



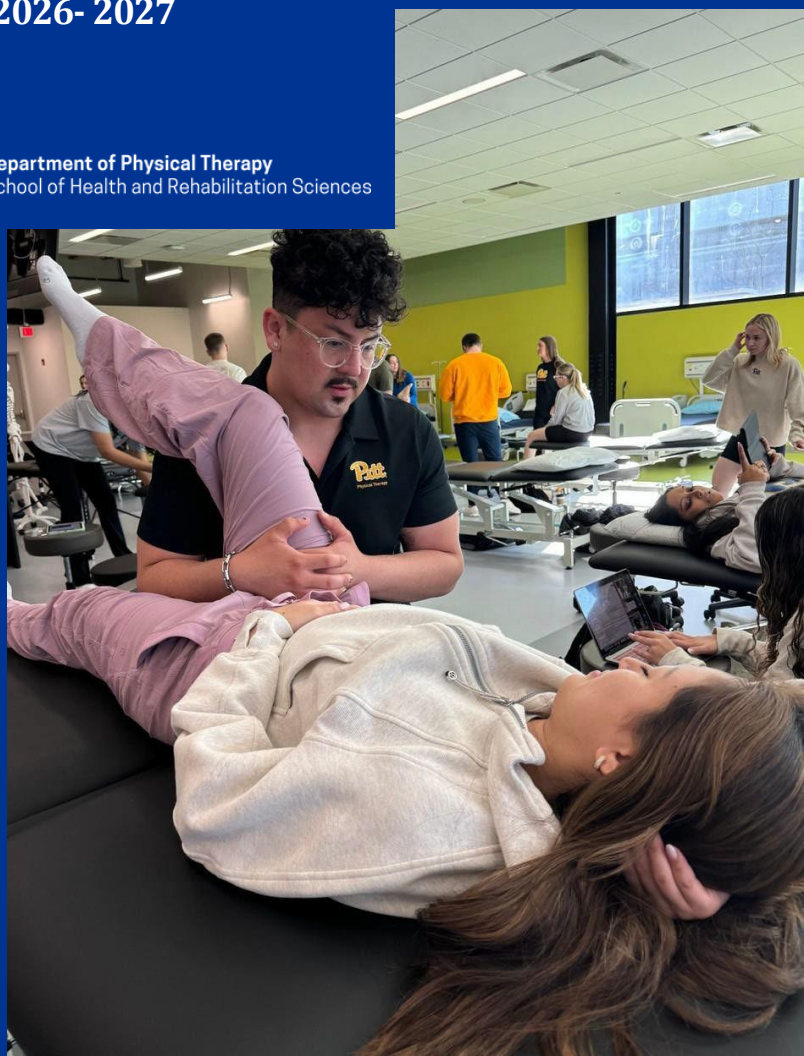
DOCTOR OF PHYSICAL THERAPY STUDENT HANDBOOK

Academic Year 2026- 2027



University of
Pittsburgh

Department of Physical Therapy
School of Health and Rehabilitation Sciences





University of
Pittsburgh

Department of Physical Therapy
School of Health and Rehabilitation Sciences

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Doctor of Physical Therapy (DPT) Student Handbook

This document is meant to be used as a supplement to the [SHRS Graduate Student Handbook](#)

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Welcome to the Doctor of Physical Therapy Program

We are excited to welcome you to the Doctor of Physical Therapy (DPT) program at the University of Pittsburgh! You are now part of one of the nation's most respected and accomplished physical therapy programs, a community where your growth, learning, and leadership are our highest priorities.

Here, you'll be guided by exceptional faculty, clinicians at the top of their fields, internationally recognized researchers, and Catherine Worthingham Fellows of the American Physical Therapy Association (APTA), who are passionate about mentoring you on your path to becoming a leader in the profession.

Your time at Pitt will be filled with opportunities to challenge yourself, expand your skills, and explore your interests. Through our strong partnerships with the School of Health and Rehabilitation Sciences (SHRS) and the University of Pittsburgh Medical Center (UPMC), including its renowned Rehabilitation Institute, you will have access to world-class clinical settings, cutting-edge research, and an inspiring network of professionals who are eager to support your success.

This is the start of an exciting journey. We're honored to be part of it with you.

About This Handbook

This handbook is to be the primary reference document regarding program specific policies and procedures for the DPT program. These policies and procedures will remain in effect for the duration of your time as a student in this program. As a member of the University of Pittsburgh Community, you are responsible for all University, SHRS, and DPT program policies and procedures. This handbook will be reviewed at least annually. Program policies and procedures may be modified or implemented at any time, with advance notice given. These policies apply to all courses offered by the DPT program and will not necessarily be restated in each individual course syllabus. You are responsible for reading and understanding the content within this manual and signing an acknowledgement. If you have any questions or concerns about the content, you are welcome to discuss the matter with the Program Director.

This handbook is a companion resource to be used along with the University of Pittsburgh [Graduate and Professional Studies catalog](#), [SHRS Graduate Student catalog](#), [SHRS Graduate Student Handbook](#), and the [SHRS Student Resource Hub SharePoint site](#) (Pitt Passport Required for access). These resources provide additional access and information about student debt and financial aid, academic calendar, University catalog, student services, and enrollment services.

Mission and Vision

Mission

The mission of the DPT program is to educate diverse, ethical, and evidence-driven physical therapists who advance clinical excellence, promote community health, and strengthen the profession through leadership, scholarship, and innovation.

Vision

By educating ethical, evidence-driven leaders and innovators, we aim to shape the future of physical therapy through academic excellence, scientific advancement, and the delivery of innovative, high-value care that enhances health and well-being.

DPT Program Relevant Contacts

Position or Role	Faculty/Staff Name	Email	Phone
Interim Chair	Sara Piva, PT, PhD, FAPTA	spiva@pitt.edu	412-383-6712
Interim Vice Chair for Administration	Tara Ridge-Hankin, PT, EdD	tmrst20@pitt.edu	412-383-6633
Vice Chair for Faculty Affairs	Patrick Sparto, PT, PhD, FAPTA	psparto@pitt.edu	412-383-6729
Vice Chair of DPT Education	David Wert, PT, PhD	dmw29@pitt.edu	412-383-5397
Vice Chair of Clinical Education	Hallie Zeleznik, PT, DPT	haz34@pitt.edu	412-383-2403
Director of DPT Education (Residential)	Allyn Bove, PT, DPT, PhD	allyn.bove@pitt.edu	412-624-9255
Director of DPT Education (Hybrid)	Will Pitt, PT, DPT, PhD	will.pitt@pitt.edu	412-383-2454
Director of Community Engagement	Bonnie Virag, PT, DPT, OCS, ATC, MA	bonnie.virag@pitt.edu	412-383-4757
Director of Interprofessional Education	Victoria Hornyak, PT, DPT, GCS	vhornyak@pitt.edu	412-624-1026
Director of Clinical Education	Janet Jackson-Coty, PT, DPT	jmj99@pitt.edu	412-383-9901
Clinical Education Coordinator	Mark Malacarne, PT, DPT	mark.malacarne@pitt.edu	412-383-4755
Clinical Education Program Manager	Alison Bank, MS	alb629@pitt.edu	412-383-6985
Student Services Coordinator	Qadeerah Robinson	Qar5@pitt.edu	412-648-9093
Human Resources and Operations Manager	Lauren Lagana	lmb111@pitt.edu	412-383-2184

For an extensive list of contacts check the [PT Department website](#)

SHRS Relevant Contacts

Position or Role	Name	Email	Number
Director of Student Services, Registrar	Kellie Beach	kbeach@pitt.edu	412-383-6554
Assistant Registrar	Lori Kieffer	lak103@pitt.edu	412-383-6551
Director of Admissions	Lauren Panetti	lep1@pitt.edu	412-648-0658
Executive Director of Student Affairs, Ombudsperson	Jessica Maguire	jessica@ombud.pitt.edu	412-383-6557
Student Support Coach	Georgie Wilkins	gbw12@pitt.edu	412-383-2577

For an extensive list of contacts check the [SHRS website](#)

University Nondiscrimination Statement

The University of Pittsburgh, as an educational institution and as an employer, values equality of opportunity, human dignity, and racial/ethnic and cultural diversity. Accordingly, as fully explained in Policy 07-01-03, the University prohibits and will not engage in discrimination or harassment on the basis of race, color, religion, national origin, ancestry, sex, age, marital status, familial status, sexual orientation, gender identity and expression, genetic information, disability, or status as a veteran. The University also prohibits and will not engage in retaliation against any person who makes a claim of discrimination or harassment or who provides information in such an investigation. Further, the University will continue to take affirmative steps to support and advance these values consistent with the University's mission. This policy applies to admissions, employment, access to and treatment in University programs and activities. This is a commitment made by the University and is in accordance with federal, state, and/or local laws and regulations.

For information on University Institutional Engagement and Wellbeing programs, please contact: University of Pittsburgh, Vice Chancellor for Institutional Engagement and Wellbeing Clyde Pickett Ed.D., 31st Floor, Cathedral of Learning, 4200 Fifth Ave. Pittsburgh, PA 15260, (412) 648-7860.

Learning Spaces & Resources

Department of Physical Therapy - Bridgeside Point I

The Department of Physical Therapy and the Doctor of Physical Therapy (DPT) program are located at Bridgeside Point I (BSP), along Technology Drive in south Oakland. The building is secure and requires a registered access badge to gain entrance to all spaces. The building is accessible 24 hours a day, 7 days a week, and has a security guard in the main lobby from 7 AM to 7PM, Monday- Friday.

The PT program, located on the 1st and 2nd floor, has more than 8,000 square feet of instructional space that includes two classrooms, three clinical labs, and storage space. The Student Commons area located on the 1st Floor is comprised of two quiet study areas, a lounge with flexible seating and an equipped kitchenette.

The Student Business Center has 1 printer, 1 copier, 1 scanner and a centralized mail area. Mailboxes are assigned to all residential students in the DPT program and are located on the 1st floor of BSP. Please note that it is the student's responsibility to check his/her mailbox regularly as they may be used for official Pitt, SHRS, Departmental, or personal correspondence.

The Anatomy Lab is located on the 3rd floor of BSP 1. DPT students will be in the Anatomy lab during the first term (Term 1) for the Anatomy lab portion of the course; they will also use the lab during the Neuroscience labs, which takes place during Term 3.

BSP: 100 Technology Drive, Suite 210, Pittsburgh, PA 15219

Department of Physical Therapy - The Box Office at Southside Works ("The Box")

Students engaged in the DPT Hybrid option participate in on-site laboratory immersion sessions twice a semester for each of the first 5 didactic terms of the program. The immersion sessions primarily occur at The Box located in the Southside works. The Box provides 23,000 square feet of instructional and meeting space for 2 cohorts of students to engage in immersion labs simultaneously. The learning spaces provide adequate room for all required equipment, students' personal belongings, as well as general study and social gathering area. The building is secure and requires registered access through the ProdataKey app, which will be given before the start of the first fall term immersion. Learning spaces will be available to students during the designated immersion dates from 7:00 AM – 9:00 PM.

The Box: 425 Cinema Dr, Pittsburgh, PA 15203

Health Sciences Library System

The [Health Sciences Library System \(HSLs\)](#) at the University of Pittsburgh offers a wide array of information services, educational opportunities, and resources in print and electronic format to faculty, students, and researchers in the schools of the health sciences (Medicine, Dental Medicine, Pharmacy, Nursing, Health and Rehabilitation Sciences, and Public Health).

PITT/SHRS Technology Resources

[Health Sciences Information Technology](#) is the point of contact for IT solutions for SHRS. Services provided include support for students, faculty and staff in the areas of academic computing, administrative systems, development services and support solutions.

Health Sciences IT can be contacted at help@hs.pitt.edu.

Please reference the [IT Resources for Pitt Students](#) page for detail regarding Student Technical Services.

Parking & Transportation

Bridgeside Point I

Parking is available in the Bridgeside Point 1 parking lot across from the Hot Metal Bridge along 2nd Avenue. The rate for a monthly parking account is \$65 per month. The parking lot is not managed by the University of Pittsburgh or the Department of Physical Therapy. If you have any questions about rates, registration or managing your account please contact bridgesidepoint1parking@collabRE.co or call 404-214-6914.

Register for parking:

1. Visit www.bridgesidelabs.com/onsite-parking
2. Select "Monthly Parking Registration" which will take you to the Zephyre Online Parking Registration Portal
3. Select "Bridgeside Point 1 lot" and complete the steps to sign up for parking.

The Box

Street parking and discounted garage parking are available. Students attending DPT events at the Box (including immersions, orientations, Scully, and other program activities) are eligible for discounted parking at the Hot Metal, Furnace, Open Hearth, and Ladle garages.

During eligible events, parking is available for a flat rate of \$8 for up to 15 hours (additional hourly charges apply after 15 hours). To receive the discount, park as usual, scan the QR code posted at the Box, and enter the requested information. The Metropolis Parking system uses license plate recognition, and the discounted rate will automatically be applied when you pay upon exiting.

Please note that the discounted rate is only valid during DPT events that have been registered with Metropolis Parking. Parking outside of these designated event times will be charged at the standard garage rate.

Parking on Campus

If you are on the main Pitt campus regularly, you can find hourly and daily rates at the University's OC, OH, PH, SN, and SO lots. Short-term metered parking is available at more than 115 meters in the BQ, LC, PS, RA, SN, SR, and SQ lots. The Oakland neighborhood is also home to several private and city-owned parking facilities. Use [this list](#) to guide you.

Public Transportation

Students, faculty, and staff may ride all Pittsburgh Regional Transit (PRT) using the [Ready2Ride](#) app. This mobile ticketing app allows riders to access and use transit passes directly from a smartphone. Even if you're not a daily transit user, download and set up the app early. It takes 24 hours for the system to update and grant access to your monthly pass. The app is now available for download through the App Store and Google Play. [Contact Panther Central](#) for support with app setup or troubleshooting.

Shuttles are available for transport between main campus and BSP. These usually operate Monday- Friday from 7 AM to 7 PM. For the shuttle schedule see: <http://www.pittshuttle.com/>

Wellness & Support Resources for Students

If you are in an emergency situation where danger is imminent and immediate help is required, call 911 or the Pitt Police at 412-624-2121.

Health Services (Residential Students)

Students in the DPT Residential option should seek out care from the [Student Health Service \(SHS\)](#) on the main campus, while those in the DPT Hybrid option should contact their local provider. The SHS is a primary care facility that features a health care clinic and pharmacy staffed by medical doctors, nurses, nurse practitioners, a pharmacist, and other health care professionals. Students in the DPT Residential option pay a student health fee each semester that gives them access to SHS, which also provides a comprehensive array of educational programs and preventative medicine, including women's health services. SHS is located in the Wellness Center in Nordenberg Hall at 119 University Place and the number is 412- 383-1800. The Wellness Center in Nordenberg Hall at 119 University Place and the number is 412-383-1800.

Health Services (Hybrid Students)

As an online student, you benefit from reduced fees, which helps lower your overall costs. However, this does mean that access to some on-campus resources and facilities may be limited.

If you have a medical emergency call 911 or visit the nearest emergency department.

If you become sick - not a medical emergency - seek care by a healthcare professional. Below is a selection of facilities near Bridgeside Point and the Box at Southside Works.

- Urgent Care in Bloomfield - GoHealth
5201 Baum Blvd
Pittsburgh, PA 15224. Phone: 412-330-1704

Convenience Stores/Pharmacies

- CVS: 3422 Forbes Avenue 412 - 687-4181
- Giant Eagle Pharmacy: 2021 Wharton St 412-488-1802

Students Injuries

If a student sustains an injury during academic endeavors or University-related events, follow the University guidance ([Injuries | Office of Public Safety & Emergency Management](#)):

Medical Emergency:

- If on campus and emergency medical attention is needed, immediately call Pitt Police at **412-624-2121**.
- If the student is at a distant site for didactic or clinical education, the student should seek emergency care at the nearest emergency department or contact emergency medical services that support their location (e.g., **call 911**).

Non-emergency Care:

- For residential students, contact Student Health Services (address in SHS section above- Phone 412-383-1800). If SHS is closed and you need care, seek care at the nearest emergency department.

- For hybrid students, follow recommendations by your health insurance provider or seek care at the nearest urgent care facility or emergency department.

After treatment:

- Submit [Pitt's Incident Report Form \(PDF\)](#) to Pitt EH&S at safety@pitt.edu
 - If the accident involved a "Sharp" such as a needle or scalpel, also submit a [Sharps Injury Report \(PDF\)](#).

The student is responsible for communicating injuries to their Program Director. All injuries sustained during university-related activities should be reported to the Office of the SHRS Dean before the end of next business day. If emergency medical attention was required, the chairperson's office should promptly notify the responsible dean's office and the Office of the Dean of Students at 412-648-1006.

Financial Responsibility - Any expenses occurring from any injury during any educational activity will be the financial responsibility of the student, to be paid directly by the student or any applicable insurance policy that the student owns, according to plan coverage.

Mental Health Resources (Residential Students)

[University Counseling Center \(UCC\)](#) services are provided by a multidisciplinary staff of licensed mental health professionals including clinical social workers, professional counselors, psychologists, and advanced graduate trainees in various mental health disciplines. Residential students pay a Wellness Fee that covers access to UCC services. The UCC operates according to a short-term treatment model and does not include specialized or longer-term care. The UCC will assist in connecting the student to community resources and providers for needs outside of its scope of service.

Pitt Counseling Center Hours & Location	Nordenberg Hall - Wellness Center 2nd floor - 119 University Place, Pittsburgh, PA 15260 Phone: 412-648-7930
Virtual Hours:	Monday & Thursday: 8:30 AM - 8:00 PM
Virtual Drop-in Hours	Monday-Friday: 9 AM - 4 PM Friday: 8:30 AM - 5 PM
After Hours Support	UCC Mental Health Crisis Response: 412-648-7930 x1

Mental Health Resources (Hybrid Students)

As an online student, you benefit from reduced fees, which helps lower your overall costs. However, this does mean that access to some on-campus resources and facilities may be limited. The hybrid students have access to UCC clinicians that will meet the students virtually for in-the-moment crisis (if safety is a concern). UCC Mental Health Crisis Response: 412-648-7930 x1. If additional services are required beyond the initial "in-the-moment crises", UCC will assist the student in identifying appropriate resources for ongoing support.

Additional mental health support **for all students** include [ThrivingCampus](#) and [Togetherall](#). ThrivingCampus is an online directory for Pitt students to access a list of off-campus, licensed mental health clinicians, who provide outpatient services for students. Togetherall, a free and anonymous peer-to-peer online community specifically for mental health and well-being concerns. Togetherall is available 24/7 and is monitored by trained clinicians.

Optional Health Insurance Policies/Plans

Students who wish to purchase Medical, Dental, or Vision Insurance. Information about student health coverage through the university is available on [Student Health Plans | Human Resources | University of](#)

[Pittsburgh](#). This guide has information about urgent care and emergency department fees: [2025-26 StudentSummaryGuide](#).

Medical Insurance is through UPMC Health Plan. Hybrid students should confirm coverage in their area of residence prior to enrolling in a Medical Insurance Plan with UPMC Health Plan.

Care and Resource Support Office

The Care and Resource Support Office is dedicated to addressing a wide variety of student needs. Students lacking financial resources to engage in support, connect to the [Care and Resource Support](#) (CRS) team to learn about Pitt Pantry, Thriftsburgh, Emergency Assistance Fund, and to work with a care manager/advocate. Care Managers educate and connect students to a variety of campus and community resources to help them meet their needs.

Office of Institutional Engagement & Wellbeing

This [office](#) provides leadership and resources, and partners with units and campuses to create welcoming environments that enable everyone to succeed. The office encompasses the areas of Disability Access & Accommodations (Disability and Resources and Services), Civil Rights & Title IX, and Sexual Violence Prevention and Education.

Disability Resources and Services

We are committed to promoting equal access to students, faculty, and staff with disabilities. Disability is an important aspect of our community. [Get Started with DRS](#). DRS is located at 140 William Pitt Union, 3959 Fifth Ave. Pittsburgh, PA 15260, 412-648-7890, drsrecep@pitt.edu.

If you are seeking disability-related accommodation, it is recommended that you first contact your Program Director to discuss your needs or concerns so you can be directed to the appropriate service and/or resource. After this meeting, initiate the accommodation process with Disability Resources & Services (DRS), ideally no later than the second week of the term.

Once DRS completes its review and issues written recommendations, DRS will direct you to share the DRS accommodation documentation with the Program Director and the relevant course instructor(s) so your accommodation can be implemented. Students will be asked to provide documentation of their disability and any necessary accommodation as prescribed by DRS.

Medical Malpractice - Professional Liability

The University of Pittsburgh Risk Management purchases a "blanket" policy that provides malpractice/medical and professional liability coverage for all students for activities under the program curriculum. The coverage does not require individual student names - it is "blanket" and covers all (like a blanket!). Fee is included at registration. [Medical Malpractice Policy Information | Risk Management | University of Pittsburgh](#).

Office of Veterans Services

Veterans and dependents of disabled or deceased veterans may be eligible for benefits according to federal administration guidelines. The [office](#) is located at 1440 Wesley W. Posvar Hall, 230 South Bouquet St., Pittsburgh, PA 15260, 412-624-3213, veterans@pitt.edu. For additional information on Veterans Education Benefits, visit www.gibill.va.gov.

