Lake Superior College Physical Therapist Assistant Program Military Bridge Program Recommendation Form

Section 1: To be completed by the applicant. THIS FORM MUST BE SENT DIRECTLY TO LAKE SUPERIOR COLLEGE BY THE SUPERVISING PHYSICAL THERAPIST

Applicant Full Name

Competence

Mailing Address					
City			_State		
Email Address			Phone		
Month/Year of completion *The recommendation must be Force applicants); the work exp	completed aft	er six months of	work experie	nce has concluded (or a	fter Journeyman training for Air
I freely and voluntarily wo	aive my right	ts of access to	any and al	l information conta	ined within this
Applicant Signature	pplicant SignatureDate				
Today's Date PT License credentials (sta					
StateZip					
Please mark this applican		appropriate f			Inadequate opportunity
	Excellent	Average	Average	Below Average	to observe
Accountability					
Responsibility					
Motivation/Initiative					
Safety					
Attitude					
Professionalism					
Intercultural					

1. How long have you known the applicant, and in what capacity?						
2. What do you consider the applicant's gre	atest streng	gths?				
3. What concerns, if any, do you have about degree program to become a physical thera			mic ability	and initiativ	ve to complete an online	
 4. Is there any other information you would like to share concerning the applicant? 5. Please complete the following section regarding this applicant. Please note that ratings less than 						
			nt. Please	note that i	ratings less than	
5. Please complete the following section r "Average" will disqualify the applicant fro			Average	note that i	ratings less than Comments	
	m admissio	n.** Above		Below		
"Average" will disqualify the applicant fro	m admissio	n.** Above		Below		
"Average" will disqualify the applicant fro	m admissio	n.** Above		Below		
"Average" will disqualify the applicant fro Clinical Behaviors Demonstrates integrity in all interactions Exhibits caring, compassion, and empathy in	m admissio	n.** Above		Below		
"Average" will disqualify the applicant fro Clinical Behaviors Demonstrates integrity in all interactions Exhibits caring, compassion, and empathy in providing services to patients	m admissio	n.** Above		Below		
"Average" will disqualify the applicant fro Clinical Behaviors Demonstrates integrity in all interactions Exhibits caring, compassion, and empathy in providing services to patients Accepts feedback without defensiveness Maintains a productive working	m admissio	n.** Above		Below		
"Average" will disqualify the applicant fro Clinical Behaviors Demonstrates integrity in all interactions Exhibits caring, compassion, and empathy in providing services to patients Accepts feedback without defensiveness Maintains a productive working environment	m admissio	n.** Above		Below		
"Average" will disqualify the applicant fro Clinical Behaviors Demonstrates integrity in all interactions Exhibits caring, compassion, and empathy in providing services to patients Accepts feedback without defensiveness Maintains a productive working environment Maintains patient privacy and modesty	m admissio	n.** Above		Below		

Applicant's Name _____

Reviews the physical therapist's			
examination/evaluation and plan of care			
Reports safety concerns to appropriate			
personnel (i.e., supervising PT)			
Initiates communication in difficult			
situations to promote resolution			
Creates appropriate written documents (i.e.,			
patient treatment records) following			
established guidelines			
Listens actively and attentively to			
understand what is being communicated by			
others			
Interprets and responds appropriately to the			
nonverbal communication of others			
Effectively instructs patients and other			
members of the health care team to meet			
goals			
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	Excellent	Above Average	Average	Below Average	Comments
Clinical Problem-Solving					
Demonstrates the ability to perform					
appropriately during an emergency					
situation to include notification of					
appropriate staff					
Demonstrates sound clinical decisions					
regarding patient treatment, treatment					
progression, and modification of					
treatment					
Collects and compares data from multiple					
sources to determine patient's readiness					
for treatment					
Interventions					
Therapeutic exercise, including					
aerobic/endurance, balance,					
coordination, posture/body mechanics,					
flexibility, gait, strength, relaxation, and					
neuromotor development training Physical agents and mechanical					
modalities, including cryotherapy,					
thermotherapy, ultrasound, compression,					
CPM, and traction					
Therapeutic techniques, including					
massage, passive range of motion,					
breathing strategies, wound care, and					
edema management					
Electrotherapeutic modalities, including					
biofeedback, iontophoresis, stimulation					
for muscle strengthening, stimulation for					
tissue repair, and stimulation for pain					
management					
Functional training, including ADLs,					
transfers, bed mobility, device and					
equipment use, and injury prevention					

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Please submit directly to:
Program Director, Physical Therapist Assistant Program, Lake Superior College
2101 Trinity Road
Duluth, MN 55811

Electronic submissions should be sent to ptamilitarybridge@lsc.edu