Revised Clinical Performance Instruments: APTA Clinical Performance Instrument for PTs (PT CPI) 3.0 and PTAs (PTA CPI) 3.0



Preliminary information for PT CPI and PTA CPI subscribers to assist with the transition to the revised tools.

In 2022, APTA made the decision to invest in the psychometric review of the PT and PTA CPIs to align the content and scoring model to best practices in 2023. That work was completed in partnership with Human Resources Research Organization (HumRRO) in November 2022. APTA is currently working with its new technology vendor, Competency.AI, to have these tools available for use in an electronic, mobile friendly platform.

APTA is aware that academic programs and clinical sites need to be able to review the revised proficiency domains, behaviorally anchored rating scales, and rater instructions for the revised tools ahead of their launch on the technology platform. This information is being provided to assist users prepare for the transition. **Note:** These sample paper versions of the revised tools do not include the fields for critical incident, narrative comments, and other features.

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Revised Uses of the CPIs

Formative Uses (Low-Stakes)

Providing a checkpoint for the student's progress during their clinical experience while helping to identify deficits and areas for growth in the student's performance and/or skills: DCEs use performance ratings and comments on the midterm evaluation to determine if the student is on track to pass their clinical experience. Additionally, DCEs examine changes in ratings and feedback from the student's midterm evaluation to their final evaluation. If the CPI indicates gaps in the student's clinical performance, then the DCE and CI use that information to determine what types of additional support are necessary to help the student. The final CPI evaluation serves as a "mentoring guide" or tool for professional development before the student moves on to their next clinical experience.

When using the CPIs for this purpose, key stakeholders should take into consideration that CPI ratings are only completed at two points during the student's clinical experience (midterm and final); thus, the CPI does not serve as a tool to help *continuously* monitor the student's progress throughout their clinical experience. Moreover, CPI ratings should be based on where the student is at when the CPI is completed, not based on where they were in the weeks prior to the evaluation.

Facilitating the student's self-assessment of their clinical performance: The CPI serves as a tool to help students engage in self-assessment of their clinical performance at the midpoint and end of their clinical experiences. One useful feature of the CPIs is the sample behaviors embedded throughout the instruments. These sample behaviors provided in the CPI help guide students in creating thoughtful written comments. Ultimately, DCEs and CIs will work with students to guide and support students who rate themselves on the lower end or who rate themselves much higher than the ratings provided by their CI.

When using the CPIs for this purpose, key stakeholders should take into consideration that the length of the CPI could lead to limited written feedback from students. Thus, limited written comments from the student should not always be interpreted as lower levels of self-reflection. Further, the CPI provides only one checkpoint for students to complete a self-assessment; however, students should engage in self-assessment of their clinical performance on an ongoing basis.

Identifying areas of discordance in evaluation and/or expectations between the CI and the student: The CPI reinforces communication between the students and their instructors and provides insight into whether more frequent communication is needed. If the CI observes lower ratings from the student, they can work with the student to help instill confidence in the student. If necessary, CIs can provide the DCE with additional feedback on the student's performance in the form as an addendum to the original CPI after meeting with the student to discuss their ratings.

When using the CPIs for this purpose, key stakeholders should take into consideration that completing the CPI is already a large time commitment for the CI and asking the CI to meet again with the student to discuss their ratings adds to this time commitment. Key stakeholders should also keep in mind that allowing the CI and student to view each other's ratings and feedback before the CI and student have both signed off on their CPIs could sway the other's ratings.



Summative Use (High-Stakes)

Guiding the DCE's decision on the student's pass-fail status for their clinical experience: The CPI is used to provide data on a PT or PTA student's performance during their clinical experience. There are thresholds or criteria for the CPI performance ratings to help DCE's determine a student's pass-fail status for their clinical experience. DCEs also use the written comments from the CPI to support their decisions for whether a student passes or fails their clinical experience. Overall, key stakeholders described the CPI as most useful for determining readiness to enter practice when the student is participating in a clinical experience at the end of their clinical education program (i.e., a terminal clinical).

When using the CPIs for this purpose, key stakeholders should take into consideration that the CPI is only one piece of information that is used to determine a student's pass-fail status. Additionally, ratings and rating methods tend to be inconsistent across CIs due to differing interpretations of the rating scales. For example, CPI ratings are dependent on the CI's ability to conceptualize entry-level, especially if the CI is in a specialty setting (e.g., level-one trauma, pediatrics). Entry-level ratings should be based on readiness to practice in a *general* clinical setting, not readiness to practice in a *specific* specialty clinical setting. CIs may also interpret entry-level as practicing at the level the CI is currently at rather than at the level the CI was at when they first started practicing.

Inappropriate Uses of the CPIs

Standards 4.1 and 6.10 of the AERA/APA/NCME standards establish the need for test developers to identify potential limitations and inappropriate uses of test results to avoid misinterpretation and misuse of test scores by test users (AERA, APA, NCME, 2014). During our interviews, the key stakeholders identified the following for which the CPI should *not* be used. During the focus group workshops, we asked key stakeholders to confirm that each of the uses listed below were inappropriate. Group discussions were guided by the following questions:

- Do you feel this an inappropriate use for the CPIs? Why or why not?
- Would this be an inappropriate use for all CPI users or for a specific group?

In the end, each of the initial inappropriate uses for the PTA and PT CPIs were confirmed as being inappropriate during the focus group workshops. We provide further details on each use below.

Determining if a student is ready to sit for the Board exam: The CPI is more performance based while the Board exam is more knowledge based. Additionally, the CPI does not touch on didactic knowledge as it is not the intent of the tool. Overall, there are other academic factors that likely serve as more appropriate indicators to determine if a student is prepared for the Board exam.

Making comparisons about the relative effectiveness of education programs: The CPI should not be used to make judgments on the overall effectiveness of education programs, nor to compare the relative effectiveness of various education programs because the CPI does not account for differences in program design (e.g., the duration of the clinical experience, sequencing of clinical experiences). Key stakeholders stated that more breadth is necessary in comparing clinical education programs, not just the CPI; that's only one "piece of the puzzle."



As the single deciding factor for whether a student should be recommended for removal from their PT/PTA program: The red flag indicator in the CPI serves as a method of notifying the DCE of any immediate problems with the student's behavior or performance; however, the CI and DCE typically discuss any major concerns before using the red flag system is necessary. Key stakeholders described information from the CPI as a "consideration" but not a determining factor and stated that DCEs should not use the CPI as the only data point in making decision on a student's status. It should be used in combination with other data points. Despite this, the CPI provides a source of documentation and rationale for issues such as unethical or unprofessional behavior and safety concerns.



Final PT CPI BARS¹

Rating Instructions

The key to accurately evaluating the student you are rating is to match their typical behaviors in the clinical setting to the descriptions in the rating scales. Four pieces of information are provided for each performance criterion: (1) a description of the performance criterion, (2) statements or "anchors" that describe the six performance levels (Beginning Performance, Advanced Beginner Performance, Intermediate Performance, Advanced Intermediate Performance, Entry-Level Performance, and Beyond Entry-Level Performance), (3) percentage ranges for the student's level of required clinical supervision and caseload (except for the 'Professionalism' domain where these benchmarks are less applicable), and (4) example behaviors that further clarify the performance levels. It is critical to rely on these descriptors while making your ratings. Doing so will help to ensure that all students within and across programs are assessed using the same standards.

