



Doctor of Physical Therapy Program

### Clinical Observation Form

The DPT program requires that each of our applicants observe or assist as a volunteer with a licensed physical therapist (PT) for a minimum of **forty** (40) hours, with at least **ten** (10) of those hours occurring in an inpatient setting (acute care, rehabilitation, etc..). The time you spend with a PT should provide you with a realistic perspective of the aspects of a physical therapy career. Please have the PT(s) you work with complete this evaluation form and return it to the address below.

**All observation forms must be submitted by June 1st. If your clinical observation hours will not be completed by this time, please attach a letter indicating anticipated date of completion.**

***Return to: School of Health Professions & Education, White Hall Room 230, 1600 Burrstone Road, Utica, NY 13502***

Student Name \_\_\_\_\_

Name of Clinical Facility \_\_\_\_\_

Facility Address \_\_\_\_\_

Facility Phone: \_\_\_\_\_

Type of Setting:  Outpatient  Acute  Rehab  Other \_\_\_\_\_

Total Observation Hours: \_\_\_\_\_

In what capacity?  Observation  Volunteer  Other (specify) \_\_\_\_\_

**Optional comments: On the reverse of this form or on a separate sheet, please identify qualities of this student that you believe will help the student successfully complete the DPT program at Utica College.**

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\_\_\_\_\_  
PT's Signature, Institution and Department

\_\_\_\_\_  
Print or Type PT's Name, Title and Date

***Thank you for your assistance. We greatly appreciate your willingness to allow our potential students to observe and participate.***

# UTICA

COLLEGE

Doctor of Physical Therapy Program

Additional Comments:

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\_\_\_\_\_  
PT's Signature, Institution and Department

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Print or Type PT's Name, Title and Date

Guidelines for 40 Volunteer Hours of Physical Therapy Experience

The following are recommended experiences for the required 40 volunteer hours:

1. Observe the initial examinations of physical therapy patients.  
Examples: strength, range of motion, gait, function, and other tests and measures.
2. Observe treatment interventions of patients by physical therapists.  
Examples: therapeutic exercise, manual therapy, functional training, gait training, and modalities such as ultrasound and electrical stimulation.
3. Become familiar with the equipment used in the physical therapy department.
4. View a blank patient billing sheet and physical therapy notes/documentation in various physical therapy settings.
5. Observe physical therapy interventions with patients who have a variety of conditions.  
Examples:
  - a. Orthopedic (Patients with the diagnoses of low back strain, cervical/neck strain, rotator cuff tear, total knee replacement)
  - b. Neurologic (Patients with the diagnoses of cerebral vascular accident (CVA) – stroke, traumatic brain injury, spinal cord injury)
  - c. Cardiopulmonary (Patients with the diagnoses of chronic obstructive pulmonary disease, myocardial infarction)
  - d. Pediatric (Patients <21 years with diagnoses of cerebral palsy, spina bifida, muscular dystrophy)
  - e. Geriatric (Patients >65 years with diagnoses of osteoporosis, total hip replacement, cancer, Parkinson's disease, Alzheimer's)
6. Please find opportunities to observe in a variety of settings.  
Examples:
  - a. Acute Care
  - b. Inpatient Rehabilitation
  - c. Skilled Nursing Facilities
  - d. Outpatient
  - e. School Systems
  - f. Home Health