPA, Chief Financial Officer, BS, Washington State University

The Chief Financial Officer reports to the President and is responsible for developing and overseeing all finance functions of the University.

Michele Erickson, CFRE, Chief Development Officer, BS, Oregon State University

The Chief Development Officer reports to the President and is responsible for providing leadership in funds development programs to ensure the University fulfills its mission and goals. This includes regional resource development, fundraising activities, donor recognition and retention, events, governmental affairs, corporate and foundation grant writing, strategic planning, and volunteer development.

Jameson Watkins, Chief Information Officer, MLIS, Emporia State University

The Chief Information Officer reports to the President and oversees all University information technology.

Dean O'Driscoll, Chief Communications Officer, MA, Southern Utah University

The Chief Communications Officer reports to the President and is responsible for developing and guiding the strategy for all communication, website and public relations messages and marketing collateral to consistently articulate and brand the University.

Erin Murphy, Chief Human Resources Officer, MS, Johns Hopkins University

The Chief Human Resources Officer reports to the President and advises the executive team on all human capital related matters helping to ensure that the University has the talent, processes/systems, and commitment necessary to grow and meet the mission.

ADMINISTRATION OF THE COLLEGE OF OSTEOPATHIC MEDICINE

Dr. Thomas Scandalis, Dean, DO, New York Institute of Technology: The Dean is the chief academic, budgetary, and personnel officer of the College of Osteopathic Medicine. The Dean reports to the Provost. It is the duty of the Dean to establish the academic program as it relates to the mission of the College.

Dr. Robert Sorrells, Associate Dean for Preclinical Education, PhD, University of Georgia: The Associate Dean for Preclinical Education is responsible for leading and supporting the faculty and academic staff in the delivery of instruction that meets the goals for academic excellence in the College of Osteopathic Medicine (COM) in years one and two. In addition, the Associate Dean contributes to the development of sound academic policies and procedures that support the academic goals.

Dr. Emily Oestreich, Assistant Dean for Preclinical Education, PhD, University of Rochester: The Assistant Dean for Preclinical Education is responsible for assisting the Associate Dean for Preclinical Education in managing the personnel and administrative operations of the Preclinical Education Department with a primary focus on providing curricular leadership and direction as Chair of the College of Osteopathic Medicine (COM) Curriculum Committee.

Dr. Stephen Laird, Associate Dean for Student Affairs, DO, University of North Texas Health Science Center: The Associate Dean oversees extracurricular activities, including but not limited to, clubs, chapters, volunteers, service, student wellness and mental health. Residency applications and career counseling are also managed by Student Affairs.

Dr. Anita Showalter, Associate Dean for Clinical Education, DO, Ohio University: The Associate Dean is responsible for the administration of clinical rotations including oversight of adjunct clinical faculty, curriculum development, delivery and evaluation.

Dr. Marc Cote, Assistant Dean for Clinical Education, DO, Kansas City University of Medicine and Biosciences: The Assistant Dean for Clinical Education is responsible to assist the Associate Dean for Clinical Education in managing the personnel and administrative operations of Clinical Education and operations of the geographically dispersed COM clinical system.

Dr. Elizabeth McMurtry, Assistant Dean for Clinical Education and Faculty Development, DO, Des Moines University: The Assistant Dean for Clinical Education is responsible to assist the Associate Dean for Clinical Education in managing the personnel and administrative operations of the Office of Clinical Education and operations of the geographically dispersed COM clinical campus system. A primary focus for the assistant dean will be providing faculty development needs for the clinical rotation sites and clinical campus system.

Dr. Russell Maier, Physician Advisor to the Dean for College of Osteopathic Medicine, MD, University of Washington: The Physician Advisor to the Dean for College of Osteopathic Medicine serves as an advisor and resource supporting Graduate Medical Education (GME), Continuing Medical Education (CME), Inter-professional Education (IPE) and other duties as assigned by COM Dean.

The Regional Assistant Deans have instructional responsibilities in their areas of expertise.

ADMINISTRATION OF THE MASTER OF ARTS IN MEDICAL SCIENCES

Dr. Mark Taylor, Director of MAMS program, PhD, Purdue University: The director is responsible for leading and supporting the faculty and academic staff in the delivery of instruction that meets the goals for academic excellence in MAMS program.

ADMINISTRATION OF THE SCHOOL OF PHYSICAL THERAPY

Dr. Peggy Trueblood, Program Director, PT, PhD, University of California Los Angeles: The Program Director is the chief academic, budgetary, and personnel officer of the School of Physical Therapy. The Program Director reports to the Provost. It is the duty of the Program Director to establish the academic program as it relates to the mission of the School of Physical Therapy.

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This catalog is certified to be true and correct in content and policy as of the date of publication.

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