Security Statement

The University of Pittsburgh Department of Physical Therapy is committed to providing a safe and secure

environment for all students, faculty, and staff. You are expected to protect your personal information, respect the privacy of others, and use University systems responsibly. This includes safeguarding your login credentials, following campus and department safety procedures, and promptly reporting any suspicious activity or security concerns to the University Police, the IT Help Desk, or the Department of Physical Therapy administration. By working together and following these guidelines, we can maintain a secure, welcoming community where everyone can learn, collaborate, and thrive.

SHRS link: [Safety | Pitt SHRS](#)

SHRS Student Resource Hub

The SHRS Student Resource Hub is a wonderful resource for enrolled students. You can find answers to your questions, connect with valuable resources and contacts, and enhance your experience at SHRS. Pitt Passport is required to access this site. Whether you're seeking academic guidance, professional development, or support for your wellbeing, the student hub will help you thrive. Specific content available at this site includes but is not limited to: Ombudsperson access; community engagement; policies, procedures and handbooks; professional development and student engagement; student services & registrar; wellness; calendars & events; maps & locations; safety & emergency; and academic success, study and financial resources, and suggestions box.

SHRS link: [SHRS Student Resource Hub](#)

Student Support Coaches

All students are provided the unique benefit of being matched with a program support coach, who works alongside program faculty and staff to contribute to students' success. These coaches help students with:

- Transitioning to graduate school
- Connecting to campus resources
- Navigating academic challenge
- Time management, organization and study skills

As members of the [Center for Academic Advising and Student Success](#), the support coaches also host workshops and events to contribute to SHRS students' development and success in a variety of areas.

Policies, Procedures and Standards

Technical Standards Required for the DPT Program

To succeed in the Doctor of Physical Therapy (DPT) program and meet entry level expectations of the profession, you must be able to perform the essential functions described below, with or without reasonable accommodation. These functions reflect core skills of the profession and are grounded in contemporary practice expectations, including the American Physical Therapy Association (APTA)'s Standards of Practice, Code of Ethics, and Core Values.

The University engages in an individualized, interactive process with Disability Resources, consistent with the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act, to determine reasonable accommodations that support access without imposing an undue burden or fundamentally altering the program or the evaluation of your own essential skills. Examples are illustrative, not exhaustive; they show typical academic and clinical tasks and settings.

The DPT curriculum requires you to communicate effectively in the program's language of instruction (English); observe and interpret clinical information; demonstrate motor coordination and endurance

sufficient for safe patient care; apply sound clinical reasoning; and uphold professional behaviors consistent with ethical, patient centered practice. Where appropriate, auxiliary aids and assistive technologies may be used so long as they do not compromise essential skill assessment.

Other program requirements, such as immunizations, background checks, cardiopulmonary resuscitation (CPR), site specific onboarding, and any travel/placement expectations, are provided separately in admissions and clinical education materials and are not themselves technical standards. We encourage you to review these standards early and contact Disability Resources with any questions about potential accommodation.

Essential Functions & Illustrative Examples

1) Communication

Essential function: Communicate effectively, timely, and professionally in English (the program's language of instruction) across academic and clinical settings.

Examples:

- Obtain histories; explain examination findings and plans of care; provide education using plain language and teach back.
- Document accurately in electronic health record (EHR)/electronic medical record (EMR) systems and complete required academic and clinical records within expected timeframes.
- Use professional, culturally responsive verbal, nonverbal, and written communication with patients, families, interprofessional teams, and the public.
- Interpreter collaboration: When appropriate, work effectively with qualified medical interpreters while demonstrating your own competent patient-care communication.
- Use auxiliary aids/assistive technology (e.g., Communication Access Realtime Translation (CART), amplification, speech to text) where appropriate and permitted, recognizing limits when direct assessment of your own communication competence is essential.

2) Motor Function & Mobility

Essential function: Perform and/or direct safe patient handling and mobility (SPHM) and physical therapy interventions that require gross/fine motor control, coordination, and endurance across a typical clinical day.

Examples:

- Provide safe manual assistance/guarding during transfers and gait (level/uneven surfaces, ramps, stairs); position patients and equipment; perform manual therapy techniques.
- Demonstrate body mechanics consistent with SPHM practices, using team assistance and/or mechanical devices as indicated by site policy to ensure patient and self-safety.
- Set up and operate common physical therapy (PT) equipment; move efficiently between learning spaces and clinical areas; sustain participation in labs/clinics with rest breaks typical of clinical schedules.
- *Context note:* Clinical education may require assisting with transfers, repositioning, and gait training in varied environments. Students must be able to accomplish these tasks safely using contemporary, evidence-based SPHM methods.

NOTE: The program emphasizes functional task performance (safe completion of SPHM tasks) rather than fixed lifting numbers. Requirements may be met with or without reasonable accommodation and in accordance with available resources (e.g., lifts, transfer devices, team assistance).

3) Sensory/Observation

Essential function: Obtain information needed for examination and intervention through observation and other senses.

Examples:

- Visual: posture, skin integrity/color changes, movement quality, device fit, environmental hazards.
- Auditory: auscultation (heart/lung), alarms, patient cues in noisy environments.

- Tactile/proprioceptive: palpation, joint mobility testing, manual muscle testing, tissue assessment (applying graded pressure safely).
- Alternative observation methods: Use of amplified/electronic stethoscopes, magnification/contrast tools, or real-time captioning where consistent with valid assessment of your skills.

4) Cognitive & Executive Function

Essential function: Acquire, synthesize, and apply information for sound clinical reasoning and timely decision making.

Examples:

- Interpret histories, exam data, and outcomes; generate and test hypotheses; formulate diagnoses/prognoses; plan and adjust interventions.
- Read and interpret text, numeracy/graphs; follow protocols; prioritize tasks; manage time; seek and apply feedback; practice within legal/ethical boundaries.

5) Professional/Behavioral

Essential function: Demonstrate professional behaviors consistent with APTA ethics and core values; maintain composure and judgment in dynamic or stressful contexts.

Examples:

- Compassion, integrity, accountability; respect for patient rights, privacy, and dignity; ethical reasoning.
- Adaptability, receptiveness to feedback, conflict management, appropriate assertiveness, teamwork, and leadership as needed.
- Commitment to patient safety, inclusion, and culturally responsive care.

6) Safety, Environment, & Technology

Essential function: Maintain a safe environment and apply technology appropriately in academic and clinical care.

Examples:

- Adhere to infection prevention and safety protocols; recognize changes in patient status and initiate first response actions per site protocols (e.g., call systems, basic aid) while ensuring scene safety.
- Use digital tools (EHR/EMR, secure messaging, learning platforms, telehealth technologies) consistent with privacy requirements and site policies, complete documentation within expected timeframes.
- Identify environmental risks and implement mitigation strategies for self, patients, and others.

Notes & Disclosures

- Travel/clinical placement: The program discloses clinical education requirements and any potential travel expectations separately in admissions and clinical education materials to support planning. [DPT Student Handbook: Clinical Education]
- Program policies vs. essential functions: Health requirements, background checks, CPR, and other compliance items are program/clinical requirements and are communicated in admissions/handbook materials; they are not, by themselves, “technical standards.” [DPT Student Handbook: Clinical Education, SHRS Student HUB: Immunizations]
- Clinical site variability: Accommodations at clinical sites may vary due to factors such as safety considerations, available space, equipment, and site-specific policies, among other factors. While the program works closely with clinical sites to explore reasonable accommodation options, implementation may not always be possible. Additionally, even when accommodation can be made, they may not allow for the full achievement of the learning objectives required for clinical experience. Decisions regarding the feasibility of accommodations will be made collaboratively by program faculty and the clinical site, with the goal of ensuring a safe and effective learning experience. In some cases, this could affect the ability to complete a clinical education experience. [DPT Student Handbook: Clinical Education]

- **Process & accommodations:** Accommodations are determined through the individualized, interactive process with Disability Resources; they must not impose undue burden or fundamentally alter essential requirements or the evaluation of a student's own skills. [[University of Pittsburgh Disability Resources & Services](#)]
- **Assessment & evaluation tools:** The program uses the Clinical Internship Evaluation Tool (CIET) to evaluate clinical performance at midterm and final for each experience. [DPT Student Handbook: Clinical Education]
- **Public disclosure (CAPTE 5B):** This page is part of the program's required public information. It is linked from Admissions and Clinical Education pages for prospective and enrolled students. [[University of Pittsburgh Doctor of Physical Therapy Program](#), Admissions & Clinical Education tabs]

Essential Policies, Procedures and Standards for Academic & Professional Success

As members of this academic and professional community, all DPT students are expected to uphold a comprehensive set of policies and procedures that guide educational experience and professional development. These policies are structured across three levels, each building upon the other to ensure clarity, consistency, and relevance to students' time in the DPT program. While these policies and procedures originate from three sources- the [University of Pittsburgh](#), the [School of Health and Rehabilitation Sciences \(SHRS\)](#), and the DPT Program- all are fully applicable to DPT students.

Where possible, policies are summarized and linked to the appropriate website. DPT program-specific policies are included in full in the [Policy Appendix](#) of this handbook.

Academic Integrity

Students have the responsibility to be honest and to conduct themselves in an ethical manner while pursuing academic studies. Students have the right to be treated by faculty in a fair and conscientious manner in accordance with the ethical standards generally recognized within the academic community (as well as those recognized within the profession). Should a student be accused of a breach of academic integrity or have questions regarding faculty responsibilities, procedural safeguards including provisions of due process have been designed to protect student rights. Student and faculty obligations and hearing procedures related to Academic Integrity are further detailed in the SHRS Guidelines on Academic Integrity ([SHRS Guidelines- link](#)).

Academic Probation & Dismissal

Graduate students who have completed at least 9 credits and whose cumulative GPA falls below a 3.000 will be placed on academic probation and/or suspension and will receive written notification of this status. At this point it is the student's responsibility to meet with their advisor.

To be removed from academic probation, the student will need to achieve a cumulative GPA of 3.000 within their next two terms of enrollment. Failure to do so may subject the student to recommendation for immediate dismissal from the program by the Department Chair, in collaboration with the Associate Dean of Graduate Studies.

Students who fail to demonstrate progress toward meeting graduation requirements in a timely manner may be placed on academic probation or recommended for dismissal from the program by the Department Chair, in collaboration with the Associate Dean of Graduate Studies. SHRS reserves the right to terminate a student at any time for academic or other reasons.

Dismissal from the program is at the discretion of the SHRS Dean. Notwithstanding the foregoing, in the event it is not mathematically possible for a student to remediate their cumulative program GPA within their next two terms of enrollment, the student may be immediately dismissed.

A student may appeal their dismissal with the University of Pittsburgh Provost office.

Reinstatement

Reinstatement is not guaranteed. Students who have been dismissed from SHRS for academic reasons or who have not enrolled at SHRS for three consecutive terms must request reinstatement by contacting their program director ([SHRS Policy, SHRS Graduate Student Handbook- link](#)).

Attendance Policy

The DPT program Attendance Policy outlines expectations for students to regularly attend, be punctual for, and fully engage in all classes, labs, and clinical experiences, both in person and online. Engagement means active participation without multitasking and maintaining a professional learning environment. Absences must be requested using the Student Absence Request Form and fall into three categories: Type 1 (e.g., bereavement, religious observance), Type 2 (planned educational or personal reasons), and Type 3 (urgent, such as illness or emergencies). Each type has specific timelines and approval processes, and unapproved absences are considered unexcused, which may affect grades and professional standing. Excessive absences, whether excused or not, can delay program completion or result in disciplinary action. Students are encouraged to communicate early with the Program Director or faculty advisor if challenges arise (Program Policy –[See Policy Appendix](#)).

Community Member Involvement in DPT Learning Environments

The DPT program Community Member Involvement in DPT Learning Environments Policy establishes safety standards and behavioral expectations for student, faculty, and community members (anyone without a formal University of Pittsburgh affiliation) who participate in the DPT program through laboratory simulation experiences, case discussions, community engagement experiences, and other educational activities. The purpose is to ensure the safety, dignity, and well-being of community members and students; maintain clear informed consent and confidentiality protocols; define student professional conduct expectations when interacting with community members; clarify roles, responsibilities, and supervision requirements for faculty and students; and foster respectful, ethical partnerships that enhance student learning while protecting the rights and privacy of community members. This policy applies to all community members who voluntarily engage with DPT students and faculty in educational settings, whether on-campus or at community locations (Program Policy –[See Policy Appendix](#)).

Complaint Management Policy

The DPT program Complaint Management Policy explains how DPT students, faculty, staff, clinical partners, and the public can voice concerns or complaints about the program and how those concerns will be addressed. A complaint is defined as voiced or written dissatisfaction with services provided by the Department of Physical Therapy, while grievances follow University, SHRS, or Human Resources procedures depending on whether they involve students, faculty, or staff. Complaints are first addressed by the Chair or designee, with escalation to the Dean and then the Provost if unresolved. All complaints are documented, and complainants receive written follow-up, with updates provided until resolution. Helpful resources provided in this policy include but not limited to are link to [Provide Feedback for the Department](#), information about the [SHRS Ombudsperson](#) along with their function, and link to the University's [Pitt Concern Connection](#) is a centralized hotline that allows individuals to submit concerns directly and confidentiality. Concerns about DPT program compliance are directed directly to the Commission on

Accreditation in Physical Therapy Education (CAPTE) in their [Faculty and Program Resource page](#). At the University of Pittsburgh, retaliation, whether by Students or University employees, will not be tolerated. *(Program Policy – [See Policy Appendix](#).)*

Dress Code Policy

The DPT program Dress Code Policy outlines expectations for DPT students to maintain professional, safe, and respectful attire in all program activities, including classes, labs, clinical experiences, community engagement, special events, and all profession-related activities. Students must practice good hygiene, be well-groomed, and wear clean, and setting-appropriate clothing and footwear. Specific requirements apply to anatomy lab, clinical skills labs, professional practice, and special events, with cultural and religious attire welcomed if safe. Clothing that is unsafe, unprofessional, or offensive is not permitted, and site-specific dress codes must be followed. Violations may result in removal from activities and possible disciplinary action *(Program Policy – [See Policy Appendix](#).)*

Failure to Communicate Policy

Students should stay in regular communication with their academic advisor and faculty members. To facilitate this, DPT students are strongly encouraged to:

- Check their Pitt email daily. This includes terms when DPT students are in clinical education experiences.
- Inform their academic advisor, faculty, or department chair of difficulties that may impact their academic standing.
- Seek help as needed from faculty advisor, course instructors, and/or department leadership.
- Make and keep regular advising/registration appointments with their faculty advisor.

All correspondence between faculty/staff and students must be conducted using University of Pittsburgh e-mail accounts. No personal e-mail accounts are to be used. Therefore, students should ensure accessibility to their University e-mail account. Students should contact the [University Technology Help Desk](#) for questions and access issues related to their e-mail account.

Failure to Communicate definition - not responding to three (3) requests for communication from faculty or staff or failure to attend two (2) required meetings with faculty or staff. This applies to students who are enrolled or have not enrolled in a required term by the add/drop deadline.

Students should stay in regular communication with their academic advisor and faculty members. Faculty and staff are expected to respond to students in a timely manner and students are expected to respond to faculty and staff in a timely manner *(SHRS Policy, SHRS Graduate Student Handbook–[link](#))*.

Grading Standards

Letter Grade Scale

Point Scale	Grade	GPA	Graduate
99-100	A+	4.00	
90-98	A	4.00	Superior
89	A-	3.75	
88	B+	3.25	
80-87	B	3.00	Adequate
79	B-	2.75	
78	C+	2.25	
70-77	C	2.00	Minimal
69	C-	1.75	Failure

68	D+	1.25	
60-67	D	1.00	
59	D-	.75	
<59	F	0.00	

Grade Rounding Standard

To ensure consistent practice for calculating grades across all faculty in the Doctor of Physical Therapy program. Rounding of numeric grades will only be applied to final course grades. Grades within 0.5% of the next highest letter grade should be rounded up to the nearest percentage point.

Grade Course Options

LG – Letter Grade*
H / S / U – Honors / Satisfactory / Unsatisfactory
S / N – Satisfactory / Audit
LG and H / S / U – Letter Grade and Honors / Satisfactory / Unsatisfactory
LG and S / N - Letter Grade and Satisfactory / Audit

**When no grade option is indicated for a course by the department, letter grade is the only option*

No Quality Points

H – Honors (exceptional) completion of course requirements
I – Incomplete (due to nature of the course, clinical work, or incomplete research work in individual guidance courses or seminars.
N – Audit (noncredit)
R – Resignation (student resigned from the University for the term)
S – Satisfactory (satisfactory completion of course requirements)
U – Unsatisfactory (unsatisfactory completion of course requirements)
W – Withdrawal
Z – Invalid Grade (invalid grade reported)
** - no grade (no grade reported)

I Grade Policy

The I grade indicates work in the course for which it is assigned has ***not been completed due to the nature of the course, clinical work, or incomplete research work in individual guidance courses or seminars.*** It is to be assigned only to students who have been doing the regular work of the course but who need more time than the term allows to complete the course work.

Please refer to the SHRS graduate handbook for 26-27 for information on an Incomplete grade

(SHRS Policy, SHRS Graduate Student Handbook –[link](#)).

Leave of Absence

Under special conditions, graduate students may be granted **one** leave of absence. A **maximum leave of two years may be granted to doctoral students or one year to master's students.** If the degree requires summer enrollment, and you will not be enrolling, you must submit for a LOA.

Students can request a leave of absence by clicking on this link: [SHRS - Leave of Absence Request Link](#) and then selecting Graduate student new LOA Request. Once submitted your request will be forwarded to the advisor selected, then to the Associate Dean for Graduate studies and then to the SHRS Registrar for completion.

All questions regarding a LOA should be directed to Kellie Beach, Director of Student Services, SHRS Registrar at kbeach@pitt.edu

(SHRS Policy, SHRS Graduate Student Handbook –[link](#)).

Minimum Academic Standard

In addition to the university-wide regulations and standards detailed in the section on General Academic Regulations in the University Graduate Catalog, each student in SHRS is expected to be familiar with these school-specific regulations and academic standards:

- It is the student's responsibility to review their academic standing, to identify graduate program requirements and prerequisites for intended graduate program(s), and to monitor their completion.
- All required and prerequisite coursework must be taken for a grade, when letter grade option is

available, unless approved by the department chair/program director.

- Students must receive a grade of C or better in all courses required by their program curriculum.
- Students who receive a grade below a C in a required course must repeat that course and attain a grade of C or better to graduate (Note: University regulations state that a student may repeat any course in which a grade of B- or lower is received if an authorization to repeat the course is given by the student's adviser/faculty).
- All grades will remain on the transcript and be calculated into the GPA, unless or until a course repeat has been processed. After the repeat has been processed the credits will be removed, but the grade will remain on the transcript, although not factored into the GPA. A repeat flag will also be noted on the transcript.
- Students will not be permitted to register for a course until they attain a C or better in its prerequisites.
- Failure to receive an acceptable grade after the second opportunity to complete a required course may result in the student being dismissed from the program and SHRS (*SHRS Policy, SHRS Graduate Student Handbook* –[link](#)).

Practical Examination Policy

This DPT program policy outlines rules for DPT practical exams, including scheduling, conduct, retakes, and passing requirements. Exams occur during class unless excused; students may retake one failed exam and will earn a score of 70%. Unexcused absences or failing a retake result in course failure. Failure to pass retakes can delay clinical experiences or program progress. The policy ensures fairness, professionalism, and academic standards (*Program Policy* –[See Policy Appendix](#)).

Professional Behavior Policy

All DPT students at the University of Pittsburgh are expected to demonstrate professional behavior consistent with the American Physical Therapy Association's core values, Code of Ethics, and Guide for Professional Conduct across all academic, clinical, and professional activities. Failure to meet these standards may result in a Professional Behavior Plan, followed by Professionalism Probation if issues persist, with possible dismissal for unresolved concerns. The process includes faculty feedback, formal documentation, resources for improvement, and clear consequences. This policy complements the University's Student Code of Conduct, which addresses more serious violations (*Program Policy* –[See Policy Appendix](#)).

Social Media Policy

Social media is rapidly expanding, and new outlets are created every day. Professional organizations and ethical codes are often outdated given the rapid expansion of social media. It is essential that students and faculty remain aware and vigilant regarding the social media ethical challenges facing health professionals, clients, patients and students.

Students that participate in social media are responsible for maintaining a professional social media presence related to any SHRS educational activities. Some students may find it helpful to create separate professional and personal social media accounts in order to maintain appropriate professionalism.

We recommend that students consider the following prior to posting or sharing content on social media:

- Consider the audience and potential impact of your post or content shared before doing so.
- Assume anything that you post on social media can be made or viewed by any part of the public.
 - If you are sharing content and tagging Pitt's channels, assume that your content may also have a chance to be featured on these channels.

- An electronic post is often traceable, without an opportunity for removal.
- Employers often search social media to learn more about you prior to interviews or offered employment.
- Clients often search social media to learn more about you. Proximity based apps and social media post new challenges to maintaining professional boundaries between health professionals and clients or patients.

SHRS students must:

- Respect the ethical standards of the profession in carrying out his or her academic assignments.
- Comply with [HIPAA's social media rules](#).
- Read, review and follow the social media policy of your practicum or internship placement, if applicable. If not readily available, students who want to feature or highlight their internship must ask about the limitations and restrictions directly by their internship or practicum supervisors and should strictly follow those guidelines.
- Comply with School and [University academic integrity guidelines](#).
- Do not post or transmit *any* information or reference about your work with clients or patients.
- Do not post clinical encounters, clinical experiences or information that pertain to working with clients or patients.