When making your ratings, think about all aspects of the student's clinical behavior during their current clinical placement. Then, find the example behaviors that best represent the student's typical clinical behavior or performance. For each performance criterion, example behaviors span across two performance levels (Beginning Performance – Advanced Beginner Performance; Intermediate Performance – Advanced Intermediate Performance; Entry-Level Performance – Beyond Entry-Level Performance). Please remember that the example behaviors are provided to illustrate the types of behaviors associated with different levels of performance. Not all example behaviors may be relevant to the student you are rating, and they are not intended to be an exhaustive list of behaviors representative of all performance at that level. Rather, they are provided as examples of the types of behaviors that constitute different performance levels for each criterion.

When deciding between performance levels, consider where (a) the student's level of supervision and caseload falls on the rating scale and (b) the majority of the behaviors that best represent the student's performance fall on the rating scale. If the student's clinical performance spans multiple performance levels, consider where there is a preponderance of evidence and make your rating at that level.

Finally, when making your ratings, it is important to remember the following:

- Do not compare the student you are rating to other students. Each student's effectiveness should
 be determined by comparing their clinical behavior to the standards provided on the rating scales, and
 not by comparing them to others. In other words, you should make absolute rating judgments (e.g.,
 comparing students to a specific, common standard), not relative rating judgments (i.e., comparing
 students to each other).
- Do not allow your general impression of a student to influence your ratings of the separate performance criteria. Rather, you should focus on one performance criterion at a time, not letting the student's overall clinical performance or the ratings you have given that student on other performance criteria affect your current performance criterion rating.
- Lastly, remember that every student has strengths and areas for development. Your ratings should clearly reflect the student's strengths and less effective clinical behaviors, as appropriate.

¹ While not reflected in the pages that follow, the stakeholders advised that a checkbox be included to denote any safety violations.



Professionalism: Ethical Practice

Description: Practices according to the Code of Ethics for the Physical Therapist; demonstrates respect for self, the patient/client, and colleagues in all situations.

Scale	Beginning Advanced Beginner Performance		Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance			
Sample Behaviors (NOT an exhaustive list)	standards by which the Identifies obvious une in the clinical setting. Identifies, acknowledge responsibility for their Maintains patient/clier	ges, and accepts actions. nt confidentiality. nd respectful manner with	their clinical practice Articulates most of the Ethics for the Physic Reports clinical error CI. Gathers objective inforegarding any potential observed in the clinic Seeks advice from Copotentially unethical clinical setting. Seeks assistance with addressing unethical observed in the clinical setting.	s without prompting from the ormation to support questions ially unethical behaviors cal setting. If on how to address behaviors observed in the the executing plans for behaviors. It ime and effort to meet does not rush treatment	clinical practice settin Adheres to the element for the Physical There Consistently identifie Uses resources (e.g. for addressing and reference therapy services to underrepresented passessing to the services to provide passessing to the services to provide passessing the services the services to provide passessing the services t	s unethical behaviors. , hospital ethics committee) esolving ethical conflicts. d and advocates for physical inderserved and attent/client populations. tient/client services that go		



Professionalism: Legal Practice

Description: Practices according to legal and professional standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.

	Beginning Performance Advanced Beginner Performance		Intermediate Performance	Advanced Intermediate Performance	Entry-Level Beyond Entry-Level Level Performance	
Rating	should abide. Identifies obvious viol professional practice others in the clinical set Adheres to patient/clipractice standards (edocumentation system others, speaks in a loa patient's/client's case Discusses patient/clie others involved with terms involved with terms involved violes in the specific professional practice of the practice of t	standards by which they lations of legal and standards performed by setting. lent privacy laws and e.g., keeps patient/client ms out of line of sight of low volume when discussing se). lent information only with that patient's/client's care. ssonance that can arise	practice standards including federal, st regulations. Gathers some object questions regarding observed in the clinton Reports clinical error of legal and profess observed in the clinton Seeks appropriate strong of legal and profess observed in the clinton Seeks appropriate strong of legal and profess observed in the clinton Seeks appropriate strong of legal and profess observed in the clinton Seeks appropriate strong of legal and profess observed in the clinton Seeks appropriate strong or seeks appro	the legal and professional related to patient/client care, ate, and institutional ctive information to support g perceived illegal activity ical practice setting. Ors without prompting from CI. CI on how to address violations sional practice standards ical setting. Sources to report any perceived and professional practice in the clinical setting.	standards, includir institutional regula care. Readily identifies of professional practice. Gathers objective questions regardir observed in the client Answers any questions perceived illegal of that can arise during textbook care versions.	information to support any ng perceived illegal activity nical practice setting. Itions to support reports of runprofessional behavior. Solves cognitive dissonance ng clinical training (i.e., ius clinical care).



Professionalism: Professional Growth

Description: Accepts and is receptive to feedback; participates in planning and/or self-assessment to improve clinical performance; contributes to the advancement of the clinical setting through educational opportunities; seeks out opportunities to improve knowledge and skills.

Scale	Beginning Performance	Advanced Beginner Performance	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry- Level Performance
Sample Behaviors (NOT an exhaustive list)	their clinical performa practice knowledge. Participates in plannir performance and/or c knowledge. Develops and prioritiz long-term goals for impractice skills. Takes initiative to con	ng to improve clinical dinical practice res several short- and approving their clinical armunicate their clinical arning needs to the CI.	an effort to improve and/or clinical praction that are relevant to to the Researches diagnos in the clinic that are relevant to the Revises previously expanding the participating in additional reflects on effect interventions.	Il opportunities and resources neir clinical setting. es and treatments encountered unfamiliar. stablished short- and long-term clinical practice skills after onal educational opportunities. Irmation in the clinical setting	effort to improve p Seeks out evidence Recognizes when with individuals wi experience/expert meet the patient's. Participates in disc foster their own pr the professional g Demonstrates the and/or share their Shares articles or colleagues for edu their areas of inter patient/client popu Participates in the education opportu a local or national Seeks out additior	e-based research. referral to or consultation th greater ise is warranted in order to 'client's needs. cussions with colleagues to ofessional growth or aide in rowth of their colleagues. ability to effectively teach professional knowledge. information with their icational purposes within est or within the needs of the lation. development of continuing nities for the institution or on level. all opportunities to improve ills that are beyond the day-



Interpersonal: Communication

Description: Demonstrates professional verbal and nonverbal communication with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues); adapts to diverse verbal and nonverbal communication styles during patient/client interactions; utilizes communication resources (e.g., translators) as appropriate; incorporates appropriate strategies to engage in challenging encounters with patients/clients and others; facilitates ongoing communication with physical therapist assistants regarding patient/client care.

