

**Bossier Parish Community College**  
**Master Syllabus**

**Course Prefix and Number:** PTAP 215

**Credit Hours:** 2

**Course Title:** Special Areas of Practice

**Textbooks:** No required text

**Course Prerequisites:** Selective admission to the Physical Therapist Assistant program.

**Course Description:**

Exploration of special practice areas in physical therapy through guest lectures, field trips and small group research/presentations. Course may include but is not limited to such topics as pediatrics, amputees, geriatrics, burn care, functional assessment, cultural competency, posture/gait assessment, Medicare/Medicaid considerations, and selected orthotic/prosthetic devices.

**Learning Outcomes:**

At the end of this course the student will:

- A. communicate effectively with patients/families and other clinicians , both verbally and in written form, using the terminology appropriate to selected specialized areas of physical therapy practice;
- B. appropriately interpret and safely carry out a physical therapy plan of care for patients in selected specialized areas of physical therapy practice;
- C. accurately utilize standardized instruments to document patient functional status;
- D. independently research and orally present information needed to appropriately adjust, monitor and train patients in the use of selected orthotic and prosthetic devices;
- E. practice in the clinical environment with appropriate sensitivity, communication and behavior related to the individual and cultural differences among patients, families and other clinicians/health care providers; and
- F. perform and document an interim assessment of patient posture and gait, recognizing abnormalities and describing common causes and consequences of such.
- G. apply skills or expand knowledge from this course (or concurrent courses) by participating in one or more community service or professional development opportunities.

To achieve the learning outcomes, the student will

- 1. define the term posture. (F)
- 2. discuss the basic principles of a postural assessment. (F)
- 3. describe normal alignment for each joints/region in selected postures of the body. (F)
- 4. specifically identify components of normal postural alignment from frontal and sagittal views at given regions of the body. (F)
- 5. discuss common abnormal alignments from the frontal and sagittal views, identifying muscles in a shortened and lengthened position. (F)

6. define the term joint moment and identify moments occurring with normal postural alignment and common abnormal alignments. (F)
7. perform observational assessments of posture on multiple individuals from frontal and sagittal views, accurately identifying and documenting deviations from normal. (F)
8. demonstrate appropriate exercises to address goals related to common postural abnormalities (to include postural awareness during ADLs) based on PT evaluation and POC. (F)
9. discuss the importance of and rationale for analysis of a patient's gait. (F)
10. define selected terms related to the description of gait. (F)
11. list the components of the stance and swing phases of gait using traditional and Rancho Los Amigos terminology. (F)
12. identify the normal joint positions and muscle activity required at each phase of gait. (F)
13. recognize the effects of age, disease, injury and malalignment on gait. (F)
14. perform observational gait assessment, identifying normal and common faulty gait patterns through video and observation of classmates. (F)
15. appropriately document description of gait including parameters for quantity and quality in SOAP note format. (F)
16. identify major etiological factors leading to amputation surgery. (A,B)
17. describe the major concepts involved in lower extremity amputation surgery. (B)
18. describe the major considerations in prosthetic prescription. (B,D)
19. identify what components may be a part of an initial PT evaluation for an individual with a lower extremity amputation. (A,B)
20. correctly describe the appropriate positioning and schedule of positioning for a person status post transtibial or transfemoral amputation. (B)
21. describe and demonstrate proper residual limb wrapping for the transtibial and transfemoral amputee. (B)
22. compare and contrast various methods of residual limb edema management. (B)
23. based upon a PT's initial evaluation and plan of care, appropriately select, implement and progress interventions and interim assessments for the transtibial and transfemoral amputee patient in various stages of rehabilitation. (B)
24. discuss the psychological impact of lower extremity amputation. (A,B)
25. identify the factors influencing PT goals and outcomes for the lower extremity amputee. (A,B)
26. recall components of normal gait and describe common gait deviations of the transfemoral and transtibial amputee prosthetic wearer and identify conditions of prosthetic fit/design and/or of the amputee commonly associated with each gait deviation. (A,B,D,F)
27. identify normal and abnormal integumentary changes in the residual limb with LE prosthetic training based upon the pressure tolerant areas for weight bearing and pressure sensitive areas for avoidance of weight bearing forces (A,B,D)
28. describe the process used by the prosthetist in evaluating/prescribing/fabricating/ and modifying the above or below knee prosthesis. (D)
29. compare and contrast various types of suspension mechanisms for the above and below knee prostheses. (D)
30. compare and contrast various types of foot and knee components used in lower extremity prostheses. (D)
31. compare in structure and functional use myoelectric vs. cable-driven upper extremity prosthetics. (D)