Please note that boundaries on social media are no longer as simple as not 'friending' a client, professor or colleague on Facebook. For example, all contacts in your phone book can read your posts on Venmo without being friends on the app. It is difficult to predict the latest ethical problem or boundary that will arise with social media. Therefore, please remain aware and consult with faculty or supervisors on these important issues. Faculty may have to act upon any material that does not comply with current academic integrity guidelines, professional ethical standards or HIPAA policies.

(SHRS Policy, SHRS Graduate Student Handbook- [link](#).)

Written Examination Policy

The DPT program Written Examination Policy applies to all major written examinations throughout the DPT program, establishing rules for scheduling, student conduct, and academic integrity. All major written examinations occur during assigned class times or approved alternative times for excused absences, and students are expected to begin on time. There is no opportunity for retake or formal remediation of written examinations. Students must adhere to the SHRS Academic Integrity Policy and follow all examination rules, including prohibitions on unauthorized materials, devices, or assistance. Online exams require use of a camera, a private, distraction-free space, and a secure internet connection. Examination questions and answers are not automatically made available after testing; instructors will develop appropriate review plans. Violations of this policy may result in grade penalties and formal conduct notifications (*Program Policy –See Policy Appendix*).

Significant Conduct & Compliance Standards

This section summarizes the policies designed to maintain a safe, inclusive, and respectful educational environment. Many of these policies are also integral to the Student Code of Conduct. The [Student Code of Conduct](#) provides a set of expectations by which all Pitt students are required to abide. This is applicable to all DPT students' participation in all academic (lecture/lab/synchronous sessions/discussion boards, etc.), clinical, community-based, and professional-related activities (conferences, continuing education sessions, panel discussion, etc.) The policies summarized in this section are related to actions that are prohibited to

maintain a safe, inclusive, and respectful campus environment. Violations include, but are not limited to, illegal use of alcohol or drugs, physical or verbal abuse, harassment, hazing, property damage, disorderly conduct, and breaches of safety or University policies. Students and registered student organizations are also responsible for not aiding, abetting, or being knowingly present during such violations. Students are expected to review, understand, and comply with these expectations.

Consensual Relationships Policy

This policy pertains to the University's approach to consensual romantic or sexual relationships. This policy has been established to ensure that the University's educational and work environment is based on professional relationships in an atmosphere of mutual trust and respect. ([University Policy- link](#)).

FERPA: Access to and Release of Education Records

This policy affirms (i) the rights of Students to access Education Records and to ensure that those records are accurate; (ii) the rights of the University regarding the approval, denial, and charging for requests; (iii) the regulations and restrictions on Directory Information; and (iv) the requirements for the release of information, or access to Student Education Records by a third party and the conditions under which release or access may be permitted by University officials, all in compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA), also known as the Buckley Amendment. ([University Policy- link](#)).

Impaired Student Policy

This policy is designed to identify and adequately address the needs of students with impairment; enhance awareness among faculty and students of the typical characteristics of an impaired student to support early identification and intervention; protect patients from risks associated with care provided by an impaired student; promote educational programs and other methods of primary prevention to reduce the risk of impairment among all students; provide a fair, reasonable, and confidential mechanism for assessing a student suspected of being impaired, including the development of a plan to support the student's academic progress; and take administrative actions as necessary to ensure safety and uphold professional and academic standards. The University of Pittsburgh has developed resources to assist faculty and staff with helping distressed students including the [Faculty and Staff Guide to Helping Distressed Students](#). ([SHRS Policy, SHRS Graduate Student Handbook –link](#)).

Non-Discrimination Policy

This policy affirms the University of Pittsburgh commitment to nondiscrimination, equal opportunity, and affirmative action in admissions, employment, access to and treatment in University programs and activities, in accordance with federal, state, and local laws and regulations. The University of Pittsburgh, as an educational institution and as an employer, values equality of opportunity, human dignity, and racial/ethnic and cultural diversity. Accordingly, the University prohibits and will not engage in discrimination or harassment on the basis of race, color, religion, national origin, ancestry, sex, age, marital status, familial status, sexual orientation, gender identity and expression, genetic information, disability, or status as a veteran. The University also prohibits and will not engage in retaliation against any person who makes a claim of discrimination or harassment or who provides information in such an investigation. Further, the University will continue to take affirmative steps to support and advance these values consistent with the University's mission. ([University Policy -link](#))

Sexual Misconduct Policy

The University of Pittsburgh prohibits sexual misconduct, including harassment, violence, stalking, and exploitation, affecting the educational or work environment. This policy applies to all university community members and covers on- and off-campus conduct. The University is committed to preventing misconduct,

addressing complaints fairly, protecting confidentiality, and prohibiting retaliation. Training and resources support prevention and response, in line with legal requirements and related university policies. ([University Policy –link](#)).

Title IX Policy

This policy sets forth the University’s approach to addressing Sexual Harassment in accordance with the revised U.S. Department of Education’s Title IX regulations. This interim Policy is also in furtherance of the University’s commitment to fostering an environment that is free from sexual misconduct, including Sexual Harassment, consistent with the University’s obligations under applicable law. In support of that commitment, the University continues to take steps to increase awareness of such Sexual Harassment and eliminate its occurrence on campuses. Violations of the Student Code of Conduct may warrant inclusion of the Civil Rights and Title IX team in the Office of Institutional Engagement and Wellbeing. The team responds to reports of bias, ensures that policies and processes are followed, and provides critical education to reduce harmful incidents within our campus community. Bias incidents may include, but are not limited to, incidents of harassment, discrimination, and retaliation, as well as those related to sexual misconduct. ([University Policy –link](#)).

Other Relevant Policies, Procedures, and Institutional Requirements

Health Information Portability and Accountability Act (HIPAA)

This policy applies to all DPT students when they access, use, disclose, or create Protected Health Information (PHI) as part of their clinical education, research, or other University-affiliated activities. As future health care providers, DPT students must follow all HIPAA regulations to protect patient privacy and confidentiality. This includes adhering to University policies when working in settings or with information covered under HIPAA, whether on campus, at clinical sites, or through research involving PHI. ([University Policy –link](#)).

Research Integrity Policy

This policy applies to all allegations of research misconduct involving University faculty, staff, research associates, and trainees, and in certain cases, students. It ensures that any suspected misconduct in research conducted at or partly at the University is investigated fairly and thoroughly under the direction of the University’s Research Integrity Officer (RIO). In cases involving other institutions or external funding, the University will coordinate with appropriate parties to determine a collaborative investigation process. Allegations involving students are covered under this policy only if the research is externally funded or includes non-student respondents; otherwise, student cases are handled under their academic unit’s Academic Integrity Guidelines. Some matters may also be referred to other University oversight bodies like HRPO, IACUC, or COIC when appropriate. ([University Policy –link](#).)

University Community Standards Policies

These policies establish the standards of conduct applicable to university community members and visitors. These standards include policies not summarized in this document regarding topics such as bloodborne pathogens, copying copyrighted material, drug-free workplace and schools, harassment by telecommunication, smoking, and use of alcohol. Students are expected to review the applicable Community Standards Policies of the University. ([University Policies –link](#))

Ethical Commitments and Standards of Conduct - DPT Students

The [Code of Ethics for the Physical Therapy Profession](#) established by the American Physical Therapy Association (APTA) provide guidance and define the ethical expectations for the profession. The Code of Ethics establishes the ethical framework guiding the conduct of all members of the physical therapy profession throughout their careers, in all practice settings, and in all roles relating to patient and client management, consultation, education, research, and administration. The Code of Ethics also provides the public with ethical standards to which we aspire and for which we are accountable. Fundamental to the Code of Ethics is the obligation of the physical therapy professional to educate, enable, and empower the public to facilitate greater independence, health, wellness, and enhanced quality of life.

Physical therapists and physical therapist assistants strive for the highest standards of ethical conduct based on the core values of the profession and the ethical principles (respect for autonomy, beneficence, non-maleficence, justice, veracity, and fidelity) that are part of ethical action at all levels: individual, organizational, and societal.

The Standards of Conduct set forth in the Code of Ethics are used by the APTA Ethics and Judicial Committee to assess whether APTA members have engaged in unethical conduct. At all times the physical therapist maintains responsibility for all physical therapist services. The physical therapist assistant shall work in collaboration with and under the supervision of the physical therapist for select interventions when appropriate. **Student physical therapists have the responsibility to adhere to the Code of Ethics during their entire academic program under the guidance of faculty and supervising clinical instructors.**

1. Respect

Physical therapists and physical therapist assistants shall respect the inherent dignity and rights of all individuals.

Standards of Conduct:

- 1.1 Physical therapists and physical therapist assistants shall not discriminate against any person.
- 1.2 Physical therapists and physical therapist assistants shall protect patients' and clients' confidential information and not disclose that confidential information except as authorized by the patient or client or as permitted or required by law.

Aspirational Illustrative Examples:

- 1.A Physical therapists and physical therapist assistants shall strive to acknowledge and respect an individual's known identity and culture.
- 1.B Physical therapists and physical therapist assistants shall strive to recognize their explicit and implicit personal biases.

2. Integrity

Physical therapists and physical therapist assistants shall act with professional integrity and responsibility, and fulfill their respective legal and ethical obligations.

Standards of Conduct:

- 1.3 The physical therapist shall retain full responsibility for all physical therapist services provided under the provisions of the physical therapist's license, including all aspects of the evaluation and management of the patient or client.
- 1.4 Physical therapists and physical therapist assistants shall obtain ongoing informed consent after providing information that is understandable, honest, and necessary to allow the patient or client or their surrogate to make informed decisions about participation in physical therapist services or

research.

- 1.5 Physical therapists and physical therapist assistants having knowledge that, in their reasonable judgment, raises a substantial question as to whether a colleague is unfit to perform their professional responsibilities with competence and safety shall report this information to the appropriate authorities.
- 1.6 Physical therapists and physical therapist assistants shall address known illegal or unethical acts by physical therapy personnel or that affect physical therapist services.
- 1.7 Physical therapists and physical therapist assistants shall comply with applicable mandatory reporter laws for suspected cases of abuse, neglect, or exploitation involving children or vulnerable adults.
- 1.8 Physical therapists and physical therapist assistants involved in research shall comply with accepted standards governing the protection of research participants.

Aspirational Illustrative Examples:

- 2.A Physical therapists and physical therapist assistants shall strive to discourage misconduct by any physical therapy personnel or other health care professionals and make appropriate reports of known illegal or unethical acts, including verbal, physical, emotional, or sexual harassment.
- 2.B Physical therapists and physical therapist assistants shall strive to demonstrate integrity in their relationships with patients and clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public.
- 2.C Physical therapists and physical therapist assistants shall strive to ensure that they take appropriate action to address known illegal or unethical acts by physical therapy personnel or that affect physical therapist services, such as by speaking directly to the individual, consulting with mentors, or reporting the misconduct to a supervisor or relevant legal authority.

3. Accountability

Physical therapists and physical therapist assistants shall be accountable for making sound professional judgments and decisions within the scope of practice established by laws and regulations.

Standards of Conduct:

- 1.9 Physical therapists and physical therapist assistants shall not exceed their professional, jurisdictional, and personal scopes of practice and shall communicate with, collaborate with, or refer to a peer or other health care professionals when necessary.
- 1.10 Physical therapists and physical therapist assistants shall practice without impairment from substance misuse and without impairment from cognitive deficiency or mental illness that, even with appropriate reasonable accommodation, adversely affects their practice.
- 1.11 Physical therapists and physical therapist assistants shall comply with applicable local, state, and federal laws and regulations, including any duty to report when concerned about the safety of other individuals.

Aspirational Illustrative Examples:

- 3.A Physical therapists shall strive to demonstrate independent and objective professional judgment and make decisions in the patient's or client's best interests in all settings.
- 3.B Physical therapists shall strive to make professional judgments and decisions that are informed by professional standards, evidence, provider knowledge and experience, and patient and client values.

- 3.C Physical therapist assistants shall strive to make decisions in the patient's or client's best interests, in consultation with the physical therapist.
- 3.D Physical therapists and physical therapist assistants shall strive to be accountable for the accuracy and truthfulness of information they disseminate, including in the use of emerging technologies, such as social media and artificial intelligence.

4. Maintaining Professional Relationships

Physical therapists and physical therapist assistants shall respect the boundaries of professional, therapeutic, organizational, and personal relationships to promote a safe environment.

Standards of Conduct:

- 1.12 Physical therapists and physical therapist assistants shall not abusively exploit persons over whom they have supervisory, evaluative, or other authority (e.g., patients and clients, students, supervisees, research participants, and employees).
- 1.13 Physical therapists and physical therapist assistants shall not engage in any sexual relationship with any of their patients and clients, supervisees, or students.
- 1.14 Physical therapists and physical therapist assistants shall not harass anyone verbally, physically, emotionally, or sexually.
- 1.15 Physical therapists shall provide reasonable notice and information about alternative sources for obtaining care if the physical therapist terminates the provider relationship while the patient or client continues to need physical therapist services.

Aspirational Illustrative Examples:

- 4.A Physical therapists and physical therapist assistants shall avoid initiating or entering into sexual relationships with individuals over whom they have significant influence on patients' and clients' care decisions and should refer patients and clients to other providers if an existing close personal or sexual relationship with such a person might influence or impinge on the integrity of the relationship between the provider and patient or client.
- 4.B Physical therapists and physical therapist assistants shall strive to collaborate with patients and clients to empower them in making decisions about their health care.
- 4.C Physical therapists and physical therapist assistants shall strive to create an inclusive and civil work environment that strives to promote each colleague's sense of belonging.
- 4.D Physical therapists and physical therapist assistants shall strive to, as appropriate, encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.

5. Compassion and Trust

Physical therapists and physical therapist assistants shall be trustworthy and compassionate in addressing the rights and needs of patients and clients.

Standards of Conduct:

- 1.16 Physical therapists and physical therapist assistants shall provide the information necessary to allow patients and clients, or their surrogates, to make informed decisions about physical therapist services or participation in clinical research, including ensuring that information regarding the authorship of clinical documentation, patient education materials, publications, and presentations is truthful, accurate, and relevant.
- 1.17 Physical therapists and physical therapist assistants shall address barriers to communication and

comprehension with recipients of services, caregivers, students, and research participants.

Aspirational Illustrative Examples:

- 5.A Physical therapists and physical therapist assistants shall strive to demonstrate care and compassion in the provision of physical therapist services.
- 5.B Physical therapists and physical therapist assistants shall strive to be responsible and accountable for the use of respectful, accurate, and truthful written, verbal, and nonverbal communication in all forms, including social media.
- 5.C Physical therapists and physical therapist assistants shall strive to recognize the public trust placed in them as health care professionals and maintain professional responsibility when information is disseminated using current and emerging technologies, including but not limited to social media and artificial intelligence.

6. Responsible Business and Organizational Practices

Physical therapists and physical therapist assistants shall promote accountable and truthful organizational behaviors and business practices.

Standards of Conduct:

- 1.18 Physical therapists and physical therapist assistants shall provide information about their services that is truthful and accurate and shall not make misleading representations in any forms of communication, including billing.
- 1.19 Physical therapists and physical therapist assistants shall ensure that documentation for physical therapist services accurately reflects the provider, nature, and extent of the services provided.
- 1.20 Physical therapists and physical therapist assistants shall disclose any conflicts of interest and not permit any conflicts of interest to interfere with professional judgments and decisions.
- 1.21 Physical therapists and physical therapist assistants shall not, at any time, accept gifts or other considerations that influence or give an appearance of influencing their professional judgment and decision-making.
- 1.22 Physical therapists and physical therapist assistants shall fully disclose any financial interest they have in products or services that they recommend to patients and clients or to the public.
- 1.23 Physical therapists shall ensure that patients and clients are informed of their financial obligations prior to incurring charges so that shared decision-making can be incorporated into the treatment plan.
- 1.24 Physical therapists and physical therapist assistants shall not knowingly enter into or continue any employment or other arrangements that prevent them from fulfilling professional and ethical obligations to patients and clients.

Aspirational Illustrative Examples:

- 6.A Physical therapists and physical therapist assistants shall strive to provide relevant and truthful information to current and prospective patients and clients about the services to be provided.
- 6.B Physical therapists and physical therapist assistants shall strive to promote environments that support independent and accountable professional judgment as well as ethical and accountable decision-making.
- 6.C Physical therapists and physical therapist assistants shall strive to seek compensation that supports the provision of legal, safe, and effective physical therapist services.

7. Direction and Supervision

Physical therapists and physical therapist assistants shall provide appropriate and timely direction to and communication with anyone over whom they have legal supervisory responsibility.

Standards of Conduct:

- 1.25 Physical therapists shall ensure that all duties directed to other physical therapy personnel are congruent with the credentials, qualifications, competencies, and legal scope of practice or scope of work of the individual.
- 1.26 Physical therapist assistants shall provide physical therapist services under the direction and supervision of a physical therapist and shall communicate with the physical therapist when the patient's or client's status requires modification to the established plan of care.
- 1.27 Physical therapists shall exercise primary responsibility for the supervision of physical therapist assistants and support personnel.
- 1.28 Physical therapist assistants shall support and respect the supervisory role of the physical therapist to ensure quality of care and promote patient and client safety.
- 1.29 Physical therapist assistants shall take responsibility to communicate in a timely manner to the supervising physical therapist any areas in which they do not have the necessary level of knowledge and skill to practice safely and effectively.

Aspirational Illustrative Example:

- 7)A Physical therapists and physical therapist assistants shall strive to take responsibility to mentor learners in order to help the learners develop knowledge, skills, behaviors, and attitudes that will enable them to provide safe and effective care while embodying professionalism.

8. Professional Expertise

Physical therapists and physical therapist assistants shall enhance their expertise and competency through career-long acquisition and refinement of knowledge, skills, abilities, and professional behaviors.

Standards of Conduct:

- 1.30 Physical therapists shall recognize and practice within the limits of their skills and competence and refer a patient or client to another health care professional when it is in the best interests of the patient or client.
- 1.31 Physical therapists and physical therapist assistants shall practice consistent with accepted current standards of care.

Aspirational Illustrative Examples:

- 8)A Physical therapists and physical therapist assistants shall strive to develop and maintain competence and exercise appropriate care in using current and emerging technologies, including but not limited to social media and artificial intelligence.
- 8.B Physical therapists and physical therapist assistants shall strive to engage in professional development based on critical self-assessment and reflection on changes in physical therapist practice, education, health care delivery, and technology.
- 8.C Physical therapists and physical therapist assistants shall strive to evaluate the strength of evidence and applicability of content presented during professional development activities before integrating the content or techniques into practice, as appropriate to their professional roles.
- 8.D Physical therapists and physical therapist assistants shall strive to cultivate and support practice

environments that support professional development, career-long learning, and excellence.

- 8.E Physical therapists and physical therapist assistants shall strive to reflect on and take action needed to maintain their own physical, emotional, and mental health, and seek outside assistance when needed.

9. Societal Responsibility

Physical therapists and physical therapist assistants shall participate in efforts to meet the health needs of people locally, nationally, and globally.

Aspirational Illustrative Examples:

- 9.A Physical therapists and physical therapist assistants shall strive to provide resources to assist those who they believe are in harm's way.
- 9.B Physical therapists and physical therapist assistants shall strive to recognize and address the multiple determinants of health that impact an individual's ability to optimize their own health and shall strive to provide appropriate suggestions to patients and clients of available community resources.
- 9.C Physical therapists and physical therapist assistants shall strive to 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.
- 9.D Physical therapists and physical therapist assistants shall strive to recognize and respect the unique roles of other health professions and engage in interprofessional collaboration to meet the individual needs of people as well as improve access to appropriate services.
- 9.E Physical therapists and physical therapist assistants shall strive to provide pro bono physical therapist services or support organizations that meet the needs of people who are economically disadvantaged, uninsured, or underinsured.
- 9.F Physical therapists and physical therapist assistants shall strive to be responsible stewards of health care services and advocate for just utilization of those services, including taking action to reduce barriers to access.
- 9.G Physical therapists and physical therapist assistants shall strive to educate the public about the scope of practice and benefits of physical therapy as part of interprofessional collaborative practice to protect and advance the health and well-being of individuals, communities, and populations.
- 9.H Physical therapists and physical therapist assistants shall strive to be good stewards of limited resources and take action to avoid unnecessary waste of those resources.

Additional Professional Responsibilities of the Student

- Students are expected to attend, prepare for, and engage in all scheduled classes, laboratory sessions, and clinical experiences ([Class Attendance Policy](#)). Students in the hybrid option are expected to attend all immersion sessions and should plan their travel to and from the on-campus experience so as not to interfere with expected attendance to synchronous and/or immersion sessions.
- Students must be punctual both in the classroom and clinic and make productive and efficient use of all available learning experiences in the classroom and clinic.
- Students must demonstrate effective interpersonal skills by the ability to interact effectively with faculty, fellow students, patients, families, colleagues, other healthcare professionals, and the community.
- Students must demonstrate commitment to learning, ability to self-assess, identify their weaknesses, and

seek out learning opportunities through self-direction.