Scale	Beginning Performance	Advanced Beginner Performance	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry- Level Performance	
Rating S	1	2	3	4	5	6	
Supervision/ Caseload	 100% of the time ma with non-complex con 	n to share a caseload	less than 50% of the patients/clients with and 25 - 75% of the ti patients/clients with student maintains at	non-complex conditions	A student who is capable of working independently while managing patients/clients with non-complex and complex conditions and seeks guidance/support as necessary. The student is capable of maintaining 100% of a full-time, entry-level physical therapist's caseload.		
Sample Behaviors (NOT an exhaustive list)	 Demonstrates basic prito effective communication their caregiver(s) (e.g., low vision, low health lier Typically demonstrates communication with pasituations. Demonstrates basic priappropriately with othe Identifies the patient's/sistyle and uses their prethroughout most of the Accesses and begins usessistance. Discusses patient/clien providers. Differentiates between terminology. 	s effective verbal and non-verbal attents/clients in non-complex oficiency in communicating or healthcare providers. client's preferred communication eferred communication episode of care. using translation services with	and non-verbal comm Uses appropriate training translator, sign langue Typically refrains from patient/client. Communicates with a patient/client care in care between clinicia. Asks the patient/clier their medical history information during the Asks the patient/clier throughout the epison	or using technical jargon with the other clinicians regarding order to facilitate a continuum of ns/disciplines. In pertinent questions related to and medical screening to gain	communication with situations. Recognizes when conseeks external assists Demonstrates effect patients/clients in dintopics, emotional site empathy in order to establishes rapport caregiver(s) through Facilitates ongoing of the teams regarding paten Provides constructive verbal and non-verbappropriate.	ommunication is ineffective and stance for mediation as needed. tive communication with fficult situations (e.g., difficult uations) with respect and meet patient's/client's goals. and trust with patient/client and effective communication. communication with physical and the intra/interprofessional tient/client care. We feedback to others on effective as communication, when a situations of potential conflict.	



Interpersonal: Inclusivity

Description: Delivers physical therapy services with consideration for patient/client diversity and inclusivity for all regardless of age, disability, ethnicity, gender identity, race, sexual orientation, or other characteristics of identity; Provides equitable patient/client care that does not vary in quality based on the patient's/client's personal characteristics (e.g., ethnicity, socioeconomic status).

Scale	Beginning Performance	Advanced Beginner Performance	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry- Level Performance	
Rating S	1	2	3	4	5	6	
Supervision/ Caseload	A student who requires clir 100% of the time managing non-complex conditions an managing patients/clients v conditions. The student ma or may begin to share a cas instructor.	patients/clients with nd 100% of the time with complex ny not carry a caseload	A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 - 75% of a full-time, entry-level physical therapist's caseload.		A student who is capable of working independently while managing patients/clients with non-complex and complex conditions and seeks guidance/support as necessary. The student is capable of maintaining 100% of a full-time, entry-level physical therapist's caseload.		
Sample Behaviors (NOT an exhaustive list)	 inclusivity regardless of aggender identity, race, sext Displays empathy in most Identifies some individual may be impactful to the patent's/client's backgrourgardless of their backgrourgardless of their backgrounderstanding of cultural ghomeless, mental health, incarcerated). 	 inclusivity regardless of age, disability, ethnicity, gender identity, race, sexual orientation, etc. Displays empathy in most patient/client interactions. Identifies some individual or cultural differences that may be impactful to the patient/client. Demonstrates a general understanding of the patient's/client's background and is respectful regardless of their background. Asks the patient/client some questions to improve understanding of cultural group differences (e.g., homeless, mental health, individuals who are incarcerated). Responds professionally to patients/clients with 		 Seeks additional information on patient/client populations with cultural differences with which they may be less familiar. Reflects on and identifies personal biases. Seeks out resources to manage personal biases. Recognizes socioeconomic, psychological, and economical influences that might impact care and identifies possible avenues to address these concerns. 		 Provides patient/client care that does not vary in quality based on the patient's/client's personal characteristics, including age, disability, ethnicity, gender identity, race, sexual orientation, etc. Assesses, reflects, and manages own biases, on an ongoing basis so that they do not interfere with the delivery of patient/client care. Demonstrates sufficient knowledge of various cultures and backgrounds in order to effectively treat and provide equitable patient/client care. Identifies when equitable care is not being provided to a patient/client and takes steps to correct their course of care. Advocates for their patients/clients in order for them to receive the appropriate course of care needed to address their physical therapy needs. Advocates for patient/client populations on a 	



Technical/Procedural: Clinical Reasoning

Description: Strategically gathers, interprets, and synthesizes information from multiple sources to make effective clinical judgments; applies current knowledge and clinical judgement leading to accurate and efficient evaluations including: selection of examination techniques, diagnosis, prognosis, goals, and plan of care; ensures patient/client safety via medical screening during the episode of care and when making discharge and progression decisions; presents a logical rationale for clinical decisions with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues).

Scale	Beginning Performance	Advanced Beginner Performance	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry- Level Performance	
Rating S	1	2	3	4	5	6	
Supervision/ Caseload	A student who requires – 100% of the time many with non-complex cond time managing patients, conditions. The student caseload or may begin to with the clinical instruct	aging patients/clients itions and 100% of the /clients with complex t may not carry a to share a caseload	A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 - 75% of a full-time, entry-level physical therapist's caseload.		independently while managing patients/clients with non-complex and		
Sample Behaviors (NOT an exhaustive list)	 Performs chart review with assistance to determine a patient's/client's continued appropriateness for services. Identifies appropriate medical history and screening questions with assistance to ensure patient/client safety during the episode of care. Works with the CI to identify patient/client impairments, activity limitations, and participation restrictions. Selects basic therapeutic interventions that address the patient's/client's functional limitations. Explains their rationale for treatment choices according to the level of the experience and the didactic material covered up to that point. Articulates clinical thought processes using the International Classification of Functioning, Disability, and Health (ICF) model. Identifies all red flags that contraindicate treatment. Recognizes the need for clarification and seeks assistance from the CI as appropriate. 		sources (e.g., subjecti measures) for non-cor screening. Makes sound clinical content interventions when makes a lidentifies progression. Uses hypothetico-ded patient/client case with Verbalizes rationale to Demonstrates the abil apply to patient/client.	support specific interventions. ity to use pattern recognition to cases. I needs to be notified based on a	 Collects, interprets, and compares data from multiple sources (e.g., subjective history, objective tests, and measures) for complex cases to guide medical screening. Makes sound clinical decisions during treatment interventions when managing patients/clients with complex disorders. Identifies diverse interventions to progress or regress the patient's/client's plan of care. Acknowledges ineffectiveness of chosen interventions based on reflection. Articulates alternative options to provide effective patient/client care. Articulates the benefits and challenges of various treatment options. Provides suggestions to CI regarding changes in the plan of care citing evidence-based resources. Utilizes ongoing professional development and scholarly resources to make clinical decisions. 		