32. recognize the role of the PTA in providing physical therapy interventions and patient education to the patient in various stages of LE prosthetic preparation/use. (D)
33. research selected prosthetic & orthotic devices (UE prostheses, AFO, knee orthoses, TLSO, cervical spine orthoses, wrist/hand splints and orthoses, HKAFO/RGO, Dynasplint – type orthoses) for in-class presentation. Present and recall for each device: (D)
- description of the device and it's primary purposes.
  - common diagnoses the device may be prescribed for.
  - variety available and where they can be obtained.
  - exercises ( or other PT interventions) which are commonly i to prepare patient for the device, to be used in conjunction with wearing the device or to be used when device is no longer necessary.
  - proper alignment/fit and donning/doffing of the device including demonstration.
  - traditional rehab progression with the device.
  - relevant pressure area considerations with the device and other safety precautions with device.
  - instructions which should be given to the patient/family on care of and use of the device.
  - insurance considerations and reimbursement issues for the selected device.
19. classify severity of burns based on % body region affected and skin thickness involved. (A,B)
20. discuss medical management of burns including surgical and non-surgical interventions. (A,B)
21. discuss physical therapy management of burns including wound care, positioning, exercise, and patient/caregiver instruction. (A,B)
22. recall normal motor development in terms of primitive reflex appearance/integration, function/appearance in given postures and gross/fine motor milestone achievement. (A,B)
23. describe common physical therapy patient problems encountered at various stages of motor development. (A,B)
24. discuss interventions for addressing selected pediatric physical therapy problems. (A,B)
25. describe and implement developmental activities appropriate for pediatric physical therapy patients based upon a PT evaluation and plan of care. (A,B)
26. identify common age-specific considerations/precautions when treating a pediatric patient. (A,B)
27. recognize the role of the PTA in pediatric physical therapy practice. (A,B)
28. discuss common orthopedic disorders seen in pediatric physical therapy practice. (A,B)
29. recognize the etiology of selected pediatric orthopedic disorders. (A,B)
30. discuss common genetic disorders seen in pediatric physical therapy practice. (A,B)
31. recognize the etiology of selected pediatric genetic disorders. (A,B)
32. discuss common chromosomal disorders seen in pediatric physical therapy practice. (A,B)
33. recognize the etiology of selected pediatric chromosomal disorders. (A,B)
34. discuss common environmentally related disorders seen in pediatric physical therapy practice. (A,B)
35. recognize the etiology of selected pediatric environmentally related disorders. (A,B)