- Students must demonstrate teamwork by the ability to perform effectively as part of a team both in the classroom and clinic by showing respect for others, putting the goals of the team and/or patient above individual needs, supporting other team members, remaining flexible and responsive to change, and using proper manners.
- Students are assigned to a faculty member who will serve as their Faculty Advisor throughout the DPT program. Regular communication with the Advisor is recommended. If the student wishes, they may request a change in Advisor at any time in the program.
- Pitt Physical Therapy shirts (provided at the beginning of term 1) must be worn for all competency and practical exams.
- The Department of Physical Therapy requires current information for all students, including:
 - Name
 - Address
 - Telephone number
 - Emergency contact information

Students must advise the PT department of any changes to their personal information.

- The Administrator of Student Services in the Physical Therapy Department will coordinate course registration each semester. Before each registration period, an email will be sent to each class listing the core courses to be taken according to the DPT plan of study. The University of Pittsburgh Registrar's Office will then block register all DPT students when semester registration opens. Students are required to check their class schedule in PeopleSoft to make sure they are registered for all required courses. Additional information regarding this process can be found on www.shrs.pitt.edu under the student resource section.
- Students wishing to take an Independent Study are responsible for completing the appropriate form prior to registering for the Independent Study. This form must be signed by the supervising faculty and the student's faculty advisor.
- The Student Handbook must be signed and dated yearly.
- All incoming students to the University of Pittsburgh (graduate and undergraduate) must notify the Student Health Service (SHS) that they meet the immunization requirements of the University. In order to do this, go to the SHS website, review the immunization requirements, then download and complete the "Incoming Student Immunization Form".
 - Click on <http://www.studentaffairs.pitt.edu/shs/>
 - On the bottom of the page, click on "Student Immunization Requirements"
 - Review each topic in the sub menu, then click on "Student Health Services' Immunization Portal":
 - If you do not have the dates of your immunizations, you can have titers drawn and enter those values
 - It is okay to fill out demographic information and then upload a formal record of your immunizations with the electronic form if you prefer instead of filling out the dates.
 - The form does not have to be signed by a physician
 - As noted on the SHS site, you DO NOT have to send a formal record in the mail

Please note that you will need to complete this requirement before classes begin. Once you have submitted this form to the Student Health Services, please notify the PT Student Services Administrator, that you completed this requirement. All students should complete this action item by the last day of orientation.

Student Affairs Panel

The Student Affairs Panel (SAP) is a faculty body responsible for overseeing student support, conduct, and academic engagement. The composition of the SAP includes three core members (Hybrid Program Director, Residential Program Director and the Vice Chair of Clinical Education) and one faculty representative. The panel monitors and reviews student progress throughout the program.

SAP's responsibilities include, but are not limited to: implementing and enforcing departmental policies related to student affairs; serving as a point of contact for student-related issues requiring faculty oversight; monitoring student trends, concerns, and academic progress; and, in cases involving significant deviations from the standard plan of study (e.g., leaves of absence, academic standing concerns, or potential dismissal), providing formal recommendations to the Department Chair, who holds final decision-making authority.

SAP operates under the principles of confidentiality, objectivity, and neutrality. Student violations of academic or professional standards may result in referral to the panel, the development of improvement plans, and/or probation. Depending on the outcome of the review and severity of violation, the panel may recommend that the student be dismissed from the program.

Faculty Advisors

The advisor helps to guide the student's progress through the DPT program. The Faculty advisor will:

- Meet with the student throughout the duration of the program.
- Assist the student in the following: choosing and registering for electives, engaging in student leadership roles, participating in extracurricular/service activities
- Be available to the student on a regular basis.
- Meet with the student as needed to review academic progress; and discuss professional plans.
- Meet with the student upon his/her notification of probationary status.
- Assist the student with accessing academic/student-related/professional resources as needed.

DPT Student Advisee Guide

Purpose of Advising

The University of Pittsburgh Doctor of Physical Therapy (DPT) Student Advisee Guide supports the DPT program's mission to "provide an unparalleled supportive environment, free of barriers and disparities." Faculty advising plays an essential role in promoting your academic success, ensuring transparent communication, and fostering a collaborative and professional culture among students, faculty, and staff. Your active participation is critical to a successful advising relationship. This guide outlines your core responsibilities and expectations to help you maximize the benefits of the advisor/advisee relationship.

Advising Philosophy

Advising within the University of Pittsburgh DPT program is a collaborative, student-centered process that fosters academic success, professional growth, and personal well-being. Grounded in our mission to develop diverse, ethical, and evidence-driven physical therapists, the advising relationship is built on mutual respect, open communication, and shared accountability. Through proactive engagement, students are

supported in achieving their goals and becoming leaders in clinical excellence, community health, and professional advocacy.

Your Role in the Advising Partnership

As a DPT student, you are an active participant in the advising process. A strong advisor/advisee partnership is built on mutual respect, preparation, and consistent communication. The expectations below are designed to help you make the most of this relationship and contribute meaningfully to your academic and professional development:

- **Attend and Engage in Advising Sessions** - Although faculty advisors initiate the first outreach, you are responsible for attending and actively participating in all required advising sessions.
 - If you are on academic probation, you must attend advising sessions at the frequency recommended by your advisor and participate in any additional support sessions.
 - You may contact your advisor at any time to request a meeting beyond the required cadence.
- **Respond Promptly and Professionally** - When your advisor contacts you to schedule a session or address a concern, respond within 48 hours using a respectful, professional tone.
- **Be Prepared and On Time** - Arrive on time to each advising session and bring specific questions or discussion points. These may include academic performance, clinical experiences, time management, wellness, career goals, or personal concerns (see table below for suggested topics by term).
- **Maintain Ongoing Communication** - Be proactive in maintaining contact with your advisor, even outside of scheduled meetings.
 - If academic, personal, or professional challenges arise, reach out to your advisor as soon as possible to explore available supports.
- **Follow Through on Action Items** - Complete agreed-upon tasks from advising sessions and work collaboratively with your advisor to identify effective strategies and resources.
 - Act on feedback, meet deadlines, and take responsibility for your progress.
- **Engage Openly and Reflectively** - Advising is most effective when you share information honestly, take ownership of your development, and remain open to guidance and new approaches to problem-solving.

Expected Meetings Cadence

The following table outlines the expected advising meeting schedule and recommended topics by term. While recommended topics have been provided, you are encouraged to share your specific agenda items and topics of interest with your advisor.

Term	Term #	Format	Cadence/Discussion Topics
Fall	1	Face-to-face session	• Week 1-2 • Introductions • Share background, goals, concerns/needs ○ Faculty journey ○ Student journey/professional interests • Advisor/advisee roles and expectations • Share scholarship opportunity – Fall email from SHRS • Privacy (FERPA)

Term	Term #	Format	Cadence/Discussion Topics
Fall	1	Email or Face-to-Face (individual or group)	Week 4-5 (Midterm) • Review/update action items from prior session • Review academic standing & supports/resources • Discuss peer/faculty connection & networking • Discuss scheduling of self-care • Reminder for Community Engagement/IPE Activities.
Fall	1	Email or F2F	Week 13-14 (Pre-finals) • Review academic standing & supports/resources
Spring	2	Face-to-face session	Week 1-2 • Lessons learned from Term 1 • Review academic standing & support/resources • Discuss peer/faculty connection & networking • Suggest connecting w/ faculty to discuss similar clinical interests • REMINDER: importance of maintaining self-care • NEW: Discuss preparation for Clinical Education 1 (end of Term 2) • Inquire about Community Engagement interests (develop initial list of possible activities)
Spring	2	Email	Week 9-10 (Pre-finals) • Review/update action items from prior sessions • Review academic standing & support/resources • Discuss readiness for Clinical Education 1
Spring	2	Email	Week 14-15 (Midway through Clin Ed 1 – Clin Ed team to provide content) • Clin Ed check-in (use Clin Ed e-form provided by team) • Advisor check-in (quick reminder of availability if needed)
Summer	3	Face-to-face (individual or group)	Week 1-2 • Lessons learned from Term 2 • Follow up on first Clin Ed experience (what was learned/what would you do differently next time) • Review academic standing & support/resources • Community Engagement/IPE – review of activities completed and plans for additional engagement
			• Professional development (clinical interests and opportunities with state/national associations, leadership interests, research)
Summer	3	Email	Week 9-10 (Pre-finals) • Readiness for Clinical Education 2 (end of Term 3) ◦ Suggested content to review • Inquiry about the need for other support/resources • Discuss terminal Clin Ed interests

Term	Term #	Format	Cadence/Discussion Topics
Summer	3	Email	Week 14-15 Midway through Clin Ed 2 – Clin Ed team to provide content) • Clin Ed Check-in (use Clin Ed e-form provided by team) • Advisor Check-in (quick reminder of availability if needed)
Fall	4	Face-to-face	Week 1-2 • Lessons learned during Year 1 • Follow up on Clin Ed 2 experience ◦ Discuss any developing clinical interests • Review academic standing & associated resources • Review progress towards Community Engagement & IPE requirements ◦ Encourage to complete by end of Term 5 • Discuss professional development ◦ Engagement in professional activities/associations ◦ Clinical interests/residency ◦ Networking • Discuss goals for the final two terms
Fall	4	Email	Week 10-11 (Pre-finals) • Inquire about progress towards term goals • Inquire about progress towards prof development • Reminder: maintain self-care
Spring	5	Face-to-face (individual or group)	Week 1-2 • Review academic standing & support/resources • Updates on Community Engagement/IPE requirements • Discuss NPTE prep • Review Term 5 goals • Review Clin Ed 3 & 4 terminal placements • Prof Development ◦ NPTE dates to consider ◦ Employment considerations (resources – Pitt Commons used to share opportunities with Pitt DPT students)
Spring	5	Email	Week 13-14 (Pre-finals)
			• Progress towards Community Engagement/IPE • Readiness for Clin Ed 3 ◦ Suggestions for content/skill prep ◦ Discuss time management/scheduling for: ◦ Clinical hours ◦ PIP hours ◦ Comp Exam Prep hours • Professional Development (Pitt Commons/resume/job search)

Term	Term #	Format	Cadence/Discussion Topics
Summer	6	Email	Week 7-8 (Midway through Clin Ed 3) • Clin Ed Check-in (per Clin Ed team instructions) • Advisor Check-in ○ Progress with PIP ○ NPTE Preparation ○ Prof Development (Pitt Commons/resume/job search) ○ status of Community Engagement/IPE
Fall	7	Email	Week 7-8 (Midway through Clin Ed 4) • Clin Ed Check-in (per Clin Ed team instructions) • Advisor Check-in ○ Progress with PIP ○ NPTE Preparation ○ Reminder: submit materials to register for NPTE • Discuss date options for NPTE ○ Prof Development (Pitt Commons/resume/job search/interviews)

Changes to Advisor

In the event that a student's advisor is no longer able to serve in the advising role, a new faculty advisor will be identified and assigned. Any additional concerns that students recognize as requiring escalation should be relayed to the VC DPT Education/Program Directors, VC Clinical Ed/DCE/CEC, and/or Department Chair.

DPT Academic Program & Requirements

FALL – Term 1- Course Descriptions

PT 2229 Kinesiology and Introduction to Therapeutic Exercise (4 credits)

An introduction to the foundations of biomechanics, musculoskeletal tissue mechanics, and therapeutic exercise that will provide the basic principles underlying the analysis of normal and pathological human movement with applications to the musculoskeletal system.

PT 2030 Human Anatomy (6 credits)

In this course, systems and regional approaches to human anatomy are combined to study anatomical components and principles of function. The material you will cover in this course includes anatomy of the musculoskeletal, neural, and vascular systems of the extremities, head, neck, and trunk. You will participate in a Problem-Based Learning session and laboratory experience involving both prosection study of human cadavers and instructional palpation of living subjects.

PT 2201 Cardiopulmonary Physical Therapy 1 (4 credits)

In this course students will focus on examining the pathophysiology and management of individuals with cardiovascular and pulmonary disease with emphasis on the physiologic systems that support the performance of aerobic exercise and human movement. Specific attention will be given to the implications of

cardiovascular and pulmonary disease on physical therapy practice, and how to consider these implications when applying the principles of exercise prescription to healthy individuals and people with co-morbid chronic diseases. This course will also include an overview of EKG rhythm interpretation, cardiovascular and pulmonary diagnostic testing, lab value analysis, case analyses of cardiovascular and pulmonary assessment data, and instruction in vital sign assessment.

PT 2241 Patient Management 1 (3 credits)

This course provides an introduction to physical therapy assessment and intervention using a model of patient/client management as described in the Guide to Physical Therapist Practice. Using this model, common foundational skills of physical therapist practice will be addressed, from preparing for patient/client interaction, to examination and treatment skills. Topics include history and interview skills, body mechanics, and positioning of the patient/client. Students will develop skills in mobility training and activity progression using transfer techniques, gait training and basic manual wheelchair prescription. An overarching theme is the concept that empathy for the patient experience, combined with excellent clinical skills, creates expertise in caregiving, an essential quality in the physical therapy profession. At the completion of this course, students will have a solid framework for patient/client management that can be used across a variety of practice settings.

SPRING – Term 2 - Course Descriptions

PT 2060 Neuroscience (4 credits)

This course takes a systems-level approach to neuroscience, studying the structures and connections of the nervous system, with a focus on how these systems are integrated for the control of movement. Course work involves using research evidence that highlights the neural basis of movement and its application to clinical practice. Physical therapists, across practice settings, play a critical role in helping people function as independently as possible. The content presented in this course provides the foundation for students to make accurate movement system diagnoses, establish appropriate goals, and implement optimal interventions to achieve the best outcomes for all patients.

PT 2231 Musculoskeletal Physical Therapy 1 (6 credits)

PT 2231 provides an overview of the musculoskeletal causes and treatments of movement dysfunction related to the lower extremity. Synchronous, asynchronous and face to face immersions are used to develop competency in knowledge of pathomechanics, patient evaluation, clinical decision-making, treatment planning and implementation, and assessment of treatment outcome for patients with lower extremity musculoskeletal dysfunction.

PT 2040 Survey of Human Disease 1 (2 credits)

This course will introduce you to the pathophysiology, epidemiology, and functional implications of diseases that are most relevant to physical therapy practice. You will learn a systematic approach to identify clinical signs and symptoms, gain a basic understanding of medical diagnosis and treatment that are outside the scope of physical therapy practice, and identify conditions for which a medical referral is warranted. Emphasis will be placed on the relevance of comorbid conditions to the design and progression of a physical therapy plan of care and the anticipated impact of each condition on function, activity, and participation. Key medical terminology will be introduced to enhance interdisciplinary communication and ensure effective collaboration among healthcare professionals. Diseases/conditions that fall under the following categories will be covered in Survey of Human Disease I: Infectious Disease, Cardiopulmonary Disease, and Musculoskeletal Disease.

PT 2202 Cardiopulmonary Physical Therapy 2 (2 credits)

This course is a continuation of PT2201 Cardiopulmonary PT I with primary focus on physical therapy management of the cardiopulmonary patient throughout the continuum of care. The primary goal is to develop competency in the assessment and treatment of cardiopulmonary dysfunction and pulmonary disease, and complex medical conditions will be introduced with an emphasis on principles of exercise prescription and patient safety. The material for this course is presented through in-person and asynchronous lectures and laboratories. Out of class work includes study and reflection, completion of the assignments, readings and review of assigned materials. Onsite laboratory sessions will develop requisite skills to apply or further enhance understanding of online materials.

PT 2281 Professional Development & Leadership 1 (2 credits)

This course is the first in a series of three that examines the professional practice of physical therapy. The content focuses on professionalism, core documents (i.e., PT Code of Ethics, APTA Core Values) regulatory agencies governing practice, standards of conduct, and state practice act(s). In addition, it introduces documentation, the health care industry, payers, and the continuum of care and how they relate to the physical therapy profession. Students will participate in a combination of in-class lectures, discussions, and group activities, supplemented by online learning. Learning will include exploration of APTA core documents and resources (e.g., the APTA Guide to Physical Therapist Practice) as well as a training video on the use of the University of Pittsburgh Clinical Internship Evaluation Tool. Physical Therapy Practice Acts for the various states will be discussed; issues that confront physical therapists and other healthcare providers in practice will be analyzed; patient issues related to communication and patient education will be discussed; and students will be introduced to documentation and billing.

PT 2141 Clinical Education 1 (4 credits)

Students will complete their first full time 6-week clinical education experience under the supervision of a licensed physical therapist. The student will be assigned to an inpatient or outpatient setting. By the end of the experience, students will be expected to reach the following benchmarks: Professional Behaviors: Student will be performing within the range of Supervision to Independent for all Professional Behaviors outlined in the Clinical Internship Evaluation Tool (CIET) while maintaining 25% of a full-time entry-level therapist's caseload. Patient Management: Student will be performing with guidance to supervision all Patient Management Objectives outlined in the Clinical Internship Evaluation Tool (CIET) while maintaining 25% of a full-time entry-level therapist's caseload.

SUMMER – Term 3 - Course Descriptions

PT 2045 Survey of Human Disease 2 (2 credits)

This course will introduce you to the pathophysiology, epidemiology, and functional implications of diseases that are most relevant to physical therapy practice. You will learn a systematic approach to identify clinical signs and symptoms, gain a basic understanding of medical diagnosis and treatment that are outside the scope of physical therapy practice, and identify conditions for which a medical referral is warranted. Emphasis will be placed on the relevance of comorbid conditions to the design and progression of a physical therapy plan of care and the anticipated impact of each condition on function, activity, and participation. Key medical terminology will be introduced to enhance interdisciplinary communication and ensure effective collaboration among healthcare professionals. Diseases/conditions that fall under the following categories will be covered in Survey of Human disease II: Musculoskeletal Disease, Neurologic Disease, and Systemic Disease.

PT 2232 Musculoskeletal Physical Therapy 2 (5 credits)

PT 2232 provides an overview of the musculoskeletal causes and treatments of movement dysfunction related to the lower extremity. Synchronous, asynchronous and face to face classroom and laboratory sessions are used to develop competency in knowledge of pathomechanics, patient evaluation, clinical

decision-making, treatment planning and implementation, and assessment of treatment outcome for patients with lower extremity musculoskeletal dysfunctions.

PT 2261 Neuromuscular Physical Therapy 1 (4 credits)

The first unit of this course provides a knowledge foundation for the principles that drive neurological rehabilitation, which will then be applied to the clinical management of specific neurologic diagnoses that are discussed throughout the course series. The students will be introduced to the structure of a PT neurological examination that can be applied when evaluating clients with neurologic diagnoses and disorders. We will focus on the Hypothesis-Oriented Algorithm for Clinicians (HOAC) framework for clinical decision making that will provide a foundation for client management. Information will be presented regarding motor behavior and motor control as it relates to normal and abnormal movement and function. Students will learn strategies to improve motor function and skill acquisition (motor control and motor learning) utilizing knowledge of recovery and neuroplasticity processes following an insult to the CNS. The second unit of this course will apply the foundational knowledge gained in unit 1, to the management of clients with vestibular and balance disorders. The anatomy, physiology and function of the vestibular system will be reviewed. We will provide an overview of the etiology, pathophysiology, and clinical manifestations of typical vestibular disorders. The students will learn to identify and describe common functional impairments, activity limitations and participation restrictions, which can be the result of a vestibular diagnosis. Students will learn evidence-based examination procedures used to evaluate clients with vestibular and balance disorders, based on current best practice. Students will use findings from clinical examination skills to establish a patient-centered, individualized plan of care. The role of the physical therapist in the management of patients/clients with vestibular and balance diagnoses and interventions to optimize function, activity and participation will be provided to optimize care.

Case studies and a problem-solving format will be used throughout this course.

PT 2282 Professional Development & Leadership 2 (3 credits)

This course is the second in a series of three that examines the environment and the conduct of the professional's PT practice. It will introduce the organization and management of physical therapy practice and healthcare providers consistent with the concepts of leadership, administration, management, and professionalism. The course will explore the role and expectations for management and leadership in care delivery, practice management, consultation, social responsibility, and advocacy. Students will expand their knowledge of practice management principles and essential functions. The internal and external environmental/industry forces which drive the delivery of health care today will be discussed. The course will explore effective teamwork dynamics, communication and conflict management strategies and styles. The course will also focus on advancing physical therapy practice by synthesizing knowledge about health care as an established social institution. The course will discuss the healthcare continuum with emphasis on the evolving healthcare delivery systems, associated issues/trends, and the implications. Students will explore and participate in the legislative process as advocates for comprehensive and efficacious access and delivery of health care services. Students will become familiar with principles and concepts related to global health as well as how to utilize evidence-based practice and professional organizations to advocate for population health and wellness.

PT 2242 Patient Management 2 (3 credits)

This course continues to explore the principles of patient /client management that were introduced in Patient Management 1. Several topics will be used to illustrate the patient/client management model with an emphasis on treatment strategies, including modalities; electrotherapy; the integumentary system and wound care; lymphedema and edema management; and finally, an introductory unit on Women's Health. The semester will culminate in a standardized patient experience which will focus on treatment planning using cases based on topics covered in several courses in the curriculum by exploring these concepts

through the primary literature, the presentation of management strategies, and various interactive classroom activities, students should be able to integrate all aspects of patient management, from preparation, to examination, diagnosis and treatment.

PT 2291 Evidence-Based Practice Physical Therapy I (2 credits)

This course integrates concepts of evidence-based practice and the necessary working knowledge of research methodology and statistics to thoroughly critique health science research as it relates to physical therapy. The course focuses on the appraisal of studies of intervention, systematic reviews, and meta-analysis.

