POCATELLO PRO BONO PHYSICAL THERAPY CLINIC

STUDENT VOLUNTEER HANDBOOK & STUDENT BOARD TRAINING MANUAL

Adapted from the University of Utah Student Training Manual

ABOUT THE CLINIC

History

In 2021, several Idaho State University Department of Physical Therapy students expressed interest in starting a student-run pro bono clinic. At the start of the Fall 2021 semester, a student board consisting of 21 students from the Class of 2022, 2023 and 2024(7 students in each class) was established. Over the course of the next 3.5 months, the student board held several planning meetings under the guidance of faculty advisor Michael Clarke. The student-run pro bono clinic opened within the previously established clinic on the Idaho State University campus on (Date TBA) in partnership with Idaho State University Department of Physical Therapy.

Our Mission

Our mission is to provide quality physical therapy services to underserved and underinsured individuals in the Bannock County area and to enhance the educational experience of Idaho State University physical therapy students through service learning.

About Us:

- Services are provided by physical therapy students currently enrolled in the entry-level doctorate of physical therapy program at Idaho State University, while under the guidance of licensed physical therapy practitioners from the local community.
- Services are facilitated primarily through donated time and resources.
- Planning of current and future operation of the clinic is provided by the student board established through ASISU.
- We share the core values of the Idaho State University Kasiska College of Health Professionals, Idaho State University, and the American Physical Therapy Association (APTA).

We do not discriminate on the basis of race, color, national or ethnic origin, ancestry, age, religion or religious creed, disability or handicap, sex, gender or sexual preference.

Our Vision

- Enhance the education of students and community members alike.
- Address physical therapy needs of the community through evaluation and provision of current evidence-based practice.
- Promote social awareness among students of key issues in the community.
- Create community partnerships.
- Promote the profession of physical therapy through advocacy, professionalism and quality service.

Who We Serve

In 2018, it was estimated 18.5% of the population of Bannock County fell below the poverty level. Furthermore, 9.6% of Pocatello is estimated to be uninsured. The rate of disability in Bannock County is estimated to be between 13.5%-15.2%. The clinic aims to target services towards these underinsured and underserved Bannock County residents in order to improve their physical health and function, address the high rate of disability, and improve their overall quality of life. That said, the clinic does not turn away patients based on where they live and we hope to expand the geographic reach if and when resources allow.

Initially, we expect most referrals to be for adults with musculoskeletal or neuromuscular types of injuries/impairments. However, as we move forward, we aim to expand our patient population to include a wide variety of pathologies, ages, and backgrounds.

Board & Faculty Members

Student Board Members & Responsibilities

One student from each cohort will hold one of these positions, meaning each position will have three students for each position.

Clinic Director – *Responsible for directing board meetings, coordinating interdisciplinary activities, and overseeing general board/clinic communication and logistics. The clinic director is the primary contact between the student board and the faculty. Will ensure the MOU Document is signed by the club members each year to have access to the clinic space from the clinic.*

Secretary – *Responsible for taking minutes during board meetings, uploading meeting notes to Google Drive, scheduling meetings, and scheduling volunteer student physical therapists to work in the clinic. All volunteer student physical therapists must sign the volunteer service agreement before volunteering to have liability insurance covered and must complete a yearly HIPAA training. Volunteer Student PT's can be scheduled on Google Calendar.*

Financial Director – *responsible for creating budget, checking the club mailbox, planning a yearly fundraiser soliciting donations, and keeping supplies inventory. Responsible for keeping the ASISU Pro Bono club in good standing by abiding by the yearly checklist (posted in isuprobonopt Google Drive/Calendar) turning in the following document on times: Club Registration Form (always due the 5th Friday of the school year), Authorized Signature Sheet, applying for C.E.A.S.A.R. Funding (www.isu.edu/asisu/funding deadline is always the 3rd Thursday of March), and hosting a booth at either the Fall (August) or Spring (January) Involvement Fair. Encourage club members to participate in campus events for incentivized points = free money donated to our club account and then Email Incentive Point Checklists to (asisufin@isu.edu by the 2nd Friday of November, and the last weekday in March).*

Volunteer Attending PT Liaison – *Responsible for recruiting and scheduling volunteer attending PTs from the surrounding community and optimizing their experience through collecting/incorporating feedback. Also responsible for tracking all hours that volunteer PTs and SPTs are in the clinic through a spreadsheet that volunteers will sign in each time they volunteer. Prior to a volunteer PT volunteering, Liaison must ensure that volunteer PT's license is in good standing (https://apps.dopl.idaho.gov/DOPLPublic/LPRBrowser.aspx) and has signed the volunteer service agreement to have liability insurance covered; volunteer will also need to complete HIPAA training module(through the paper module) prior to volunteering; Volunteer PT's can be scheduled on Google Calendar.*

Community Outreach Liaison – *Responsible for soliciting help from the communities, potential volunteer physical therapists and seeking out patient referrals(from sources like the Pocatello Free Clinic, Health West, Hospital Case Managers, etc).*

Student Clinic Coordinator – *Responsible for following up and scheduling referred patients for their first visit on the paper calendar in the student prep room (we ask that the students treating the patients schedule them for follow-up appointments; but if a patient is not scheduled for a follow-up that the clinic coordinator follow-up and see if future appointments are needed); clinic coordinators will check the phone in the student prep room every 24-48 hours Monday-Friday in order to call back and get patients on the schedule; will also scan in paper documentation on to the HIPAA secured folder within BOX weekly/monthly(as deemed necessary by coordinator) along with shredding the paper documentation at the end of each semester; send an email to the volunteer students for the upcoming patients conditions(remember no HIPAA information to be relayed via email) on the schedule(sent by Thursday at the latest) so that the volunteer student PT's have an opportunity to prep for the upcoming patients.*

- *How to access the voicemail:*

PR & Marketing – *Responsible for making and organizing outreach materials and pamphlets; in charge of any future social media/internet platforms; other marketing opportunities as they exist.*

Faculty Board Members

Michael Clarke, PT, DPT michaelclarke1@isu.edu (208) 373-1947
L. Derek Gerber, PT, DPT, EdD derekgerber@isu.edu (208) 282-4307

Email Log-In Information

Scheduling Volunteers, Google Drive, etc:

Volunteer SPTs and PTs will be scheduled through Sign Up Genius links. The Secretaries will send out a link at the beginning of each semester for all 3 cohorts to use. Volunteer PTs sign up by navigating to our website https://www.isu.edu/pt/clinics/probono/ and clicking the Pocatello Volunteer Sign Ups link.

For emailing correspondence; Student Club Email:
Username: pocatelloprobonopt@isu.edu
For access, have your Student Director reach out to Val Davids(valeriedavids@isu.edu) to delegate access and revoke access. This email will not have a password to log-in once delegated. It does not have access to Google Drive, Calendar, etc; it is a basic email account only.

