

**Lake Superior College
Physical Therapist Assistant Program**

Military Bridge Program Recommendation Form

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

Full Name _____

Mailing Address _____

City _____ State _____ Zip _____

Email Address _____ Phone Number _____

I freely and voluntarily waive my rights of access to any and all information contained within this recommendation.

Applicant Signature _____ Date _____

Section 2: To be completed by a physical therapist who has supervised the applicant in clinical practice after military training. Please print.

Applicant's Name _____

Faculty/Staff Name _____ Title _____

PT License credentials (state, license number) _____

Mailing Address _____ City _____

State _____ Zip _____ Email _____

Please mark this applicant as you see appropriate for each competency area.

	Excellent	Above Average	Average	Below Average	Inadequate opportunity to observe
Accountability					
Responsibility					
Motivation/Initiative					
Safety					
Attitude					
Professionalism					
Intercultural Competence					

Applicant's Name _____

1. How long have you known the applicant and in what capacity?

2. What do you consider the applicant's greatest strengths?

3. What concerns, if any, do you have about this applicant's academic ability and initiative to complete an online degree program to become a physical therapist assistant?

4. Is there any other information you would like to share concerning the applicant?

5. Please complete the following section regarding the applicant. **

	Excellent	Above Average	Average	Below Average	Comments
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					
Promotes the profession of physical therapy					
Communication					
Asks questions to clarify selected interventions as needed					
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					

	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:
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Duluth, MN 55811

Electronic submissions should be sent to j.worley@lsc.edu or by fax to (218) 733-2105