FALL – Term 4 - Course Descriptions

PT 2243 Patient Management 3 (2 credits)

This course is the last in the Patient Management series. There are two major units: Amputations and Prosthetics and Management of Chronic Disease. Topics which emphasize the role of the physical therapist in successful recovery and long-term management include diabetes management, cancer rehabilitation, arthritis, and autoimmune disorders. Students will continue to practice examination, evaluation and treatment planning skills learned in Patient Management 1 and 2, while considering the self-management needs of patients and clients with these conditions. Using standardized patients, students will also participate in a formative assessment of their ability to guide patients in self-management skills.

PT 2262 Neuromuscular Physical Therapy 2 (4 credits)

This course will focus on the management of patients/clients with acquired neurologic injuries. The anatomy, physiology and function of CNS that are impacted with the diagnosis of cerebrovascular accidents (CVA), traumatic brain injury (TBI) and spinal cord injury (SCI) will be reviewed. We will provide an overview of etiology, pathophysiology, and clinical manifestations for each diagnosis. The students will learn to identify and describe the examination procedures used to evaluate the patients/clients with the above diagnoses, as well as establish a patient-centered, individualized plan of care. The students will practice the best current practices for assessment and treatment of the above neurologic diagnoses. An

emphasis of this course will be describing the role of the physical therapist in the management of patients/clients with the above diagnoses in terms of interventions to optimize function, activity, and participation across different health care settings.

PT 2255 Growth and Development (3 credits)

This course focuses on human growth and development from the prenatal period through adolescence. Theories of growth and development, the movement system and the movement continuum are reviewed. General principles of typical growth and development in the major movement systems are emphasized. Common pediatric diagnoses are used to illustrate atypical growth and development and to illustrate physical therapy management of these diagnoses using the patient/client management model and the ICF model frameworks. Identification of appropriate outcome measures and interventions will be emphasized.

PT 2059 Geriatric Physical Therapy (2 credits)

Ours is an aging population. Nearly all physical therapists will engage in geriatric physical therapy; outside of pediatric-specific settings, older adults present in every setting in which we provide treatment. At this stage of learning, students learned about cardiovascular diseases, neurological complications, musculoskeletal conditions, and more. Older adults often experience limitations in these systems simultaneously. Physical therapists must recognize what is normal in aging, what is common but pathological in aging, and how to modify the assessments and interventions previously learned in the face of multisystem interaction. Furthermore, as the course progresses, we will introduce contextual considerations of aging, such as social support, environmental factors, and the healthcare system. This course provides a holistic coalescence of previously learned information in the new context of aging. It also addresses population-specific information which will influence your future practice, such as elder abuse, aging in place, dementia, and Medicare. The geriatric physical therapy course prepares students for providing evidence-based physical therapy care to a unique and heterogeneous population.

PT 2028 Health and Wellness (1 credit)

This course examines health and wellness strategies and interventions across the lifespan, including the role of the physical therapist. Students will be able to identify and assess the health needs of individuals including screening, prevention, and wellness programs that are appropriate to physical therapy. Students will be prepared to promote optimal health within themselves, their patients and their community by providing information on wellness, disease, impairment, functional limitations, disability, and health risks related to age, gender, culture, and lifestyle.

PT 2283 Professional Development & Leadership 3 (2 credits)

This course is the third in a series of three (3) in which students will consider concepts learned in previous semesters specifically: rules, regulations, laws, payer requirements, accrediting agencies' quality and safety standards, corporate compliance programs, leadership and management principles, and the 'business' of rehabilitation. The students will apply and integrate the concepts learned into capstone team projects which reflect the spectrum of practice areas: inpatient (tertiary and community-based), outpatient, inpatient rehab, long-term acute, skilled nursing, home health, and specialty practice. It will be important for student teams to integrate the concepts of population health, community engagement, and social determinants of health in their final project proposals.

PT 2292 Evidence-Based Practice Physical Therapy II (2 credits)

This course integrates concepts of evidence-based practice and the necessary working knowledge of research methodology and statistics that is necessary to thoroughly critique health science research as it relates to physical therapy. This course builds on the information from Evidence-based Practice PT 1 and

focuses on the appraisal of studies that address problems of diagnosis and prognosis in physical therapy practice. In this course we will review evidence from primary sources (original research) and secondary sources (systematic reviews, meta-analysis and clinical practice guidelines) related to diagnosis and prognosis.

PT 2242 Clinical Education 2 (4 credits)

Students will complete their second full time 6-week clinical education experience under the supervision of a licensed physical therapist. The student will be assigned to an inpatient or outpatient setting. By the end of the experience, students will be expected to reach the following benchmarks: Professional Behaviors: Student will be performing within the range of Supervision to Independent for all Professional Behaviors outlined in the Clinical Internship Evaluation Tool (CIET) while maintaining 50% of a full-time entry-level therapist's caseload. Patient Management: Student will be performing with supervision for patients with complex presentations and independently for patients with familiar presentation for all Patient Management Objectives outlined in the Clinical Internship Evaluation Tool (CIET) while maintaining 50% of a full-time entry-level therapist's caseload.

SPRING – Term 5 - Course Descriptions

PT 2102 Pharmacology (3 credits)

This course covers the principles of drug action for drugs related to: central nervous, respiratory, gastrointestinal, renal/cardiovascular, and endocrine systems. The mechanism of action and use of antibiotics will also be covered. Students are provided with an overview of drug classifications, the physiological basis for their actions, and an examination of the synergistic and/or adverse effects to patients' rehabilitation goals

PT 2263 Neuromuscular Physical Therapy 3 (2 credits)

This course is a continuation of PT 2261 and PT 2262. The first part of the course will cover advanced assessment and management of cerebellar, neurodegenerative, and other neurological disorders. This course is designed to provide key steps in the patient management process for the above diagnoses. We will provide an overview of the etiology, pathophysiology, and clinical manifestations of each diagnosis. The medical management and framework for rehabilitation will be discussed. Students will learn to identify and describe the examination procedures used to evaluate the patients with the above diagnoses, establish a diagnosis, prognosis, and a plan of care.

Symptoms, typical functional limitations, reasons for referral to another practitioner, and treatment interventions will be discussed. An emphasis of this course will be describing the role of the physical therapist in the management of patients with the above diagnosis in terms of interventions to optimize function, activity, and participation. The second part of the course will focus on active reviews regarding the assessment and management of people with a vestibular disorder, acquired brain injury, and spinal cord injury among other disorders to prepare the student for a comprehensive practical as well as PT board exams and clinical practice. The course will culminate in a comprehensive practical examination to assess student knowledge on the PT evaluation and management of clients with neurological disorders to prepare them as entry-level clinicians.

PT 2079 Management of the Medically Complex Patient (1 credit)

This course will build upon materials presented throughout the curriculum and utilize case studies to examine the management of patient populations with multiple systems involvement across the lifespan, including illness, injury, impairment, functional deficits, and/or disability. A major focus will be placed on the development of students' clinical decision-making skills including the ability to screen, examine and develop and appropriate plan of care utilizing the ICF framework. The format of this course will include a case presentation with subsequent discussion in which students will be able to interact with clinicians and other students for the purpose of identifying evaluation and treatment strategies for managing the

medically complex patient. Students' clinical decision-making abilities will be assessed using case analysis, participation activities, and reflection.

PT 2293 Evidence-Based Practice Physical Therapy III (2 credits)

This course will focus on aspects of evidence-based practice related to quality and process improvement and its relationship to the process of care and outcomes management. There will be a focus on translating and implementing contemporary approaches to quality improvement into the clinical environment. Students will be able to develop mechanisms to gauge (1) compliance; (2) adherence to standards of care and (3) outcome assessment as the basis for assessment and improvement of clinical performance.

PT 2233 Musculoskeletal Physical Therapy 3 (4 credits)

This final course in the musculoskeletal series builds upon foundational knowledge of evaluation and treatment of movement dysfunctions across the spine and extremities. In the first part of the course, emphasis is placed on the elbow, wrist, hand, and temporomandibular joint, while reinforcing previously learned concepts. Students will advance their skills in pathomechanics, examination, diagnosis, prognosis, and intervention through lectures, labs, expert case presentations, and clinical reasoning exercises. The course incorporates movement and task analysis, ergonomic considerations, and outcome assessment to enhance evidence-based clinical decision making.

Students will be expected to demonstrate knowledge of musculoskeletal physical therapy as it pertains to the spine, the upper extremity, and the lower extremity (all previous and current MSK content). Competency is evaluated through written exams and a comprehensive oral practical.

SUMMER – Term 6 - Course Descriptions

PT 2143 Clinical Education 3 (8 credits)

This first of two 15-week full-time clinical experience is under the supervision of a licensed physical therapist. The student will be assigned to an inpatient or outpatient setting. By the end of the experience, students will be expected to reach the following benchmarks: Professional Behaviors: Student will be performing independently for all Professional Behaviors outlined in the Clinical Internship Evaluation Tool (CIET) while maintaining 75% of a full-time entry-level therapist's caseload. Patient Management: Student will be performing with supervision for patients with complex presentations and independently for patients with familiar presentation for all Patient Management Objectives outlined in the Clinical Internship Evaluation Tool (CIET) while maintaining 75% of a full-time entry-level therapist's caseload.

PT 2294 Evidence Based-Practice Physical therapy IV (1 credit)

This course is a continuation of the evidence-based practice series that will run concurrently with the student's terminal clinical education experience. In this course, students will utilize the PITT Manual of Evidence-

Based Practice to collect process of care and clinical outcomes data from patients managed by the student during Clinical Education III.

FALL– Term 7 - Course Descriptions

PT 2144 Clinical Education 4 (8 credits)

This is the second of two 15-week full time clinical experience under the supervision of a licensed physical therapist. The student will be assigned to an inpatient or outpatient setting. By the end of the experience, students will be expected to reach the following benchmarks: Professional Behaviors: Student will be performing independently for all Professional Behaviors outlined in the Clinical Internship Evaluation Tool (CIET) while maintaining 100% of a full-time entry-level therapist's caseload. Patient Management: Student will be performing with independence for patients with familiar and complex presentations for all Patient Management Objectives outlined in the Clinical Internship Evaluation Tool (CIET) while maintaining 100% of a full-time entry-level therapist's caseload.

PT 2295 Evidence Based-Practice Physical Therapy V (1 credit)

This course is a continuation of the evidence-based practice series that runs concurrent with the student's terminal clinical education experience. In this course, the student will analyze, summarize, and interpret the process of care and clinical outcomes data that were collected in PT 2294. Students will utilize this information to critically evaluate their clinical performance in comparison to their peers and/or the literature and to develop an individualized performance improvement plan.

Quality Improvement & Performance Assessment Project PT 2294-2295: Evidence-Based Practice IV-V

PT 2294-2295 are a series of courses in which the student will analyze his/her clinical performance by collecting and analyzing process of care and clinical outcomes data. Data will be collected for all patients managed by the student during a 15-week period of his/her final clinical internship. Students will utilize the database(s) developed in PT 2294 to record process of care and clinical outcomes data. The student will summarize their compliance with data collection.

In PT 2294, students will collect outcomes data for 15 weeks, from May through mid-August on all patients as the standard of care. Patients beginning treatment in August will be followed until the end of care.

In PT 2295, the data collected in PT 2294 will be analyzed to determine compliance with data collection, adherence to treatment guidelines and a summary of the outcomes achieved.

Compliance with data collection will be determined as the number of patients with complete outcomes and process of care data divided by the total number of patients treated. Adherence to treatment guidelines will be determined as the number of patients receiving the intervention divided by the number of patients for whom the intervention was indicated. The summary of clinical outcomes will include a summary of the patients at the start of care, end of care and change over the course of care in terms of relevant impairments, activity limitations and participation restrictions.

At the completion of the course, the student will submit a written summary that includes a description of the patients, compliance with data collection, adherence to treatment guidelines, summary of outcomes, a comparison of performance relative to other students and a plan to improve his/her own performance.

Particular emphasis will be placed on the student's critical analysis of patients that did not attain a

clinically meaningful improvement with the intent of improving future clinical performance. The performance improvement plan should address what would be done differently when applying this process in the future and a reflection on how the process of outcomes data collection and analysis contributes to evidence based practice and the student's future professional development. Group presentations at the end of the semester will be done to summarize the data for all students in the class and the results for the entire process.

Preparation for the National Physical Therapy Examination (NPTE)

The National Physical Therapy Examination (NPTE) is a key component of the evaluation process used by licensing authorities. The NPTE is administered by the Federation of State Boards of Physical Therapy (FSBPT). Individuals must pass the NPTE to become a licensed physical therapist in the United States. [FSBPT has extensive resources about NPTE](#), including preparation tips, information about what to expect on exam day, how to access results, and guidance on next steps if a candidate does not pass.

The DPT Program is dedicated to supporting students' development into exceptional clinicians, and successful completion of the NPTE is an essential milestone in that process. Through both academic and clinical coursework, students receive ongoing preparation for the examination. During Terms 5–7, this preparation becomes more intensive and is supplemented by structured activities, including but not limited to NPTE-style practice items that encourage reflection on areas of strength and areas for improvement, as well as opportunities to complete four practice examinations designed to build test endurance and familiarity, track progress, strengthen time management skills, and enhance overall readiness for the NPTE.

NPTE preparation is integrated into the Evidence-Based Practice course series. Completion of required NPTE preparation activities and performance on designated assessments will contribute to the overall course grade, in accordance with the corresponding course syllabi.

Community Engagement - MILESTONE

As part of their professional development, students will lead and participate in community engagement activities and community-based learning experiences throughout their time in the DPT program. These experiences may include ongoing or single-event opportunities with existing community partners through established programming. Students may also initiate new community partnerships based on identified needs within their local communities. The Director of Community Engagement, didactic course content, and centralized resources on the Canvas shell for DPT Community Engagement support meaningful and responsible student involvement. Participation in community engagement will provide opportunities for students to meet identified needs supporting the health and wellness of the communities where they live, learn, and work. Through these experiences, students will develop an enhanced understanding of social determinants of health while cultivating important skills and behaviors including advocacy, professionalism, cultural responsiveness, inclusion, empathy, and leadership

DPT Community Engagement Graduation Requirements:

All DPT students are expected to meet Community Engagement requirements, as established by the DPT program, listed on their cohort's central Canvas shell for Community Engagement, and communicated by the DPT Director of Community Engagement.

Students may complete greater than the required number of community engagement experiences at their discretion, pending good academic and clinical standing. All community engagement activities must meet DPT community engagement criteria, as detailed on the central DPT Community Engagement Canvas shell.

Students will complete reflective assignments on Canvas that summarize the outcomes of their community engagement experiences, describe the community impact, and share the influence it will have on their future practice as physical therapists. It is the student's responsibility to monitor their progress and plan their engagement accordingly throughout the program. Students with outstanding Community Engagement requirements within 1 term prior to their cohort deadline should meet with the Director of Community Engagement to establish a plan for achieving DPT program goals and may be issued a professional behavior plan.

Students must complete all required Community Engagement experiences, inclusive of Canvas reflection assignments, by their cohort-specific deadline.

- DPT Class of 2026: November 23, 2026
- DPT Class of 2027: End of Term 5
- DPT Class of 2028: End of Term 5

This milestone and its associated requirements will be further communicated by the Director of Community Engagement at the beginning of the program; it will also be displayed on the central Canvas shell for DPT Community Engagement. Failure to meet the required Community Engagement expectations by the defined deadline may result in delayed graduation. For additional information and resources to help students achieve program expectations, students are encouraged to visit the central Canvas shell for DPT Community Engagement, seek guidance from faculty advisors, or meet with the DPT Director of Community Engagement.

Interprofessional Education - MILESTONE

For physical therapists, the ability to effectively work with individuals of other professions is essential. Learning experiences that promote interprofessional communication and teamwork help students develop clinical skills that can produce high quality care and improve overall health outcomes for their patients. As part of their professional development, students will participate in interprofessional education events and activities throughout their time in the DPT program. DPT students will attend and engage in episodic, structured interprofessional events with students across the Schools of Health Sciences who are outside of the physical therapy profession. These events may include activities such as interprofessional networking or mock interdisciplinary case conferences to expose students to interprofessional collaborative practice. Students will be responsible for completing post-activity assessments and/or reflective assignments that summarize these interprofessional events and describe the impact the experiences will have on their future careers as physical therapists.

DPT Interprofessional Education Graduation Requirements:

Students will attend and engage in pre-scheduled, required interprofessional education events which are held throughout the didactic curriculum. Typically, these events are delivered in a virtual format so that students from both the residential and hybrid formats can participate simultaneously. Please refer to the Interprofessional Education Canvas site for specific details of the events for your cohort.

Students may complete greater than the required experiences should they choose to, pending good academic and clinical standing. It is the student's responsibility to monitor their progress and plan accordingly throughout the program. Students with greater than 1 outstanding Interprofessional Education requirement after the final IPE event is held may be issued a professional behavior plan. This milestone expectation will be further communicated by the Director of Interprofessional Education at the beginning of the program; it will also be displayed on the central DPT Interprofessional Education site. Failure to meet the required IPE expectations by the deadline may result in delayed graduation. For additional information and resources to help students achieve program expectations, students are encouraged to visit the central IPE Canvas site.

Students must complete all required Interprofessional Education experiences, inclusive of Canvas reflection

assignments, by their cohort-specific deadline.

- DPT Class of 2026: November 23, 2026
- DPT Class of 2027: End of Term 5
- DPT Class of 2028: End of Term 5

DPT Clinical Education Guidelines

Introduction to Clinical Education

The goal of the University of Pittsburgh Clinical Education program is to thoroughly engage students in the management of patients/clients with diseases and conditions representative of those commonly seen in contemporary practice across the lifespan and continuum of care in clinical settings that are representative of those in which physical therapy is commonly practiced. As such, students are prepared as a generalist, capable of entering the workforce in a variety of settings and working with a broad population of patients/clients. These experiences will equip students with strong foundational experiences to prepare students to enter clinical practice at the level of a competent clinician.

The Clinical Education program consists of 4 clinical education learning experiences; two full-time 6-week experiences that are integrated within the didactic curriculum and two full-time 15-week terminal experiences comprising the last two terms of the program. Students will complete the first 6-week full-time integrated clinical education experience at the end of term 2 and the second 6-week experience at the end of term 3/beginning of term 4. The two full-time terminal clinical experiences are completed during terms 6 and 7.

DPT students will complete 42 weeks of full-time clinical education experiences. To ensure the broad development of clinical competence, each student is required to complete at least 1 inpatient and at least 1 outpatient clinical education experience as part of the clinical education program. This ensures the student will have clinical experiences across the continuum of care and across the lifespan which may include the following types of settings: acute care hospitals, skilled nursing facilities, long-term care facilities, inpatient acute rehabilitation facilities, home health agencies, and/or outpatient facilities. When appropriate and available, specialty clinical experiences - such as pediatrics, sports medicine, women's health, balance and vestibular, occupational health, and hand therapy - may be included as additional clinical education opportunities.

We have established clinical partnerships in the greater Pittsburgh area with the University of Pittsburgh Medical Center (UPMC) and other select healthcare facilities, as well as across the country. All clinical education experience sites are carefully reviewed to ensure that our students are receiving quality clinical education experiences that meet the mission and goals of the Physical Therapy Department. Students in the residential format will complete the majority of their clinical experiences in the greater Pittsburgh area with our established clinical partners, while students in the hybrid format will complete their clinical experiences within their home communities.

All international students are required complete all their clinical education experiences within the United States. Clinical education experiences will be located within a 60-mile radius of students' residence or other location where they have available housing. Opportunities may be available during terminal clinical experiences to engage in unique practice settings if students have demonstrated strong foundational skills and have an interest in a specialty practice. Students may be asked to relocate for a full-time clinical education experience to an area where they have alternative housing in order to provide an optimal experience for that student. If a student in the hybrid format chooses to move to Pittsburgh for the DPT program, it does not guarantee them a clinical education experience in Pittsburgh. They may need to return

to their permanent address/home community for their clinical education experiences. Note that some

specialty settings may require students to relocate for the duration of the clinical experience. As the program determines and arranges all clinical placements, students should anticipate the possibility of relocation and consider associated costs in advance of expressing interest in these placements.

We have an academic clinical education team consisting of the Vice Chair of Clinical Education, the Clinical Education Coordinator, and the Director of Clinical Education who are responsible for defining, implementing, and evaluating the clinical education program. The team works closely with our clinical faculty who serve as the students' clinical instructors (CIs) at the clinical sites as well as with the site coordinators of clinical education (SCCEs) who facilitate student placements, support CIs, and help ensure the quality of the clinical education experience. Our clinical education program is a dynamic and continually evolving component of the curriculum designed to remain responsive to the needs of our students, our clinical partners, the healthcare system, the physical therapy profession, and the academic institution.

Clinical Education Schedule

DPT Year	Course	Term	Number of Weeks
1	Clinical Education 1	Spring Term 2	6
1	Clinical Education 2	Summer/Fall Term 3/4	6
2	Clinical Education 3	Summer Term 6	15
3	Clinical Education 4	Fall Term 7	15

Student Use of the Exxat Clinical Education Software Program

The Department of Physical Therapy uses an online software tool, Exxat, to manage the clinical education program. This system is used for clinical education data, making placements, communications with students and sites, and managing clinical evaluation tools. All DPT students will have an active account on the Exxat portal which they will be responsible for activating and keeping up to date.

The following is a summary of DPT student use of the system as part of their clinical education curriculum:

1. Students will maintain their personal profile in Exxat that will be sent to their clinical sites.
2. Students will upload required documents to their Exxat dashboard for approval.

