

Chapter 1: Preparation & General Information

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MISSION OF THE PHYSICAL THERAPY PROGRAM

Mission

The Physical Therapy Program educates and mentors students to become skilled, critical-thinking, and self-directed practitioners.

The mission is accomplished by preparing doctors of physical therapy who provide compassionate, ethical, and innovative care, using an inquiry-driven team approach that focuses on the needs of individuals, the community, and the profession.

Vision

The Physical Therapy Program at Pacific University will be renowned for:

- Faculty and graduates who serve their diverse communities through advocacy and delivery of person-centered care.
- Faculty and graduates who advance the practice of physical therapy through post-professional education and original and translational inquiry.
- Graduates who are innovative leaders in physical therapy and who are integral members of the inter-professional healthcare team.
- Inter-professional clinics that serve the needs of our communities and are fully integrated into the didactic and clinical components of the academic program.

Core Values

We embrace the values enacted by the College of Health Profession at Pacific University:

- Diversity of people and ideas
- Ethical and professional principles

- Health equality
- Professional and Public Advocacy
- Community Health and Wellness

STATEMENT OF PHILOSOPHY OF PHYSICAL THERAPY EDUCATION

The profession of physical therapy, while maintaining its essential values, must change as society changes. It is through education, research, clinical expertise, and participation in the political process that the profession will continue to progress.

The physical therapist is a health professional, who examines and evaluates, makes diagnoses and prognoses, provides interventions, and measures outcomes in people. This process is directed at preventing, alleviating or correcting impairments, functional limitations, and/or disabilities. A physical therapist is also a case manager, consultant, educator, administrator, and patient advocate.

The physical therapist practices in cooperation with other professionals and patient/client support networks to maintain and promote health and function through appropriate interventions. The physical therapist works with the patient/client/caregiver in establishing goals which address discharge planning and achieve maximum benefit.

A student seeking to enter this program must possess a liberal arts foundation upon which to build professional knowledge, skill, and behavior. Along with competence in the natural and social sciences, communication and development of humanistic qualities are essential to the art and science of physical therapy. Learning experiences to enhance these skills are integrated throughout this curriculum.

A student entering the program will have demonstrated motivation, academic ability, and the personal qualities deemed important in a physical therapist. Through the subsequent educational process, the student will obtain the clinical competencies and professional behaviors necessary for the practice of physical therapy. Implicit in the role of the physical therapist are responsibilities towards the patient/client and society, as well as advancement of the profession.

Self-confidence, independent and critical thinking, problem solving, adaptability to various groups and situations, and effective communication are important characteristics of a professional. These will be fostered through the program's academic and clinical experiences.

Students completing this program will be prepared to provide physical therapy services in diverse settings. These settings may include hospitals and clinics in large, small, urban, and rural communities, as well as schools, homes, and industrial sites.

Research is an essential element for the advancement of the profession of physical therapy. Graduates of this program will promote evidence-based practice through critical analysis and application of research.

It is the responsibility of the physical therapy faculty to provide the learning climate and experiences which will best assist the student in acquiring the necessary knowledge, skills, and behaviors. The faculty must remain sensitive to the personal, cultural and learning needs of students. The faculty must anticipate and be responsive to changes within the profession and to the demands of the community and of society.

CURRICULUM OBJECTIVES

The graduate of this curriculum will be able to:

1. Examine patients/clients of all ages through the process of obtaining a history, performing relevant systems reviews, and selecting and administering specific tests and measures.
2. Make clinical judgments based on data gathered during examination/reexamination (i.e. evaluation), and formulate diagnoses by organizing results of evaluation to help determine the most appropriate intervention strategies, including referral to other health professionals.
3. Make prognoses by determining the level of optimal improvement that might be attained through intervention and the amount of time required to reach that level.
4. Establish patient-directed measurable goals which lead to functional and optimal outcomes within a specified time frame.
5. Implement interventions with the patient/client/caregiver using various physical therapy methods and techniques to produce changes in the condition that are consistent with the diagnosis and prognosis.
6. Utilize interventions which take into account the patient's/client's physical and psychological status and cultural background.
7. Obtain and utilize outcome measures to facilitate remediation of functional limitation and disability, optimization of patient/client satisfaction, and prevention.
8. Act as a case manager, educator, consultant, and patient advocate in diverse settings.
9. Effectively interact with patients/clients, family and support systems, payers, and others professionals in the health care system.
10. Supervise and manage support personnel, including the delegation of appropriate tasks.
11. Provide education using a variety of teaching methods that are commensurate with the needs and unique characteristics of the learner(s).
12. Communicate with patients/clients, family, caregivers, other professionals, consumers, and payers with cultural sensitivity.
13. Complete accurate, analytically sound, concise, timely, and legible documentation that follows the specific forms required by a practice setting.