CLINIC OPERATIONS

Clinic Site:

Location: 1400 E. Terry Dr. Building 63, Room 202
Pocatello, ID 83209

Hours: Fall Semester: Fridays 1:00 PM- 4:00 PM *(subject to change)*
Spring Semester: Fridays 9:00 AM - 12:00 PM (Subject to change)
Summer Semester: Closed due to lack of student volunteer availability

Parking: Patient parking is available in the areas designated clinic parking in the east or west lots of Garrison Hall(building 63). Parking passes can be obtained from the admin staff(Teresa Baker).

Map to Clinic

Overall Clinic Flow & Patient Care Model

Patient Recruitment, Qualification & Scheduling

Patients are currently recruited by working through the Pocatello Free Clinic, Health West, hospital case managers and word of mouth.

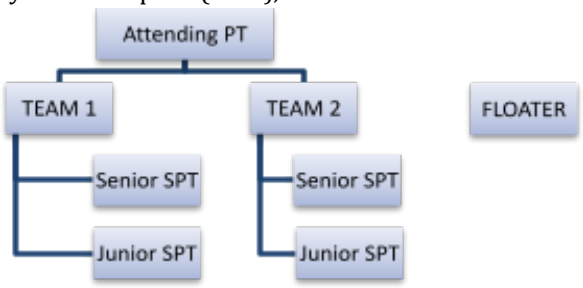
In order to qualify to receive services at the Pro Bono Physical Therapy Clinic, patients must be at or below 200% of the poverty line (poverty level income chart for 2021 below), 18 years of age or older (will have patient sign a verification form verifying age), and do not have any form of Medicare, Medicaid or health insurance (will have patient sign a verification form verifying this information). Income verification is performed by the student clinic coordinator verifying the patient meets the qualifications by one of the

following options: 1. Most recent 1040 tax form | 2. Most recent paycheck stubs (minimum of 3) 3. Last three months of bank statements 4. A letter from their employer.

Percent of Federal Poverty Level (FPL)						
Household Size	100%	138%	150%	200%	300%	400%
1	$12,140	$16,753	$18,210	$24,280	$36,420	$48,560
2	$16,460	$22,715	$24,690	$32,920	$49,380	$65,840
3	$20,780	$28,676	$31,170	$41,560	$62,340	$83,120
4	$25,100	$34,638	$37,650	$50,200	$75,300	$100,400
5	$29,420	$40,600	$44,130	$58,840	$88,260	$117,680
6	$33,740	$46,561	$50,610	$67,480	$101,220	$134,960
For each additional person, add	$4,320	$5,962	$6,480	$8,640	$12,960	$17,280

Patients seeking physical therapy are scheduled by the student clinic coordinator on a first-come, first-serve basis. The student clinic coordinator then relays pertinent patient information and staffing needs to the Secretary(in charge of scheduling student PT's) and Volunteer Attending Liaison(in charge of scheduling volunteer PT's).

Basic Treatment Structure & Schedule
Physical therapy is provided at the clinic using a team approach with an attending PT to team ratio of 1:2. Each team consists of 2 student physical therapists (SPTs), one a senior SPT and the other a junior SPT.



The attending PT will be available for consultation with students at any point during patient care if needed. However, students are encouraged to problem solve and apply clinical reasoning as a team first. Students will be REQUIRED to check in with the attending PT at predetermined check points during each patient visit to ensure optimal patient care, encourage proper clinical reasoning, and enhance the clinical education and collaboration experience (s*ee Policies and Procedures section for required check-in points).*
Including patient care plus documentation time, initial evaluations are allotted 2 hours while follow-up/return visits are allotted 1 hour. Each team will typically/ideally see one new patient (Initial eval) and/or one-three returning patients per shift according to the below schedule. However, this structure may vary slightly depending on current patient waitlist needs and accommodating for unforeseen patient cancellations/no-shows. There is a possibility of 3 different scheduling formats. Please be prepared for any one of the following.

SPRING POSSIBLE SCHEDULES
Example 1:

	9:00 am	11:00 am
Student Group 1	New patient evaluation	Return patient follow-up
Student Group 2	New patient evaluation	Return patient follow-up

Example 2:

	9:00 am	10:00 am	11:00 am
Student Group 1	Return patient follow-up	Return patient follow-up	Return patient follow-up
Student Group 2	Return patient follow-up	Return patient follow-up	Return patient follow-up

Example 3:

	9:00 am	10:00 am	11:00 am
Student Group 1	New patient evaluation	x	Return patient follow-up
Student Group 2	Return patient follow-up	New patient evaluation	x

FALL POSSIBLE SCHEDULES

Example 1:

	1:00 pm	2:00 pm	3:00 pm
Student Group 1	Return patient follow-up	Return patient follow-up	Return patient follow-up
Student Group 2	Return patient follow-up	Return patient follow-up	Return patient follow-up

Example 2:

	1:00 pm	2:00 pm	3:00 pm
Student Group 1	New patient evaluation	x	Return patient follow-up
Student Group 2	Return patient follow-up	Return patient follow-up	Return patient follow-up

Example 3:

	1:00 pm	3:00 pm
Student Group 1	New patient evaluation	Return patient follow-up
Student Group 2	New patient evaluation	Return patient follow-up

In addition to the attending PT and the 2 student PTs providing patient care, there will also be an individual assigned as a "Floater" for each shift. For further details and a list of floater responsibilities, see the Floater Responsibilities Checklist Below. This individual will be present from 8:30 am in the fall and 12:30 pm in the spring until close just like the other students and their duties include:

- Prior to patients arriving: 1) collect & file student paperwork, 2) set up the printer, and 3) Set up clinic
- As patients arrive: 1) tally outcome measure scores, 2) pass completed paperwork along to treating students

- During patient care: 1) maintain smooth clinic flow, 2) provide treatment teams with “time checks” 3) Save documents to Box correctly.
- After patient care: 1) record and email to clinic Directors/Student Liaisons any notes/feedback that came up during the day 2) help with clean-up

Payment model
In the start-up phase of this clinic, all patient care is provided free of charge, in keeping with the philosophy of a true pro bono clinic. However, there are two options that have been presented that could be implemented if adherence is low: 1) patients make a $25 deposit that is returned to them upon being discharged by the SPTs; or 2) patients pay a $5 copay each visit. The Student Director’s and Faculty Advisor will be tracking outcomes in an ongoing manner to determine if this model needs adjustment to optimize patient care outcomes.

Services Provided
Initially, the physical therapy services provided at the clinic will be primarily targeted at musculoskeletal or neuromuscular impairments/functional limitations. As we continue to expand our outreach efforts, it is our hope that we will provide a continually broader scope of therapeutic services and may even hold certain “specialty clinics” as needs are identified.