Technical/Procedural: Examination, Evaluation, and Diagnosis

Description: Performs evidence-based initial and re-examination tests and measures that are relevant to the practice setting; rules out other pathologies and refers to or consults with other healthcare professionals as necessary; evaluates data from the patient/client examination (e.g., history, systems review, tests and measures, screening, and outcome measures) to make clinical decisions, including the determination of a diagnosis to guide future patient/client management.

Scale	Beginning Performance	Advanced Beginner Performance	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry- Level Performance
Rating	1	2	3	4	5	6
Supervision/ Caseload	A student who requires clini 100% of the time managing pronon-complex conditions and managing patients/clients which conditions. The student may or may begin to share a case instructor.	patients/clients with I 100% of the time ith complex not carry a caseload	A student who required less than 50% of the time patients/clients with not and 25 - 75% of the time patients/clients with construction and the student maintains at less time, entry-level physical caseload.	me managing on-complex conditions he managing omplex conditions. The least 50 – 75% of a full-		nanaging on-complex and nd seeks necessary. The student ing 100% of a full-time,
Sample Behaviors (NOT an exhaustive list)	Performs a comprehensive chacases. Identifies appropriate subjective screening considerations, and measures with assistance for measures with assistance for measures an initial examination history taking, previous medical objective tests and measures vecomplex cases. Discusses anatomy as it relate condition(s).	e history questions, basic objective tests and non-complex cases. , including subjective al history screening, and with assistance for non-	cases. Uses subjective and obexaminations to develo diagnosis for non-composets appropriate short-identified and/or anticipicases. Performs re-examination history and objective tecomplex cases. Develops differential discomplex cases. Identifies limiting factor Consistently makes applischarge recommendations	p a physical therapy plex cases. and long-term goals for ated deficits in non-complex ons, including subjective sts and measures for non-agnosis options for non-sin recovery. Dropriate patient/client ations for non-complex cases. ther healthcare providers	including subjective his history screening, and for complex cases. Sets appropriate short identified and/or anticip cases. Works through differer examination/evaluation complex cases. Uses evidenced-based synthesize findings fro examination to determ treatment or referral. Consistently makes ap discharge recommend	ations for complex cases. ders in the process of handing



Technical/Procedural: Plan of Care and Case Management

Description: Establishes a physical therapy plan of care that is safe, effective, patient/client-centered, and evidence-based while also considering prognostic factors; adapts plan of care as appropriate by utilizing test and retest measures, outcome measures, and caseload discussions to ensure patients/clients are progressing toward discharge goals.

Scale	Beginning Performance	Advanced Beginner Performance	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry- Level Performance
Rating (1	2	3	4	5	6
Supervision/ Caseload	A student who requires cl – 100% of the time manag with non-complex condition time managing patients/cl conditions. The student m caseload or may begin to with the clinical instructor	ing patients/clients ons and 100% of the lients with complex nay not carry a share a caseload	A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 - 75% of a full-time, entry-level physical therapist's caseload.		A student who is capable of working independently while managing patients/clients with non-complex and complex conditions and seeks guidance/support as necessary. The student is capable of maintaining 100% of a full-time, entry-level physical therapist's caseload.	
Sample Behaviors (NOT an exhaustive list)	of care. Develops patient-/client- Modifies goals based on response to the treatmer Typically includes the pacare development, include care development, include safe, effective, and patient assistance. Answers most of the tecthe patient/client effective cases. Assists with implementing outcome measures.	 of care. Develops patient-/client-centered goals. Modifies goals based on the patient's/client's response to the treatment with assistance. Typically includes the patient/client in the plan of care development, including goal setting. Carries out an established plan of care that is safe, effective, and patient-/client-centered with assistance. Answers most of the technical questions from the patient/client effectively for non-complex cases. Assists with implementing use of routine outcome measures. Assists with re-evaluations and discusses 		 Demonstrates understanding of prognosis and designs a plan of care with an appropriate timeline for the patient's/client's specific diagnosis. Monitors and adjusts the plan of care using test and retest measures to determine the need for continued therapy services or discharge planning. Recognizes the patient's/client's tolerance to an activity and progresses or regresses the intensity of the activity accordingly. Suggests alternative interventions that are evidence-based and congruent with the plan of care. Recognizes where further referral to or consultation with other specialties might be warranted. Answers most of the technical questions from the patient/client effectively for complex cases. 		es complex cases based a reaction to the established by by implementing cased activities to progress still adhering to the re. her healthcare tatus of the plan of care to discharge plan. ts/clients and/or caregivers interprofessional team ical decisions regarding als or discharge



Technical/Procedural: Interventions and Education

Description: Selects and performs appropriate physical therapy interventions (e.g., therapeutic exercise, therapeutic activity, neuromuscular re-education, application of modalities, manual therapy) that are evidence-based and completed in a competent and efficient manner; consults with interprofessional colleagues as appropriate (e.g., nurse, physician, occupational therapist, speech-language pathologist, orthotist-prosthetist) to seek advice or an opinion; educates patients/clients and caregivers using multimodal approach based on patient's/client's learning style; educates healthcare team on relevant topics by taking an active role in activities (e.g., journal clubs) or in-service opportunities.

Scale	Beginning Performance	Advanced Beginner Performance	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry- Level Performance	
Rating	1	2	3	4	5	6	
Supervision/ Caseload	75 – 100% of the time patients/clients with n and 100% of the time	non-complex conditions managing complex conditions. The a caseload or may	than 50% of the time with non-complex coutime managing patien	es clinical supervision less managing patients/clients nditions and 25 - 75% of the its/clients with complex ent maintains at least 50 – try-level physical	A student who is capable of working independently while managing patients/clients with non-complex and complex conditions and seeks guidance/support as necessary. The student is capable of maintaining 100% of a full-time, entry-level physical therapist's caseload.		
Sample Behaviors (NOT an exhaustive list)	therapeutic interventio Identifies viable option assistance to address deficits. Performs basic therape one or more problems Identifies the preferred patient/client and adap information to meet pa Identifies some of the	as for interventions with objective and functional eutic interventions that address in patient's/client's diagnosis. I learning style of the ots delivery of educational tient's/client's needs. potential barriers to learning rks with the CI in order to	exercise, therapeutic education, application safely, competently, a cases. Delivers patient/clien decision making safe non-complex cases. Adapts interventions Educates the patient/ anatomical rationale/ patient's/client's diag	interventions (e.g., therapeutic activity, neuromuscular renof modalities, manual therapy) and efficiently for non-complex t education using evidence-based ly, competently, and efficiently for based on patient/client response. (client and/or caregiver(s) on reasoning component for the nosis for non-complex cases. 's/client's and caregiver's cational information.	exercise, therapeut education, applicati safely, competently cases. • Determines when in require modification making. • Delivers patient/clie based decision makefficiently for complement of the patient of a post-falus part of a post-falus educates the patient therapeutic interver management at hore.	elients and caregivers on evention (e.g., floor-to-sit transfers I recovery strategy). It's/client's caregivers on directing ations for patient/client selfme or post-discharge. It is similar team members on aking an active role in educational	



Business: Documentation

Description: Produces quality documentation that includes changes in the patient's/client's status, descriptions and progressions of specific interventions used, and communication among providers; maintains organization of patient/client documentation.