Please see "*Clinical Education Requirements*" below for details. These documents will be sent along with the student's profile to their clinical site prior to the start of each rotation. Hard copies of any documents must be provided to the clinic upon request.

1. Students will complete a clinical questionnaire for each placement to give the site advanced information about their goals for the placement.
2. Students can get information about clinical sites we use and read past student evaluations of their experiences at those sites.
3. Students have access to the clinical education curriculum and resources.
4. Once a student is assigned to a clinic for a clinical education placement, the information will populate on their Exxat profile, and they can access information about the site on Exxat.
5. For each placement, students will have "learning activities" to complete. Some activities will be completed electronically on the Exxat website while other activities will be completed separately and uploaded to Exxat.

At a minimum for each clinical education experience, the student will:

- provide contact information and demographics about their clinical instructor (CI)
- complete a clinical site orientation form
- complete weekly or biweekly planning forms with goals
- complete a midterm and final self-assessment of their clinical performance using the CIET
- complete a midterm and final evaluation of their CI
- complete a final evaluation of their site

Student Clinical Assignments

- Students will be assigned to clinical sites based on individual educational needs, clinic availability, student's geographic location, and academic requirements. Each student is also assigned a clinical education faculty member and is encouraged to communicate with them discuss clinical interests, housing options, and any other factors that may impact clinical placements.
- All students will be assigned to at least 1 outpatient and 1 inpatient site during their clinical education experiences.
- For terminal clinical education experiences, students complete two 15- week rotations in settings such as (but not limited to) general outpatient, outpatient orthopedics, outpatient neurologic, inpatient acute, inpatient rehab, sub-acute rehab, or pediatrics. Opportunities in specialty practice areas may also be available and should be discussed with the clinical education team. At the discretion of the clinical education team, a single 30- week rotation may be scheduled in lieu of two 15- week rotations.
- Student assignments and profiles will be sent to the SCCEs/CIs through the clinical education database, Exxat. The student will be responsible for keeping their profile updated in Exxat and for uploading proof of requirements needed for clinical education experiences.
- Clinical sites commit to a student's clinical education experience for the University of Pittsburgh up to, and often more than, a year in advance, thus changes to a student's clinical placement are not made for personal reasons or student preference. However, it is the prerogative of the faculty to change a student's clinical placement based on the academic needs of the student or the request of the clinical site.
- Students are not permitted to reach out to clinical partners to establish or inquire about a potential clinical experience, availability to take students, or any other reason, unless they are instructed to contact clinical sites by the CE team.

Accommodations

Accommodations, including those recommended by Disability Resources & Services, at clinical sites may vary due to factors such as safety considerations, available space, equipment, and site-specific policies, among other factors. While the program works closely with clinical sites to explore reasonable accommodation options, implementation may not always be possible. Additionally, even when accommodation can be made, they may not allow for the full achievement of the learning objectives required for the clinical experience. Decisions regarding the feasibility of accommodations will be made collaboratively by program faculty and the clinical site, with the goal of ensuring a safe and effective learning experience. In some cases, this could affect the ability to complete a clinical education experience.

Attendance

There will be mandatory clinical education meetings scheduled throughout each semester to prepare the students for their clinical education experiences and to debrief students after a clinical education experiences.

- Clinic attendance is mandatory. To maximize learning during clinical placements, consistent attendance is essential to allow students to follow a patient caseload.
 - Students are NOT permitted to take any time off during Clinical Education 1 & 2.
 - With prior approval from both the clinical instructor and clinical education team, students may request up to 2 days off during Clinical Education 3 and an additional 2 days off during Clinical

Education 4 (these days may not be combined into one experience and days not used do not carry over from Clinical Education 3 to Clinical Education 4).

- In the event of an unavoidable absence or illness, the student must notify both their clinical instructor and a member of the clinical education team and submit a time off request in Exxat.
- Missed days that fall outside of the approved day allowance must be made up, as determined in coordination with the clinical education team and the clinical site.
- If frequent absences become a concern, the clinical education team, the CI, and/or the SCCE will work collaboratively to address the issue with the student.
- If a student is unable to perform the necessary functions in the clinic due to health concerns, either mental or physical, a medical leave may be requested through SHRS.

Evaluation & Grading

We use the University of Pittsburgh Clinical Internship Evaluation Tool (CIET) to evaluate our students' clinical performance at both the midterm and final point for each clinical education experience. Students will complete a midterm and final CIET self-assessment and submit it to their CI who will complete their assessment of the student's performance in the CIET. Students are expected to review the evaluation with their CI and then submit it electronically through Exxat.

At the end of each clinical education experience, students are asked to evaluate their clinical education experience using the PTSE 1 form (Student Evaluation of the Site) on Exxat and share the information with their site.

Students are also asked to provide feedback to their CI at both the midterm and final points during each clinical education experience using the PTSE 2 (Student Evaluation of their Clinical Instructor).

Students are expected to comply with the Code of Professional Conduct for Physical Therapy Students, the APTA Code of Ethics, the APTA Guide for Professional Conduct, and the APTA Core Values throughout their clinical experiences. Non-Compliance may result in failure of the clinical education experience and possible dismissal from the DPT program.

Specific performance expectations are provided for each clinical education experience which provide the basis for assessment and grading.

Grading for all clinical education experiences is satisfactory (S) or unsatisfactory (U). The determination of the grade received is a joint decision between the CI and the academic faculty. If a student receives a 'U' grade they will be expected to repeat the clinical education course following a remediation which will result in an extended plan of study in the DPT program. Failure of more than one clinical education experience may result in dismissal from the program. If a student receives an Incomplete (I) grade in any clinical education course, the clinical education team will develop a plan to complete that clinical education course prior to progressing in the clinical education curriculum. An Incomplete (I) grade in any clinical education course may result in an extended plan of study in the DPT program.

The clinical placement site may request termination of the clinical experience at any time if the student is not complying with the Code of Professional Conduct, and/or not making satisfactory progress in their performance, and/or the student's health does not warrant continuation, and/or the student's conduct or health is a detriment to the functioning of the clinic. If the student is removed due to violating the Code of Professional Conduct or poor clinical performance, it may result in failure of the clinical education course and either a remediation plan will be put in place, or the student may be dismissed from the program. If the student is dismissed for health concerns, they will receive a G grade and complete the clinical education requirements when we receive a clearance from their health care provider.

Dress Code of Clinical Education – see *Dress Code Policy*

Student Responsibilities

- Students are responsible for setting up their Exxat account and keeping it up to date throughout their DPT Plan of Study.
- Students are responsible for completing all clinical requirements (*see: Clinical Education Requirements below*) and for any costs associated with these.
- Students are responsible for obtaining & maintaining private health insurance throughout the DPT program. The Student Services Health fee assessed each term is not a substitute for private health insurance.
- Students are responsible for contacting their clinical site at least one month prior to the start of the clinical education experience to verify they have met all site onboarding requirements and obtain information such as scheduling, parking, and dress code.
- Students are responsible for transportation to and from their clinical sites, and all costs incurred for transportation, which may include cost and maintenance of an automobile, public transportation, gas, and parking. Every effort is made to identify clinical site locations within an approximate 60-mile radius of a student's residence although occasionally students may be assigned to sites that are further due to clinic availability.
- Students will be responsible for locating and paying for housing if a clinical site is not available within driving distance of their residence or they choose to go outside the area for a specialty clinical.
- The student is responsible for contacting a member of the clinical education team with any questions or concerns prior to or during the clinical education experience. At the University of Pittsburgh, our approach is to address concerns as early as possible to support student success and prevent issues from escalating into barriers to a successful clinical education experience.
- Students with disabilities are responsible for making a request for accommodation prior to the start of the clinical education experience. (See Disability Resources & Services). We will contact an appropriate site to assure they can make the accommodation necessary.

Clinical Education Requirements

Prior to starting a clinical experience involving direct patient care, students must comply with certain health and safety requirements. There are mandatory requirements from both the University of Pittsburgh and each clinical site. Students are responsible for all costs associated with completing all requirements as well determining what the site-specific requirements are for their clinical placement prior to the start of the placement.

Any background clearances/screenings that are positive may prevent a student from participating in a clinical education experience, resulting in the inability to meet the curriculum requirement for graduation from the DPT program. This may also impact a student's ability to obtain a PT License and practice after graduation. If a student believes that a background check/clearance will come back as positive, they are encouraged to reach out to a member of the clinical education team as early as possible to discuss the potential impacts.

Mandatory and Common Site-Specific Requirements

Mandatory and common site-specific requirements are listed below (this is not an all-inclusive list). In term 1 you will receive information about which requirements you will complete prior to Clinical Education 1.

- Covid 19 Proof of Vaccination or Exemption
- Flu (Influenza) Shot
- Health Appraisal Form
- Immunization Record
- Blood Borne Pathogen Training

- CPR
- HIPAA
- Universal National Criminal Background Check
- State Specific Background Checks and Clearances
- TB Test
- Drug Screening
- Additional Site-Specific Requirements
- Additional Site-Specific Trainings

We use an online platform called Exxat for management of clinical education including your clinical requirements. Please see the section on “Use of Exxat”. *Please note that you may be asked to provide hard copies of required forms so you should always have a hard copy available to you (preferably the original).*

Requirements for Graduation

To successfully complete the DPT program and to be eligible to graduate with the Doctor of Physical Therapy degree, the students are expected to uphold all policies, procedures, standards and professional conduct outlined in the handbook. Additionally, they have to:

1. Successfully complete the DPT plan of study.
2. Successfully complete the Quality Improvement and Performance Assessment Project during the terminal clinical educational experience.
3. Meet the Community Engagement milestone.
4. Meet the Interprofessional Education milestone.
5. Earn a minimum of a C or better in all graded courses.
6. Earn a Satisfactory or Honors in all non-graded courses.
7. Earn at least a 3.0 grade point average at the time of graduation.
8. Adhere to the Code of Professional Conduct for DPT Student.;
9. Adhere to the [Academic Integrity Code](#) of the University of Pittsburgh.
10. Adhere to the [Student Code of Conduct](#) at the University of Pittsburgh.

Eligibility to sit for the National Physical Therapy Exam (NPTE)

Students will receive instructions from the program regarding the general process for registering for the licensure exam and are eligible to sit for the exam upon successful **graduation** from the DPT program. Requirements to obtain licensure vary within each state. Students will be responsible for ensuring that all required paperwork is obtained and completed. Please note that in order to become licensed, many states will inquire as to whether the applicant has been convicted of a misdemeanor, a felony, or a felonious or illegal act and if you have a record, you may not be able to become licensed to practice your profession after graduation.

Felony Conviction Notice

A prior criminal record may negatively impact your ability to fully participate in the University’s Doctor of Physical Therapy curriculum. Prior to participating in clinical rotations and during the state licensure process, students admitted to the program will be required to complete a criminal background check. Certain convictions may prevent students from entering clinical facilities, which may hinder a student’s ability to successfully complete the program. In addition, certain criminal convictions may prevent a

graduating student from being licensed. If applicable, we encourage you to check with the appropriate State licensing board(s) to determine whether your background may be a barrier to your completion of the program and future licensure. Additionally, the University may require an internal investigation to determine if the conviction would preclude the candidate from successfully completing the education requirements for graduation, including the clinical education requirements.

Financial Resources

Tuition

Students in the DPT Program are responsible for paying tuition and fees for all 7 terms of the Program. Rates can be found on the [University Tuition website](#). Students are billed each term according to the [due date schedule](#) set by the Student Payment Center. Details about [payment plans and payment options](#) can also be found on the Student Payment Center website.

Financial Aid

[Office of Financial Aid](#) Financial Welcome Center
139 University Place, Thackeray Hall Pittsburgh, PA 15260 412-624-7488 (option 2)
finaid@pitt.edu

Fees

Course Fees - Some courses have fees associated with enrollment. These courses are identified in the Schedule of Classes and Course Descriptions at: <http://www.registrar.pitt.edu/courseclass.html>

Mandatory Fees - The following fees are mandatory and will be included in the student bill for each term of the Program. Current rates and descriptions of each fee can be [found online](#).

Students in the Residential Format Only:

- Student Activity Fee
- Wellness Fee
- Computing and Network Services Fee
- Security and Transportation Fee
- DPT Major Fee

Students in the Hybrid Format Only:

- Computing and Network Services Fee
- DPT Major Fee

Eligibility of Pennsylvania Tuition Rates

[PA Tuition Rate Eligibility Policy](#)

Tuition rates for the University of Pittsburgh are based on whether the student is a permanent resident of the Commonwealth of Pennsylvania. A different tuition rate is charged to out-of-state residents. Students in the Hybrid format will be charged the in-state tuition rate regardless of residence.

One of the requirements to be considered a PA Resident for tuition purposes is that a student must live in PA for 12 continuous months immediately prior to enrollment at an institution of higher education in PA. This is called the “12 Month Requirement.” Students under the age of 22 are considered minors for purposes of

residency determination and are classified based on the residency information of their parent(s) or legal guardian(s).

In addition to meeting the 12 Month Requirement, Non-U.S. Citizens must submit documentation proving they fall into one of the three immigration categories in the “Non-U.S. Citizens Immigration Requirements” section of the policy. See policy link for full details.

Students should review the full policy for additional details and requirements. For questions, reach out to the Campus Residency Coordinator at tuition@pitt.edu.

PT Department Scholarships & Awards

There are a variety of scholarships available to DPT students. Students can access the PittFund\$Me scholarship database to search for scholarships. Students will create a profile, and the database will display scholarship opportunities tailored to their profile.

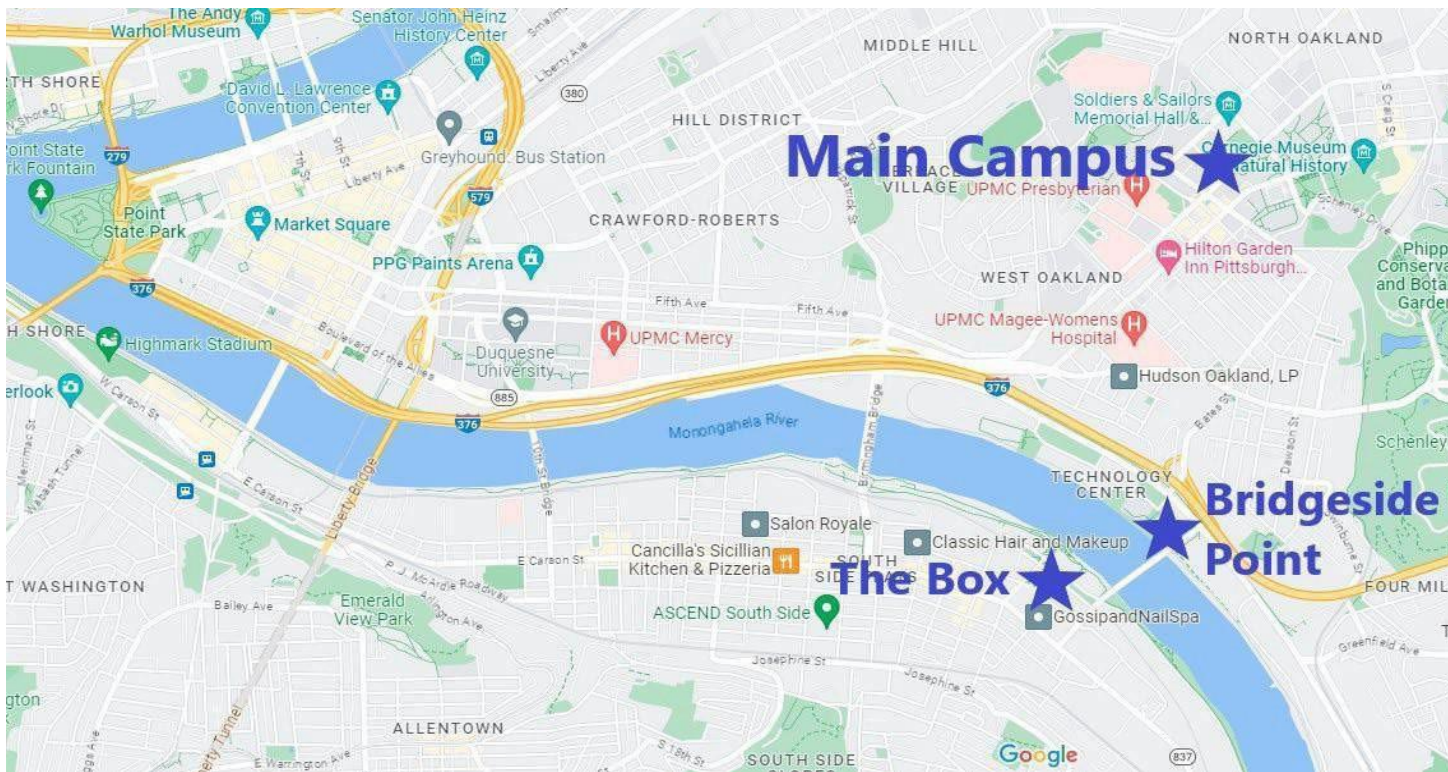
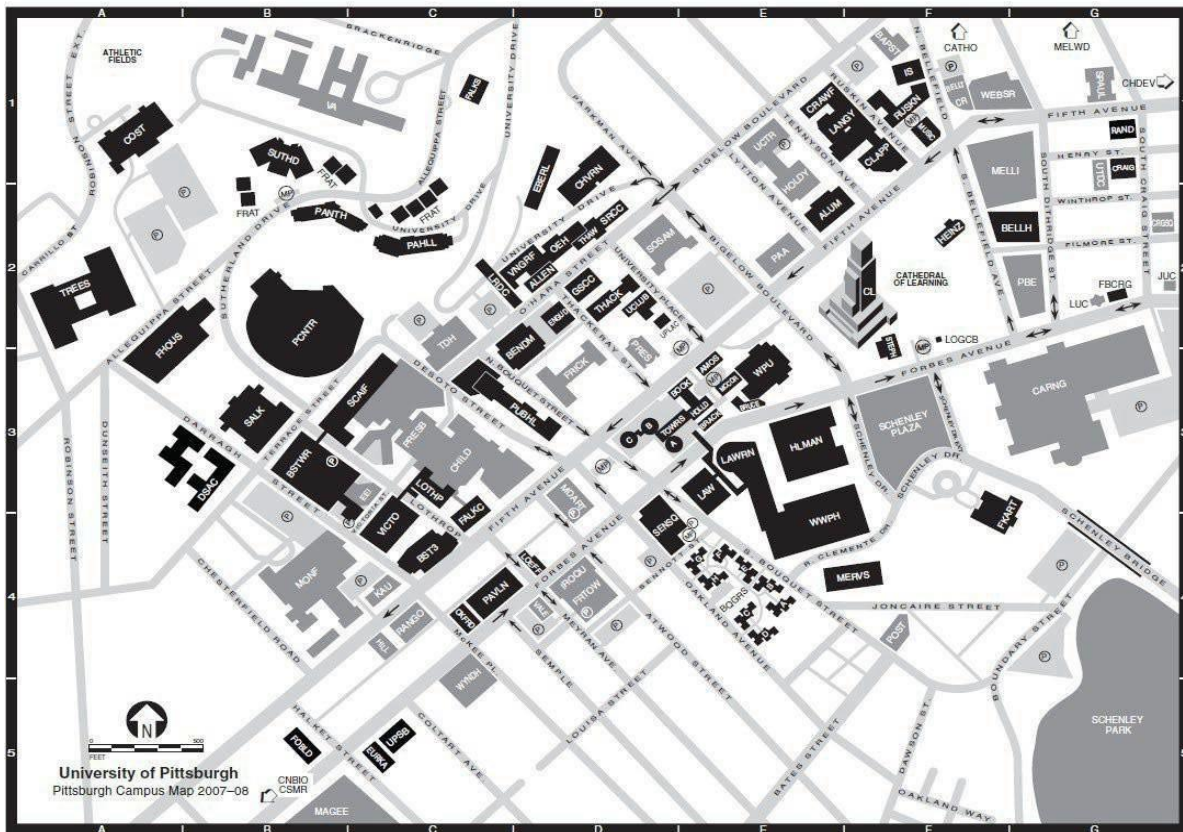
- How to access: Log onto my.pitt.edu → search for PittFund\$Me → access the dashboard to create your account

Students will receive notification from the SHRS Student Services representative related to school- wide scholarship opportunities. Notification of the specific scholarship options and due dates are mainly shared with students during the Fall semester.

General Resources for Students

Resource	Website
University	www.pitt.edu
SHRS	www.shrs.pitt.edu
DPT Program	https://www.shrs.pitt.edu/dpt
DPT Admissions	https://www.shrs.pitt.edu/dpt/admission
DPT Student Outcomes	https://www.shrs.pitt.edu/academics/pt/dpt/outcomes/
DPT Student Webpage	https://www.shrs.pitt.edu/academics/pt/dpt/activities/
SHRS Student Resource Hub	https://pitt.sharepoint.com/sites/shrsstudentresources
Health Sciences Portal	http://www.health.pitt.edu/
Career Center	http://www.studentaffairs.pitt.edu/cdpa/
Pitt Commons	https://commons.pitt.edu/hub/pittsburgh/home-v3
Graduate & Professional Student Government	http://www.gpsa.pitt.edu/
Graduate & Professional Studies Catalog	https://catalog.upp.pitt.edu/index.php
Libraries	https://library.pitt.edu/hours
Technology Resources for Academic Engagement	https://www.studentsuccess.pitt.edu/student-support/technology-resources-academic-engagement
Care and Resource Support	https://www.studentaffairs.pitt.edu/care-and-resources
Hardship Funding and Assistance	https://www.studentaffairs.pitt.edu/vice-provost-dean-students/hardship-assistance
Off-Campus Living in Pittsburgh	http://www.oclpitt.edu/
Exploring Pittsburgh	http://www.visitpittsburgh.com/ http://www.coolpgh.pitt.edu/
Travel Grants	https://www.pittgpsg.com/grants-travel

Campus Maps



Appendices – DPT Policies

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Attendance Policy

Effective Date: August 6, 2024

Responsible Party: Policy Committee and Department Leadership.