We also provide patient education, which is especially important given the high demand for services (which puts a strain on scheduling availability), transportation limitations and lack of time availability year round. In addition to in-visit patient education, we also hope to provide periodic health education seminars and information booths at community events in the future.

Lastly, we provide patient referral for things such as social services, laboratory testing, general medical care, imaging, etc. that are beyond our scope of practice. This is likely referring our patients to the Pocatello Free Clinic and providing information on these resources as needed.

POLICIES & PROCEDURES

Scheduling
All patient scheduling will be done on a paper calendar that is located inside the locked student prep room on the second floor of the Garrison Building. Patient's name and body part/reason for treatment will be written on the paper calendar. This calendar WILL NOT be allowed to leave the locked student prep room. Students physical therapists are currently not limited in the number of shifts they may sign up for. Once signed up, students will receive a confirmation email from the Secretary containing further instructions for completing all necessary training materials and paperwork. Additional reminders containing pertinent patient information may be sent in the week prior to each shift.

Cancellation/Late Policy
In the event that a student is unable to fulfill their assigned volunteer commitment for whatever reason, IT IS THE STUDENT’S RESPONSIBILITY TO 1) INFORM BOTH SECRETARY AND THEN 2) TRY AND FIND AN APPROPRIATE REPLACEMENT.

1. First, try to find ANOTHER STUDENT from the same class (OR the class above) who is able to cover the shift.
2. In the event that no student replacement can be found, contact the MEMBERS OF THE STUDENT BOARD to see if anyone is able to cover the shift.
3. If an additional student cannot cover, we will try to adjust the schedule between volunteer PT’s and patients to allow for set volunteers to still see the patients without needing to cancel on the patient.

In the event that a student will be late for an assigned shift, they must notify the Secretary via phone.

Students who follow the above cancellation/late policy procedures will not be penalized. However, students who are no-shows for their assigned shift OR are late without giving notice will NOT be allowed to sign-up for shifts in the clinic for the remainder of the month.

Responsibilities/Expectations

Students volunteering at this clinic are expected to abide by the same APTA Code of Ethics and Core Values which govern behavior in any other past, present, or future clinical ventures (*see Appendices A and B).*

In addition, student volunteers are responsible for the following:

PRE-SHIFT expectations:

- Read through the:
  - Student Training Manual
  - Professional Conduct & Dress Policy
- Read & sign the:
  - Volunteer Service Agreement
- When you receive the reminder email prior to your shift, read through the pertinent patient information and REVIEW ANY RELEVANT TESTS & MEASURES, TREATMENT INTERVENTIONS, OR OTHER CLINICAL SKILLS!

DAY OF EXPECTATIONS:

General:

- *Remember to dress professionally and WEAR YOUR NAME TAG! (refer to Professional Conduct & Dress Policy for details)*
- *Arrive at least 15 minutes prior to when patient care is scheduled to begin (i.e. no later than 8:30 am)*
- *Please bring your laptop with you if you have one (this will help prep for your patients)*
- *It is expected that all volunteers will follow ISU policies and procedures for the university as outlined here: https://www.isu.edu/policy/. If there are any concerns, please bring those to the attention of Dr. Michael Clarke as soon as possible.*

Before patients arrive:

Complete Opening checklist*:*

- A faculty member will always need to be on site any time the pro bono clinic is operating. In Pocatello, often that will be Dr. Derek Gerber; this faculty member will also ensure that the doors are unlocked and open to allow for treatment to begin. This faculty member is not required to be present in the clinic to treat as a volunteer PT will be supervising the treatments, however for safety and emergency we must ensure that a PT program faculty member is on site.
- Make sure the waiting/reception area, treatment room, and exercise gym are set up and cupboards are well-stocked.
- Review schedule with Floater and obtain patient charts and paperwork from locked file cabinets.
- Meet with student partners to review patient charts, devise initial assessment/treatment approach, and assign roles.
  - Assign roles based on experience, comfort level, preferences, etc. so that it is clear who 's doing what once the patient arrives
    - Caveat: you may adjust these roles as you go along as needed BUT ONE STUDENT SHOULD BE ACTIVELY DOCUMENTING AT ALL TIMES so that you do not get behind on your paperwork! (*see Documentation section for further details)*
- Communicate to the attending PT what level of supervision you would like and when based on your experience, the patient's presentation, etc.
  - Review your plan of care with the supervising/attending PT and make sure they are on board for your plan.
- Secure the needed paper documentation and outcome measures that you need for each patient.

During patient care:

Once the patient arrives, the floater will greet them and help them fill out the necessary paperwork. IF IT IS THE FIRST VISIT FOR A PATIENT, THEY MUST BE ISSUED A PARKING PASS TO PUT ON THEIR VEHICLE FIRST THING. Patient's will then be issued a parking pass for their follow up visits as those visits are scheduled to avoid having to make the patient return to their car each visit prior to their appointment. Once all

initial/returning paperwork is completed, the Floater will alert the volunteer PT's who will then greet the patient in the waiting area, introduce themselves, and direct the patient back to the treatment room.

Students shall provide patient care in a manner that is consistent with both the ICF model and the APTA Patient Care Model (*see Appendices C and D)* and shall seek to optimize care through collaboration with their team partner as well as the attending PT and/or other student peers present/available.

Out of the 2 hours allotted for an initial evaluation, students should aim to complete the patient care portion in 1.5 hours allowing 30 minutes remaining to complete documentation. The Floater will provide "time checks" at 30-minute increments during the care episode. Likewise, out of the 1-hour allotted for a return visit, students should aim to complete the patient care portion in 45 minutes allowing 15 remaining minutes to complete documentation. The Floater will provide "time checks" at 15-minute increments during the care episode.

Although you are free to consult the attending PT at any point during the episode of care, there are 3 REQUIRED check-in points during an initial evaluation and 3 REQUIRED check-in points during a return visit:

INITIAL EVALUATION	RETURN VISIT
1. After taking the history (before performing the examination) 2. After examination (before performing any interventions) 3. After episode of care has been completed (before the patient leaves)	1. After re-examination/additional questioning (before performing any interventions) 2. After episode of care has been completed (before the patient leaves) 3. Any change in the patient's health status during treatment

Check-ins with the attending should be carried out in a "grand rounds" format to streamline communication. During this check-in, KEEP THINGS CONCISE (5 minutes or less) and take notes to direct the next phase of your assessment/intervention.