Scale	Beginning Performance	Advanced Beginner Performance	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry- Level Performance
Rating §	1	2	3	4	5	6
Supervision/ Caseload	75 – 100% of the tim patients/clients with conditions and 100% patients/clients with	non-complex % of the time managing complex conditions. t carry a caseload or	50% of the time manage complex conditions ar managing patients/clie	ents with complex conditions. at least 50 – 75% of a full-time,	A student who is capable of working independently while managing patients/clients with non-complex and complex conditions and seeks guidance/support as necessary. The student is capable of maintaining 100% of a full-time, entry-level physical therapist's caseload.	
Sample Behaviors (NOT an exhaustive list)	documentation of SOAP). Typically identifie within the document necessary composition. Assists with production accurate information patient's/client's submits assessment, and Demonstrates awa appropriate document for Submits document.	documentation of an initial evaluation (e.g., SOAP).		tation that includes changes in interventions, a thorough ent/client tolerance, and progression tation of the patient's/client's plan of a and error-free. For patient/client progression and zes documentation in a reasonably	the need for ongo patient/client. Includes comparitime and across the assessment response to skille Provides docume external payer re Participates in quof documentation review, goals ach	entation that supports quirements. lality improvement review n (e.g., chart audit, peer



Business: Financial Management and Fiscal Responsibility

Description: Identifies financial barriers and limitations to patient/client care (e.g., authorization limits, cost to patient); adjusts plan of care and schedule frequency based on the patient's/client's financial concerns or needs; understands nuances of insurance including copay, co-insurance, out-of-pocket max, deductible, etc.; appropriately bills patients/clients according to legal guidelines and insurance regulations; demonstrates appropriate understanding of other fiscally responsible behaviors, including time management and appropriate use of clinical supplies and equipment when providing physical therapy services.

Scale	Beginning Advanced Beginner Performance		Intermediate Performance			Beyond Entry- Level Performance
Rating S	1	2	3	4	5	6
Supervision/ Caseload	A student who requires 75 – 100% of the time m patients/clients with nor conditions and 100% of patients/clients with cor The student may not car may begin to share a ca clinical instructor.	anaging n-complex the time managing mplex conditions. rry a caseload or	50% of the time managing complex conditions and managing patients/client	s with complex conditions. least 50 – 75% of a full-time,	A student who is capable of working independently while managing patients/clients with non-complex and complex conditions and seeks guidance/support as necessary. The student is capable of maintaining 100% of a full-time, entry-level physical therapist's caseload.	
Sample Behaviors (NOT an exhaustive list)	Demonstrates a general practices according to le (e.g., Medicare 8-minute terminology (CPT) codes Recognizes and follows guidelines of insurance r clinical setting. Typically identifies the al techniques that would fa codes to ensure appropr Typically identifies where in the patient's/client's el or chart. Requires guidance from management. Demonstrates understar requirements of the facili treatment time.	egal/federal guidelines erule, current procedural s, ICD-10 codes). most of the legal regulations for their ppropriate exercises and all under various CPT riate billing practices. e to find billing information lectronic medical record the CI related to time	copay, co-insurance, out-ofor the patient's/client's fin Typically identifies financial patient/client care (e.g., au patient/client) and adjusts to meet the patient's/client Appropriately bills patient/and insurance regulations Demonstrate appropriate to cases. Assists with scheduling to patient/client and directs cappropriate.	plan of care and schedule frequency 's needs and concerns. client according to legal guidelines ime management with non-complex	 Completes accurate, timely billing that is in accordance with each insurance agency's requirements. Answers insurance questions from the patient/client. Structures clinically appropriate treatment plan within patient/client payment restrictions to ensure adequate patient/client care. Advocates for patient/client needs through communication with insurance companies and providers. Demonstrates appropriate time management with complex cases. Demonstrates awareness of clinical supplies and the impact on the utilization of financial resources of the organization. Demonstrates awareness of equipment recommendations or continuum of care recommendations made for patient/client with regards to financial resources available to patient/client. 	



Responsibility: Guiding and Coordinating Support Staff

Description: Actively participates in caseload discussions with interprofessional colleagues to optimize patient/client outcomes; delegates tasks to support staff as appropriate; identifies patient/client complexity model of care when scheduling patients/clients with a physical therapist assistant versus a physical therapist.

Scale	Beginning Performance	Advanced Beginner Performance	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry- Level Performance
Rating \$	1	2	3	4	5	6
Supervision/ Caseload	and 100% of the time n	managing on-complex conditions nanaging omplex conditions. The a caseload or may	than 50% of the time man with non-complex condithe time managing patients	ents/clients with complex t maintains at least 50 –	with non-complex ar seeks guidance/sup	managing patients/clients nd complex conditions and port as necessary. The f maintaining 100% of a
Sample Behaviors (NOT an exhaustive list)	 delegation to support personnel (e.g., PTA) Articulates most of the responsibilities of the setting. Articulates who can patient/client in the cat hand. 	e, and federal) related to rt staff and licensed A). he roles and ose within the clinical best serve the clinical setting for the task ectfully with support staff nel (e.g., PTA). m support staff on	compliance with orgato support staff and I PTA). Begins to identify chaimplement to addres in their plan of care. Participates in caselo patient/client outcomexpected.	asks, as appropriate, and in anizational/state/federal law icensed personnel (e.g., anges that support staff may s patient/client progression and discussions to ensure es are progressing as tion from support staff.	plan of care. Identifies patient/c when scheduling p PTA. Participates in cas interprofessional c presentation, prog optimize patient/cl Anticipates and pla staff. Supervises suppor (e.g., PTA). Monitors the outco receiving physical support staff and li and provides feedl improvement.	ans for the need for support It staff and licensed personnel I



Final PTA CPI BARS²

Rating Instructions

The key to accurately evaluating the student you are rating is to match their typical behaviors in the clinical setting to the descriptions in the rating scales. Four pieces of information are provided for each performance criterion: (1) a description of the performance criterion, (2) statements or "anchors" that describe the six performance levels (Beginning Performance, Advanced Beginner Performance, Intermediate Performance, Advanced Intermediate Performance, Entry-Level Performance, and Beyond Entry-Level Performance), (3) percentage ranges for the student's level of required clinical supervision and caseload (except for the 'Professionalism' domain where these benchmarks are less applicable), and (4) example behaviors that further clarify the performance levels. It is critical to rely on these descriptors while making your ratings. Doing so will help to ensure that all students within and across programs are assessed using the same standards.