Scope: This policy applies to all students and faculty.

1. Purpose

The Department of Physical Therapy recognizes the importance of regular class attendance for student success, professional development, and preparation for professional responsibilities. This Attendance Policy is designed to ensure that students engage fully in the learning experience while acknowledging the need for flexibility in some areas.

2. Policy

Regular Attendance: All students are expected to attend, prepare for, and engage* in all scheduled classes, laboratory sessions, and clinical experiences.

*Engagement includes actively participating in instructional activities, being present in learning experiences and not multitasking (e.g., texting, using social media, completing other course assignments, engaging in non-course related discussions, joining Zoom live sessions from environments not conducive to learning such as cars, airports, etc.) and having web camera on for virtual classes.

Punctuality: Students are expected to arrive on time for all scheduled class and laboratory activities. Late arrivals disrupt the learning environment and may negatively impact the student's understanding of the material. Repeated late arrivals to class may lead to disciplinary actions.

Faculty members may impose different class attendance monitoring procedures for a particular course.

3. Excused absences

3.1 Type 1 Excused Absences

Acceptable reasons for Type 1 excused absences and the timeline to submit the Absence Request Form (ARF) are in the table below.

Type 1: Reason for Absences	Absence Request Form (ARF) Timeline
Bereavement due to death of family member or close friend	Communicate with course coordinator as soon as possible prior to the start of class. ARF to be submitted within 48 hours. Immediate communication will facilitate the arrangement of appropriate academic support.
Religious observances	ARF to be submitted in the first week of the semester.

3.2. Type 2 Excused Absences

The program may also consider a request for an excused absence related to participation in educational activities and other personal reasons. These requests should be submitted within the first week of the semester or as soon as the student is aware of the event. Immediate communication will facilitate the arrangement of appropriate academic support.

Type 2 requests will not be considered for class sessions that include testing (written or practical examinations) or hybrid immersion days - please refer to the corresponding Examination Policies for further details.

Request for type 2 excuse absences will be reviewed by the Program Director and course coordinator(s) for the course(s) missed. The Program Director and course coordinator(s) for each course need to approve the request. The following information will be taken into consideration:

- Content covered in class (lecture vs lab)
- Student's current academic performance
- Student's history of absences

3.3. Type 3 Urgent Excused Absences

Students are to submit a Type 3 Urgent Absence when there is an illness, technical issue, or catastrophic event occurring the day of class. Type 3 absences can only be submitted on the day of the event or the following day.

3.4. Process to Request Consideration for an Excused Absence

A request to miss a class for any reason must be submitted using the DPT Student Absence Request Form (ARF). [The form can be found here](#)

The communication should include the reason for requesting an excused absence, date(s), and the specific course(s) for which the student will be absent. The communication should also include the student's plan to make up any missed work. Facilitating missed classwork is the responsibility of the student.

Decisions regarding the approval of the absence request will be provided to students within one week of the submission. For missed exams please refer to the Examination Policies. Absence requests that are not approved are considered unexcused absences.

4. Unexcused absences

Unexcused absences are any absences that fail to meet the categories above for Type 1 or Type 2 excused absences.

Consequences

Unexcused absences may negatively impact a student's academic performance and/or course grade. As such, students are expected to review the course syllabi to ensure understanding of the grading policy related to attendance and participation. Faculty are not required to provide accommodation to make up for missed work for students with unexcused absences.

Excessive Absences (excused or unexcused) may be considered a breach of professional behavior and may result in a delay in program completion and/or disciplinary action through the program's professional conduct policy.

Students who experience difficulties that may prevent them from complying with this policy are strongly encouraged to meet with the Program Director, and/or their faculty advisor as early as possible to discuss arrangements that might be available to help with their situation.

5. Forms

Student Absence Request Form

6. Related Information

Not applicable

Effective Date: February 10, 2026

Responsible Party: Policy Committee and Department Leadership.

Scope: This policy applies to all students, faculty, and community participants.

1. Purpose

This policy establishes safety standards and behavioral expectations for students, faculty, and community members (anyone without a formal University of Pittsburgh affiliation) who participate in the Doctor of Physical Therapy (DPT) program through laboratory simulation experiences, case discussions, community engagement experiences, and other educational activities. The purpose is to ensure the safety, dignity, and well-being of community members and students; maintain clear informed consent and confidentiality protocols; define student professional conduct expectations when interacting with community members; clarify roles, responsibilities, and supervision requirements for faculty and students; and foster respectful, ethical partnerships that enhance student learning while protecting the rights and privacy of community members. This policy applies to all community members who voluntarily engage with DPT students and faculty in educational settings, whether on-campus or at community locations. The Department of Physical Therapy recognizes the importance of regular class attendance for student success, professional development, and preparation for professional responsibilities. This Attendance Policy is designed to ensure that students engage fully in the learning experience while acknowledging the need for flexibility in some areas.

2. Definition

Standardized Patient: Standardized Patients (SPs) are individuals from the community, hired and trained to portray a real patient, client, health professional, family member, or other individual for the purpose of education (formative or summative) in role play type formats. With proper training SPs would:

- Provide sophisticated feedback --proxy for a patient's perspective
- Provide continuity, reproducibility, and realism to the learning experience
- Respond to learner skills and human connection abilities
- Serve as co-educators (checklist completion, support curriculum).
- Add objectivity, clinical relevance, and diversity to the experiential learning opportunities for the students.

Community Member: Faculty may recruit members of the community whose experiences align with course content to participate in instructional activities (e.g. laboratories, simulations, demonstrations, and lectures) for the purpose of enhancing student learning experience and accomplishing course objectives. A Community Member is an individual whose lived experience, professional background, or community involvement aligns with the educational goals of the Doctor of Physical Therapy (DPT) curriculum. These individuals contribute to student learning experience in two distinct contexts

2.1 Instructional Contexts (Recruited Participants)

In classroom-based settings, faculty may recruit Community Members to participate in instructional activities such as laboratories, simulations, demonstrations, small group/synchronous sessions or lectures. These individuals are selected based on their relevant experience and ability to enhance student learning experience and accomplish course objectives.

Examples include:

- Individuals with specific health conditions participate in clinical lab demonstrations.
- Professionals or community advocates sharing expertise during lectures.
- Trained Standardized Patients (SPs) portray roles in simulated scenarios.

2.2 DPT Program Community Engagement Experiences (Encountered Participants)

In community engagement settings, students may encounter Community Members through curriculum-aligned activities. These individuals are not recruited by faculty but are engaged through real-world interactions as students participate to address community-identified needs.

Examples include:

- Clients, patients, or residents involved in community engagement activities.
- Staff or volunteers at partner organizations.
- Community stakeholders who are involved in collaborative initiatives.

3. Procedures for Engaging with Community Members

3.1 Engagement in a classroom setting: Overview

In classroom-based instructional activities, Community Members may be recruited by faculty to enhance student learning experience. These individuals contribute to lectures, labs, simulations, and demonstrations aligned with course objectives. Students are expected to engage ethically, follow faculty guidance, and uphold professional standards during all interactions.

3.1.1 Recruitment of Standardized Patients

Recruitment of Standardized Patients will follow the process set forward by the University of Pittsburgh School of Medicine

3.1.2 Recruitment of community members (in classroom)

3.1.2.1 For classroom participation, faculty can recruit community members to participate in instructional activities

3.1.2.2 During instructional activity, a community member interacting with students must always be supervised by a licensed physical therapist affiliated with the University of Pittsburgh

3.1.2.2.1 All community members (or their proxy) must sign a consent form prior to participating in instructional activities

3.2 Engagement in a community setting: Overview

All DPT students participate in community engagement experiences as part of the curriculum. These experiences are self-selected based on local identified community needs and student interests, with guidance and oversight from faculty. Community engagement experiences must align with DPT Community Engagement criteria to fulfill curricular milestones. Community Members are encountered in real-world settings and play an active role by sharing their perspectives, participating in activities, and collaborating and contributing to student learning. Students are expected to engage ethically and professionally, recognizing Community Members as essential partners in the learning process.

3.2.1 Process

Unlike classroom-based engagement, Community Members in the community setting are not recruited by faculty. Instead, students engage with individuals in longstanding or newly initiated community partnerships. Faculty support students in identifying appropriate opportunities, preparing for ethical and professional engagement, and ensuring alignment with curricular goals. Students are responsible for initiating professional interactions, obtaining consent when necessary, and following all program policies during these experiences.

3.2.2 Rights of Community Member/Standardized Patient

The faculty will ensure that the following criteria are met whenever students are engaging with community members as a part of the DPT curriculum:

- Ensure safe working conditions in the design of the activity
- Anticipate and recognize potential occupational hazards, including threats to community member's safety in the environment
- Screen standardized patients and community members participating in psychomotor assessments to ensure that they are appropriate for the role (e.g., no conflict of interest, no compromise of their psychological or physical safety).
- Allow community members to opt out of any given activity if they feel it is not appropriate for them to participate.
- Brief community members so they are clear about the parameters of the activity.
- Monitor for and respond to community members who have experienced adverse effects from participation in an activity.
- Provide a process for community members and clients to report adverse effects from participation in an SP activity (e.g., documentation and action steps to resolve the situation).
- Manage student expectations of a community member's abilities and limitations.
- Understand the specific principles of confidentiality that apply to all aspects of each community member event.
- Protect the privacy of the personal information of all stakeholders, including that which may be revealed within a simulation activity.
- Respect community members' self-identified boundaries (e.g., modesty, limits to physical touch, impact on person)
- Provide community members with adequate information so that they can make informed decisions about participation in work assignments.

3.2.3 **Responsibility of the Community Member/Standardized Patient**

Community Member/Standardized patients have the responsibility to Provide complete and accurate information to the best of their ability about your health, level of assistance required for mobility activities of daily living, any medication taken, include OTC products, dietary supplements, and any allergies or sensitivities.

- Respect Department of Physical Therapy policies.
- Report any changes in health status.
- Be respectful of all staff, students, and other community participants.

3.2.4 **Responsibilities of the Student**

Students are expected to uphold the following responsibilities when engaging with Community Members in both classroom and community-based settings:

Professionalism and Conduct

- Represent the University of Pittsburgh DPT program professionally, including appropriate communication, attire, and behavior.
- Identify themselves as DPT students during all interactions with Community Members.
- Follow faculty guidance regarding the purpose, scope, and boundaries of each activity.
- Adhere to all University and program policies, including the Student Code of Conduct, Professional Behaviors Policy, and Dress Code Policy.

Respectful and Ethical Engagement

- Obtain informed consent before providing services, conducting activities, or collecting information.
- Engage ethically with Community Members, recognizing their role as co-educators and contributors to the learning experience.
- Demonstrate cultural humility by valuing diverse perspectives and experiences.
- Protect confidentiality and avoid sharing personal or sensitive information disclosed by Community Members.

Safety and Compliance

- Maintain safety for themselves and others during all engagement activities.
- Provide required clearances, such as Child Protective Services background checks, when participating in activities involving youth, as directed by faculty or community partner.
- Report any incidents or safety concerns to the on-site coordinator, DPT course coordinator, and/or the DPT Director of Community Engagement.

Media and Documentation

- Do not take photographs or record videos of Community Members unless:
- The individual has signed an SHRS photo/video consent waiver, or
- The community partner has a documented policy permitting photography or videography for all participants, and this policy has been communicated to students and faculty.

Scope of Engagement

- Students are considered student physical therapists during all community engagement activities intended to meet curricular milestones, regardless of other licenses or certifications.
- Students may participate in educational, wellness, or health promotion activities.
- Skilled physical therapy services may only be provided when a licensed physical therapist is on-site and supervising the activity.
- All activities must be appropriate to the student's training level and supervised by faculty or licensed professionals as necessary.
- Students must follow ethical, professional, and safety standards at all times.

3.3 Liability

3.3.1 Liability Coverage for Community Participation in a University of Pittsburgh Classroom Space

- All community members must sign a consent form when engaging in participation in classroom and laboratory activities
- In case of an emergency, the Course Coordinator will implement the emergency/safety procedures plan for the building they are working in

3.3.2 Liability Coverage for Community Engagement

- Community engagement is an academic component of the DPT curriculum; University liability coverage applies for community-engagement activities
- If a student is injured during a community-engagement activity, the student's personal health insurance applies, consistent with policies used in clinical education.
- If a community member is injured while participating in a community engagement activity with a DPT student, the University's liability insurance applies.

4. Related Information – n/a

Last Review Date: 2/10/2026

Revision History Maintained by Policy Committee –2/2026

Complaint Management Policy

Effective Date: November 1st 2004

Responsible Party: Policy Committee and Department Leadership.

Scope: This policy applies to all students, faculty.

1. Purpose

The Department of Physical Therapy recognizes the importance of seeking, listening and responding to the needs, concerns, and complaints of students, faculty, and staff. This Complaint Management Policy is designed to ensure that.

2. Definition

A complaint/concern is defined as a person's voiced or written dissatisfaction with services provided by the Department of Physical Therapy.

Grievance is defined as an alleged violation of faculty, staff, or student rights.

3. Department Complaint Procedure

To report complaints, faculty, students, and staff are encouraged to follow the chain of command for handling complaints against the program.

Procedure for Handling Complaints against the Program

Enrolled students, faculty, and staff are encouraged to pursue internal resolution of the complaint by following a clear chain of command to ensure their concerns are addressed appropriately and efficiently.

- Students may initially speak directly to the course coordinator or clinical instructor. If the issue is not resolved, the student should speak to the program director. If the issue is not resolved, the student should speak to the department chair.
- Faculty may initially reach out to the program director. If the issue is not resolved, the faculty should speak to the department chair.
- Staff may initially reach out to their supervisor. If the issue is not resolved, the faculty should speak to the department chair.
- The Chair or their designee will discuss the complaint directly with the party involved as quickly as possible, and preferably within 2 weeks. If possible, the complaint will be resolved at this meeting. A letter from the Chair that summarizes the resolution of the complaint will be maintained with any documentation associated with the complaint and a copy sent to the complainant.
- If resolution is not achieved following the meeting with the Chair or their designee, or if the complaint is against the Chair, the involved complainant may submit a written complaint to the Dean of the School of Health and Rehabilitation Sciences, and the SHRS process for complaint resolution will be followed at this juncture.
- If resolution is not achieved following the involvement of the Dean's Office, the complainant may then file a complaint with the Provost of the University. A letter outlining the resolution by the Chief Academic Officer would be filed with the complaint in the Program's files.
- The Program maintains electronic files for complaint management, investigation reports and the disposition of complaints.

Complaints related to Clinical Education

Clinical education sites may submit concerns or complaints about the DPT Program or student-related issues by emailing any of the clinical education (CE) faculty, including the Vice Chair for Clinical Education, the Director of Clinical Education (DCE), or the Clinical Education Coordinator. The complaint will then

follow the same procedure as listed above.

4. Response to Complaints

- For all levels of complaint in the chain of command, a projected time of response and/or resolutions should be provided to the complainant. If the department is contacting the complainant in response to receipt of a written complaint, the initial contact should be made within 48 hours of receiving the complaint.
- Every person registering a complaint will receive a written response from the Department of Physical Therapy, preferably within one week of receipt. In many cases, the initial written response will merely provide a follow-up report to let the complainant know of the progress of the investigation. In cases involving multiple persons and departments and a variety of decisionmakers, a realistic time frame for resolution should be communicated to the complainant, with subsequent interim status reports.

5. Related Resources

PT Department Feedback

The Physical Therapy (PT) Department offers an online reporting tool that enables individuals to submit confidential feedback directly to the department. This tool is accessible to current and prospective students, faculty, staff, collaborators, partners, and members of the public. All submissions are carefully reviewed as part of the department's ongoing quality improvement efforts.

The "Provide Feedback for the Department" box can be found on both the [PT Department website](#) and the [Doctor of Physical Therapy \(DPT\) Program](#) page.

SHRS Ombudsperson

Students are encouraged to contact the SHRS Ombudsperson to resolve conflicts and issues that students believe have not or cannot be addressed within their department. The SHRS Ombudsperson serves as a neutral, confidential resource <https://www.gradstudies.pitt.edu/about/school-ombudspersons>.

The ombudsperson within the Physical Therapy Department serves as a neutral mediator and resource hub for students facing academic conflicts or issues that can't be resolved within their departments.

What they do: The ombudsperson listens to concerns, explains university policies and procedures (like grade appeals), facilitates communication between conflicting parties, coaches students on how to approach faculty, and refers people to appropriate resources while maintaining confidentiality.

What they don't do: They cannot change grades or policies, won't take sides in disputes, won't identify people without permission (except when legally required), and don't participate in formal grievance processes.

What they cannot do:

- Change grades or policies
- Identify individuals without permission (except when legally required)
- Participate in formal grievance processes
- Take sides in disputes

Grievances

Faculty grievances are addressed through the Faculty Grievances Policy and Procedure in the [Faculty Handbook](#).

Staff grievances are addressed through the Employee Inquiry and Complaint Procedure within the [Office of Human Resources](#).

Student grievances are addressed through the Formal Grievance Policy in the [Student Code of Conduct](#).

Pitt Concern Connection

The University's [Pitt Concern Connection](#) is a centralized hotline and online reporting tool that allows individuals to submit concerns directly and confidentially. No Pitt ID is required to make a report.

This tool is available to:

Current and prospective students: to report issues related to the DPT program, including misconduct, discrimination, harassment, or sexual misconduct, even prior to enrollment.

Faculty and staff: to report workplace-related concerns or program issues.

Employers: to report concerns about graduates' professional behavior or clinical performance.

Members of the public: to raise concerns involving faculty, students, or program-related activities.

Please note that using the Pitt Concern Connection to report suspected child abuse does not fulfill the requirements of mandatory reporters. Reports are managed by the Office of Compliance, Investigations, and Ethics and are protected from retaliation. Records are maintained in accordance with University policies.

Office for Civil Rights & Title IX

Complaints involving sexual misconduct, discrimination, or harassment may be reported directly to the Office for Civil Rights & Title IX. The University prohibits discrimination based on protected characteristics and responds promptly to address and prevent hostile environments.

Office of Public Safety & Emergency Management

Criminal complaints may be submitted to the Office of Public Safety & Emergency Management, Pitt Police, or the Pittsburgh Bureau of Police.

These reporting options ensure all individuals have access to fair, confidential, and retaliation-free processes.

Complaints Regarding Equipment and Facilities

Equipment and facilities-related complaints (e.g., security, room conditions, maintenance) are reviewed and submitted to the Human Resources and Operations Manager of the department. These complaints are submitted to building management.

6. Formal Complaints to CAPTE

The Commission on Accreditation in Physical Therapy Education (CAPTE) has a mechanism to consider formal complaints about physical therapy education programs that allege a program is not in compliance with one or more of CAPTE's Standards and Required Elements. The process for filing a formal CAPTE complaint can be found on their [Faculty and Program Resource page](#).

Complaints that fall outside the realm of due process, including complaints from clinical education sites, employers of graduates, and the public, may be reported directly to CAPTE.

7. Retaliation

As noted in the University of Pittsburgh Procedure on Nondiscrimination and Anti-Harassment and in the Student Code of Conduct, the University strictly prohibits retaliation against anyone involved as a party or witness in the process of adjudicating a Formal Complaint. If the University determines that it must investigate the complaint, the University will inform the Complainant prior to starting an investigation and will, to the extent possible, only share information with people responsible for handling the

University's response. The University will remain ever mindful of the party's well-being and will take ongoing steps to protect both parties from retaliation or harm and work with the parties to create safety plans. Retaliation, whether by Students or University employees, will not be tolerated.

Effective Date: August 6th 2024

Responsible Party: Policy Committee and Department Leadership.

Scope: This policy applies to all students, faculty members, and administrators involved in educational activities associated with the Doctor of Physical Therapy (DPT) Program.

1. Purpose

This Dress Code policy promotes the dignity of the healthcare profession and respect for themselves, the environment, other students, faculty, administration, staff, community members, and special visitors. This policy acknowledges that different learning and teaching environments may require different attire. What is appropriate for one setting may not be appropriate for other settings. (e.g., labs versus site visits).

2. Policy

In the interest of personal safety, professionalism, and consideration for others, this policy establishes the dress and grooming requirements staff, faculty and students must follow during class, labs, clinical education experiences, community engagement activities, guest speaker events/lectures, specialty site visits, and other special events.

Exceptions to this policy may be made based on medical, religious, and cultural requirements. Cultural and religious attire is welcomed if it is safe and appropriate for the specific learning environment.

Students, staff and faculty are permitted to wear the clothing of their choice regardless of traditional gender norm conformity, provided that such clothing does not violate other aspects of this dress code.

This policy provides comprehensive guidelines for the program dress code; however, it does not encompass every possible scenario. The program reserves the right to address situations that may arise on a case-by-case basis, ensuring fairness and adherence to the program's professional standards.