In addition to the attending PT, there are several other resources which are available for your reference/use during treatment: 1) Eachother!
2) Textbooks
3) Evidence Based Research from reliable websites/journals/articles

Some clinical pearls to guide students in optimizing care and maximizing efficiency:

- Be aware that the schedule is subject to change the DAY OF CARE! Be prepared for cancellations, different patients, and a new schedule. Be confident in your skills as a SPT and remember that the attending PT is there to help you more when you need it.
- It is important to let the patients know that you will be seeing them over multiple visits and that usually after the initial evaluation they may be a little more sore than usual but that you will give them a good program to help them and they will feel better etc.
- Before beginning, introduce the patient to all parties involved in their care, including yourselves (as students) and the attending PT (as a "supervisor").
- Patient history and examination should be thorough yet directed. In the circumstance that there are multiple impairments, find the one/ones that need to be addressed first. YOU MAY NOT GET TO ALL OF THEM IN ONE DAY. Although the time allotted may seem like ample time to complete an evaluation or a return visit, it is important that students tease out pertinent questions, tests, and measures based on given information and/or findings.
    - *NOTE: if you are seeing a returning patient, refer to the initial evaluation "Plan of Care" section for a summary of any comparable signs to help direct your re-assessment*
- Interventions should be based on sound clinical reasoning and evidence whenever possible.
- Goal setting should be patient-centered and objective.
- Collaboration with your student team partner is KEY!

    - While one student is conducting the history/tests & measures, the other should be documenting the findings.
    - While one student is performing or teaching interventions, the other can be setting up the HEP and finishing documentation.
    - For the more senior student, be willing to explain and teach the less experienced student. This is a great opportunity for both students and evidence has also shown it helps the patient become more involved in their care.
- (Once we have translator services set up/established): When working with Spanish-speaking individuals, ask for an interpreter- that's what they're there for! When working with an interpreter, be sure to still speak to/make eye contact with the patient and use your non-verbal communication skills. Also, be aware that using an interpreter will inherently prolong the communication/treatment process- plan accordingly!
- Patient education is an important part of your patient interaction.
    - When teaching patients their home exercises, emphasize the importance of compliance and showing up for future visits.
    - When patients return for follow-up visits, take time to demonstrate to them the value of their therapy by drawing attention to improvements in their outcome measure score and/or other signs/sxs/limitations. To check for understanding of exercises, use the teach-back method and have them show you the exercises they've been doing.

Discharging Patients:

- Discuss progress/goals/outcomes with the patient and let them know that they no longer need to schedule any more appointments (unless their condition changes and their symptoms/functional limitations worsen again).

Review HEP with the patient and educate on additional options for exercise progression if necessary.

- In the patient's Daily Note dictate the following: "No further skilled interventions needed at this time, recommend continuation of HEP

Late policy for patients:

- Patients are given a 20-minute grace period to arrive without risk of losing their appointment slot.
- If the patient is later than 20 minutes, it is up to the treatment team (i.e. the students & attending) to decide whether or not it is appropriate to see them if/when they arrive. If it is not appropriate, have the floater or student clinic coordinator call or speak with the patient to reschedule.

Cancellation/No Show Policy for Patients

- Due to the large number of people that need our help, a patient can only miss two appointments without advance notice before they would be self-discharged and placed on the waiting list of patients waiting to be treated.
- Advanced notice is considered a minimum of 24 hours to allow for an opportunity to schedule another patient in that time period.

Interprofessional communication is KEY!

If any RED FLAGS are encountered during the episode of care AND/OR you deem that the patient requires a non-emergency referral:

STEP 1: Have the patient call the Pocatello Free Clinic for the appropriate medical evaluation. If it is emergent refer them to Portneuf Medical Center or an Urgent Care.

STEP 2: Can send the patient with a signed note indicating our findings to be delivered to the evaluating physician.

STEP 3: Be sure to save the word document/letter to the patients file on the Ubox account with an appropriate title.

STEP 4: Proceed with/discontinue care accordingly and educate the patient as to your decisions!

If a patient needs to schedule a return visit:
- The student physical therapist can schedule the patient for the next visit on the paper calendar located in the student prep room.
    - Ensure that the patient is given a parking pass filled out for their next visit.
- *NOTE: Due to high demand for our services, the timeframe within which the patient will be able to be seen again may not be ideal...keep this in mind when devising HEPs for patients and making recommendations for frequency of follow-up. Confer with the attending PT beforehand!*

- Given the constant rotation of student providers, tracking patient progress is another must! Remember to monitor outcome measure scores and patient subjective reports. A lack of significant/clinically meaningful progress should be a cue that re-evaluation, referral, and/or discharge is necessary.
    - CLINIC POLICY is that students will re-test/re-evaluate goals & write a more thorough "Progress Note" every 4th visit for returning patients (this can be done using the Daily Note template).
    - Students will be in charge of helping to "flag" patient charts on the 3rd, 7th, 11th, etc. visit by placing a reminder note in the plan of care section stating "Progress Note Needed".
- Use HEP2Go to design and print HEPs or draw it. Login: isuprobonopt@gmail.com Password: Bengals22!
    - You may use another HEP login or website if desired. Just ensure a copy of the HEP is put in the patient's chart!
- If any items need restocking, let the Floater or Student Director know so that they may alert the board.
- For liability reasons, under no circumstances should students offer to provide patients transportation to/from the clinic.

DOCUMENTATION
- There should already be printed out paper documentation forms so you can select the appropriate Evaluation Form or Daily Note to document the patient encounter.
    - Download the appropriate Evaluation Form (if initial evaluation) OR Daily Note (if return visit) template from the Documentation and Intake Forms in the Pro Bono Student Board Google Drive if there is not any already printed out.
- Document while your treatment partner is treating.
    - Make a note in the "Plan of Care" section of any comparable signs that should be re-assessed in future visits to track the patient's progression.
    - MAKE SURE TO INCLUDE THE PATIENT'S FULL NAME & DATE ON ALL DOCUMENTATION. Record "billable units" in each patient's chart based on interventions and time frame allotted to each (record at the top of the Initial Evaluation Form OR Daily Note).
- Once Documentation is complete and signed off, store the document in the filing cabinet under "needing to be scanned" folder for the clinic coordinator to scan the document onto Box.
- Student Clinic Coordinator: Scan and save an electronic copy and upload it to box to the "completed documentation" folder by last name, first name.
- It will be expected that all volunteers in the clinic will comply with HIPAA policies, rules and regulations as outlined in the training provided by ISU.

For helpful tips on documentation, refer to Appendix E.

Following assigned shift:
Complete Closing Checklist*:*
- FINISH ALL DOCUMENTATION by 12:00 pm (Spring Semesters) or 4:00 PM (Fall Semesters)-*the attending PT must sign off on your documentation and we do not want to keep them past 12:00/4:00*
    - Shred (or put in shred folder) any papers containing PHI that are NOT being put in patients' files
- Make sure the treatment area is clean & equipment cart is well-stocked- *should look the same as OR better than when you arrived!*

- Soiled linens (towels, pillowcases) should be placed in the laundry basket in the laundry room. Remember if you are volunteering and have a gap in being able to treat a patient we can help do laundry.