When making your ratings, think about all aspects of the student's clinical behavior during their current clinical placement. Then, find the example behaviors that best represent the student's typical clinical behavior or performance. For each performance criterion, example behaviors span across two performance levels (Beginning Performance – Advanced Beginner Performance; Intermediate Performance – Advanced Intermediate Performance; Entry-Level Performance – Beyond Entry-Level Performance). Please remember that the example behaviors are provided to illustrate the types of behaviors associated with different levels of performance. Not all example behaviors may be relevant to the student you are rating, and they are not intended to be an exhaustive list of behaviors representative of all performance at that level. Rather, they are provided as examples of the types of behaviors that constitute different performance levels for each criterion.

When deciding between performance levels, consider where (a) the student's level of supervision and caseload falls on the rating scale and (b) the majority of the behaviors that best represent the student's performance fall on the rating scale. If the student's clinical performance spans multiple performance levels, consider where there is a preponderance of evidence and make your rating at that level.

Finally, when making your ratings, it is important to remember the following:

- Do not compare the student you are rating to other students. Each student's effectiveness should be determined by comparing their clinical behavior to the standards provided on the rating scales, and *not* by comparing them to others. In other words, you should make *absolute* rating judgments (e.g., comparing students to a specific, common standard), not *relative* rating judgments (i.e., comparing students to each other).
- Do not allow your general impression of a student to influence your ratings of the separate
 performance criteria. Rather, you should focus on one performance criterion at a time, not letting the
 student's overall clinical performance or the ratings you have given that student on other performance
 criteria affect your current performance criterion rating.
- Lastly, remember that every student has strengths and areas for development. Your ratings should clearly reflect the student's strengths and less effective clinical behaviors, as appropriate.

² While not reflected in the pages that follow, the stakeholders advised that a checkbox be included to denote any safety violations.



Professionalism: Ethical Practice Description: Practices according to the Guide for Conduct; demonstrates respect for self, the patient/client, and colleagues in all situations. Intermediate **Entry-Level Beyond Entry-Beginning** Advanced Advanced **Performance Performance** Intermediate **Performance** Level **Beginner** Rating Scale Performance Performance Performance 6 4 Articulates most of the policies and procedures Abides by the policies and procedures of the Acknowledges that there are ethical practice standards by which they should abide. of their clinical practice setting (e.g., OSHA, clinical practice setting (e.g., OSHA, HIPAA). Adheres to the elements of the Guide for Identifies obvious unethical behaviors that occur in HIPAA). Articulates most of the elements of the Guide for the clinical setting. Conduct. Identifies, acknowledges, and accepts responsibility Conduct. Consistently identified unethical behaviors. Reports clinical errors without prompting from for their actions. Uses resources (e.g., hospital ethics Maintains patient/client confidentiality. the CI. committee) for addressing and resolving ethical Engages in a polite and respectful manner with Gathers objective information to support conflicts. (NOT an exhaustive list) questions regarding any potentially unethical patients/clients and colleagues. Recognizes the need and advocates for behaviors observed in the clinical setting. physical therapy services to underserved and Seeks advice from CI on how to address underrepresented patient/client populations. Sample Behaviors potentially unethical behaviors observed in the Strives to provide patient/client services that go clinical setting. beyond expected standards of practice. Seeks assistance with executing plans for Sets an example for other healthcare providers addressing unethical behaviors. in their daily actions. Devotes appropriate time and effort to meet patient/client needs; does not rush a treatment session or intervention.



Professionalism: Legal Practice

Description: Practices according to legal and professional standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.

	Beginning Performance	Advanced Beginner Performance	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry- Level Performance
•	_1_	2	3	4	5	6
(NOT an exhaustive list)	 Acknowledges that there are legal and professional practice standards by which they should abide. Identifies obvious violations of legal and professional practice standards performed by others in the clinical setting. 		practice standards including federal, st regulations. Gathers some object questions regarding observed in the clintopropers clinical error seeks advice from violations of legal a standards observed. Seeks appropriate sperceived violations	the legal and professional related to patient/client care, ate, and institutional ctive information to support g perceived illegal activity ical practice setting. ors without prompting from CI. CI on how to address and professional practice in the clinical setting. Sources to report any so of legal and professional observed in the clinical	standards including institutional regulation care. Readily identifies via professional practice. Gathers objective in questions regarding observed in the clinical Answers any questing perceived illegal or Articulates and resort that can arise during textbook care versure. Sets an example for in their daily actions. Works within the sc	ons related to patient/clier olations of legal and e standards. Information to support any perceived illegal activity ical practice setting. Information to support reports of unprofessional behavior. Olives cognitive dissonance g clinical training (i.e., is clinical care).



Professionalism: Professional Growth

Description: Accepts and is receptive to feedback; participates in planning and/or self-assessment to improve clinical performance; contributes to the advancement of the clinical setting through educational opportunities; seeks out opportunities to improve knowledge and skills.

Scale	Beginning Performance	Advanced Beginner Performance	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry- Level Performance
exhaustive list)	3		Identifies areas of strength and areas for growth in an effort to improve their clinical performance and/or clinical practice knowledge. Identifies educational opportunities and resources that are relevant to their clinical setting. Researches diagnoses and treatments encountered in the clinic that are unfamiliar. Revises previously established short- and long-term goals for improving clinical practice skills after participating in additional educational opportunities. Implements new information in the clinical setting and reflects on the effectiveness of different interventions. Provides effective feedback to CI related to clinical mentoring to advocate for their own learning needs.		effort to improve pa Seeks out evidence Recognizes when with individuals wit experience/expertimeet the patient's/ Participates in discipates in discipates their own protection of the professional great patient's hare their shares articles or colleagues for eduatheir areas of interpatient/client popular supports the deve	e-based research. referral to or consultation h greater se is warranted in order to client's needs. russions with colleagues to ofessional growth or aid in owth of their colleagues. ability to effectively teach orofessional knowledge. nformation with their cational purposes within est or within the needs of the
(NOT an e)					a local or nationalSeeks out addition	evel. al opportunities to improve lls that are beyond the day



Interpersonal: Communication

Description: Demonstrates professional verbal and nonverbal communication with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues); adapts to diverse verbal and nonverbal communication styles during patient/client interactions; utilizes communication resources (e.g., translators) as appropriate; incorporates appropriate strategies to engage in challenging encounters with patients/clients and others; facilitates ongoing communication with physical therapist regarding patient/client care.