14. Demonstrate professional behaviors in all interactions with patients/clients, families, caregivers, other professionals, students, other consumers, and payers.
15. Adhere to all safe, legal, and ethical practice standards.
16. Promote optimal health by providing information on wellness, prevention, impairment, functional limitation, disability, and health risks related to age, ability, gender, culture, and lifestyle.
17. Understand the importance of participation in professional organizations/activities and the legislative process.
18. Demonstrate social responsibility by advocating for patients/clients and by providing pro bono services.
19. Pursue personal and professional development by self-assessment, peer assessment, continuing education, and by participating in the clinical education of students.
20. Develop critical thinking skills in the area of clinical reasoning and in the evaluation of published studies, new techniques, and technology.
21. Be capable of planning, budgeting, and establishing a marketing plan and public relations activities.

A BRIEF HISTORY OF THE PHYSICAL THERAPY PROGRAM AT PACIFIC UNIVERSITY

Prior to the initiation of Pacific University's Physical Therapy Program in 1975, Oregon did not have a program for educating professional physical therapists.

In the early 1970s, Varina French, a professor in the Physical Education Department, and David Malcolm, Ph.D., Dean of the College of Arts and Sciences, began to plan for a program in physical therapy with the cooperation of the Oregon Physical Therapy Association. Jean Baldwin, P.T., Ph.D., was hired as the first academic administrator of the new department which was located in the Natural Sciences Division and housed in the Pacific Athletic Complex.

The first class, consisting of 16 members, matriculated in September, 1975 and graduated in May, 1977. The program received initial accreditation from the American Physical Therapy Association in 1977. Also that same year the Department was moved to the basement of McCormick Hall where it remained until August, 1987 when it moved into its present location, the Physical Therapy Building. In 1984, upon the retirement of Jean Baldwin, Daiva A. Banaitis, Ph.D., PT was appointed academic administrator. She had come to Pacific as a faculty member in 1981.

The program originally was designed in a 3 & 2 format; three years undergraduate work, including prerequisites, followed by an intensive 21 month professional course of study. The degree granted was a bachelor of science.

In 1985, the program was redesigned as a graduate entry-level program leading to the degree Master of Science in Physical Therapy (MSPT). It had a 3 & 3 format; three years undergraduate work followed by three academic years of professional work. The first class to graduate with this new degree was the Class of 1988. The transition from one degree program to another precluded a graduating class in 1987.

One of the unique characteristics of the master's program was the integration of clinical and didactic study. Instead of leaving all of clinical education to follow the academic portion of the program, full-time clinical rotations were initiated in the second semester of the first year and progressed to longer affiliations every semester thereafter. Thus, in the Third Year, the time spent in clinical rotations exceeded significantly the time in academic endeavors - a reversal of the pattern in Years I and II. Contracts with several hundred clinical sites are currently maintained for full time clinical experiences.

In May, 2000, Pacific University became one of only fourteen accredited physical therapy educational programs nationwide to offer the Doctor of Physical Therapy (DPT) as the entry-level degree. The new class entering Fall Semester, 2000, was the first of the DPT classes. This new program replaced the MSPT as the professional degree. The doctoral program though heavily based on the MSPT, added another 18 semester hours to a total of 125. These new hours were spread over clinical experiences and new and expanded academic courses.

In 1995, a program, intended for practicing clinicians, was added. This program, resulting in a Master of Science in the Health Sciences (MSHS), was offered in a non-traditional format to make it possible for working therapists to achieve a graduate degree in a reasonable time frame. In the fall of 2001 we initiated a transition Doctor of Physical Therapy degree program. This is a post-professional course of study intended for the practicing clinician. It too offered nontraditional formats such as intensive weekends, home study, and distance education. These programs are presently not enrolling new students.

In terms of organizational structure, the original Program, as mentioned earlier, started out as a department in the Natural Sciences Division. In 1983, a Division of the Health Sciences was created consisting of the Departments of Physical Therapy, Occupational Therapy, Therapeutic Recreation and Communication Disorders. By 1989, the Departments of Therapeutic Recreation and Communication Disorders had been closed and the School of Professional Psychology joined the University. The continued growth of the Physical and Occupational Therapy programs led to them being constituted as free standing schools. Thus, in May 1989 the Schools of Physical Therapy, Occupational Therapy and Professional Psychology were organized into the Faculty of the Health Professions. In 1995 with the addition of the School of Education, the group was renamed—Faculty of Professional Schools (FPS). The School of Physician Assistant Studies was added to the FPS in 1996. In the spring of 2004 the College of Health Professions was formed consisting of the Schools of Occupational Therapy, Physical Therapy, Physician Assistant Studies, and Professional Psychology.