EMERGENCY/SAFETY PROCEDURES AND OTHER IMPORTANT PROTOCOLS

As for other potential situations that might arise, please follow the following protocols:

- Unprofessional or unethical attending PT: please email faculty advisor for the Pro Bono Clinic(Dr. Michael Clarke)
- Inappropriate/difficult patient:
  1) Notify attending PT
  2) If needed escalate to Student Directors or faculty advisor for the Pro Bono Clinic

Contacting Emergency Services:
Call 911

In case of an **emergency** with a patient or other individual at the clinic, the following actions should be taken:

1) ***The person that is first on scene OR with the patient/individual at the time of the incident takes charge.*** This person shall stay with the patient make sure the patient/individual is safe and stable (performing CPR and First Aid as necessary) and assign the following:

a) One person to call 911 and go direct them into the building if necessary.

b) One person to go get the AED if necessary (*located next to the front door inside the reception area)*

c) One person to alert the Attending PT and help keep others from congregating near the scene.

2) After Emergency Personnel arrives & take over, relay any necessary information to them then fill out an *Incident Report Form*. File ORIGINAL in the filing cabinet under "Completed Incident Reports" and (for patients) a COPY in the patient's folder.

Safety procedures for other **non-life threatening** patient/individual scenarios*:

- Lightheaded: stop what you're doing, have the patient sit down, & check vitals
  - If diabetic: check blood sugar assuming they have a monitor on them and if necessary get a snack/fruit juice and give it to them.
- Minor cut, abrasion, burn, etc.:
  - Use PPE (personal protection equipment) and appropriate First Aid supplies from First Aid Kit located in the Laundry Room.

**For the above, be sure to document the incident in the patient's chart.*

In case of a building emergency (e.g. smoke alarm, flooding, etc.):

a) Follow emergency evacuation procedure: FIND THE NEAREST EXIT AND HELP SAFELY EVACUATE THE PATIENTS and call 911.

In case of a small contained fire:

1) Use a fire extinguisher.

**If anything seems odd or strange, just use your head!*

APPENDICES

A. APTA Code of Ethics

Code of Ethics for the Physical Therapist

APTA
American Physical Therapy Association

HOD S06-09-07-12 [Amended HOD S06-00-12-23; HOD 06-91-05-05;HOD 06-87-11-17; HOD 06-81-06-18; HOD 06-78-06-08; HOD 06-78-06-07; HOD 06-77-18-30; HOD 06-77-17-27; Initial HOD 06-73-13-24] [Standard]

Preamble

The Code of Ethics for the Physical Therapist (Code of Ethics) delineates the ethical obligations of all physical therapists as determined by the House of Delegates of the American Physical Therapy Association (APTA). The purposes of this Code of Ethics are to:

1. Define the ethical principles that form the foundation of physical therapist practice in patient/client management, consultation, education, research, and administration.
2. Provide standards of behavior and performance that form the basis of professional accountability to the public.
3. Provide guidance for physical therapists facing ethical challenges, regardless of their professional roles and responsibilities.
4. Educate physical therapists, students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the physical therapist.
5. Establish the standards by which the American Physical Therapy Association can determine if a physical therapist has engaged in unethical conduct.

No code of ethics is exhaustive nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive.

This Code of Ethics is built upon the five roles of the physical therapist (management of patients/clients, consultation, education, research, and administration), the core values of the profession, and the multiple realms of ethical action (individual, organizational, and societal). Physical therapist practice is guided by a set of seven core values: accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility. Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist. Fundamental to the Code of Ethics is the special obligation of physical therapists to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.

Principles

Principle #1: Physical therapists shall respect the inherent dignity and rights of all individuals.
(Core Values: Compassion, Integrity)

1A. Physical therapists shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.
1B. Physical therapists shall recognize their personal biases and shall not discriminate against others in physical therapist practice, consultation, education, research, and administration.

Principle #2: Physical therapists shall be trustworthy and compassionate in addressing the rights and needs of patients/clients.
(Core Values: Altruism, Compassion, Professional Duty)

2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients/clients over the interests of the physical therapist.
2B. Physical therapists shall provide physical therapy services with compassionate and caring behaviors that incorporate the individual and cultural differences of patients/clients.
2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapy care or participation in clinical research.
2D. Physical therapists shall collaborate with patients/clients to empower them in decisions about their health care.
2E. Physical therapists shall protect confidential patient/client information and may disclose confidential information to appropriate authorities only when allowed or as required by law.

Principle #3: Physical therapists shall be accountable for making sound professional judgments.
(Core Values: Excellence, Integrity)

3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient's/client's best interest in all practice settings.
3B. Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient/client values.
3C. Physical therapists shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or refer to peers or other health care professionals when necessary.
3D. Physical therapists shall not engage in conflicts of interest that interfere with professional judgment.
3E. Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.

Principle #4: Physical therapists shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public.

(Core Value: Integrity)

4A. Physical therapists shall provide truthful, accurate, and relevant information and shall not make misleading representations.
4B. Physical therapists shall not exploit persons over whom they have supervisory, evaluative or other authority (eg, patients/clients, students, supervisees, research participants, or employees).
4C. Physical therapists shall discourage misconduct by health care professionals and report illegal or unethical acts to the relevant authority, when appropriate.
4D. Physical therapists shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.
4E. Physical therapists shall not engage in any sexual relationship with any of their patients/clients, supervisees, or students.
4F. Physical therapists shall not harass anyone verbally, physically, emotionally, or sexually.

Principle #5: Physical therapists shall fulfill their legal and professional obligations.

(Core Values: Professional Duty, Accountability)

5A. Physical therapists shall comply with applicable local, state, and federal laws and regulations.
5B. Physical therapists shall have primary responsibility for supervision of physical therapist assistants and support personnel.
5C. Physical therapists involved in research shall abide by accepted standards governing protection of research participants.
5D. Physical therapists shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.
5E. Physical therapists who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.
5F. Physical therapists shall provide notice and information about alternatives for obtaining care in the event the physical therapist terminates the provider relationship while the patient/client continues to need physical therapy services.

Principle #6: Physical therapists shall enhance their expertise through the lifelong acquisition and refinement of knowledge, skills, abilities, and professional behaviors.

(Core Value: Excellence)

6A. Physical therapists shall achieve and maintain professional competence.
6B. Physical therapists shall take responsibility for their professional development based on critical self-assessment and reflection on changes in physical therapist practice, education, health care delivery, and technology.
6C. Physical therapists shall evaluate the strength of evidence and applicability of content presented during professional development activities before integrating the content or techniques into practice.
6D. Physical therapists shall cultivate practice environments that support professional development, lifelong learning, and excellence.