Scale	Beginning Performance	Advanced Beginner Performance	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry- Level Performance	
Rating S	1	2	3	4	5	6	
Supervision/ Caseload	A student who requires cl 100% of the time managin non-complex conditions a managing patients/clients conditions. The student m caseload or may begin to the clinical instructor.	g patients/clients with and 100% of the time with complex nay not carry a	less than 50% of the patients/clients with and 25 - 75% of the t patients/clients with student maintains at	non-complex conditions	A student who is capable of working independently under the direction/supervision of the PT while managing patients/clients with non-complex and complex conditions. The student is capable of maintaining 100% of a full-time, entry-level physical therapist assistant's caseload.		
Sample Behaviors (NOT an exhaustive list)	 Introduces self and the role of PTA to the patient/client. Demonstrates basic proficiency in identifying barriers to effective communication with patient/client and/or their caregiver(s) (e.g., hearing impairment, aphasia, low vision, low health literacy). Typically demonstrates effective verbal and non-verbal communication with patients/clients in non-complex situations. Demonstrates basic proficiency in communicating appropriately with other healthcare providers. Identifies the patient's/client's preferred communication style and uses their preferred communication style throughout most of the episode of care. Accesses and begins using translation services with assistance. Discusses patient/client status with other healthcare providers. Differentiates between technical and layman terminology. Typically exhibits active listening for improved 		verbal and non-verb patient/client. Uses appropriate tra (e.g., translator, sign Typically refrains fro patient/client. Communicates with patient/client care in care between clinicia Asks the patient/clie their medical history information during the Asks the patient/clie questions throughout	m using technical jargon with the other clinicians regarding order to facilitate a continuum of ans/disciplines. In pertinent questions related to and medical screening to gain	communication with situations. Recognizes when a seeks external assi. Demonstrates effect patients/clients in ditopics, emotional situation empathy in order to Establishes rapport caregiver(s) through Facilitates ongoing therapist and the integrarding patient/clients of the provides constructive effective verbal and	communication is ineffective and stance for mediation as needed. tive communication with ifficult situations (e.g., difficult tuations) with respect and meet patient's/client's goals. and trust with patient/client and neffective communication. communication with the physical tra/interprofessional teams ient care. we feedback to others on non-verbal communication.	



Interpersonal: Inclusivity

Description: Delivers physical therapy services with consideration for patient/client diversity and inclusivity for all regardless of age, disability, ethnicity, gender identity, race, sexual orientation, or other characteristics of identity; Provides equitable patient/client care that does not vary in quality based on the patient's/client's personal characteristics (e.g., ethnicity, socioeconomic status).

Scale	Beginning Performance	Advanced Beginner Performance	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry- Level Performance	
Rating S	1	2	3	4	5	6	
Supervision/ Caseload	A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.		less than 50% of the patients/clients with and 25 - 75% of the t patients/clients with student maintains at	non-complex conditions	A student who is capable of working independently under the direction/supervision of the PT while managing patients/clients with non-complex and complex conditions. The student is capable of maintaining 100% of a full-time, entry-level physical therapist assistant's caseload.		
(NOT an exhaustive list)	regardless of age, disabrace, sexual orientation, Displays empathy in mo Identifies some individua be impactful to the patie Demonstrates a general patient's/client's backgro of their background. Asks the patient/client s understanding of cultura homeless, mental health incarcerated).	Typically demonstrates respect for diversity and inclusivity regardless of age, disability, ethnicity, gender identity, race, sexual orientation, etc. Displays empathy in most patient/client interactions. Identifies some individual or cultural differences that may be impactful to the patient/client. Demonstrates a general understanding of the patient's/client's background and is respectful regardless of their background. Asks the patient/client some questions to improve understanding of cultural group differences (e.g., homeless, mental health, individuals who are incarcerated). Responds professionally to patients/clients with conflicting		rmation on patient/client ural differences with which they ifies personal biases. to manage personal biases. unomic, psychological, and s that might impact care and enues to address these	quality based on the characteristics, inclugender identity, race. Assesses, reflects, a ongoing basis so the delivery of patient/cl. Demonstrates suffic cultures and backgrand provide equitab. Identifies when equit to a patient/client an course of care. Advocates for their to receive the approaddress their physic	cient knowledge of various ounds in order to effectively treatle patient/client care. It is table care is not being provided takes steps to correct their patients/clients in order for them priate course of care needed to	



Technical/Procedural: Clinical Reasoning

Description: Strategically gathers, interprets, and synthesizes information from multiple sources to make effective clinical judgments; applies current knowledge and clinical judgement while supporting the physical therapist with clinical activities; ensures patient/client safety during the episode of care; presents a logical rationale for clinical decisions with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues).

Scale	Beginning Performance	Advanced Beginner Performance	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry- Level Performance
Sillip	1	2	3	4	5	6
Caseload	A student who requires of 100% of the time managing non-complex conditions managing patients/clients conditions. The student ror may begin to share a clinstructor.	ng patients/clients with and 100% of the time s with complex nay not carry a caseload	less than 50% of the patients/clients with and 25 - 75% of the t patients/clients with student maintains at	non-complex conditions	A student who is capable of working independently under the direction/supervision of the PT while managing patients/clients with non-complex and complex conditions. The student is capable of maintaining 100% of a full-time, entry-level physical therapist assistant's caseload.	
(NOT an exhaustive list)	patient's/client's continued Identifies appropriate medicular questions with assistance to during the episode of care. Works with the CI to identificativity limitations, and particular selects basic therapeutic in patient's/client's functional Explains their rationale for the level of the experience covered up to that point. Articulates clinical thought International Classification Health (ICF) model. Identifies all red flags that of Recognizes the need for cli	Articulates clinical thought processes using the International Classification of Functioning, Disability, and		and compares data from multiple ctive history, objective tests, and complex cases to guide medical all decisions during treatment managing patients/clients with ers. In and regression situations, eductive reasoning to talk through with the CI. It is support specific interventions, bility to use pattern recognition to not cases. CI needs to be notified based on regress or reaction to care.	multiple sources (e. tests, and measures medical screening. Makes sound clinical interventions when a complex disorders. Identifies diverse into regress the patient's. Acknowledges inefficient care. Articulates alternative patient/client care. Articulates the benest reatment options. Provides suggestion the plan of care citir. Utilizes ongoing pro	and compares data from g., subjective history, objective) for complex cases to guide all decisions during treatment managing patients/clients with erventions to progress or soldient's plan of care. Sectiveness of chosen on reflection. We options to provide effective fits and challenges of various to CI regarding changes in g evidence-based resources fessional development and to make clinical decisions.



Technical/Procedural: Interventions: Therapeutic Exercise and Techniques

Description: Performs selected therapeutic exercises, manual therapy techniques, airway clearance, and integumentary repair and protection techniques in a competent manner.