3. Standards of Dress and Grooming Required for All Educational Activities

- 3.1 Maintain personal hygiene and be well-groomed.
- 3.2 Hair, beards, mustaches, and nails should be neat, clean, and kept in a way that does not interfere with students' abilities to complete assessments or interventions.
- 3.3 Fragrance and jewelry should be minimized with peers, patient and co-workers needs respected.
- 3.4 Clothing must be clean, free of holes, tears, or other signs of wear beyond normal functionality.
- 3.5 Clothes should be modest (no inappropriate skin exposure, no exposed undergarment).
- 3.6 Footwear should be clean and appropriate for the given setting.

4. Unacceptable Attire and Grooming for all Educational Activities

- 4.1 Excessive fragrances or body odors.
- 4.2 Clothing with language or images that can be construed, based on societal norms, to be offensive, obscene, profane or contribute to a hostile learning and working environment.
- 4.3 Headwear such as hats and hoods (except for medical, religious, or cultural purposes).
- 4.4 Unkempt/torn shoe wear or unsafe footwear.

5. Standards of Dress for the Gross Anatomy Lab

These standards are from the University office of The Office of Oversight of Anatomical Specimens.

- 5.1 No personal clothing is to be worn in Gross Anatomy Labs. Scrubs must be worn at all times in the lab space.
 - Scrubs must be full pants covering the entire lower extremity
- 5.2 Full personal protective equipment (PPE) is required for each individual in the lab. The following PPE are mandatory:
 - Plastic Apron
 - Plastic Sleeves
 - Shoe Covers
 - Gloves
- 5.3 No open toed shoes will be permitted in the lab space

6. Standards of Dress for the Clinical Labs (including weekly labs and practical exams)

- 6.1 Shorts and T-shirts/tank top.
- 6.2 Men should wear bike or compression shorts underneath their outer shorts.
- 6.3 Students must have the ability to bare their trunk; women may consider a 2-piece swimsuit top or sports bra.
- 6.4 Shoes must have a closed heel, that cover the toes and are safe for the activity and environment (e.g., tennis shoes).

Based on the learning objectives for the lab session, more than one body part should be accessible for examination (e.g., avoid wearing long leggings that prevent exposing the knee joint in a knee exam/intervention lab). Upon completion of a lab activity that requires exposure of body parts, students are expected to cover up and maintain their clinical lab attire.

7. Standards of Dress for Professional, Clinical Education, and Community Engagement Experiences

- 7.1. Wear clothing that does not interfere with movement required for patient care and safety.
- 7.2. Clothing should be modest and cover chest, shoulders, torso, and hips in all functional positions of job.
- 7.3. Avoid leggings, t-shirts, jeans, and shorts.
- 7.4. Appropriate closed-toed shoes should be worn. Shoes should be clean and functionally appropriate for the setting. Sneakers may be worn if clean and approved by the setting guidelines.
- 7.5. The University of Pittsburgh photo ID badge must always be worn during clinical education experiences. Some facilities may also require facility-specific ID badges.

7.6. Students need to adhere to any dress codes and policies specific to any clinical sites in which the student practices or visits.

8. Standards of Dress for Special Events (e.g., the Professional Pledge Ceremony, Bridging Ceremony, Performance Improvement Project, and Scully Lecture)

Business casual attire is required for these events. Business casual attire is broadly defined as a code of dress that blends traditional business wear with a more relaxed style that is still professional and appropriate for an office environment. Examples include:

- Button down shirts, blouses, sweaters
- Trousers or modest length skirts or dresses
- Blazers, suits and ties are not required

9. Consequences of Policy Violation

9.1. Students in violation of this policy may be subject to disciplinary action.

9.2. The faculty members and clinical instructors reserve the right to prevent a student from attending any class or activity at any location if the student's attire violates the dress code policy.

9.3. Questions regarding appropriate attire may be directed to the Program Director, course coordinator, and setting-specific supervisor.

10. Forms

There are no forms related to the policy.

11. Related Information – n/a

Revision History

Maintained by Policy Committee – Revision Dates: 10/15/25, 08/06/2024, 2/25/26

Effective Date: 08/01/2024

Responsible Party: Policy Committee and Department Leadership.

Scope: This policy applies to all students, faculty members, department leadership, and administrators of the practical examination.

1. Purpose

The purpose of this policy is to establish guidelines for practical examination in all graduate programs of the Department of Physical Therapy. Practical Examination is essential to determine student competency of physical therapy skills. This policy reflects the academic standards outlined in the Commission on Accreditation in Physical Therapy Education (CAPTE) Standards & Required Elements and the Physical Therapy Code of Ethics, ensuring integrity, fairness, and professionalism in the evaluation process of rigorous physical therapy education. This policy also encourages students to strive for academic excellence and mastery of the material, ensuring adequate preparation to meeting the demands of professional practice.

2. Policy

This practical examination policy is applicable to all skill practical examinations throughout the Physical Therapy graduate programs. This document lays out the rules and procedures regarding scheduling, student conduct, retake/remediation, and passing expectation for practical examinations. There should be no expectation that the following points will cover every conceivable situation.

3. Definitions

Practical examinations are assessed clinical scenarios by which students demonstrate learning in the psychomotor, cognitive, and affective domains. They are essential for students to demonstrate safety prior to entering the clinic and to provide evidence of competency.

4. Practical Examination Scheduling

1. Course coordinators are requested to provide notification of the practical examinations in the course syllabus.
2. The practical examinations will occur during assigned class periods.
3. If scheduling exceptions need to be made for an approved excused absence, this will be scheduled with the course coordinator and the student.

No scheduling exceptions will be made for an unexcused or an unapproved absence.

5. Student Conduct Expectations

Adherence to the academic and exam code of conduct is required:

1. It is expected that students adhere to the [Program](#), [School](#), and [University](#) Academic Integrity Code.
2. It is expected that students recall and adhere to the Academic Integrity attestation.

6. Practical Examination Retake/Remediation

1. There will be one retake opportunity if the student does not pass the first practical examination.

2. Students who miss a practical exam for an unexcused absence (See Attendance Policy) will not have an option to reschedule the practical examination. For further information on this please see 7.3
3. **Re-take Options:** Upon recognition of the need for a student to remediate a practical examination, the following re-take options should be considered with reference to the underlying circumstances associated with the specific student performance.
4. For a practical exam that occurs outside of the final exam week or the second immersion, retakes will only be allowed during final exam week (residential) or the second immersion (hybrid)
1. For a practical exam that occurs during the final exam week, the retake may result in the need for a student to return or extend their stay in Pittsburgh
5. Students will develop an individualized remediation plan. The remediation plan may be arranged as an in-person (instructor/adjunct) OR virtual (instructor) process as determined by the course coordinator.
6. All retakes MUST occur in the semester the course is offered. The re-take may be arranged as an in-person (instructor/adjunct) OR virtual (instructor) process as determined by the course coordinator.

Practical Examination Passing Expectations

7. All courses in the DPT program will use a minimum pass score of 70%. A student is required to pass all the practical exams in a course to pass the course irrespective of their overall course grades.
8. While the remediation and re-take opportunity is provided to students who are not able to meet passing expectations, the highest grade that can be achieved for the retake of a practical/competency examination (despite level of performance) is 70%.
9. Should a student fail the retake practical/competency examination OR miss the practical examination for an unexcused absence they will not meet the criteria necessary to pass the course and will receive a D in the course.
10. Situations in which a student does not pass the practical/competency, will be referred to the Student Affairs Committee and Department Leadership for further review and guide next steps and consequences.
 - A student who fails a required course during their education, regardless of overall and/or professional GPA, will be placed on academic probation and be required to repeat the course with a passing grade. This situation may require the student to drop back a minimum of one year because a student cannot progress in the program without successful completion of all required coursework and clinical education experiences in curricular sequence. Permission to drop back is based on space availability in the lower class level.

Revision History

(Maintained by Policy Committee – Revision Dates: July 30th 2025)

Professional Behavior Policy

Effective Date: August 1, 2022

Responsible Party: Policy Committee and Department Leadership.

Scope: This policy applies to all students within the Doctor of Physical Therapy Program.

1. Purpose

Professional performance is essential to the success of every student physical therapist, the University of Pittsburgh Doctor of Physical Therapy Program, and the Physical Therapy Profession. The process of becoming an effective physical therapist involves attaining competency in professional knowledge, skill, and ongoing assessment and demonstration of professional behavior. Professional conduct along with didactic knowledge and clinical acumen form the foundation for safe and effective clinical practice while maintaining the integrity of each individual and the profession.

2. Policy

Appropriate professional performance is expected at all times in the classroom, laboratory, clinic, community and in all profession-related activities. Should a student not comply with any of the professional behaviors outlined below, or demonstrate behavior or action inconsistent with the foundational documents listed below, a student may be placed on a Professional Behavior Plan. Pending the change of behaviors related to the Professional Behavior Plan, the student may be recommended for professional probation, a leave of absence, or dismissal from the program.

3. Definitions

All students are expected to uphold the highest standards of ethics and professionalism specific to the field of physical therapy. To guide professional conduct, students are required to follow the expectations outlined in the American Physical Therapy Association (APTA) professional documents listed below.

[Core Values for the Physical Therapist and Physical Therapist Assistant](#)

- The core values guide the behaviors of physical therapists and physical therapist assistants to provide the highest quality of physical therapist services. These values imbue the scope of physical therapist and physical therapist assistant activities. The core values retain the physical therapist as the person ultimately responsible for providing safe, accessible, cost-effective, and evidence-based services; and the physical therapist assistant as the only individual who assists the physical therapist in practice, working under the direction and supervision of the physical therapist. Student physical therapists are expected to begin embodying these principles during their education and clinical training.

[Code of Ethics for the Physical Therapist](#)

- 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). 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. As future members of the profession, student physical

therapists are expected to uphold these same ethical obligations as they develop their professional identity in the DPT program.

Guide for Professional Conduct

- The APTA Guide for Professional Conduct is intended to serve physical therapists in interpreting the Code of Ethics for the Physical Therapist of the American Physical Therapy Association in matters of professional conduct. Student physical therapists should use the Guide for Professional Conduct to better understand how to apply ethical principles in real-world academic, clinical, and professional situations.

Appropriate professional behavior is expected in the classroom, laboratory, clinic, community and in all profession-related activities.

Examples of classroom professional behaviors may include, but are not limited to: appropriate verbal and non-verbal communication with classmates, faculty, and staff; demonstrating respect for peers and faculty by refraining from side conversations; arriving on time and ready to begin at the start of class; coming well-prepared for lecture and labs; engaging and participating for the full duration of class; adherence to classroom rules and procedures.

Examples of clinical professional behaviors may include, but are not limited to: appropriate verbal and non-verbal communication with clinical faculty, clinical instructors, patients, families, and all members of the healthcare team; arriving prepared and on time for each day's responsibilities; adhering to the dress code and standards for professional appearance consistent with each facility's requirements and the University of Pittsburgh Department of Physical Therapy student code of conduct; actively engaging in patient care while seeking appropriate feedback and assuming responsibility for actions and outcomes; assuming responsibility for learning, punctuality, and professional appearance; remaining on-site for the duration of the clinical day.

It is expected that students maintain high standards of professional behaviors during all program and profession-related activities such as practical examinations, laboratory experiences, clinical education experiences, community engagement experiences, required events, professional conferences, assignments, etc.

4. Professional Behavior Violation Procedure

4.1 A student will be considered for a Professional Behavior Plan when:

- 4.1.1 A single egregious or multiple/continued episodes of behavior is/are inconsistent with the values outlined in the Definition section of this policy
- 4.1.2 A recommendation is made by the DPT Program Director(s), in consultation with a faculty member and the Student Affairs Committee

4.2 Procedure for identification and remediation of professional behavior infractions:

- 4.2.1 Should faculty become aware of an action that is inconsistent with the outlined behavior, the faculty member shall first discuss the behavior(s) with the student and alert the faculty advisor, program director, and Student Affairs Committee that the conversation has taken place.
- 4.2.2 After addressing the unprofessional behavior, should the action persist, the student should be referred to the Student Affairs Committee who may alter or amend the existing contract, create a new contract or recommend the student for additional action including academic probation, suspension, or dismissal.

5. Professional Behavior Plans

5.1 A student on a Professional Behavior Plan will be provided with verbal feedback regarding inappropriate professional performance and the relevant expectations of the faculty. In addition they will receive a letter from the Student Affairs Committee, which will:

- 5.1.1 state the reasons for being placed on Professionalism Behavior Plan
- 5.1.2 state the expectations for improved student behavior and anticipated timeline for the Professionalism Behavior Plan
- 5.1.3 List resources available to the student which can assist them in improving their professional performance
- 5.1.4 State the consequences of not resolving the Professionalism Behavior Plan, including that the student will be placed on Professionalism Probation if the conditions warranting the behaviors listed in the Professionalism Behavior Plan are not resolved by the end of the next academic term.

6. Consequences of Policy Violation

6.1 If a change in professional behavior does not occur as outlined in the behavior contract:

- 6.1.1 A meeting will be scheduled with the DPT Program Director, a representative from the Student Affairs Committee, and/or other appropriate faculty as necessary and the student. The student's faculty advisor may attend this meeting if the student requests their attendance. At this meeting, the inappropriate behavior(s) will be identified, and a recommended course of action will be determined.
- 6.1.2 The student will be placed on Professionalism Probation and will be subject to appropriate consequences as determined by the DPT Program Director and/or appropriate faculty. Every effort will be made to resolve the problem through these means.

7. Professionalism Probation

7.1 The purpose of Professionalism Probation is to inform the student of the deficiencies in their professional behavior, to encourage the student to improve their behavior, and to detail the serious consequences of failing to improve.

- 7.1.1 Professionalism Probation will be given for a period of a single academic term but can be instituted in the middle of a semester when professionalism problems warrant it. In this instance, the period of Professionalism Probation will encompass the rest of the semester and continue through the following full academic term.

7.2 A student will be placed on Professionalism Probation status when:

- 7.2.1 A single egregious episode of behavior is inconsistent with the expectations for professionalism detailed in the DPT Handbook.
- 7.2.2 Multiple/continued episodes of behavior inconsistent with the expectations for professionalism detailed in the DPT Handbook.
- 7.2.3 Recommended by the DPT Program Director, in consultation with faculty and/or members of the Student Affairs Committee.

7.3 Consequences of Professionalism Probation

7.3.1 A student placed on Professionalism Probation status will be provided with verbal feedback regarding the inappropriate professional performance, as well as the relevant expectations of the program. In addition, they will receive a letter from the Department Chair with input from the Student Affairs Committee, which will:

7.3.1.1 state the reasons for being placed on Professionalism Probation status

7.3.1.2 state the requirements necessary to be removed from Professionalism Probation status

7.3.1.3 list resources available to the student which can assist them in improving their professional behavior

7.3.1.4 state the consequences of not resolving the Professionalism Probation status, including that the student could be considered for dismissal.

7.4 Consequences of unresolved behavior:

7.4.1 If a change to more appropriate professional behavior does not occur, a meeting will be scheduled with the Student Affairs Committee, the DPT Program Director, other faculty as necessary and the student. The student's faculty advisor may attend this meeting if the student requests their attendance. At this meeting, the inappropriate behavior will be identified, and a recommended course of action will be determined.

7.5 CONSEQUENCES OF UNRESOLVED WARNING OR PROBATION

7.5.1 If, despite all the aforementioned efforts, the behavior remains unchanged and inappropriate, disciplinary action could include a Leave of Absence or Dismissal from the Doctor of Physical Therapy program.

Last Review Date

8/14/25

Revision History

(Maintained by Policy Committee – Revision Dates: month, day, year)

Effective Date: August 6, 2024

Responsible Party: Policy Committee and Department Leadership.

Scope: This policy applies to all students, faculty, and administrators involved in the examination process.

1. Purpose

The purpose of this policy is to establish guidelines for written examinations administered in the Doctor of Physical Therapy (DPT) program. Periodic assessment of content knowledge and clinical application via written examination is essential for teaching, learning, and evaluation purposes. This policy reflects the academic standards outlined in the Commission on Accreditation in Physical Therapy Education (CAPTE) Standards & Required Elements and the Physical Therapy Code of Ethics, ensuring integrity, fairness, and professionalism in the assessment process of rigorous physical therapy education. This policy also encourages students to strive for academic excellence and mastery of the material, ensuring adequate preparation to meet the demands of professional practice

2. Policy

This written examination policy is applicable to all major written examinations throughout the DPT program. This document establishes the rules and procedures regarding examination retake/remediation, scheduling, and student conduct for major written examinations.

3. Definitions

Major examination: Any written examination or quiz administered to a student in a proctored environment.

4. Major Written Examination Retake/Remediation

There is no opportunity for retake or formal remediation of written examinations.

4.1 Course instructors may present different opportunities for students to demonstrate understanding of course content.

5. Examination Scheduling

1. The course instructor will provide the date and time of each written examination in the course syllabus.
2. All major written examinations will occur during the assigned class time OR during non-class time that allows for full cohort participation.

Examinations scheduled during non-class time should remain between 10:00 AM – 6:00 PM Eastern US time.

Exceptions to the examination schedule may be made for students with an approved excused absence. In this case, an alternative examination schedule will be arranged by the course instructor and the student. Exceptions to the examination schedule will not be made for an unexcused or an unapproved absence.

3. Within a given course, all major examinations must be administered to all students at the same time, and in a proctored environment (In-

person/Examplify or ExamMonitor/Zoom). The length of time provided to complete an examination should not exceed the scheduled class time.

1. All students are expected to begin the major examinations at the designated start time scheduled by the course instructor.
2. Students are expected to refer to the course syllabus and/or Canvas materials to confirm the examination start time.
3. Failure to begin the examination within 15 minutes of the designated start time may result in a zero-grade for the examination.
4. Alternative testing arrangements recommended by the Office of Disability Resources and Services (DRS) at the University of Pittsburgh will be accommodated by the course instructor.

6. Testing Environment

1. Room expectations: Desk/table surfaces and the surrounding floor are free from any clutter that could be perceived as course material.
2. Any wall hangings, posters, or dry erase boards with course material **MUST** be covered or removed during the examination.
3. Skeletons or other course related models **MUST** be removed from the room.
4. For online testing, all students are expected to keep their laptop computers updated for use with the required proctoring software and associated browsers for all examinations and online work.
 1. Students are required to use a camera for all online proctored examinations as an added measure of security; cameras must be positioned such that the student's face is fully in frame and identifiable throughout the examination.
 2. It is required that an appropriate and private examination space is used for all online examinations.

Inappropriate examination spaces would include coffee shops or other public spaces, automobiles, and family occupied spaces within the home that would cause distraction and interruption with examination.

3. A secure and stable wireless internet connection is required for all online examinations.

Logging into an examination from a public Wi-Fi network is not preferred as this may often result in test takers being removed from ExamMonitor.

For technical issues related to Examplify or ExamMonitor, the student should contact ExamSoft Support directly at examsoft.com/contact.

7. Student Conduct Expectations

Beyond the course instructor, students should neither seek nor accept any assistance during the examination. It is imperative that students do not appear, to any degree, to seek or accept any such assistance (as monitored by the instructor or proctoring software). The student must recognize the necessity of strict adherence to all examination rules and the standards of academic integrity to avoid any unauthorized testing practices, and to avoid even the appearance of unauthorized practices.

It is required that students adhere to the following:

1. The [Program](#), [School](#), and [University](#) Academic Integrity Code

2. The program's Academic Integrity attestation
3. Smartwatches, cellphones, iPads, additional lap-tops, textbooks, class notes, "scrap paper", and/or peer-to-peer communication should not be accessed during an examination unless explicitly approved or required by the instructor.
 1. Access to the designated whiteboard and calculator tools will be permitted for online examinations.
 2. Only approved resources (which may vary by course) may be used
4. Headphones and air pods are not permitted during examinations; however, students can use traditional "ear plugs" for noise reduction purposes. Headwear should allow for clear observation of the head, ears and face.
 1. Exceptions will be granted for individuals requiring medical devices (i.e. hearing aids) as well as for individuals who wear headwear as part of their religious/ethnic practice.
5. To ensure adherence to conduct expectations, it is recommended that students be familiar with "red flag" activities as identified by the proctoring software used during written examinations. For example, eye movements that frequently and consistently move away from the test/computer screen, talking, or the use of non-approved course materials to complete the examination can produce a conduct warning to be reviewed by the course instructor.
 1. Students should exhibit professional behavior during examinations.
 2. Refrain from inappropriate language, getting up and moving around, leaving the room and re-entering, etc.
 3. Any student found to be out of compliance with any of the aforementioned requirements will be charged with violation of the written examination policy and the department's academic integrity policy.

8. Posting/Review of Examination Questions

Upon completion of a major examination, the questions and associated answers will not be made "automatically" available for students to review. To maintain examination integrity, instructors will develop an appropriate review plan that addresses areas of concern as reflected by the cohort's examination performance. Review plans will include a process for reviewing individual student inquiries in a manner that maintains examination integrity while also providing valuable "learning" feedback to the student.

Course instructors may consider individual review of major examination performance under the instructor's direct supervision or under the supervision of a teaching assistant, versus large-group review to reduce risk of examination integrity issues.

9. Consequences of Policy Violation

Failure to adhere to the examination policy may result in a letter-grade reduction or a zero-grade for the respective major examination and will result in a formal notification of a conduct violation (see Conduct Policy). See Graduate, SHRS, and DPT Student Handbooks for additional information related to academic policies and professional conduct.

10. Forms

There are no forms related to the policy.

Revision History

Maintained by Policy Committee – Revision Dates: 08/06/2024, 11/12/2025