Principle #7: Physical therapists shall promote organizational behaviors and business practices that benefit patients/clients and society.

(Core Values: Integrity, Accountability)

7A. Physical therapists shall promote practice environments that support autonomous and accountable professional judgments.
7B. Physical therapists shall seek remuneration as is deserved and reasonable for physical therapist services.
7C. Physical therapists shall not accept gifts or other considerations that influence or give an appearance of influencing their professional judgment.
7D. Physical therapists shall fully disclose any financial interest they have in products or services that they recommend to patients/clients.
7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapy services accurately reflect the nature and extent of the services provided.
7F. Physical therapists shall refrain from employment arrangements, or other arrangements, that prevent physical therapists from fulfilling professional obligations to patients/clients.

Principle #8: Physical therapists shall participate in efforts to meet the health needs of people locally, nationally, or globally.

(Core Value: Social Responsibility)

8A. Physical therapists shall provide pro bono physical therapy services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.
8B. Physical therapists shall advocate to reduce health disparities and health care inequities, improve access to health care services, and address the health, wellness, and preventive health care needs of people.
8C. Physical therapists shall be responsible stewards of health care resources and shall avoid overutilization or underutilization of physical therapy services.
8D. Physical therapists shall educate members of the public about the benefits of physical therapy and the unique role of the physical therapist.

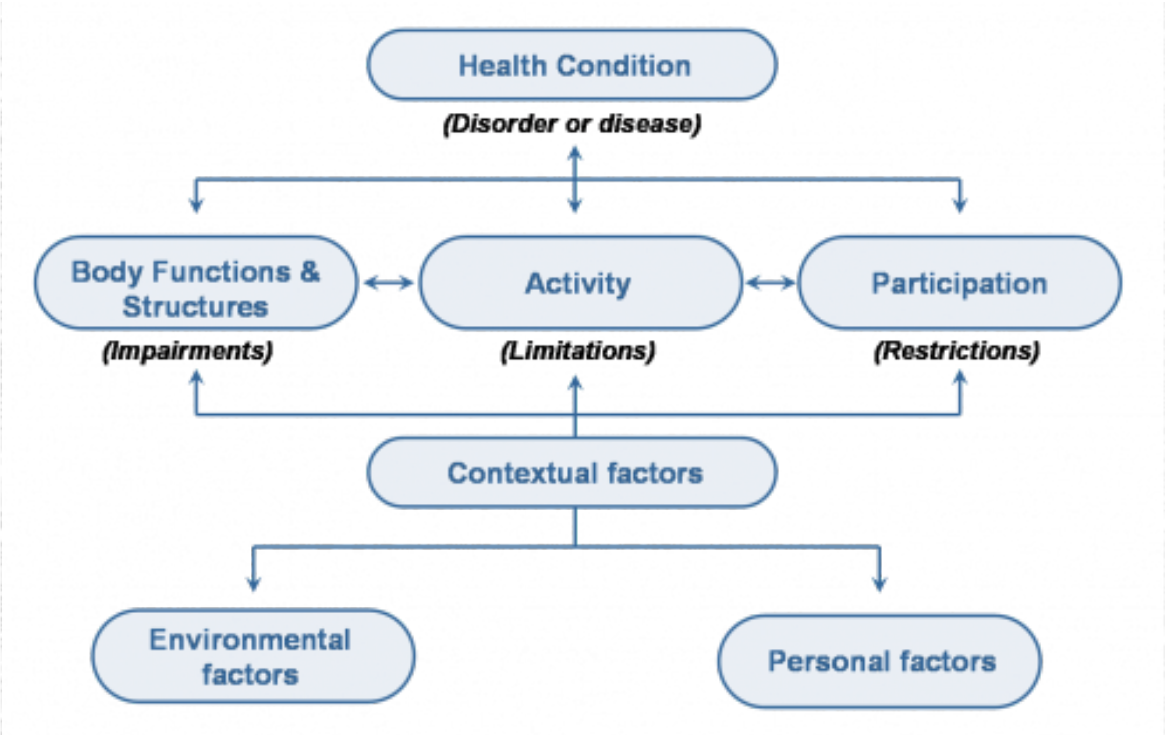
B. APTA Core Values

Core Values	Definition	Sample Indicators
Accountability	Accountability is active acceptance of the responsibility for the diverse roles, obligations, and actions of the physical therapist including self-regulation and other behaviors that positively influence patient/client outcomes, the profession and the health needs of society.	1. Responding to patient's/client's goals and needs. 2. Seeking and responding to feedback from multiple sources. 3. Acknowledging and accepting consequences of his/her actions. 4. Assuming responsibility for learning and change. 5. Adhering to code of ethics, standards of practice, and policies/procedures that govern the conduct of professional activities. 6. Communicating accurately to others (payers, patients/clients, other health care providers) about professional actions. 7. Participating in the achievement of health goals of patients/clients and society. 8. Seeking continuous improvement in quality of care. 9. Maintaining membership in APTA and other organizations. 10. Educating students in a manner that facilitates the pursuit of learning.
Altruism	Altruism is the primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility of placing the needs of the patient/client ahead of the physical therapist's self-interest.	1. Placing patient's/client's needs above the physical therapists. 2. Providing pro-bono services. 3. Providing physical therapy services to underserved and underrepresented populations. 4. Providing patient/client services that go beyond expected standards of practice. 5. Completing patient/client care and professional responsibility prior to personal needs.
Compassion/ Caring	Compassion is the desire to identify with or sense something of another's experience; a precursor of caring. Caring is the concern, empathy, and consideration for the needs and values of others.	1. Understanding the socio-cultural, economic, and psychological influences on the individual's life in their environment. 2. Understanding an individual's perspective. 3. Being an advocate for patient's/client's needs. 4. Communicating effectively, both verbally and non-verbally, with others taking into consideration individual differences in learning styles, language, and cognitive abilities, etc. 5. Designing patient/client programs/interventions that are congruent with patient/client needs. 6. Empowering patients/clients to achieve the highest level of function possible and to exercise self-determination in their care. 7. Focusing on achieving the greatest well-being and the highest potential for a patient/client. 8. Recognizing and refraining from acting on one's social, cultural, gender, and sexual biases. 9. Embracing the patient's emotional and psychological aspects of care. 10. Attending to the patient's/client's personal needs and comforts. 11. Demonstrating respect for others and considers others as unique.
Excellence	Excellence is physical therapy practice that consistently uses current knowledge and theory while understanding personal limits, integrates judgment and the patient/client perspective, embraces	1. Demonstrating investment in the profession of physical therapy. 2. Internalizing the importance of using multiple sources of evidence to support professional practice and decisions. 3. Participating in integrative and collaborative practice to promote high quality health and educational outcomes. 4. Conveying intellectual humility in professional and interpersonal situations. 5. Demonstrating high levels of knowledge and skill in all aspects of the profession. 6. Using evidence consistently to support professional decisions.

