



PHYSICAL THERAPIST ASSISTANT PROGRAM

Informed Consent

The following document outlines elements of the TCC PTA Program to which we feel candidates should be particularly aware, as they apply to expectations on student performance and participation in this educational program. Please read this statement carefully, feel free to ask questions for clarification, and consider the scope of the educational program into which you are enrolling. Please sign and date on page 3.

I _____ wish to be a participant in the Physical Therapist Assistant Program (PTA) at Tulsa Community College.

I understand that the program is academically rigorous and understand that knowledge and skills gained in General Education courses are foundational and will be applied throughout the educational process. I understand that the program will include academic, laboratory and clinical work performed in the classroom, laboratory, hospital or other clinical facilities and will include direct care or exposure to clients with a variety of illnesses and diseases. I understand that I may be exposed to disease carrying bacteria, and substances used to kill these organisms. I understand that as a student, I must do so with or without reasonable accommodations.

I understand that as a student in the program, I consent to participate in human subject demonstration and studies in the classroom, laboratory and clinical facilities as part of the educational process. I understand that I may also be videotaped, audio taped, or photographed in the course of this program. Participation in said activities necessitates the wearing of appropriate and specific clothing. Laboratory clothing for males include shorts and T-shirts and the males will be asked to expose their upper torso; females need shorts, T-shirts, and a sports bra. I understand that as a student, I must perform the above with or without reasonable accommodations.

I understand that I am responsible for my own transportation to and from academic and clinical experiences and that out of town travel or residence will be necessary to complete clinical education. I also understand that clinical attendance is mandatory and all absences are considered unexcused and that participation in clinical education may also require drug testing and criminal background information. I understand that I must do so with or without reasonable accommodations.

I understand that I must maintain good health and notify the school of any physical or mental limitations/problems that may affect my performance. As a student I must demonstrate the emotional stability to function effectively under stress and the ability to adapt to a changing, unpredictable environment. I understand that I must do so with or without reasonable accommodations.

I must submit proof of immunizations, a yearly negative examination for TB, CPR certification, and a background check. In addition, some clinical facilities may require a drug screening, and if so the cost may be incurred by me. I also understand that if requested by the school, I must provide a medical release from my physician to resume the program.

A student must be able to analyze and communicate information in English regarding a patient's status or performance to a physical therapist or other colleague using a variety of communication modes to include written, verbal, or electronic as would be appropriate to the situation. A student will be expected to seek the supervision and consultation of academic or clinical faculty in a timely manner. I understand that I must be able to interact effectively and build relationships with all individuals. I understand that I must do so with or without reasonable accommodations.

A student must be able to acquire the information presented through demonstrations and experiences in the program. A student must be able to observe a patient accurately, at a distance and close at hand, and observe and appreciate non-verbal communications when performing assessments, interventions, and treatments. A student must be capable of perceiving signs of disease and infection as manifested through physical assessment. Such information is derived from images of the body surfaces, palpable changes in tissue, smells, and auditory information (patient voice, heart and lung sounds). I understand sensory and observation requirements of this program. I understand that I must do so with or without reasonable accommodations.

Physical therapy is a dynamic profession dealing primarily with the assessment and management of movement disorders. To this end, students must be capable, within reason, of participating in physical activities typical in day-to-day self-care, must be able to perform motor function tests and treatments on others, and must be able to ensure the physical safety of a patient at all times. I understand that I must do so with or without reasonable accommodations.

I understand the physical requirements of this program to be strenuous. I must be able to with or without reasonable accommodations:

1. achieve Course "C" CPR certification
2. stand for 8 hours
3. sit for 8 hours
4. perform skills requiring manual dexterity, fingering and feeling
5. maintain good standing balance on all surfaces
6. administer manual exercises
7. perform skills requiring walking
8. safely transfer patients from all surfaces
9. measure vital signs
10. make simple mechanical adjustments and repairs of therapy equipment
11. lift up to 20# frequently
12. lift up to 50# occasionally
13. squat, stoop, kneel and/ or crawl

14. transport patients with wheelchairs and carts by pushing and pulling

I understand that I will be directed to the electronic versions of the Physical Therapist Assistant Program Student Handbook, the Clinical Education Student Handbook and the Student Code of Responsibility and Conduct for Tulsa Community College at the beginning of the fall term. I must adhere to all rules and regulations of the school and clinical sites. Ethical and professional conduct will be expected of all students. These characteristics encompass intelligence, compassion, empathy, altruism, integrity, responsibility and tolerance.

In consideration of being permitted to participate in the Physical Therapist Assistant Program, I understand that it is my responsibility to seek academic accommodation services. The faculty may be able to accommodate me if a formal request is made and official certification of the disability is completed.

I understand that the TCC PTA Program and its faculty have a responsibility to the public to assure that its graduates can be fully competent and caring in the role of a physical therapist assistant.

I hereby certify that I have read the entire document, that I am fully familiar with the contents of this document and that I fully understand its terms. Any questions that I have about this program and the contents of this document have been fully explained to my satisfaction. I am over 18 years of age.

Signature _____

Parent's Signature _____

(If student is a minor.)

Date _____