36. discuss common treatment goals in pediatric physical therapy practice and describe interventions and patient/family education appropriate for meeting those goals based upon a PT's initial evaluation and plan of care. (A,B)
37. describe, and use effectively, age-appropriate communication strategies when working with pediatric patients and their family members. (C)
38. define ageism and identify common misconceptions regarding aging and individuals over 65. (A,B,E)
39. describe strategies for providing support to caregivers of geriatric patients. (B)
40. define the criteria for "elder abuse", describe characteristics of those most likely to be abused and to abuse, identify signs of abuse; describe the roles/responsibilities of the PTA related to this subject, and discuss appropriate strategies for reporting suspected incidents. (B,E)
41. describe normal physiological changes to selected systems with aging. (A,B)
42. identify changes commonly perceived to be normal with aging that are actually pathological in nature. (A,B)
43. discuss exercise considerations in working with geriatric patients/clients. (B)
44. describe communication strategies to use with geriatric patients with hearing impairment, visual impairment and/or dementia. (B)
45. describe the mini mental examination and discuss its use in the diagnosis of dementia. (A,B)
46. differentiate between dementia and related conditions based upon pathophysiology and patient presentation. (A, B)
47. identify key issues to consider when providing patient education in geriatric physical therapy practice. (A,B)
48. discuss normal and abnormal psychological responses to aging. (A,B)
49. referencing the disablement model and ICF models, correctly list and/or hypothesize patient pathologies/health conditions, impairments in body structure/function; functional limitations/activity limitations and disabilities/participation limitations. (C)
50. discuss the importance of standardized tools for documentation of patient function in terms of reimbursement. (C)
51. compare and contrast selected functional assessment instruments in terms of tool administration, nature of data collected, and psychometric properties. (C)
52. accurately use the FIM and other selected instruments in assessing function based upon a written description of the performance and/or a video clip of the performance. (C)
53. define "culture" and accurately identify the ways in which culture may impact healthcare delivery (E)
54. recognize the potential socioeconomic, epidemiological, and treatment efficacy impact of cultural differences on patient care as they apply to selected cultural groups and case study analyses. (E)
55. participate in one or more approved community service or professional development activity during this semester (G)

**Course Requirements:** To earn a grade of "C" or higher the student must earn 70% of the total points for the course and meet all of the following course requirements.

- satisfactory PowerPoint in-service presentation on orthotic or prosthetic device
- completion of cultural competence assignment

- minimum 75% on posture analysis project
- minimum 75% average on integrated lab practicals
- co-curricular community service or professional development (required for grade of A only)

### **Course Grading Scale:**

- A- 90% or more of total possible points including the comprehensive final exam; minimum 75% on posture analysis project; and satisfactory research and presentation of an orthotic or prosthetic device in-service; and completion of cultural competence assignment; and minimum 75% average on integrated lab practicals; and participation in at least one approved community service or professional development activity.
- B- 80% or more of total possible points including the comprehensive final exam; minimum 75% on posture analysis project; and satisfactory research and presentation of an orthotic or prosthetic device in-service; and completion of cultural competence assignment; and minimum 75% average on integrated lab practicals
- C- 70% or more of total possible points including the comprehensive final exam; minimum 75% on posture analysis project; and satisfactory research and presentation of an orthotic or prosthetic device in-service; and completion of cultural competence assignment; and minimum 75% average on integrated lab practicals
- D- 60% or more of total possible points including the comprehensive final exam; minimum 75% on posture analysis project; and satisfactory research and presentation of an orthotic or prosthetic device in-service; and completion of cultural competence assignment; and minimum 75% average on integrated lab practicals
- F- less than 60% of total possible points including the comprehensive final exam; or failure to satisfactorily complete the posture analysis project; or failure to satisfactorily complete or present the orthotic or prosthetic device in-service; or failure to complete cultural competence assignment; or less than 75% average on integrated lab practicals

**Attendance Policy:** The college attendance policy, which is available at <http://www.bpcc.edu/catalog/current/academicpolicies.html>, allows that “more restrictive attendance requirements may apply to some specialized classes such as laboratory, activity, and clinical courses because of the nature of those courses.” The attendance policy of the Physical Therapy Assistant program is described in the PTA Student and Clinical Handbook.

### **Nondiscrimination Statement**

Bossier Parish Community College does not discriminate on the basis of race, color, national origin, gender, age, religion, qualified disability, marital status, veteran's status, or sexual orientation in admission to its programs, services, or activities, in access to them, in treatment of individuals, or in any aspect of its operations. Bossier Parish Community College does not discriminate in its hiring or employment practices.

COORDINATOR FOR SECTION 504 AND ADA

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Equity/Compliance Coordinator

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Reviewed by L. Bryant 4/19