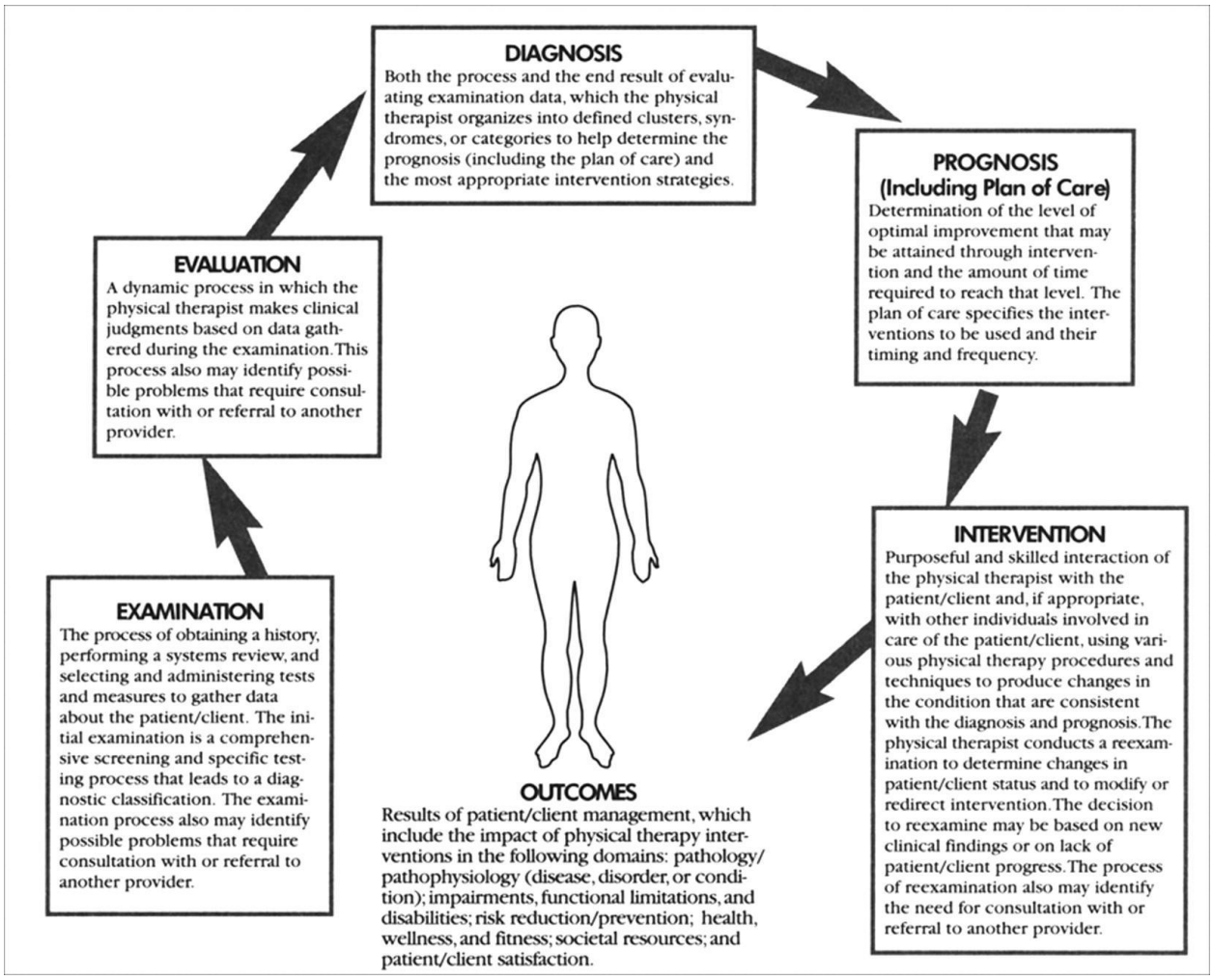
	advancement, challenges mediocrity, and works toward development of new knowledge.	7. Demonstrating a tolerance for ambiguity.
Integrity	Integrity is steadfast adherence to high ethical principles or professional standards; truthfulness, fairness, doing what you say you will do, and "speaking forth" about why you do what you do.	1. Abiding by the rules, regulations, and laws applicable to the profession. 2. Adhering to the highest standards of the profession (practice, ethics, reimbursement, Institutional Review Board [IRB], honor code, etc.). 3. Articulating and internalizing stated ideals and professional values. 4. Using power (and avoiding use of unearned privilege) judiciously. 5. Resolving dilemmas with respect to a consistent set of core values. 6. Being trustworthy. 7. Taking responsibility to be an integral part in the continuing management of patients/clients. 8. Knowing one's limitations and acting accordingly. 9. Confronting harassment and bias among ourselves and others. 10. Recognizing the limits of one's expertise and making referrals appropriately. 11. Choosing employment situations that are congruent with practice values and professional ethical standards. 12. Acting on the basis of professional values even when the results of the behavior may place oneself at risk.
Professional Duty	Professional duty is the commitment to meeting one's obligations to provide effective physical therapy services to patients/clients, to serve the profession, and to positively influence the health of society.	1. Demonstrating beneficence by providing "optimal care". 2. Facilitating each individual's achievement of goals for function, health, and wellness. 3. Preserving the safety, security and confidentiality of individuals in all professional contexts. 4. Involved in professional activities beyond the practice setting. 5. Promoting the profession of physical therapy. 6. Mentoring others to realize their potential. 7. Taking pride in one's profession.
Social Responsibility	Social responsibility is the promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness.	1. Advocating for the health and wellness needs of society including access to health care and physical therapy services. 2. Promoting cultural competence within the profession and the larger public. 3. Promoting social policy that effect function, health, and wellness needs of patients/clients. 4. Ensuring that existing social policy is in the best interest of the patient/client. 5. Advocating for changes in laws, regulations, standards, and guidelines that affect physical therapist service provision. 6. Promoting community volunteerism and providing leadership in the community. 7. Participating in political activism. 8. Participating in achievement of societal health goals. 9. Understanding of current community wide, nationwide and worldwide issues and how they impact society's health and well-being and the delivery of physical therapy. 11. Participating in collaborative relationships with other health practitioners and the public at large.