Scale	Beginning Advanced Beginner Performance		Intermediate Advanced Intermediate Performance Performance		Entry-Level Beyond Entry- Performance Level Performance	
Rating S	A student who requires			s clinical supervision less	A student who is ca	
Supervision/ Caseload	75 – 100% of the time m patients/clients with no and 100% of the time m patients/clients with constudent may not carry a begin to share a caseloginstructor.	n-complex conditions ranaging mplex conditions. The a caseload or may	with non-complex con the time managing pat conditions. The stude	nanaging patients/clients ditions and 25 - 75% of ients/clients with complex nt maintains at least 50 – y-level physical therapist	independently under the direction/supervision of the PT while managing patients/clients with non-complex and complex conditions. The student is capable of maintaining 100% of a full-time, entry-level physical therapist assistant's caseload.	
Sample Behaviors (NOT an exhaustive list)	 Reviews patient/client chart for previous treatment notes. Competently performs basic therapeutic interventions for non-complex cases. Maintains patient/client safety throughout the patient's/client's episode of care while performing therapeutic interventions. Student relies on assistance from CI to help educate patients/clients on basic therapeutic exercises. Student relies on assistance from CI to prescribe basic therapeutic techniques. 		for non-complex case Recognizes contrained prescribed intervention to apply knowledge a non-complex cases. Makes adjustments to exercises and technical exercises.	dications and precautions to one may require some cueing appropriately for complex and o specific therapeutic ques for non-complex cases. It learning barriers and	for complex cases Recognizes contra prescribed intervel appropriately for cases. Makes adjustment exercises and tech for complex cases patient's/client's st Instructs others wi	indications and precautions to ntions and applies knowledge omplex and non-complex as to specific therapeutic iniques within the plan of care to progress the atus and reach goals. The respect to intervention exted results, and identifying



	Technica	al/Procedural: Inte	rventions: Mecl	hanical and Electrot	herapeutic Mod	dalities
Descrip	tion: Applies selected I	mechanical and electrother	apeutic modalities in a	competent manner.	~0	
ng Scale	Beginning Performance Advanced Beginner Performance A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.		Performance Intermediate Performance		Entry-Level Performance	Beyond Entry- Level Performance
Supervision/ Rating Caseload			than 50% of the time with non-complex co the time managing p conditions. The stud	res clinical supervision less managing patients/clients onditions and 25 - 75% of atients/clients with complex ent maintains at least 50 – atry-level physical therapist	independently under the direction/supervision of the PT while managing patients/clients with non-complex and complex conditions. The student is capable of maintaining 100% of a	
Sample Behaviors (NOT an exhaustive list)	electrotherapeutic reffective in patient/ Performs basic me electrotherapeutic reference the patient/client for order to check for a	 begin to share a caseload with the clinical instructor. Identifies possible mechanical and electrotherapeutic modalities that would be effective in patient/client treatment. 		cal and electrotherapeutic complex cases. adjust mechanical and modalities for non-complex on patient/client feedback. commends discontinuation of ectrotherapeutic modalities for s.	the most effective electrotherapeutic ldentifies when to electrotherapeutic dependent on pati Implements and remechanical and electrotherapeutic dependent on patient/socient's electrotherapeutic	modalities for complex cases. adjust mechanical and modalities for complex cases ent/client feedback. ecommends discontinuation of lectrotherapeutic modalities



Technical/Procedural: Interventions: Functional Training and Application of Devices and Equipment

Description: Performs functional training in self-care and home management, including therapeutic activities; performs application and adjustment of devices and equipment in a competent manner.

Scale	Beginning Advanced Beginner Performance		Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry- Level Performance	
Rating S	1	2	3 4		5	6	
Caseload	A student who requires 75 – 100% of the time m patients/clients with nor and 100% of the time mapatients/clients with constudent may not carry a begin to share a caseloginstructor.	anaging n-complex conditions anaging nplex conditions. The caseload or may	than 50% of the time n with non-complex con the time managing par conditions. The stude	es clinical supervision less nanaging patients/clients aditions and 25 - 75% of tients/clients with complex nt maintains at least 50 – ry-level physical therapist	A student who is capable of working independently under the direction/supervision of the PT while managing patients/clients with non-complex and complex conditions. The student is capable of maintaining 100% of a full-time, entry-level physical therapist assistant's caseload.		
(NOT an exhaustive list)	 Articulates the purpose devices and equipmen Typically provides approvides approvides and equipmen Performs functional transfers, gait level grown applies basic therapeur patient/client. Demonstrates improve mechanics. 	t. ropriate instructions for uipment. ining activities for basic ing, supine/sitting bund) with assistance. itic devices to	use of the device or cases. Performs functional to complex cases. Progresses or regrest equipment used with Begins to demonstra		with the use of a complex cases. Performs functions complex cases. Identifies, fits, and appropriate equipment cases, in the patien therapy gym, during. Progresses or regulipment use. Maintains patient/spatient's/client's eperforming functio. Instructs other teal handling skills, saf	resses the need for device of client safety throughout the pisode of care while	



Business: Documentation

Description: Produces quality documentation that includes changes in the patient's/client's status, a description and progressions of specific interventions used, and communication among providers; maintains organization of patient/client documentation.

Scale	Beginning Performance	Advanced Beginner Performance	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry- Level Performance	
Supervision/ Rating Caseload	A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.		than 50% of the time non-complex condition managing patients/cli The student maintain	es clinical supervision less managing patients/clients wons and 25 - 75% of the time tents with complex conditions at least 50 - 75% of a full-sical therapist assistant's	direction/supervision of the PT while		
Sample Benaviors (NOT an exhaustive list)	 Understands most of the components of documentation of an initial evaluation (e.g., SOAP). Typically identifies the appropriate location within the documentation system for necessary components. Assists with producing documentation with accurate information regarding the patient's/client's status, interventions, assessment, and plan of care. Demonstrates awareness of the need for appropriate documentation as essential to the provision of care. Submits documentation but takes considerable time and effort to do so. 		patient/client statu assessment of pat progression toward Produces docume of care that is accu Provides a rationa and regression.	ntation of the patient's/client's purate and error-free. le for patient/client progression	justify the need f the patient/client Includes compar time and across in the assessme response to skill Provides docume external payer re Participates in quof documentation review, goals act	ison statements across interventions/techniques nt of the patient's/client's ed therapy. entation that supports equirements. uality improvement review n (e.g., chart audit, peer	



Business: Resource Management

Description: Participates in the efficient delivery of physical therapy services; demonstrates appropriate understanding of time management and appropriate use of clinical supplies and equipment when supporting physical therapy services.

Scale	Beginning Performance	Advanced Beginner Performance	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry- Level Performance	
Rating S	1	2	3	4	5	6	
Supervision/ Caseload	75 – 100% of the time patients/clients with r and 100% of the time patients/clients with c student may not carry begin to share a case instructor.	non-complex conditions managing complex conditions. The a caseload or may load with the clinical	than 50% of the time with non-complex co the time managing part conditions. The students	es clinical supervision less managing patients/clients nditions and 25 - 75% of atients/clients with complex ent maintains at least 50 – try-level physical therapist	A student who is capable of working independently under the direction/supervision of the PT while managing patients/clients with non-complex and complex conditions. The student is capable of maintaining 100% of a full-time, entry-level physical therapist assistant's caseload.		
Sample Behaviors (NOT an exhaustive list)	 Demonstrates aware productivity requiren Demonstrates aware documentation deliv Demonstrates effect information technological 	eness of the need for timely ery. tive use of their facility's	 and documentation Adjusts patient/clied occur with assistant Begins to identify a patient/client cases Participates in qual 		documentation wi Demonstrates efficiency use treatment session Manages multiple maintaining the till Assists other staffic constraints.	es full caseload and thin allotted work hours. ective time management skills of clinical supplies throughout s. tasks simultaneously while me schedule of the clinic. as able within their own time etermine how to maintain eating a patient/client a group setting, or during a x) with other therapy staff.	

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