Over the years, a clinic was opened to serve the faculty, students and staff of Pacific as well as the local community. Initially a physical therapist was hired to manage the clinic; currently it is operated as a faculty practice.

In 2006, the School of Physical Therapy moved to the new College of Health Professions building located in Hillsboro (Creighton Hall), where we occupy the entire third floor. In 2010, a second building was added in Hillsboro (HPC2), where our 12-cadaver Human Anatomy Lab is now located. A few years later in 2013, the School of Physical Therapy added an entry-level Master of Science degree program in Athletic Training, which received initial accreditation from CAATE the following year. Also in 2014, the School of Physical Therapy expanded to its current class size of 50

students per cohort in the PT program. In the spring of 2016, CAPTE reaffirmed the PT program's accreditation for another 10-year period (2016-2026). In January of 2018, our name was officially changed to The School of Physical Therapy and Athletic Training. At the same time, the Athletic Training Program moved to HPC2 into newly renovated space, including a dedicated office suite and instructional laboratory.

In the Physical Therapy program, there are currently thirteen full time (core) faculty members including the Director, and a large cadre of adjunct faculty including lab assistants and guest lecturers. The core faculty represent a diverse group of academic backgrounds and areas clinical expertise, and they are complemented by highly qualified adjunct faculty. In addition, core faculty are recognized for their teaching excellence, scholarship in peer-reviewed publications and presentations, and service to their School, College, University, and profession. The program has consistently achieved outstanding student outcomes that exceed CAPTE standards and national averages, as measured by graduation rates, first time and ultimate National Physical Therapy Exam pass rates, and employment rates.

ESSENTIAL JOB FUNCTIONS FOR PHYSICAL THERAPISTS

The following information is provided to assist you in achieving a better understanding of the cognitive and physical demands of the Pacific University Physical Therapy Program and of the abilities needed to successfully work as a physical therapist (PT). These criteria are based on cognitive and physical abilities identified as being essential job functions for PTs and as such, closely match the abilities needed to successfully complete the clinical and didactic component of the physical therapy curriculum.

Essential job functions, performed either with or without reasonable accommodations, must not jeopardize safety (patient or therapist) or quality of care.

COGNITIVE DEMANDS include but are not limited to the ability to:

1. Adapt to frequent changes in work environment and patient/client population.
2. Concentrate and attend to detail amidst a variety of environmental distractions.
3. Process information accurately, thoroughly and quickly.
4. Provide clients with clear instructions, adapted to their cognitive levels and communication needs.
5. Generalize learning from one situation and patient to another, as appropriate.
6. Adapt communication style in order to work with a variety of different supervisors.
7. Interact positively with many professionals possibly including members of the multidisciplinary team.
8. Prioritize tasks.
9. Read and compose therapy reports, clinical notes, communications to and from other professional team members.
10. Deal with a variety of patient/client ages, behavior, cognitive abilities, cultures and ethnic backgrounds both individually and in groups.
11. Learn and apply new information on methods of treatment, equipment, pathologies, etc. on an on-going basis.

PHYSICAL DEMANDS include but are not limited to the ability to perform the following activities:

1. OCCASIONALLY (1/2-2.5 hours/day): sit, stand in place, walk, twist (knees/waist/neck), climb, push/pull and lift objects of various weights.

2. FREQUENTLY (2.5-5.5 hours per day): crouch (bend at knees), stoop (bend at waist), turn/pivot, reach overhead, pinch (grasp small objects).
3. CONTINUOUSLY (5.5-8 hours per day): be mobile, grasps larger objects.

If you have a disability and need special accommodations, please should contact Kimberly Garrett, Director of Learning Support Services, Student Life at 503.352.2171 or via email at kjgarrett_mrc@pacificu.edu. Information will be kept strictly confidential and used only to assist applicants in obtaining equal access to the application process and/or to perform essential program-related functions.

References:

1. Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists. Commission on Accreditation in Physical Therapy Education, 1990.
2. Physical Therapist Job Description, St. Vincent's Hospital and Medical Center, Portland, Oregon, 1992.

ADDITIONAL STUDENT EXPENSES

Books, Supplies, Equipment, & Computer:	1 st year	approx. \$1100.00
		+ Comp. \$2000.00
	2 nd year	approx. \$800.00
	3 rd year	approx. \$500.00

Lab Fees - Included with tuition:

1st year

Dissection Kit, Lab Coat, Bone Box	\$200.00
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(Refunded upon return of items in good and complete condition.)

American Physical Therapy Association (APTA) Student Dues:	\$80.00
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Oregon Physical Therapy Association (OPTA) Student Dues	\$20.00
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State of Oregon Licensing Application Fee	\$150.00
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State of Oregon Licensing Exam Fee:	\$285.00
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