		12. Ensuring the blending of social justice and economic efficiency of services.

C. ICF model



D. APTA patient care model



E. APTA Elements of Defensible Documentation

Defensible Documentation elements

American Physical Therapy Association

TOP 10 TIPS

1. **Limit use of abbreviations.**
2. **Date and sign all entries.**
3. **Document legibly.**
4. **Report functional progress towards goals regularly.**
5. **Document at the time of the visit when possible.**
6. **Clearly identify note types, eg, progress reports, daily notes.**
7. **Include all related communications.**
8. **Include missed/cancelled visits.**
9. **Demonstrate skilled care and medical necessity.**
10. **Demonstrate discharge planning throughout the episode of care.**

Documenting Skilled Care

- Document clinical decision making/ problem-solving process.
- Indicate why you chose the interventions/ why they are necessary.
- Document interventions connected to the impairment and functional limitation.
- Document interventions connected to goals stated in plan of care.
- Identify who is providing care (PT, PTA, or both).
- Document complications of comorbidities, safety issues, etc.

Documenting Medical Necessity

- Services are consistent with nature and severity of illness, injury, medical needs.
- Services are specific, safe, and effective according to accepted medical practice.
- There should be a reasonable expectation that observable and measurable improvement in functional ability will occur.
- Services do not just promote the general welfare of the patient/client.

Tips for Documenting Evidence-Based Care

- Keep up-to-date with current research through journal articles and reviews, Open Door, Hooked on Evidence at www.apta.org.
- Include valid and reliable tests and measures as appropriate.
- Include standardized tests and measures in clinical documentation.

Documentation Format

INITIAL EXAMINATION

History – May include:

○ Pertinent medical/surgical history	○ Cultural preferences
○ Social history	○ General health status
○ Growth and development	○ Previous and current functional status/activity level
○ Living environment	○ Medication and other clinical tests
○ Work status	○ Current condition(s)/chief complaint(s)

Systems Review – Brief, limited exam to rule out problems in the musculoskeletal, neuromuscular, cardiovascular/pulmonary, and integumentary systems that may/ may not be related to the chief complaint and may require consultation with others. Also may include:

○ Communication skills	○ Factors that might influence care
○ Cognitive abilities	○ Learning preferences

Tests and Measures – Used to prove/ disprove the hypothesized diagnosis or diagnoses. Includes:

- ○ Specific tests and measures: increased emphasis placed on standardized tests/measures, eg, OPTIMAL
- ○ Associated findings/outcomes

Evaluation – A thought process leading to documentation of impairments, functional limitations, disabilities, and needs for prevention. May include:

- ○ Synthesis of all data/findings gathered from the examination highlighting pertinent factors
- ○ Should guide the diagnosis and prognosis
- ○ Can use various formats: problem list, statement of assessment with key factors influencing status

Diagnosis – Should be made at the impairment and functional limitation levels. May include:

- ○ Impact of condition on function
- ○ Common terminology, eg ICD-9 CM coding or Preferred Physical Therapist Practice Patterns

Prognosis – Conveys the physical therapist's professional judgment. May include:

- ○ Predicted functional outcome
- ○ Estimated duration of services to obtain functional outcome

Plan of Care – May include:

- ○ Overall goals stated in measurable terms for the entire episode of care
- ○ Expectations of patient/client and others
- ○ Interventions/treatments to be provided during the episode of care
- ○ Proposed duration and frequency of service to reach goals
- ○ Predicted level of improvement in function
- ○ Anticipated discharge plans

Tips for Documenting Progress

- Update patient/client goals regularly.
- Highlight progress toward goals.
- Clearly indicate if this is a progress report by demonstrating patient/client improvement.
- Show comparisons from previous date to current date.
- Show a focus on function.
- Re-evaluate when clinically indicated.

Avoid

- "Patient/client tolerated treatment well"
- "Continue per plan"
- "As above"
- Unknown/confusing abbreviations – use abbreviations sparingly

Other Tips

Confidentiality

- Keep patient/client documentation in a secure area.
- Keep charts face down so the name is not displayed.
- Patient/client charts should never be left unattended.
- Do not discuss patient/client cases in open/public areas.
- Follow HIPAA requirements: http://www.cms.hhs.gov/HIPAAGenInfo/

Coding Tips

- Have a current CPT, ICD-9, and HCPCS book.
- Review code narrative language.
- Select codes that accurately describe the impairment or functional limitations that you are treating.
- Use the most specific code that accurately describes the service.
- Know when a modifier is necessary and accepted by a payer.

Additional Resources:

- State Licensing Boards: http://www.fsbpt.org/licensing/index.asp
- Joint Commission: http://www.jointcommission.org/
- CARF: http://www.carf.org/
- CMS: http://www.cms.hhs.gov/
- Physical Fitness: http://www.apta.org/pfsp

APTA
American Physical Therapy Association
The Science of Healing. The Art of Caring...

For additional information on Defensible Documentation, please visit **www.apta.org/documentation**

RE-EXAMINATION

Is provided to evaluate progress and to modify or redirect intervention. Should occur whenever there is:

- An unanticipated change in the patient's/client's status
- A failure to respond to physical therapy intervention as expected
- The need for a new plan of care and/or time factors based on state practice act, or other requirements

◯ Includes findings from repeated or new examination elements

VISIT/ENCOUNTER NOTES

Document implementation of the plan of care established by the physical therapist.

Includes:

◯ Changes in patient/client status
◯ Patient/client/caregiver report
◯ Interventions/equipment provided
◯ Patient/client response to interventions
◯ Variations and progressions of specific interventions used
◯ Frequency, intensity, and duration as appropriate
◯ Communication/collaboration with other providers/patient/client/family/ significant other
◯ Factors that modify frequency/intensity of intervention and progression of goals
◯ Plan for next visit(s): including interventions with objectives, progression parameters, precautions, if indicated

DISCHARGE SUMMARY

Required following conclusion of physical therapy services, whether due to discharge or discontinuation.

May include:

◯ Highlights of a patient/client's progress/lack of progress towards goals/discharge plans
◯ Conveyance of the outcome(s) of physical therapy services
◯ Justification of the medical necessity for the episode of care

Top 10 Payer Complaints about Documentation (Reasons for Denials)

1. **Poor legibility.**
2. **Incomplete documentation.**
3. **No documentation for date of service.**
4. **Abbreviations – too many, cannot understand.**
5. **Documentation does not support the billing (coding).**
6. **Does not demonstrate skilled care.**
7. **Does not support medical necessity.**
8. **Does not demonstrate progress.**
9. **Repetitious daily notes showing no change in patient status.**
10. **Interventions with no clarification of time, frequency, duration.**

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- Highlight progress toward goals.
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○ Interventions/equipment provided	○ Frequency, intensity, and duration as appropriate
○ Patient/client response to interventions	

○ Communication/collaboration with other providers/patient/client/family/ significant other

○ Factors that modify frequency/intensity of intervention and progression of goals

○ Plan for next visit(s): including interventions with objectives, progression parameters, precautions, if indicated

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